

NORTH CAROLINA
HEALTH INFORMATION EXCHANGE

NC HIMSS 2014 Annual Conference

NC Health Information Exchange Updates and Initiatives

May 2, 2014



Agenda

- I. About NC HIE
- II. NC HIE and Hospitals: Status and Lessons Learned
- III. NC HIE and Ambulatory: Status and Lessons Learned
- IV. NC HIE and State Reporting: Status and Lessons Learned
- V. Participating with NC HIE
- VI. Q&A



+ About NC HIE



NC HIE's Growing Network of Partners



Government, Regulatory, Advocacy

Connecting America for Better Health
The Office of the National Coordinator for Health Information Technology

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
www.ncdhhs.gov

OFFICE OF RURAL HEALTH & COMMUNITY CARE

DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION

North Carolina Medical Society

SOCIAL SECURITY ADMINISTRATION
USA

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

ncpedcs
North Carolina Pediatric Society
www.ncpedcs.org

NCCIHCA
North Carolina Children's Health Care Association

North Carolina AHEC



Vendor, Technology, Strategic

ORION HEALTH

NC DirectTrust

Allscripts

eClinicalWorks

covisint

LabCorp
Laboratory Corporation of America

Community Care of North Carolina

Epic

Patagonia Health

Quest Diagnostics

SOLSTAS LAB PARTNERS

MEDITECH



Health System, Community

HALIFAX REGIONAL
Robeson Falls
WILSON MEDICAL CENTER

Wake Forest[™]
Baptist Health

APPALACHIAN
Regional Healthcare Foundation

CaroMont Health

Ashe Memorial Hospital

CommWell Health

PIEDMONT HEALTH

CARTERET GENERAL HOSPITAL

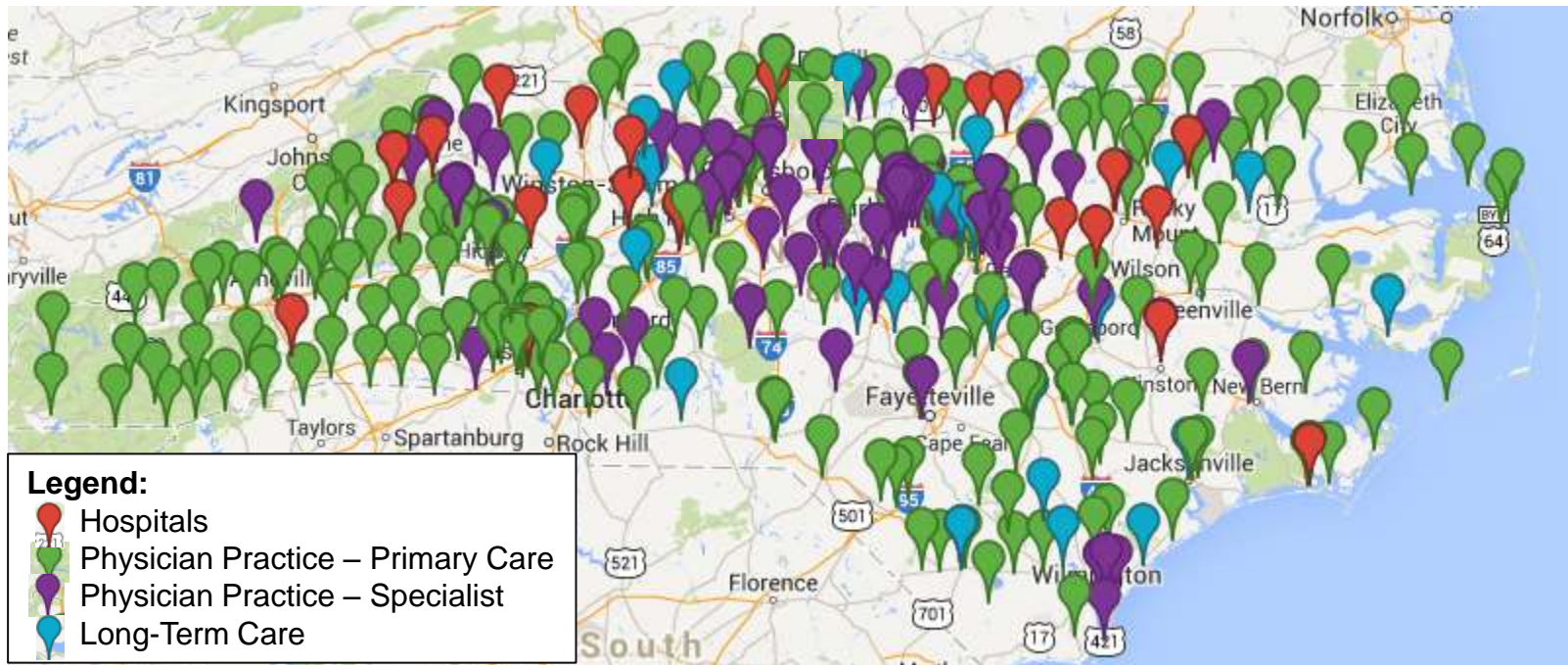
Blue Ridge
Community Health Services

MOREHEAD MEMORIAL HOSPITAL

Lenoir Memorial
HOSPITAL

+ Current Footprint

Currently, more than **600 sites** are participants of NC HIE. We build connected communities that include clinics, local health departments and long-term care and behavioral health providers. A complete list can be accessed on our website: <http://nchie.org/providers/our-providers/>

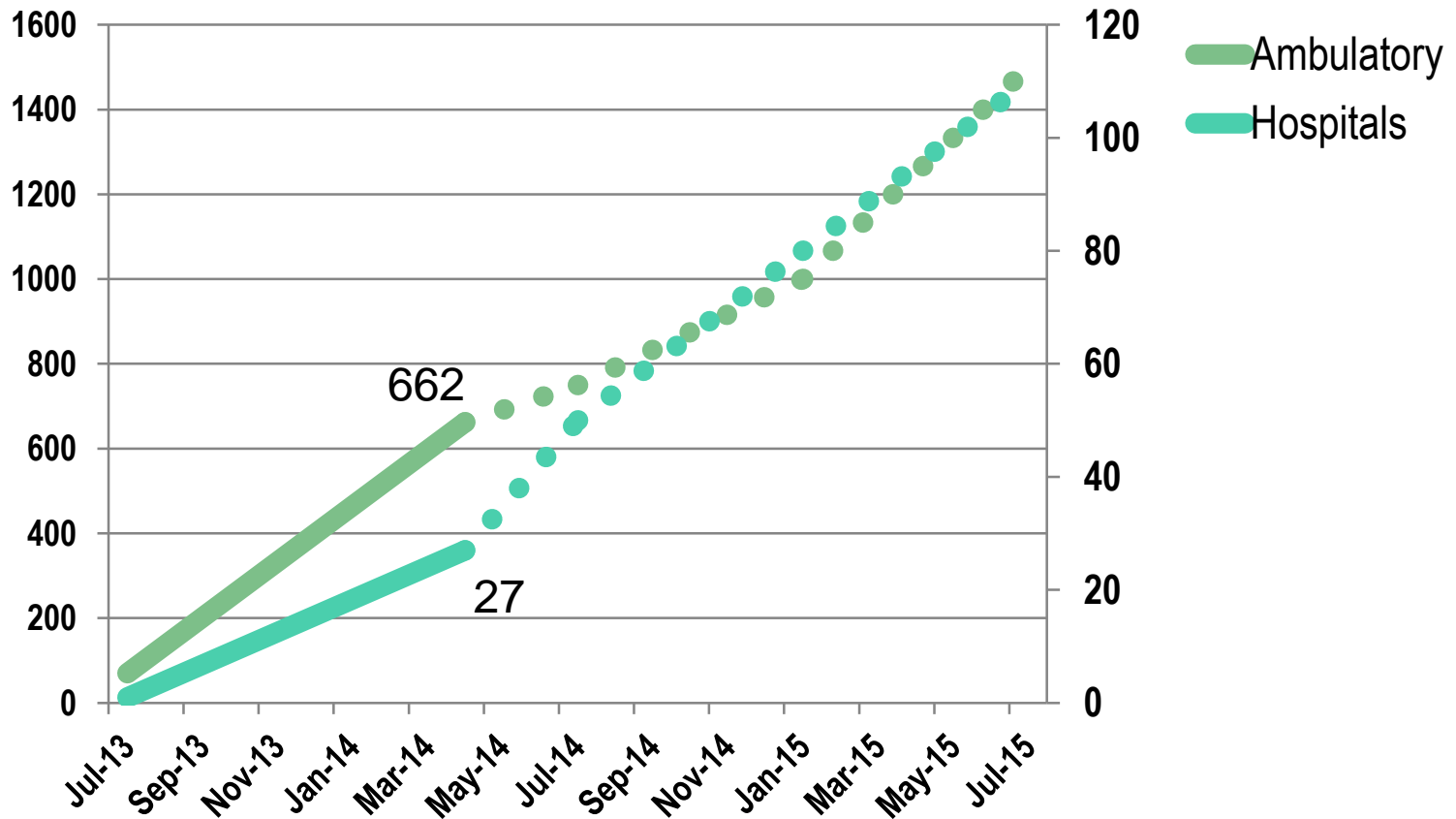


+ Participation Trajectory



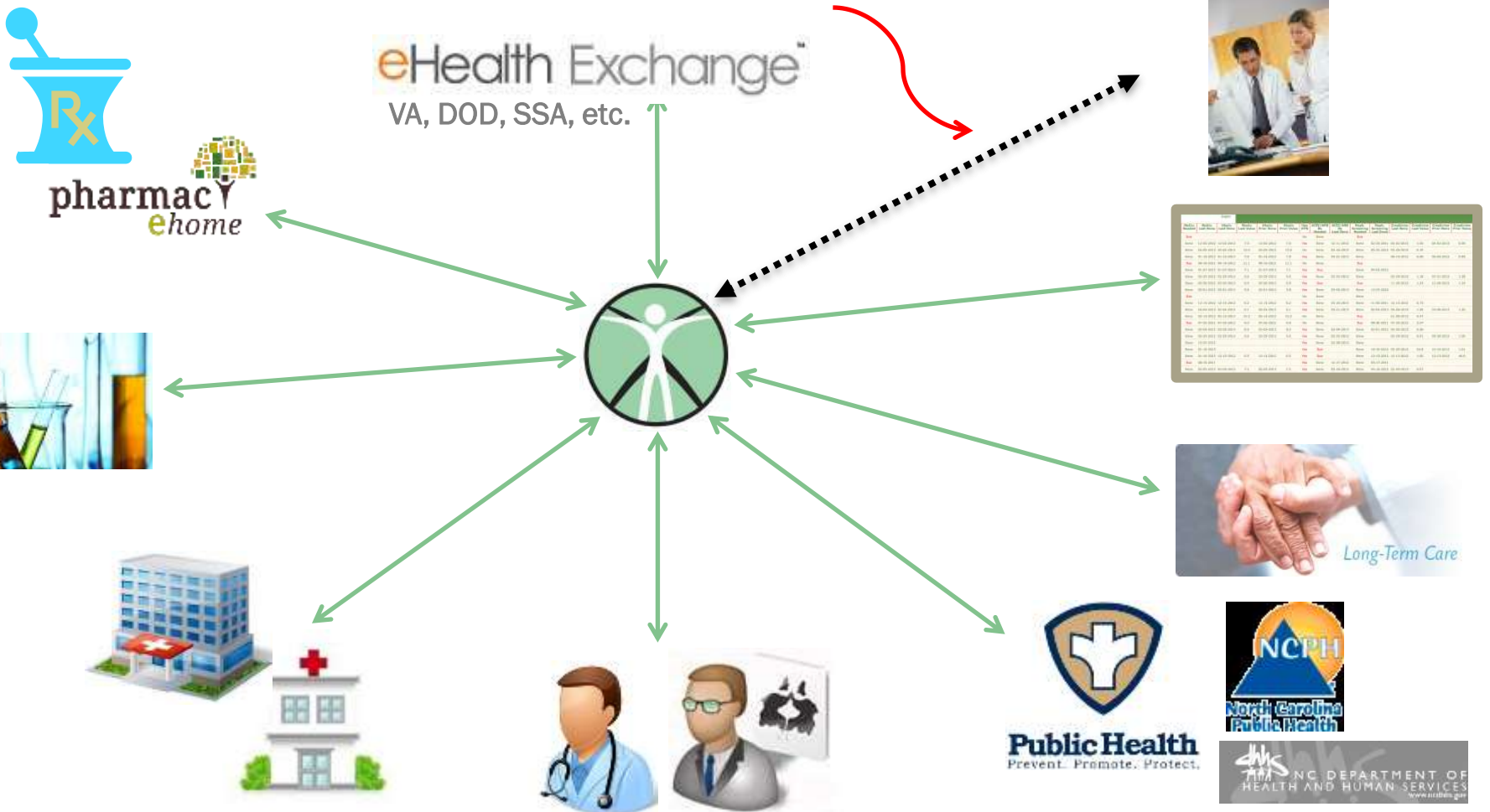
NC HIE estimates that by July 2015, it will have reached “critical mass,” with 110 hospitals and over 1,500 ambulatory practices participating.

NC HIE 2-Year Participation Trajectory



+ One Connection, Many Data Sources

One connection to NC HIE means access to provider electronic health record systems, State systems, pharmacies, labs, behavioral health and long-term care entities, disease registries and other sources of patient data.



+ Enabling Meaningful Use and State Reporting



Objective/Measure		Core or Menu Stage 1	Core or Menu Stage 2
Immunization Registry Reporting	Submission of electronic data to an immunization registry	Menu for EPs and EHs	Core for EPs and EHs
Electronic Lab Reporting (ELR)	Submission of electronic reportable laboratory results to the State public health agency	Menu for EHs	Core for EHs
Transitions of Care	For 50% a Summary of Care document must be provided, 10% of which must be electronically provided	-	Core for EPs and EHs
Electronic Clinical Quality Measures (CQMs)	Electronic Clinical Quality Measures (CQMs) reporting (NC HIE enables for Medicaid Eligible Professionals)	-	Required for EPs and EHs
Specialized Registry Reporting	Identify and report specific disease cases to a specialized registry (other than a cancer registry)	-	Menu for EPs
Cancer Registry Reporting	Identify and report cancer cases to a public health cancer registry	-	Menu for EPs

EPs- Eligible Professionals
EHs- Eligible Hospitals



+ NC HIE and Hospitals:
Status and Lessons Learned

+ Current Hospital Participation

- Ashe Memorial Hospital
- Blowing Rock Rehabilitation & Davant Extended Care Center
- Cannon Memorial Hospital
- CaroMont Medical Center
- Carteret General Hospital
- Hugh Chatham Hospital
- Davie Medical Center
- Granville Medical Center
- Halifax Regional Medical Center
- High Point Regional Medical Center
- Hugh Chatham Memorial Hospital
- Johnston Medical Center
- Lenoir Memorial Hospital
- Lexington Medical Center
- Maria Parham Medical Center
- Morehead Memorial Hospital
- Nash General Hospital
- Our Community Hospital
- Person Memorial Hospital
- Rex Hospital
- UNC Caldwell
- UNC Chatham
- UNC Hospitals
- UNC Pardee
- UNC Wakebrook
- Wake Forest Baptist Medical Center
- Watauga Medical Center
- Wilson Medical Center



+ Hospital Onboarding: Lessons Learned



1. Demand for a more integrated solution than historical core services offering (web portal to access clinical data or web portal visually integrated into EMR).
 - ✓ **Solution:** Leverage ITI transactions to quickly or automatically pull relevant data back into native EMR. Currently implementing for five hospitals.
2. Top priority is integrated HISP capability to allow for provider and patient messaging.
 - ✓ **Solution:** Upgraded to Orion Health's Direct Secure Messaging 2.0. Implemented for five hospitals to date.
3. "Value-added applications" look different for each hospital.
 - ✓ **Solutions:** PharmaceHome, lab orders, PQRS...



+ NC HIE and Ambulatory:
Status and Lessons Learned

+ Current Ambulatory Participation



NC HIE ambulatory participation includes **662 sites** encompassing a variety of provider types:

- Primary Care Practices
- Specialist Practices
- FQHCs
- Free Clinics
- Long-Term Care
- Home Health



+ Integration Options for Ambulatory



Connectivity Method 1: Vendor Collaboration

Established Agreements:

- ✓ Covisint
- ✓ AllScripts
- ✓ eClinical Works
- ✓ Aprima
- ✓ CompuGroup
- ✓ Patagonia

Ongoing Conversations:

- Greenway
- NextGen
- SuiteMed
- Athena
- Care 360
- NetSmart
- Cure MD

Costs for EMR Vendors with Established Agreements
Integration = \$0-\$5,000
Maintenance = EMR Vendor Cost + \$150/clinical user/year

Connectivity Method 2: Covisint

- Third-party data aggregator service that establishes a uni-directional feed of information from the EHR to NC HIE
- Allows practices to meet measures for Meaningful Use Stages 1 and 2 (NCIR, CCR, CQMs, Disease Registries, TOC)
- Users will access NC HIE through the Provider Portal online and be able to download or e-mail (via Direct) information contained within the network

Costs for Subsidy Eligible Practice
Integration = \$0
Maintenance = \$600/year + \$150/clinical user/year



Ambulatory Onboarding: Lessons Learned



1. Important to have a NC HIE “champion” within the practice who promotes use within the organization.
 - ✓ **Solution:** Development of workgroups, focused projects (WNC) and community building.
2. Need support for EMR vendor conversations.
 - ✓ **Solution:** NC HIE has established agreements directly with EMR vendors and participates with practice as needed.
3. Use cases for practices include referrals via DIRECT, immunization reporting, and clinical events notifications.
 - ✓ **Solutions:** Building connected communities for referrals and alerts.



+ NC HIE and State Reporting:
Status and Lessons Learned



NC HIE and State Reporting



Wake Forest Baptist Health System is piloting the connection to submit **immunization data** to NCIR. Expected pilot completion is Q2 2014.

CaroMont Health is piloting the connection to submit **reportable lab results** to NC EDSS and NC LEAD. Other hospitals have begun the onboarding process.



NC HIE and NC Medicaid are building connectivity to enable **electronic clinical quality measure** reporting directly to NC Medicaid. Service availability is scheduled for Spring 2014.



In 2014, to comply with the NC Health Care Cost Reduction and Transparency Act, hospitals will begin reporting **Medicaid demographic and clinical data** to NC Health and Human Services via NC HIE.



+ House Bill 834 Update



- The NC General Assembly's Health Care Cost Reduction and Transparency Act (House Bill 834) **requires hospitals in North Carolina to connect to NC HIE.**
- The legislation aims to provide the State with timely access to clinical information to evaluate medical expense trends and **control health care costs of the Medicaid program.**
- **Discussions between NC HIE and NC DHHS** since September 2013, and **multiple presentations to the Joint Legislative Oversight Committee** on Health and Human Services.
- **Developing data use agreement** to facilitate exchange of Medicaid clinical data from NC HIE to DHHS.



+ State Reporting: Lessons Learned

- **Kicking Off Public Health Reporting:** Provider organizations must register their intent to report to the State systems independent of NC HIE. To register intent, visit: <https://ncdphmeaningfuluse.org/>. The NC Division of Public Health then directs NC HIE's pilot and onboarding efforts.
- **Immunization Registry Reporting:** Upon pilot completion, onboarding efforts will be facility-by-facility and will require each site to adapt to NC specifications to be published at the end of the pilot.
- **Electronic Laboratory Reporting:** Initial reportable identification and code mapping on the part of the hospital is time consuming taking up to several months to complete even with a dedicated staff. This has been an obstacle to efficient project schedules.
- **eCQMs:** NC HIE's vendor is certified to aggregate and report on all 66 eCQMS and may be able to supplement a provider's EMR vendor offerings, in some cases.
- **Cancer Registry Reporting:** This reporting is only an option for providers with a certified cancer reporting EMR module.
- **Other Disease Registry Reporting:** Impetus for creating registries was to satisfy Meaningful Use requirements but the reality is much more about care improvement than meeting a requirement.





+ Participating with NC HIE

+ Privacy and Security Framework



A unique feature of NC HIE is its **strict patient privacy, security and data use policies** built on existing federal regulations, and a statewide consent management process allowing for **maximum patient choice with regard to the sharing of their health data.**

Components of the framework include:

- **Guiding Principles:** Established by the NC HIE Legal and Policy Workgroup in 2010. The Workgroup's guiding principles for developing the framework are:
 - Implement Core Privacy Principles
 - Adopt Trusted Network Design Principles
 - Establish Oversight and Accountability Principles
- **NC HIE Participation Agreement:** In compliance with HIPAA.
- **User Access and Authentication:** Only authorized users who provide health care services to patients may access a patient's health information.
- **Audit Logs:** User access and all user activity is logged and audited.
- **Data Security:** NC HIE's system is protected by intrusion prevention devices. NC HIE utilizes Orion Health's Direct Secure Messaging (DSM) solution for sending sensitive information in a secure, encrypted manner between participants and other entities.
- **Patient's Consent and Right to Opt Out:** In compliance with the NC Health Information Exchange Act.

+ Patient Consent Management

NC HIE manages the patient consent process from start to finish. Patients contact NC HIE, who adjusts data permissions accordingly.

Opt-Out

NC HIE allows several options for patients in regard to the sharing of their health data:

- Full Opt-Out
- Opt-Out by Organization
- Opt-Out by Provider

Resources

Participating organizations are provided patient education materials, including an educational brochure (English and Spanish) that is required to be made available in patient common areas. NC HIE's opt-out form is also available in English and Spanish. For more resources, visit

<http://nchie.org/providers/communication-materials/>

Educational Brochure

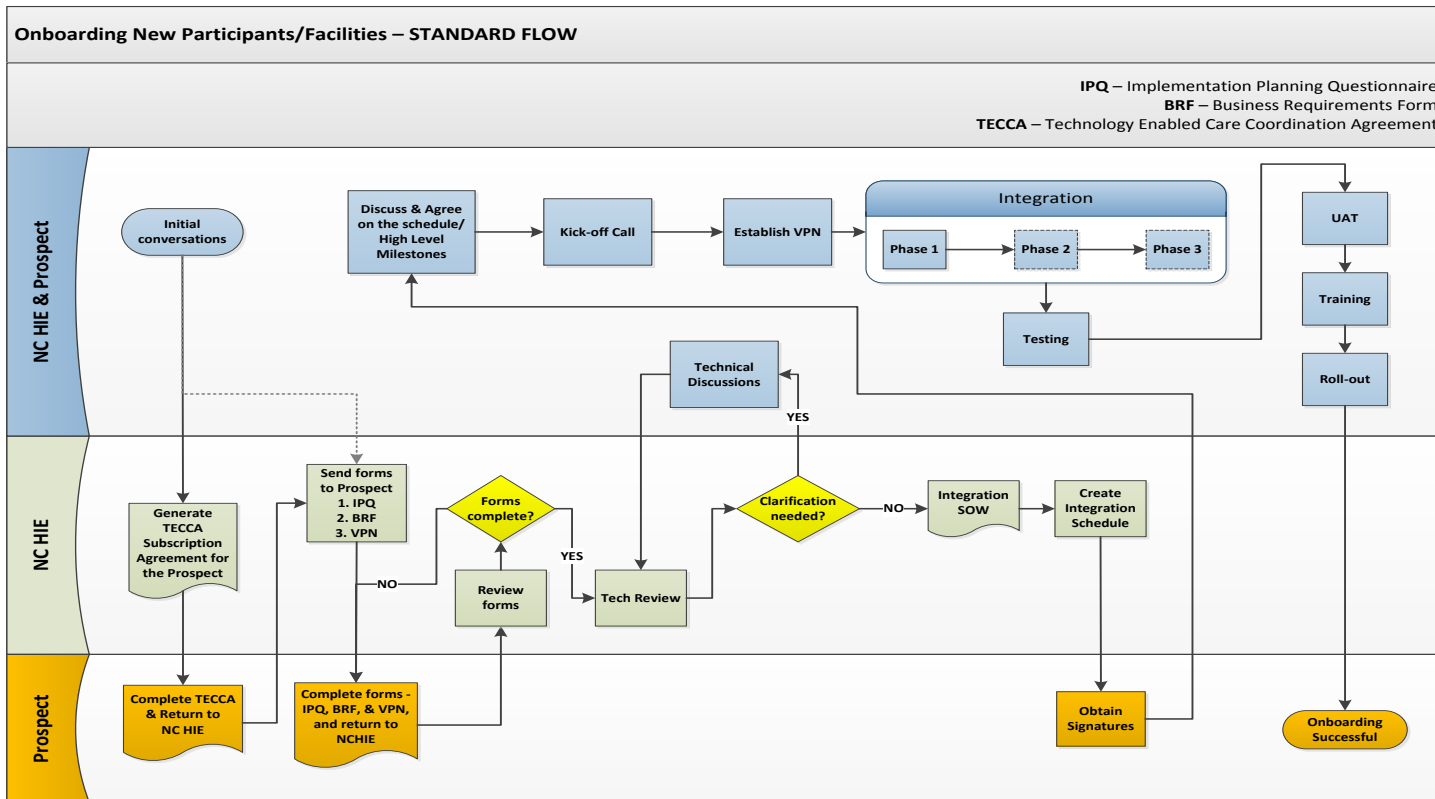


Opt-Out Form

The image shows a screenshot of the NC Health Information Exchange Patient Opt-Out Form. The form is in English and contains sections for patient information, consent, and a signature line. The form includes fields for Name, Last Name, Date of Birth, Address, and a section for the patient's signature and date. There are also checkboxes for 'I understand and agree to the terms of the NC HIE' and 'I understand and agree to the terms of the NC HIE'.

+ Onboarding Process

1. Contractual Agreements and Business Requirements Form (BRF)
2. Implementation Planning Questionnaire (IPQ)
3. Virtual Private Network (VPN) Connectivity Form
4. Implementation
6. System Testing
7. Validation
8. Training
9. Production Rollout





Cost to Participate



Cost of participation with NC HIE varies according to provider type and service offering. NC HIE Participants pay one-time integration fees and annual subscription fees.

Participant Category	CORE Services Subscription Fee (Annual Fee)	Integration Fees (One-time Charge)
Hospitals/IDNs	\$250 per licensed bed (includes hospital-based providers)	Various/dependent upon Participant EHR
Hospital/IDN Owned or Managed Physician Practices	\$150 per clinical user (clinic-based providers), capped at 20% of total bed fees at standard list price	
Physician Practices	\$150 per clinical user	
Skilled Nursing/Long-Term Care	\$50 per licensed bed	
Pharmacies	\$550 per pharmacy	
Direct Secure Messaging	Can be purchased on a stand-alone basis for \$100 per mailbox per year	



Questions?

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