

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

MEETING MINUTES

Date: November 3, 2022

Time: 2:00 p.m. – 3:45 p.m.

Location: Virtual

Attendees:

Nitya Ganapathy (Sec. Weaver designee)

Carolyn Spence

Stephanie Olsen (Sec. Kinsley designee)

Dr. William G. Way (Chair)

Christie Burris (NC HIEA Exec. Director)

Lauren Wiggs

Vinay Kancharla (GDAC Director designee)

Jessica Middlebrooks (NCDIT Legal Counsel, NC HIEA)

Donette Herring (Vice Chair)

Kendall Bourdon (Dee Jones designee)

Dr. Tammy Kiger

Dr. Richard Pro

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 next introduced new NC HIEA Board members Dr. Tammy Kiger, Representative of Federally Qualified Health Centers; Brent Lamm, Individual with Technical Expertise in Health Information Technology; and Lauren Wiggs, Patient Representative.

Chairman Way recognized and expressed his gratitude to Tim Ferreira and Dr. Don Spencer for their service and commitment to the NC HIEA Board.

Chairman Way reviewed the draft meeting minutes from the June 16, 2022, meeting noting a few grammatical modifications to those submitted for review. Donette Herring moved to approve the draft minutes with the modifications; Carolyn Spence seconded the motion, which passed unanimously.

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

2:08 p.m.

NC HIEA Update

Christie Burris, NC HIEA

Christie Burris announced that NC HIEA is honored to be one of six finalists in the North Carolina Technology Association's Tech for Good category. Winners will be announced at the association's annual gala on November 29, 2022.

NC HIEA Outreach and Communications teams worked with Dr. Way, Carolyn Spence, and NC HealthConnex participants to film a short video promoting the use of the HIE to improve health outcomes. Burris will share the video link with the group in a separate email.

Burris next shared that on October 18, 2022, she and Anna Beth Brown with the Stroke Registry Task Force provided a presentation on the statewide stroke registry at the NC HIMSS Fall 2022 Conference. The NC HIEA has partnered with DPH 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. The presentation will be shared at the next NC HIEA Advisory Board meeting.

Burris notified the Board that the Division of Adult Correction of the NC Department of Public Safety (DPS) has executed a Full Participation Agreement. The NC HIEA has been working with DPS to give Adult Correction clinical staff access to historical health information on incarcerated individuals to enhance their ability to provide comprehensive care for pre-existing conditions and prescribe needed medications. Burris will share the official press release with the group in a separate email.

Burris outlined the NC HIEA's 4th quarter activities:

- Staffing- NC HIEA legal counsel position has been posted
- Legislative Long Session Planning
- Medicaid reporting, NCQA DAV program preparation; Priority Data Element project with Medicaid and the PHPs
- Use Case Workgroup – ACURE4Moms project is underway
- Stroke Registry- Phase 2
- Data Connections
- CCHIE Joint Outreach
- Participant Survey- A NC HealthConnex participant survey will be sent in the next month
- Data Retention Planning
- Data Quality Program Enhancements
- Pharmacy Connection Pilot
- State Lab Integration
- CVMS, IDHUB activities

Burris highlighted CIVITAS Government Relations and Advocacy Council activities (links to all documents in meeting slide deck).

NC HIEA staff attended the CIVITAS conference in San Antonio, TX in late August 2022. CIVITAS partnered with DirectTrust, and Burris shared recurring themes from the conference to include advancing health equity, social determinants of health, quality measures and public health modernization.

Additionally, Burris supplied a metrics report to the Board that included participation in NC HealthConnex value-added features/suite of services; NC*Notify metrics, data exchange and data connections metrics.

Dr. Way asked for clarification on enrollment services reporting as enrollment in and utilization of these value-added services should serve as a proxy for the overall utility of the HIE as a means of enhanced communication between providers across the state.

Burris confirmed that the NC HIEA tracks enrollment at the practice level and will work to expand reporting to demonstrate the impact across providers as is feasible.

Burris provided a brief legislative update on House Bill 103 / [SL 2022-74](#) and reviewed a few key provisions, and communications:

- The budget provided NC HIEA an additional \$3.8M in non-recurring funds and three new positions (outreach and provider relations), which brings total funds for this fiscal year to \$16,881,722.00.
- Additionally, the budget law includes language that suspends the enforcement provision of the Statewide Health Information Exchange Act temporarily, which makes a provider's connection to and submission of data to the NC HIEA a necessary condition of receiving State funds. This enforcement provision is suspended until legislation is enacted that names a lead agency responsible for enforcement of the HIE Act. Notably, the budget does not change the January 1, 2023, connection deadline for providers.
- The budget law also requires the NC HIEA Advisory Board to submit to the General Assembly by March 31, 2023, an updated report on the connectivity status and any supplemental recommendations. NC DIT requested the language that appears in the budget once it became clear that legislators had limited bandwidth and appetite to consider comprehensive statutory reforms during the abbreviated Short Session.
- Additional provisions (1) require the NC Department of Public Safety, Juvenile Justice Division to submit a report on progress towards digitization of juvenile health records and any resources required to participate with the HIE no later than April 2023; and (2) an insertion regarding interchangeable biological product modification and electronic reporting requirements that included the HIE as an electronic system that can be used to provide the required communication on product name and manufacturer that was dispensed to the patient to the prescriber.
- NC HIEA re-distributed a communication to all NC HealthConnex participants on the suspension of the HIE Act condition of receiving state funds; distributed targeted email communications to dental, chiropractic and pharmacy providers alerting them that their voluntary status remains a recommendation and has not been passed into law; developed and disseminated a FAQ document.

Christie Burris and Monica Fuller, NC DIT Legislative Liaison, supplied a Long Session Planning overview to the Board. Burris and Fuller plan to continue legislative outreach efforts.

Finally, Burris announced that a preliminary connectivity update will be provided at the December 2022 Advisory Board meeting. The update will include live connected organizations, unconnected organizations in active onboarding to the HIE and unengaged organizations. A

draft report will be shared with the Advisory Board for review before the end of the calendar year in preparation for submission to the North Carolina General Assembly.

Chairman Way solicited input from the Board regarding the submission of updated connectivity data to the existing report and its intention to move forward with the three original recommendations versus the incorporation of additional supplemental recommendations to the final report that is due no later than March 2023. (Burriss will provide to the Board the report that was submitted March 2022 in a separate email for review).

Donette Herring supported submission of the three original recommendations and deferral of the fourth consideration that had been discussed during the preparation of the original report (i.e., expanding the requirement for the reporting of healthcare data on all payer classes to HealthConnex) for further conversation. Additionally, she asked what investment or capabilities would require focus or attention should the HIE receive the Health Data Utility (HDU) designation?

Burriss answered that there has not been a formal definition adopted at the federal level. The HIE would continue to work toward HTRUST certification and a maturity framework. Formal designation as a Health Data Utility would help to secure future federal and state funding.

Chairman Way asked if the HDU designation and Advanced Care Directives should be supplements to the report to the NCGA or separate initiatives?

Monica Fuller answered they would be presented in a separate document.

Without any additional recommendations, Chairman Way confirmed submission of updated connectivity data to the existing three recommendations as the path forward.

Herring asked if there are any constraints needing consideration around standing up any additional subcommittees to the Advisory Board?

Burriss answered that adequate resources to manage and stand-up additional workgroups are the only constraints.

Chairman Way next introduced Michelle Hunt to provide an HIE data quality deep dive.

3:10 p.m.

Data Quality Deep Dive

**Michelle Hunt, NC HIEA Data Quality &
Integrity Lead**

Michelle Hunt supplied a data quality deep dive for the group outlining how data quality affects both patient care and the ability to obtain meaningful and reliable information from NC HealthConnex as well as the past, present, and future state of the NC HIEA Data Quality Program. Plans include operationalization of a Clinical Data Workgroup.

Chairman Way asked if one's social security number is used at all in the matching of patient records and what is the position of the government in the creation of a unique federal health ID?

Hunt answered that SSN is not required but is used when provided as it is helpful and a strong component of the probabilistic matching process. She relayed that the HIE's infrastructure is flexible enough to integrate the use of a unique federal health ID.

Burris commented that there was some movement at the federal level to remove prohibition to a unique federal health ID. While the U.S. Senate voted to remove prohibition, there has been no further progress on the concept of a unique health ID at the federal level.

- 3:45 p.m. New Business** **Chairman Way**
The next scheduled Advisory Board meeting will be held on December 8, 2022, at 2:00 p.m.
- 3:45 p.m. Adjourn** **Chairman Way**
Chairman Way sought a motion to adjourn the meeting at 3:45 p.m. Dr. Richard Pro made the motion, with a second by Donette Herring. The motion passed unanimously.

Christie Burris

12/20/2022