North Carolina Health Information Exchange Authority
Advisory Board Meeting

MEETING MINUTES
Date: December 8, 2022
Time: 2:00 p.m. – 4:01 p.m.
Location: Virtual

Attendees:

Dr. William G. Way (Chair)

Donette Herring (Vice Chair)

Secretary James Weaver (NC DIT Secretary)

Dr. Cardra Burns (Sec. Kinsley designee)

Christie Burris (NC HIEA Exec. Director)

Carol Burroughs (GDAC Director)

Kendall Bourdon (Dee Jones designee)

Dr. Neal Chawla

Dr. Tammy Kiger

Dr. Richard Pro

Brent Lamm

Carolyn Spence

Lauren Wiggs

Anna Szamosi (NCDIT Legal Counsel, NC HIEA)

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 November 3, 2022, meeting. Dr. Neal Chawla moved to approve the draft minutes; Donette Herring seconded the motion, which passed unanimously.

Chairman Way next welcomed Anna Bess Brown and Matt Schirmer to provide a NC HIEA/DHHS Stroke Registry presentation.

2:05 p.m.   NC HIEA/DHHS Stroke Registry Presentation
The NC HIEA has partnered with the Division of Public Health Clinical Community Connections Health Branch and the Paul Cloverdale National Institute Stroke Program to leverage the clinical data in the HIE to monitor and adjust disparities and strengthen the stroke system of care. Anna Bess Brown, Executive Director of the Justice-Warren Heart Disease & Stroke Prevention Task Force, provided an overview of Stroke Registry goals, development timeline and milestones. Matt Schirmer, Senior Manager of Health Informatics Consulting at SAS Institute, shared high level data flow, data challenges and future population health tool opportunities.

Chairman Way asked will the registry be shared with providers or the public and will provider alerts be generated?

Schirmer responded that the registry team is soliciting input on future opportunities. Brown shared that registry information can be shared by export as needed and ability to issue high risk clinical notifications is a long-term goal.

Dr. Pro asked who can access registry information?

Brown answered that currently Department of Public Health (DPH) users can download registry data and maps.

Pro stated that Guilford County has many negative social determinants of health, and it would be helpful to have access to data from the Stroke Registry.

Brown highlighted that North Carolina is in the buckle of the stroke belt and according to registry maps there are concentrations of stroke across the state. She stated that North Carolina has the only Stroke registry built in an HIE and the Centers for Disease Control is keenly interested in the work being done in North Carolina.

Dr. Chawla shared that WakeMed has a dedicated resource submitting stroke data into the Get with the Guidelines (GWTG) database and asked if the Stroke Registry could replace the manual entry?

Brown answered that GWTG is focused on hospitals that pay to participate. The Stroke Registry includes data from lower-resourced hospitals and DPH is working to compare GWTG and Stroke Registry data.

There was discussion among board members about additional enhancements and it was suggested to meet offline to discuss further.

Chairman Way next welcomed Christie Burris, NC HIEA Executive Director, to provide the NC HIEA update.

2:46 p.m.   NC HIEA Update
Christie Burris announced the 2023 Dates for NC HIEA Advisory Meetings:
- March 2, 2023 (virtual)
- June 7, 2023 (planning in-person)
- September 11, 2023 (virtual)
- December 7, 2023 (planning in-person)

3. **Research Work Group**

   Two primary objectives:
   a. Create a process/framework for the NC HIEA to review research requests that would not be reliant upon DIT creating an internal IRB
   b. Review and amend the NC HIEA Privacy and Security Policies

4. **Behavioral Health***
5. **Dental***
6. **Now Defunct: HIE Task Force & Specialized Disease Registries**

* These groups have been focused on connectivity for these sectors and do not have defined charters, membership, or meeting cadence.

Chairman Way noted that in the September 2021 Board minutes, ACURE4MOMS study was vetted by the Use Case Work Group. He asked for clarification on the workflow between the Use Case Work Group and the Research Work Group?

Burris clarified that the Research Work Group framework was established but not operationalized. There is an open action to identify appropriate members to operationalize the review of research requests.

Chairman Way asked if the Research Work Group required members with a special expertise?

Burris noted the Research Work Group recommended the NC HIEA hire a Research Program Officer.

Chairman Way agreed with this approach.

Vice Chair Herring asked what are next steps for the Research Work Group? She suggested additional discussion and recruitment of members for this work group by the Advisory Board.

Burris agreed and stated this topic will be added to the Q1 2023 Advisory Board agenda. She stressed the need to distinguish between public health use cases and research requests that benefit from statewide data. She noted that the NC HIEA currently does not have funding to support a Research Program Officer.

Vice Chair Herring asked what the difference between the Use Case Work Group and the Clinical User Work Group is, and once use cases are approved, how are they funded?

Burris clarified that the Use Case Work Group reviews applications while the Clinical User Group solicits input from providers. Funding confirmation is included in the application process. Both the Stroke Registry and the ACURE4MOMS projects had established funding streams.

Chairman Way stated that input from the Clinical User Group will be important in the context of the upcoming HealthShare platform upgrade, and asked if imaging will be available after the upgrade?

Burris answered that the NC HIEA participant survey includes questions about new services to include image sharing.

Chairman Way suggested the creation of a privacy and security work group so that Advisory Board members can provide oversight.

Burris responded that the NC HIEA would like the get the Clinical User Group up and running before standing up additional working groups.

Chairman Way concurred.

Chairman Way inquired about the data used in the specialized disease registries. Burris explained that the Diabetes Registry is still housed within the HIE and is being used by DPH. NC*Notify also uses this registry data to generate clinical notifications.

Finally, Burris shared data that will be included in the report due to the General Assembly in early 2023.   She announced that she will coordinate office hours in early 2023 to solicit input from Board members regarding enforcement language recommendations to the legislature. She anticipates submission of updated report and recommendations to the legislature by end of January 2023.

Chairman Way asked if the payers could assist in identifying unengaged participants and what are next steps once the enforcement mechanism is in place?

Burris highlighted that many of the unengaged are behavioral health, dental and small rural providers who have resource constraints. The enforcement and compliance framework is expected to provide clarity and a process to help them make decisions around HIE connection.

Chairman Way asked if hardship provisions will be available?

Burris confirmed hardship exceptions are included in draft language. Examples include lack of broadband, retirement within twelve months, etc. This will be covered with Board members prior to submission.

Vice Chair Herring asked if there are specific use cases being considered for API? Burris provided point-of-care and payer queries as potential API examples.

Vice Chair Herring asked for a list of the Prepaid Health Plan priority data elements, and confirmation that these data elements are for Medicaid recipients only.

Burris confirmed these data elements are for Medicaid and she will provide a list to the Board in a separate email.

Vice Chair Herring stated that providers are separately submitting the same data elements and suggested an opportunity for the HIE to reduce the burden on providers.

Chairman Way and Burris agreed. Burris explained that this is Medicaid's goal as well. The NC HIEA is engaged in the Data Aggregator Validation (DAV) program to provide validated data.

Vice Chair Herring stated that extending data access to payers beyond Medicaid may negatively impact negotiations between providers and payers.

Burris noted that when considering all requests for data, the HIEA has an obligation to meet requirements of the federal information blocking rules.

Vice Chair Herring stated that it seems odd that a state agency might support for profit payers.
Dr. Pro stated that many payers have not for profit status.

Vice Chair Herring agreed but asked what value payers are providing to the HIE if they are not providing claims data?

Burris responded that there is a state requirement for Medicaid to submit claims data, which the HIE is receiving and actively working to make this data available in the clinical portal.

Vice Chair Herring suggested that the HIE consider receiving claims data from other payers for streamlined care.

Chairman Way agreed with the utility of payer input on the Board and stressed the potential value of cooperation between the payers and providers at the Board level.

Anna Szamosi highlighted that under the 21st Century Cures Act, the HIE is required to provide data unless an applicable information blocking exception has been provided. She confirmed that the NC HIEA will share ONC 21st Century Cures Act information materials with the Board.

Vice Chair Herring asked if the HIE has an obligation to provide data to payers?

Szamosi replied that payers are a covered entity, and their requests will be reviewed.

3:56 p.m. **New Business** **Chairman Way**

Carolyn Spence alerted the group that HHS is soliciting public comment on its proposal to modify its regulations to implement 42 CFR part 2. https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-part-2/index.html

Burris mentioned that Civitas is engaged on this issue and the NC HIEA is following closely.

Spence asked if immunization information would be available to providers through API?

Burris stated that the NC HIEA has partnered with the North Carolina Immunization Registry (NCIR) and an API would be an elegant solution to provide immunization data, but the law would need to be adjusted to enable this solution.

The next scheduled Advisory Board meeting will be held on March 2, 2023, at 2:00 p.m.

4:01 p.m. **Adjourn** **Chairman Way**

Chairman Way sought a motion to adjourn the meeting at 4:01 p.m. Dr. Richard Pro made the motion, with a second by Dr. Tammy Kiger. The motion passed unanimously.

Christie Burris

Christie Burris

Executive Director

08/01/2023