



Health Information Exchange Strategic and Operational Plan Profile

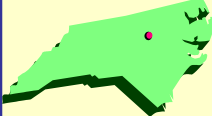
Overview

The HIE initiative in North Carolina is being led by the North Carolina Health Information Exchange (NCHIE), a CEO-level public-private partnership responsible for North Carolina's HIE strategy, in cooperation with the Health and Wellness Trust Fund (HWTF) Commission, as the State Designated Entity. NCHIE's strategy was developed through a multi-stakeholder process to support health data exchange between existing, developing and planned entities. The NCHIE will review and certify organizations which are then qualified to participate in HIE, enabling exchange among diverse health care entities and leveraging investments in existing HIEs, including: the Coastal Carolina's Health Alliance, which began exchanging CCDs and providing eRx services in October 2010 to five counties in Eastern North Carolina; Western North Carolina Health Network Data Link, which enables exchange of clinical information among 16 hospital emergency departments; the Southern Piedmont Health Information Exchange developing exchange capabilities in 11 counties; the Southern Piedmont Community Care Plan, which plans to exchange care summaries, public health data, medication history, and medical images across three counties; the NCHEX health information exchange pilot between two health system and their constituent facilities, which builds on the experience and technology of the North Carolina Hospital Surveillance System (NCHESS), created in 2004 as a public-private partnership between the North Carolina Hospital Association and the North Carolina Division of Public Health (NCDPH) to provide critical data from 114 emergency departments; and the Sandhills HIE which is in the pre-operational stages and will support the exchange of care summaries, lab results and diagnostic images in seven counties.

Model and Services

NCHIE plans to manage the Statewide HIE infrastructure as a Health Information Service Provider for core and value-add services. Technical solutions for Phase 1 (2011 and 2012) focus on the procurement of Core Services supporting Stage 1 Meaningful Use requirements for e-prescribing, lab results delivery, and care summary exchange. NCHIE will develop and release a RFP for these services, lead the process for selection of vendor(s), and oversee deployment and operations of these contracted services. Spanning Phase 1 and Phase 2 (2013 and 2014), NCHIE will develop additional Value-Added Services based on ongoing prioritization, including an assessment of the optimal location (i.e., at the organizational, regional, statewide or cross-state level) and entities for hosting the service.

The HIE plans to offer six core services, the first of which is a **Service Access Layer**. This layer is responsible for mediating all access to and from other core



State:
North Carolina

HIT Coordinator:
Steve Cline

Award Amount:
\$12,900,000.00

Contact:
Steve Cline

Website:
<http://www.ncdhhs.gov/healthIT/>

Other Related ONC funding in North Carolina:

Regional Extension Centers (RECs):
\$13,900,000.00

Beacon Community:
\$15,900,000.00



services and, in conjunction with the **Security Services**, the second core service, establishing authentication and maintaining statistics on users, transactions, and information traffic. The **Person/Patient Matching Service**, the third service, provides three capabilities: reconciliation service to match records for a patient, creation of aggregate data through queries, and identification and extraction of isolated documents. **The Master Facilities and Clinician Index Services**, the fourth and fifth appropriately, provide users with an index of facilities with which a clinician is affiliated and relevant information on all registered clinicians. The sixth service is a **statewide NHIN Connect gateway** to enable interoperability with Federal Agencies.

Highlights

- **LabCorp Pilot:** NCHIE will participate with the North Carolina Regional Extension Center, the State HIT Coordinator, the Office of the National Coordinator's Nationwide Health Information Network development team (NHIN Direct), LabCorp and other participating laboratories, and participating providers and electronic health record vendors in a coordinated effort to reduce the cost and complexity of electronic lab data exchange. The goal of this effort is to establish secure, point to point transport of lab results, directly from labs to providers' EHRs, implementing NHIN Direct protocols and specifications. The State HIT Coordinator will manage the collaborative efforts of the Regional Extension Center, the State, NCHIE and labs to advance these efforts. As part of the Core HIE Services being developed through the NC Strategic and Operational Plan, the state will consider options for use of a Statewide Provider Directory to support look-up, routing and authentication as necessary to providers exchanging data using NHIN Direct protocols.
- **Public Health Reporting:** North Carolina Public Health collaborates with local health departments, hospitals, community health centers, practitioners, and community agencies throughout the state and nation to promote and contribute to the highest possible level of health for the people of North Carolina. NC Public Health has a dual role in health IT, as public health includes both individual care level services and population health services. NC Public Health, including state and local health departments, organizes health IT and HIE under the concept of the Public Health Information Network (PHIN) according to National Health Information Network (NHIN) standards. In North Carolina, 100% of local health departments have electronic access to immunization records, reportable lab results and syndromic surveillance information.
- **Network of Networks of Qualified Organizations:** The NC HIE will implement a Qualified Organization participation model for the North Carolina statewide HIE. While participation in the Statewide HIE will be voluntary, a Qualified Organization must sign a contract or participation agreement with the NCHIE, binding it and its participants to compliance with the Statewide HIE's policy and technical guidance. There will also be a process and policies established to ensure ongoing oversight of Qualified Organizations to protect the interest of state's providers. In the rapidly evolving HIE market environment, organizations can see significant benefits in this model through the easing of the burden of individual organizations to design and build robust HIE infrastructure; leveraging group purchasing power; interoperability among disparate organizations; and alignment with State programs.



Meaningful Use

| | <u>Landscape</u> | <u>Strategy</u> |
|--------------------------------------|---|--|
| <u>E-Prescribing</u> | <p>Surescripts reports that as of 2009 there were over 9 million prescription messages in the state and that 96% of community pharmacies, or 1,777 out of 1850, have the ability to receive electronic prescriptions and refill requests. The percentages of North Carolina providers routing e-prescribing at year end were: 9 percent in 2007, 23 percent in 2008; and 24 percent in 2009.</p> | <p>The NCHIE, in conjunction with the State Health IT coordinator and other stakeholders, will assess the effectiveness of using legislation and/or licensure to require the use of e-prescribing. The HIE will also leverage existing Blue Cross Blue Shield of North Carolina initiatives, including access to free, web-based software, vendor sources for discounted hardware and connectivity, and financial incentives to physicians to encourage the use of certified technologies. As part of an effort to accelerate adoption of statewide HIE services, the NCHIE will pilot grants for early adopters to support unconnected pharmacies to acquire pharmacy management systems, connectivity, and implementation support to participate fully in e-prescribing.</p> |
| <u>Structured Lab Results</u> | <p>North Carolina's distribution of laboratory facilities is as follows: 242 hospital labs, 154 independent labs, 101 ancillary test sites, 58 county public health labs, and 1 state laboratory of Public Health.</p> <p>The NCHIE currently is conducting a survey of all state-licensed labs to determine their current ability and plans to (1) produce and deliver structured lab results electronically and (2) the data content and transmission standards deployed.</p> | <p>Through a pilot with LabCorp, the state will enable NHIN Direct to connect to state shared services to enable receipt of lab results for all providers. NCHIE plans to first coordinate with the REC to encourage vendors to enable EHRs to receive structured lab results using NHIN Direct. The HIE will then work to encourage participation by hospital labs and other labs operating in the state for adoption and use of NHIN Direct specifications for secure transmission of lab results.</p> <p>The state intends to develop a set of Core Services, which includes Master Provider and Facilities Indexes to help route labs to appropriate destinations. The state will also assess the effectiveness of using laws and regulations, and grants or subsidies for early adopters to help address the gap.</p> |
| <u>Patient Care Summary</u> | <p>At the statewide level, the NCHIE project utilized summary care records to present information to clinicians. At the regional level, the one fully operational HIE in North Carolina, WNC Data Link, currently facilitates the exchange of patient care summaries.</p> | <p>The state intends to first develop a set of Core Services, which includes Master Provider and Facilities Indices, to help route summary care records to appropriate destinations. Next, providers connected to the HIE will have the ability to push summaries to any other provider or HIPAA-compliant qualified entity in the state. The state anticipates using NHIN Direct specifications to guide clinical summary exchange. The state also plans on leveraging North Carolina's Medicaid Management Information system to provide summary records in CCDs to care managers.</p> |



HIE Inventory

| Standards | | Quality Improvement | |
|--|---------------|---|----------|
| Nationwide Health Information Network Exchange Specifications | | Care Coordination | X |
| Nationwide Health Information Network CONNECT | | Quality Reporting | X |
| Nationwide Health Information Network DIRECT | | Behavioral Health Information Exchange | X |
| Plans to exchange with federal agencies or other states via Nationwide Health Information specifications | X | | |
| Public Health | | Lab Strategy | |
| Electronic lab reporting of notifiable conditions | X | Translation services | X |
| Syndromic surveillance | X | EHR interface | X |
| Immunization data to an immunization registry | X | Policy strategy | X |
| Patient Engagement | | Order Compendium | |
| Patient Access/PHR | X | Bi-Directional | X |
| Blue Button | | Alignment with CLIA | X |
| Patient Outreach | X | E-Prescribing | |
| Privacy and Security | | Medication History | X |
| Privacy and Security Framework based on FIPS | X | Incentive or grants to independents | X |
| Individual choice (Opt In/Opt Out/hybrid) | TBD | Plan for controlled substance | |
| Authentication Services | X | Set goal for 100% participation | X |
| Audit Log | X | Controlled substance strategy | X |
| Administrative Simplification | | Care Summaries | |
| Electronic eligibility verification | X | Translation services | X |
| Electronic claims transactions | X | CCD/CCR Repository | |
| Vendor | | Directories | |
| Planning | Manatt | Provider Directory | X |
| Core Services | TBD | Master Patient Index | X |
| | | Record Locator Services | X |
| | | Health Plan Directory | |
| | | Directory of licensed clinical laboratories | X |

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: www.statehieresources.org



Office of the National Coordinator for Health Information Technology
 State Health Information Exchange Cooperative Agreement Program
HealthIT.hhs.gov