

**North Carolina Health Information Exchange Authority
Advisory Board Meeting**

MEETING MINUTES

Date: March 8, 2022

Time: 2:00 p.m. – 4:00 p.m.

Location: Virtual

Attendees:

Dr. Harriett Burns

Dr. Cardra Burns (Sec. Kinsley designee)

Christie Burris (NC HIEA Exec. Director)

Carol Burroughs (GDAC Director)

Dr. Neal Chawla

Timothy Ferreira

Donette Herring

Dee Jones

Cherie Givens (Sec. Weaver designee)

Dr. Richard Pro

Eric Snider (NC DIT Legal Counsel, NC HIEA)

Carolyn Spence

Dr. Donald Spencer

Dr. William G. Way (Chairman)

2:00 p.m. Welcome and Call to Order

All Members & NC HIEA Staff

Meeting called to order by Chairman Way at 2:00 p.m.

Housekeeping Items

Chairman Way

Chairman Way reviewed the draft meeting minutes from the January 2022 meeting and identified technical corrections. Vice Chair Donette Herring moved to approve the draft minutes as amended; Dr. Harriett Burns seconded the motion, which passed unanimously.

Chairman Way next welcomed NC HIEA's Business Relations Manager Garrett Smith to provide an update regarding recent outreach and education efforts targeted to unconnected providers and entities subject to the Statewide Health Information Exchange Act.

2:07 p.m. NC HIEA Connectivity and Outreach

Garrett Smith

Smith reported that the 2022 legislative outreach consisted of communications via mail and email to 28,395 providers and entities regarding the need to take action to initiate or complete connection to NC HealthConnex. The NC HIEA conducted the outreach in phases between February 14 and March 7, 2022. Additional outreach is needed with the larger health systems in upcoming weeks to validate the NC HIEA's records of provider-to-health system affiliation.

Carolyn Spence asked if the communications from providers in response to the outreach had prompted any data clean-up efforts. Smith stated that while the NC HIEA has received some responses from providers who are already engaged with NC HealthConnex, most of the feedback it has received has come from providers and entities who have not previously engaged with the NC HIEA.

Dr. Harriet Burns asked if UNC would be included in the additional health system

outreach. Christie Burriss stated that UNC was the first health system contacted.

Dr. Cardra Burns asked for more clarity around the number of providers/organizations receiving the outreach communication and whether the NC HIEA could identify any broad themes among the unconnected. Burriss stated that the NC HIEA is required to provide outreach to all organizations mandated to connect and has not yet received enough responses to identify any themes. Additional updates will be shared at future meetings.

2:22 p.m. NC HIEA Advisory Board Report and Recommendations

Christie Burriss

Christie Burriss extended a thank-you to all those involved for their thoughtful review and comments regarding the preliminary draft of the Advisory Board's report to the General Assembly. Burriss reported on the process to produce the consensus-based report that the Advisory Board would be taking action on during the meeting. The draft report was posted on the NC HIEA's website for the public's review on March 2, 2022.

2:34 p.m. Discussion Regarding Proposed Recommendations

Chairman Way

Chairman Way shared the following summary points:

1. The Advisory Board members are the primary contributors to the draft report before the Board at this meeting. The NC HIEA and its informal work group met multiple times to evaluate and consider potential recommendations for the Advisory Board's consideration. These were collected in the preliminary draft report provided to the Board for consideration and review in January. The present draft captures the perspectives and directions from the full Advisory Board.
2. With respect to enforcement, the report outlines issues with the present statutory mandate and offers an alternative enforcement framework. With respect to providers, the report recommends that: (i) ambulatory surgical centers be required (again) to connect and submit data, and (ii) dental and chiropractors be categorized as "voluntary." These proposed recommendations have been refined based on the Advisory Board's feedback but are substantively the same as initially presented to the Board.
3. The preliminary recommendation concerning (among other things) the NC HIEA's engagement with payers has been revised based on the Advisory Board members' direction. Recommendation 3 in the draft report before the Board now proposes an expansion of the Advisory Board by two seats to include representatives from the payer and accountable care organization communities.
4. The preliminary draft of the report in January proposed an expansion of patient data to be submitted to the State by providers and entities subject to the HIE Act – specifically, that providers and entities subject to the HIE Act submit "all" patient data, regardless

of payer. The draft report before the Board does not include this proposal because there was not a consensus among the Board members at this time to advance this proposal to the General Assembly. While many Advisory Board Members generally support the idea of addressing “data gaps” with a more robust data set, other pressing tasks were identified as priorities. Those tasks include: (i) completing outstanding connection work, (ii) delivering greater value to providers, (iii) maturing the NC HIEA’s governance processes, and/or (iv) implementing the recommended enforcement framework, if directed by the General Assembly.

Chairman Way opened the floor to comments.

Vice Chair Herring supplied comments regarding the omission of the preliminary proposed recommendation to expand the scope of patient data to be submitted to the NC HIEA. She stated that privacy, security, and secondary uses of data are key concerns. Next, she recommended that the State take actions prior to requiring entities to submit data for all patients, regardless of payer; she suggested implementing technical controls comparable to those in use by health system research programs and requested that data fields be validated to identify and limit the “necessary” data to be provided to accomplish the proposed research objectives.

Dee Jones agreed that the Advisory Board's report should not contain a recommendation to expand data submission requirements. She stressed the importance of addressing and completing present priorities before considering an expanded data submission requirement.

Dr. Neal Chawla supported the omission of a recommendation to expand data submission requirements due to concerns about patient privacy and the need to focus on meeting the current mandate. Dr. Chawla would like to see a long-term NC HIEA strategy that complements, instead of competes with, additional vendor networks such as Carequality and CommonWell that are widely adopted and provide services similar to the HIE.

Dr. Harriett Burns expressed her support for an expanded patient data submission requirement and recommended that the Board set firm timelines to revisit the topic. She concurred these present priorities – including connection work and enforcing the HIE Act (if directed to do so) – were very important near-term projects.

Tim Ferreira expressed his support for an expanded patient data submission requirement. In response to the suggestion that the NC HIEA consider new or additional privacy and security features before deliberating expansion of the data submission requirement, Mr. Ferreira stated that such discussions imply there exist “two classes” of patients whose data are within NC HealthConnex – state-funded and private pay patients – and that implying or creating such classes is inequitable.

Chairman Way stressed that the availability of more robust data should result in the provision of better patient care. Access to patient data through a comprehensive EHR provides more value to clinicians and providers. He stated an intention to revisit a proposed expanded patient data submission requirement in the near future.

Jessie Tenenbaum stated that the HIE takes security very seriously. She emphasized the importance of the HIE representing the entire state.

Chairman Way opened the floor for discussion and vote on Recommendations 1-3.

Recommendation 1 (Revised Enforcement Framework)

Motion to approve: Dee Jones

Seconded: Dr. Richard Pro

Unanimously approved

Dr. Neal Chawla stated the need for the State to be careful to not disincentivize care for vulnerable populations.

Chairman Way commented that any enforcement mechanism should not compromise network adequacy.

Vice Chair Herring echoed previous comments and suggested that a reasonableness test be applied with objective criteria to determine and evaluate enforcement mechanisms and impacts on network adequacy and to ensure that the compliance operation is well-funded. Enforcement should remove ambiguity that may lead to low participant engagement or increase confusion about the mandate.

Christie Burris stated that the N.C. Department of Information Technology agreed and had put together a modest proposal to use existing software; only additional resources would be needed to stand up the enforcement program.

Dr. Richard Pro stated that the objective of a clear enforcement framework is to advance participation in the NC HIEA. Exemptions and appeals available to providers and entities need to be articulated clearly and applied in a consistent manner.

Recommendation 2 (Change “Voluntary” Designations)

Motion to approve: Dr. Harriett Burns

Seconded: Carolyn Spence

Unanimously approved

Vice Chair Herring questioned whether clinical dental data presently creates value for the NC HIEA and its participants; she suggested that claims data regarding dental care could be a useful, efficient alternative to requiring all dental practices to connect to NC HealthConnex and submit patient data.

Chairman Way stated that dental health is highly correlated to physical health and that overall health care goals for patients may be met with the NC HIEA utilizing dental claims data.

Recommendation 3 (Add Two Seats to the Advisory Board: PHP and ACO Representatives)

Motion to approve: Vice Chair Herring

Seconded: Dr. Harriett Burns

Dr. Chawla: No vote

Vice Chair Herring: Yes, with updates to the draft agency bill specifying provider-led ACOs

All others: Approved

Vice Chair Herring suggested that additional PHPs and ACOs are expected to create a diversity of perspectives; however, with limited resources, NC HIEA initiatives should focus on patient care and NC HealthConnex generating value to the provider community. She suggested that if additional seats are added to the Advisory Board, the NC HIEA and the Advisory Board should seek opportunities to reduce administrative and cost burdens for providers. She recommended that the Advisory Board consider guidelines to prevent the Advisory Board from discussing or considering provider-payer contractual relationships.

Chairman Way asked if it was worth considering amending the recommendation to specify PHPs or whether this is best left up to the legislature. Christie Burris stated that a state-funded PHP can be recommended.

Carolyn Spence suggested that if specifying PHPs, there needs to be consideration of behavioral health. The absence of LME-MCO/tailored plan representation would exclude perspectives on behavioral health.

Chairman Way asked what the best way is to communicate to the legislature the collaboration among groups. Burris stated the NC HIEA will collaborate with the N.C. Department of Health and Human Services to revise the existing language to use in the agency bill to modify the Board seats. Eric Snider suggested that this be noted in the transmittal letter in the Report.

Dr. Harriett Burns asked if other states have included payers as representatives on governing or advisory boards. Burris responded affirmatively and stated that Lisa Bari, Civitas CEO, will present at the first-quarter NC HIEA Advisory Board meeting.

Dr. Richard Pro proposed ACO participation on the Advisory Board; a representative from an ACO would extend provider participation and provide an additional avenue for providers to contribute perspectives.

Vice Chair Herring asked if the Advisory Board could provide recommendations on the NC HIEA Data Quality program issues and identify collaboration opportunities. Burris noted this as a future action item.

Dr. Neal Chawla asked if the Board is suggesting adding two separate seats to include a state-funded payer or whether the seats are open to all payers. Burris clarified that the discussion regarding the recommendation is limited to state-funded payers.

Proposed Amendments

Motion to approve: Dr. Harriett Burns

Seconded: Dr. Richard Pro

Unanimously approved

Dee Jones shared a proposed technical correction amendment to include:

- Addition of legends to maps
- Uniform citation formats
- Revise fn.3 (p.7) to state: *The NC HIEA builds interfaces with electronic health records that are almost universally managed by organizational covered entities, rather than by individual providers. These are also readily identifiable using organization national provider identifier (NPI) available in NC Medicaid and State Health Plan network rosters.*
- Revise fn. 35: add a missing “t” to “directed []hat ... “
- Revise p. 29 with new fn. at the end of paragraph preceding Figure 3: *fn. Providers and organizations that are part of the State Health Plan’s network but do not participate Medicaid likely impact the SHP’s overall connectivity rate. Certain SHP-only providers – in particular, those that provide behavioral health services, physical therapy, occupational therapy, and the like – receive higher reimbursements from the State Health Plan. SHP-only providers and entities, because of their unique position, may view the costs and benefits of participation in the NC HIEA differently than others that are subject to the Act; some may choose to leave the SHP network rather than connect to NC HealthConnex and submit data.*
- P. 46. Delete “strong” (final “Consideration” paragraph before Section B)
- Revise fn. 49 (p.56) to state: *The NC HIEA completed crosswalks of statutory voluntary designations with Medicaid taxonomy codes and State Health Plan provider types/descriptions. NC DHB validated the NC Medicaid crosswalk.*
- P. 111: Add footer and page number
- Correction of any broken URL links

Carolyn Spence identified two additional typographical errors on pp. 7 and 43.

Final Action on the Advisory Board Report

Chairman Way solicited a multipart motion to the following affect:

- (i) approve the Advisory Board Report, as amended;
- (ii) empower Chairman Way to work with the HIEA staff to revise the transmittal letter on p. 5 of the Report to reflect the votes on the recommendations and incorporate the amendments and technical corrections throughout the Report;
- (iii) direct the NC HIEA to submit the finalized report to the Joint Legislative Oversight Committee on Health and Human Services after agency review processes are complete.

Multi-part motion: Carolyn Spence

Seconded: Dee Jones

Unanimously approved

Burris provided a summary of the NC HIEA's action items:

- Conduct a review and provide analysis on how the NC HIEA can work to complement (and not compete with) the functionalities available to some participants via Carequality and CommonWell
- Work to establish timelines for exploration and reconsideration of expanded patient data submission requirements
- Provide updates regarding the availability of dental health claims data and Medicaid claims
- Update the Advisory Board on ongoing data quality initiatives
- Provide operating budget overviews to the Advisory Board at future meetings
- Provide privacy and security updates to the Advisory Board at future meetings
- Provide utilization metrics in addition to operational metrics at future board meetings
- Consider the creation of additional work groups and/or reconvening of the behavioral health work group to address privacy concerns around the sharing of sensitive data

Chairman Way thanked the group for their reflective and comprehensive feedback.

3:41 p.m. New Business

Chairman Way

The next regularly scheduled Advisory Board meeting will be held on March 21, 2022, at 2:00 p.m.

3:46 p.m. Adjourn

Chairman Way

Chairman Way sought a motion to adjourn the meeting at 3:46 p.m. Vice Chair Herring made the motion, with a second by Dee Jones. The motion passed unanimously.