A Statewide Approach to Health Information Exchange

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NC HIMMS, May 3, 2018
We connect health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.

**State Designated**
North Carolina’s state-designated health information exchange

**Secure**
Secure statewide network for physicians and other health care providers in North Carolina to share important patient health information to improve patient care

**Partnership**
Housed within the Department of Information Technology’s Government Data Analytics Center (GDAC). Our technology partner is SAS Institute.
North Carolina set out a vision to create communities of connected health care providers electronically across the state.

- Allow providers to view their patients’ longitudinal health record in real-time
- Improve health care quality, enhance patient safety, improve health outcomes
- Consolidate data reporting requirements across the state to ease administrative burden and create efficiencies by eliminating duplicative data integrations
- Create outbound services to give providers insight to their at risk patient population
### Look How Far We’ve Come

#### Number of Connected Providers

<table>
<thead>
<tr>
<th></th>
<th>Spring 2016</th>
<th>Spring 2017</th>
<th>Spring 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>108 Facilities</strong></td>
<td></td>
<td><strong>877 Facilities</strong></td>
<td><strong>1101 Facilities</strong></td>
</tr>
</tbody>
</table>

#### Number of Providers in the Onboarding Process

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>158 Facilities</strong></td>
<td></td>
<td><strong>578 Facilities</strong></td>
<td><strong>2805 Facilities</strong></td>
</tr>
</tbody>
</table>

223% Growth in Connectivity
Types of Providers Connecting

Total number of facility types = onboarding + live in production

- Primary Care: 1431
- Behavioral Health/IDD: 347
- Hospitals: 119
- Specialists: 1594
- Public Health & Federally Qualified Health Centers: 133
- Home Health: 92
- Eye & Dental: 28
## Connection Status by Provider Type:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>In Process</th>
<th>Live</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>1105</td>
<td>326</td>
<td>1431</td>
</tr>
<tr>
<td>FQHC</td>
<td>23</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>337</td>
<td>120</td>
<td>457</td>
</tr>
<tr>
<td>County Health Departments</td>
<td>11</td>
<td>84</td>
<td>96</td>
</tr>
<tr>
<td>Hospital</td>
<td>83</td>
<td>36</td>
<td>119</td>
</tr>
<tr>
<td>Specialist</td>
<td>995</td>
<td>510</td>
<td>1505</td>
</tr>
<tr>
<td>In Home Care</td>
<td>56</td>
<td>2</td>
<td>58</td>
</tr>
<tr>
<td>Laboratory</td>
<td>21</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Residential Facility</td>
<td>34</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Respiratory, Developmental, Rehabilitative or Restorative</td>
<td>76</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Speech, Language and Hearing</td>
<td>9</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Eye &amp; Vision</td>
<td>38</td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Dental</td>
<td>15</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>2805</strong></td>
<td><strong>1101</strong></td>
<td><strong>3906</strong></td>
</tr>
</tbody>
</table>

Counts are facilities.
Since the Working Group’s first meeting, the NC HIEA has determined varying applications of technology within BH/IDD communities. NC HIEA took this opportunity to leverage relationships with stakeholders and associations. With so many providers in this community still on paper, we worked to address standards for connectivity so those interested in an EHR can be better informed of their specific needs for connectivity.
Working with over 100+ Different EHR Vendors to enable connectivity
The Value-Based Payment Readiness Survey found that a majority of health care executives have noticed gaps in their data sharing and interoperability capabilities that may limit their ability to see value from risk-based reimbursements.

- **54%** of Executives said they have to increase their capabilities in real time data access to support transition.

- **74%** of financial executives in large hospitals believe they need to become better at both external and internal data sharing within the next three years.

**NC HealthConnex** is a tool to provide real-time clinical data to its participants.

*HFMA Executive Survey, Value Based Payment Readiness, https://www.hfma.org/value-basedpaymentreadiness/*
NC HealthConnex will be able to support health plans as beneficiaries transition from plan to plan.

**Payers**
Key to value-based care model and needs visibility from all other providers treating their patients.

**Behavioral Health/IDD**
A crucial part of managing patient populations will be the care provided by these providers.

**Primary Care**
Key to value-based care model and needs visibility from all other providers treating their patients.

**Home Health and Long-Term Care**
This group has lagged in data sharing initiatives but provide critical insight into patient monitoring and care coordination.

**Behavioral Health/IDD**
A crucial part of managing patient populations will be the care provided by these providers.

**Health Registries**
Specialty registries are essential for physicians as health care transitions to value-based payment models.

**Hospitals and Ambulatory Sites**
Many hospitals are able to speak with each other, but lack ability to communicate from outside system.

**Payers**
NC HealthConnex will be able to support health plans as beneficiaries transition from plan to plan.
NC HealthConnex Supports the Vision for Managed Care

- **Admissions, Discharge, Transfer (ADT)**
  Information in real time from all Medicaid Providers across North Carolina through clinical notifications

- **Advance Medical Homes**
  Clinical information from electronic health records to support care management

- **Public Health Registries**
  Integrated connectivity with the North Carolina Immunization Registry

- **Controlled Substance Reporting System (CSRS)**
  Integration for single sign on and ease of use

*NC DHHS Health Care Data for Action, April 20, 2018*
How Does Health Information Exchange Work?

1. **Elements Available**
   Current data elements available in NC HealthConnex include: Allergies, Encounters, Medications, Problems, Procedures, Results

2. **Security in Place**
   All data is protected, stored and accessed only for purposes permissible under federal and state law.

Electronic Health Record
Clinicians enter data into EHR and that data is pulled/pushed into HIE

Data Provided
Clinicians who have care relationships with their patients are able to readily access that data.
How Do Providers Connect?

There are two steps to determine a practice’s readiness for connection.

1. Does your practice have an EHR that can send CCD or HL7 messages?
   • **Technology in Place:** The NC HIEA Participation Agreement requests EHRs that are minimally capable of sending HL7 messages, version 2 and higher. The first step is to have the ability to send HL7 messages (version 2.0 and higher) to enable the technical connection and data submission to NC HealthConnex.

2. Does your practice have a Participation Agreement in place?
   • The Participation Agreement is the document that governs the exchange of data between the practice and NC HealthConnex. This contract must be in place before the technical build can begin. Participation Agreements are linked on our website for providers to download, sign and return.
## What to expect?

**The Connection Process**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Practice signs Participation Agreement</td>
</tr>
<tr>
<td>2.</td>
<td>NC HIEA provides practice Welcome Packet (Includes Patient Education/Opt Out Materials)</td>
</tr>
<tr>
<td>3.</td>
<td>NC HealthConnex Holds a Technical Connection Call to Handoff to SAS (twice a month)</td>
</tr>
<tr>
<td>4.</td>
<td>SAS engages Technical Point of Contact to build connection</td>
</tr>
<tr>
<td>5.</td>
<td>Technical Build, including testing occurs within a 10-12 week average</td>
</tr>
<tr>
<td>6.</td>
<td>Live in Production!</td>
</tr>
<tr>
<td>7.</td>
<td>NC HealthConnex sends email to Practice updating them on status</td>
</tr>
</tbody>
</table>
Value-Added Features

**Communicate** | Direct Secure Messaging Accounts provided by NC HealthConnex allow connection with other providers by sending and receiving secure, encrypted messages.

**Connect** | Access to DSM Provider Directory with over 19,000 (and growing) secure messaging addresses of health care providers.

**Contribute** | Public Health Reporting via Registries – Diabetes Declaration of Readiness, December 1, 2017.

**Convey** | Utilize the clinical data an organization captures with timely analytics and reporting about patient population via Clinical Notifications.
Questions?