

NCHICA North Carolina Healthcare Information and Communications Alliance, Inc.

NC HIE Council

**NCHICA Annual Conference
Grandover Resort
September 9, 2008**

1 *Improving health and care in North Carolina by accelerating the adoption of information technology and enabling policies*

NCHICA North Carolina Healthcare Information and Communications Alliance, Inc.

AGENDA

<u>Start</u>	<u>Topic</u>	<u>Discussion Leader</u>
7:45	Welcome and Introductions	• Holt Anderson
7:50	Committee Reports <ul style="list-style-type: none"> • Policy Development • Quality of Care & Evaluation • Finance & Administration 	<ul style="list-style-type: none"> • Dave Dillehunt, Kris-Shae McCall • Ed Ermini, John Kessler • Lanier Cansler, Phred Pilkington
8:00	Business Planning for HIE in North Carolina	<ul style="list-style-type: none"> • Andrew Weniger • Richard Steen
8:30	Adjourn	

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Welcome & Objectives

- NC HIE Council Roll Call
 - Welcome



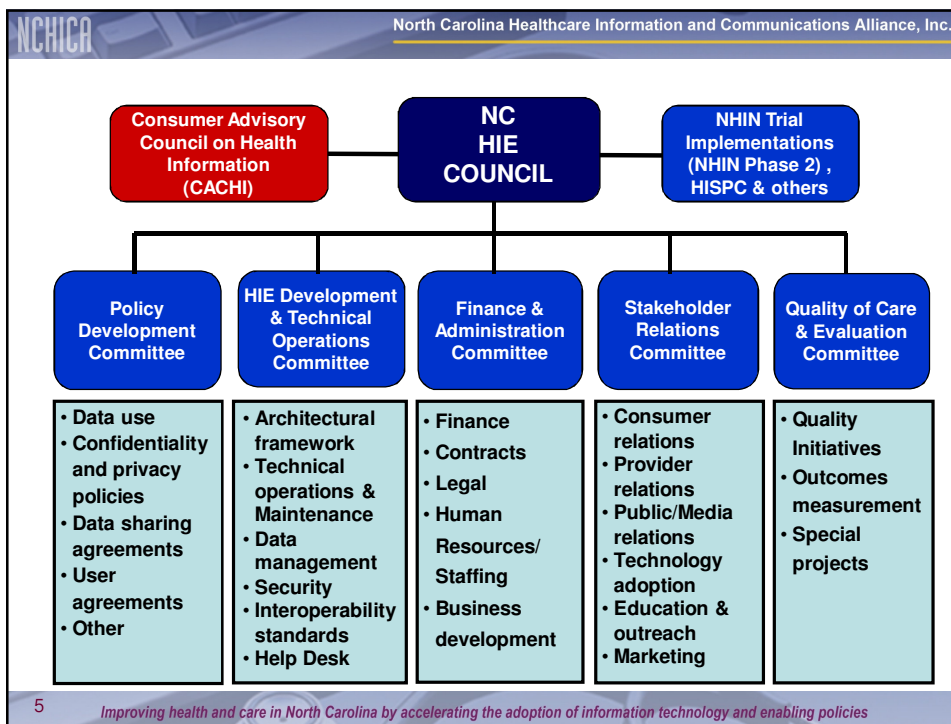
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Improving health and care in North Carolina by accelerating the adoption of information technology and enabling policies

NC HIE Council	Representative
Representative of the North Carolina Consumer Advisory Council on Health Information	Marc Kolman, MSPH
Representative of the North Carolina Medical Society	Ed Ermini, MD
Representative of NCHA (the North Carolina Hospital Association)	Gary Bowers, JD
Representative of the North Carolina Nursing Profession	Rebecca Kitzmiller, MHR, MSN, RN-C
Representative of the North Carolina Health Information Management Association (NCHIMA)	Kris-Shae McCall, RHIA
Representative of the North Carolina Institute of Medicine	Mark Holmes, PhD
Representative of the North Carolina Association of Pharmacists	John Kessler, PharmD, BCPS
Representative of the North Carolina Association of Free Clinics	Jason Baisden
The North Carolina State Health Director or his/her designee	J. Steven Cline, DDS, MPH
The North Carolina State Chief Information Officer or his/her designee	J. Denny McGuire, MPA, CPM
Representative of the North Carolina Association of Local Health Directors	Phred Pilkington, DPA
Representative of the North Carolina Office of Emergency Medical Services	Regina Crawford
Representative of the North Carolina Division of Medical Assistance (Medicaid)	Kris M. Horton, MPA
Representative of the North Carolina Association of Health Plans	TBD
Representative of private-sector behavioral health providers	Sally R. Cameron, PhD
Representative of the North Carolina Division of MH/DD/SAS	Mary Tripp, MA
Representative of long-term care / nursing homes	Samuel B. Clark, CPA
Representative of laboratory services	David R. Pfeil, MS
Representative of radiology services	Ronald B. Mitchell, M.Sc.
Representative of the NCHICA CIO Roundtable appointed by the Board of Directors of NCHICA	Mary Jo Nimmo, RN, MSN
Representative appointed by the Board of Directors of NCHICA	David Dillehunt
Representative appointed by the Board of Directors of NCHICA	Lanier M. Cansler, CPA
Representative of a Health Information Exchange service provider	Ginny Wagner, PMP
Ex Officio Representative of NCHICA (Executive Director)	Holt Anderson

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NC HIE Council Committees

Policy Development Committee

- Dave Dillehunt & Kris-Shae McCall
- Met August 27
- Addressed Consent Policies
 - Collaborating with NCHICA Legal WG to address Consent Policies and Inter-Organizational Agreements for HIE

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NCHICA North Carolina Healthcare Information and Communications Alliance, Inc.

NC HIE Council Committees

Finance & Administration Committee

- Lanier Cansler & Phred Pilkington
- Met August 27
- Set up for Business Planning
- Initial Business Planning Scope Agreed
 - Scenario based business plan for NHIN deliverable – Iteration 1
 - Need additional participants for success of Iteration 2 of Business Plan

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NHIN Sustainability Planning Process and Activities

◇ Conduct Background Research Iteration 1

Perform Data Gathering

Analyze Data / Prioritize Functions

Draft Business Plan – NHIN Deliverable

Develop Marketing, Operational Sections

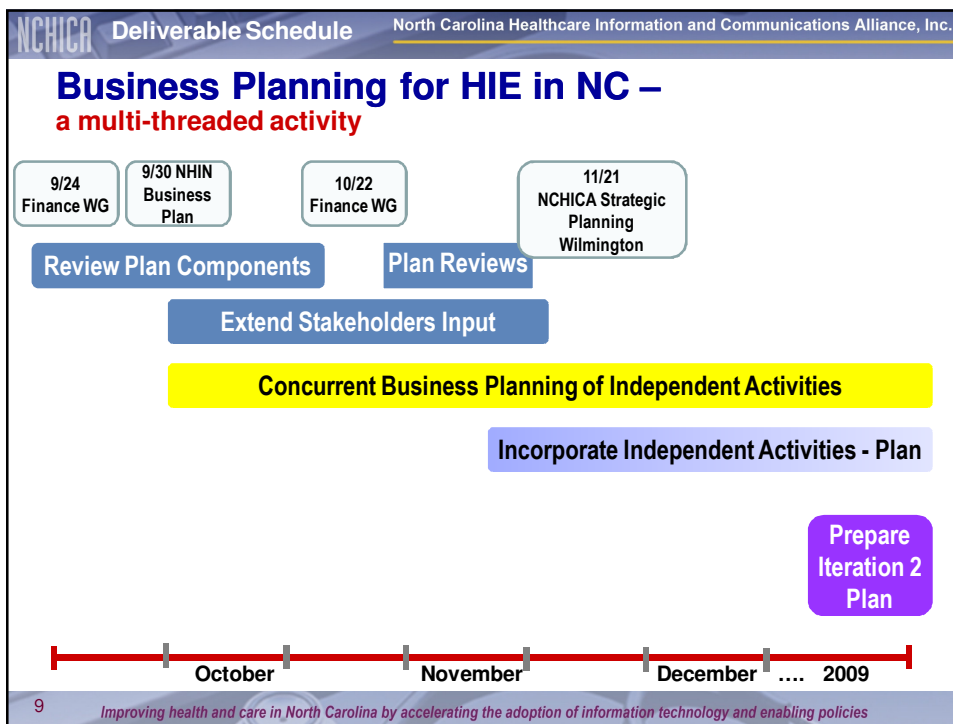
Develop Financial Models

Review / Revise Business Plan

NHIN Sustainability Plan Deliverable ◇

May > June > July > August > September

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Business Case for Nationwide HIE Investment

Level of Exchange	Primary Interest	Support for NHIE
<i>collaborative</i> Federal / National	Clinical & Administrative Referrals, Results, Pop. Health events (Medicare, MHS/VA/IHS/SSA etc.)	Strong interest in NHIE and Mandatory Use of National Standards
Regional / Interstate	Referrals, Results, Pop. Health events (Nat'l Payers & Self-funded Plans, etc.)	Strong Interest in National Standards; Interest in NHIE
Statewide / Intrastate	Clinical & Administrative (Medicaid, State Health Plan, State BCBS, Pop. Health awareness)	Strong Interest in National Standards; Mild interest in NHIE
Cross-Communities / HIEs	Referrals, Results, Pop. Health events (Health Systems, Regional Payers, PH)	Interest in National Standards; Mild interest in Intrastate or NHIE
<i>independent</i> Medical Trading Area / Community	Referrals, Results Delivery, Administrative (eRx, Lab, HIPAA claims/pmts)	Interest in Standards Avoid technical isolation; Mild interest in Intrastate / NHIE
Enterprise	Internal Network (Internal to Practice, PH, Hospital, etc.)	Low Interest in <u>NHIE</u>

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HIE Has Benefits for North Carolinians

Assumptions

- HIE can provide Quantitative and Qualitative healthcare benefits to the **nine million residents** of North Carolina
- These benefits will arrive at different times for different residents
 - Digitized health information and EMR adoption inconsistent across state
- Enterprises and Communities are creating business plans
- HIE Initiatives are being developed locally, regionally, statewide and beyond
- Complex factors govern where HIE Initiatives are developed
 - Local / Enterprise situation
 - Commercial / competitive pressures
 - Regional / Statewide capabilities
- NC HIE Council can be prepared to optimize the benefits to the **nine million residents** of North Carolina

Planning for HIE Benefits for North Carolinians

Collaborative efforts

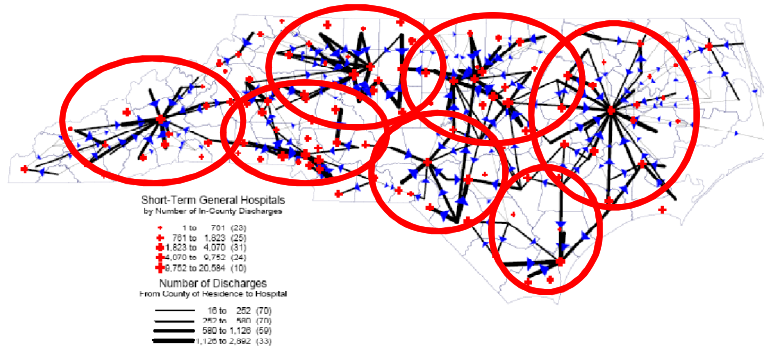


Nine Million North Carolinians and all healthcare stakeholders

Patient Origin for North Carolina Residents and Hospitals

Inpatient Discharges by County of Residence and Hospital

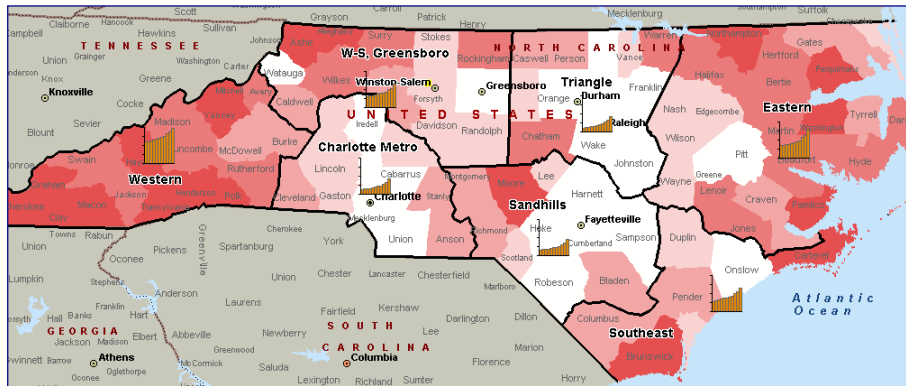
Residents Discharged from North Carolina Hospitals: October 1, 2005 to September 30, 2006



Note: For any county vectors are only drawn for hospitals receiving at least five percent of the county's Discharges. Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included. Normal newborn discharges (DRG 391) excluded.
Source: Thomson Healthcare North Carolina Hospital Discharge Data, Fiscal Year 2006.
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

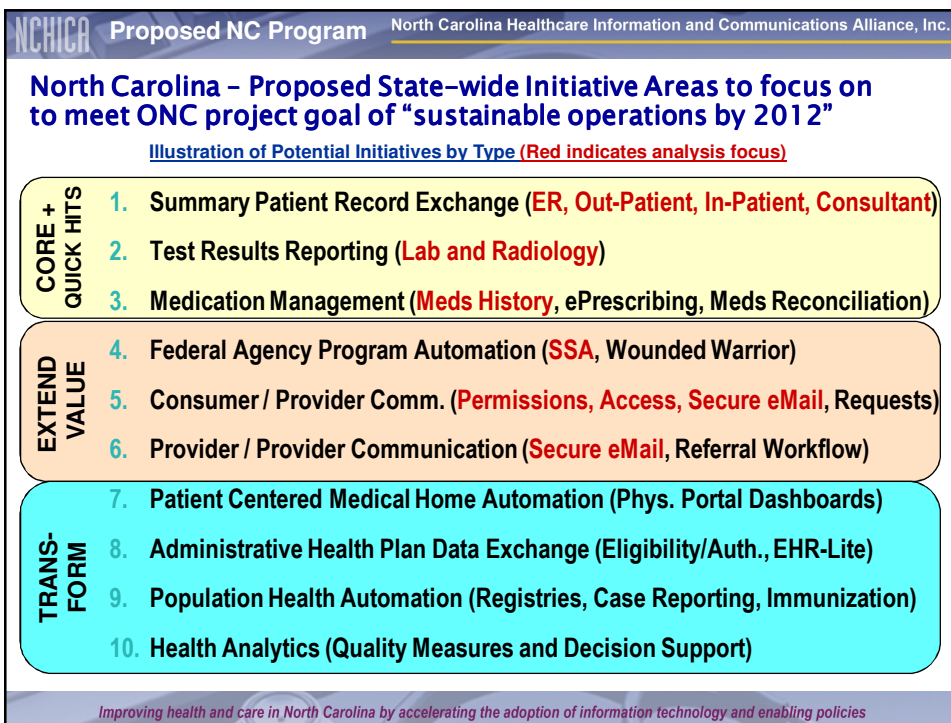
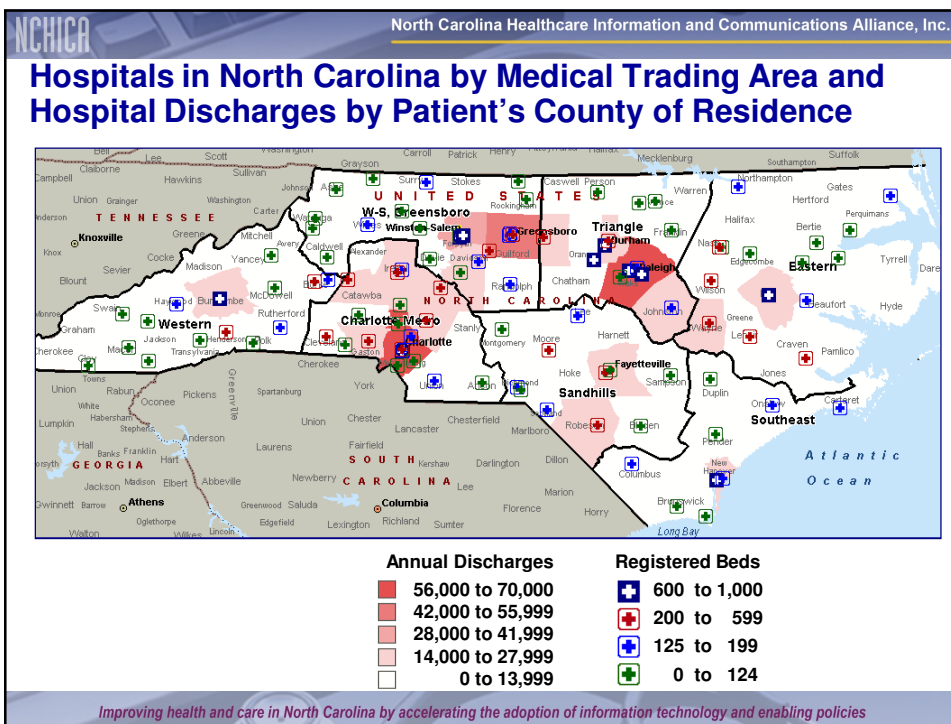
Elderly patient density * by county and projected increases ** (2008 to 2025) by Medical Trading Area

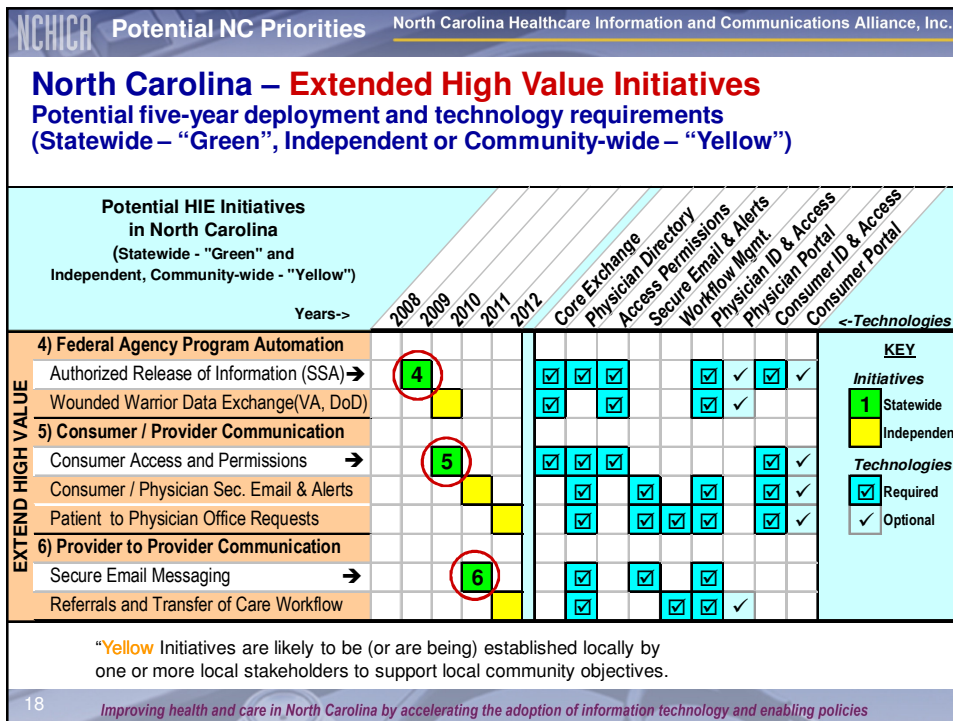
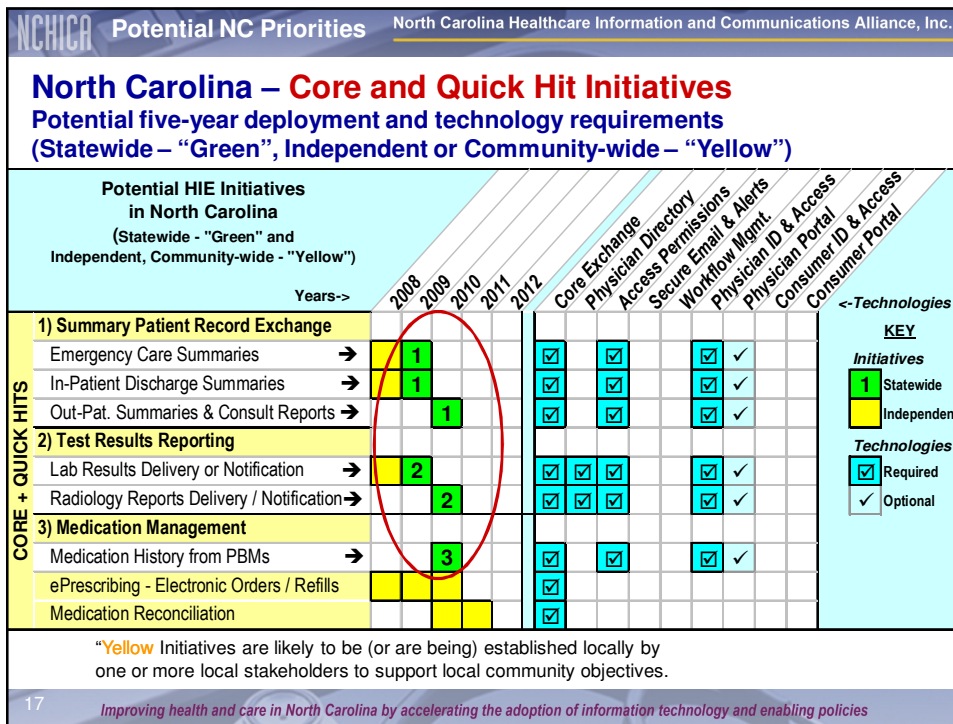
Percent Elderly ranges from 7% to 12% for counties in White to 17 to 24% for counties in Red



* Ages 65+ as percent of entire population

** Average across Medical Trading Area of 65+ as percent of entire population for years 2008 through 2015, plus 2018, 2020 and 2025





NCHICA Potential NC Priorities North Carolina Healthcare Information and Communications Alliance, Inc.

North Carolina – Transforming Initiatives

Potential five year deployment and technology requirements
(Statewide – “Green”, Independent or Community-wide – “Yellow”)


Potential HIE Initiatives in North Carolina (Statewide - "Green" and Independent, Community-wide - "Yellow")		Years->				Technologies								
		2008	2009	2010	2011	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Physician Portal	Consumer ID & Access	Consumer Portal
TRANSFORM	7) Patient Centered Medical Home													
	Organize PCMH Networks & Sponsorship													
	Initiate PCMH Pilot Sites													
	Integrate PCMH with HIE Infrastructure →				7									
	Align Reimbursement with PCMH													
	8) Administrative Health Plan Exchange													
	Eligibility/Authorization of													
	EHR-Lite - with Health Plan Claims Data													
	9) Population Health Initiative Automation													
	Biosurveillance & Situational Awareness													
	Electronic Population Health Case													
	Immunization Records & Disease Registries													
	10) Health Analytics													
	Quality Measures													
Decision Support														

KEY
Initiatives
1 Statewide
 Yellow Independent
Technologies
 Blue box with checkmark Required
 White box with checkmark Optional

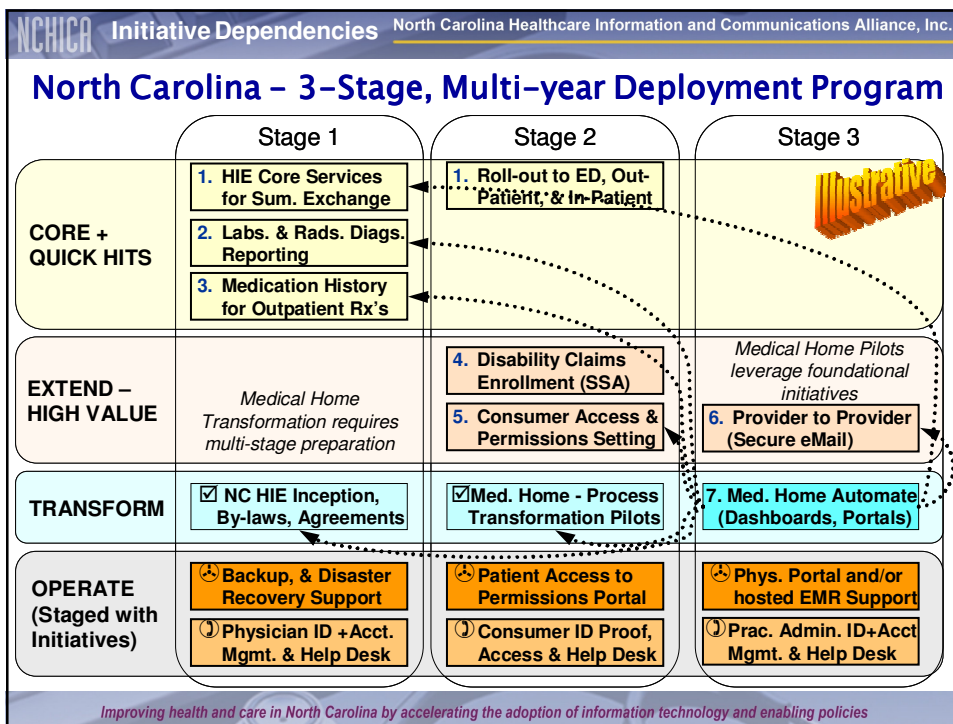
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NCHICA Potential Staging North Carolina Healthcare Information and Communications Alliance, Inc.

North Carolina – 3-Stage, Multi-year Deployment Program

	Stage 1	Stage 2	Stage 3
CORE + QUICK HITS	1. HIE Core Services for Sum. Exchange 2. Labs. & Rads. Diags. Reporting 3. Medication History for Outpatient Rx's	1. Roll-out to ED, Out-Patient, & In-Patient	
EXTEND – HIGH VALUE		4. Disability Claims Enrollment (SSA) 5. Consumer Access & Permissions Setting	6. Provider to Provider (Secure eMail)
TRANSFORM	<input checked="" type="checkbox"/> NC HIE Inception, By-laws, Agreements	<input checked="" type="checkbox"/> Med. Home - Process Transformation Pilots	<input checked="" type="checkbox"/> 7. Med. Home Automate (Dashboards, Portals)
OPERATE (Staged with Initiatives)	<input checked="" type="checkbox"/> Backup, & Disaster Recovery Support <input checked="" type="checkbox"/> Physician ID + Acct. Mgmt. & Help Desk	<input checked="" type="checkbox"/> Patient Access to Permissions Portal <input checked="" type="checkbox"/> Consumer ID Proof, Access & Help Desk	<input checked="" type="checkbox"/> Phys. Portal and/or hosted EMR Support <input checked="" type="checkbox"/> Prac. Admin. ID+Acct Mgmt. & Help Desk

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NCHICA Public-private Trusts North Carolina Healthcare Information and Communications Alliance, Inc.

Several states are endorsing a public-private trust model of collaborative governance to address policy, finance, privacy and security issues

Important Questions Concerning Shared PHI:

1. What types of information will be exchanged?
2. What value/impact will the information provide to healthcare delivery?
3. What return will the investing stakeholders derive?
4. How to address Privacy and Security issues?
5. What will be the technical architecture given current technology of the stakeholders, evolving standards, financial resources....
6. How long will it take to begin exchanging health information?
7. What are the expectations and what is the plan to achieve financial sustainability?
8. What metrics will be used to measure the success of HIE?
9. Where do we start in communicating with providers, consumers, regulators
10. ..

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NC HIE - as a Convener of Communities

NC HIE, as a part of NCHICA, serves as a neutral convener of standards-based community efforts focused on improving quality and lowering the cost of healthcare

- Promote social capital & develop interoperable policies
- Encourage adoption of EHRs and portals
- Standards-based interoperability
- Support on-going Initiatives – ePrescribing, CCNC Medical Home, Quality Initiatives, etc.
- Promote purchaser / employer participation – e.g., Bridges to Excellence, NC Business Council, etc.
- Engender cooperation and collaboration among potentially competing HIE / RHIO efforts
- Utilize NC HIE Council to build supportive business model to facilitate collaboration between the “bottom up” HIE initiatives underway and expected in the future
- Sponsor various quality initiatives such as applying for the Federal government’s Charter Value Exchange program

North Carolina, as most complex state healthcare markets, is comprised of connected but diverse “Communities of Practice”



Planning for HIE Benefits for North Carolinians

Collaborative efforts



Nine Million North Carolinians and all healthcare stakeholders

NC Market Stakeholders

An important responsibility for the NC HIE Council will be to publicize North Carolina's many successes and progress across the state and nationally

- As currently represented in the HIMSS RHIO Dashboard by state*, North Carolina Community HIEs include:
 - Eastern Counties (2 Medical Trading Areas – Southeastern, Eastern)
 - North Carolina Information Exchange Consortium (WakeMed and Department of Public Health),
 - Community Partners HealthNet, Inc.
 - PCMH/ University Health Systems (emerging)
 - Rocky Mount HIE
 - Central Counties (4 Medical Trading Areas – W-S/Greensboro, Charlotte, Triangle, and Piedmont)
 - Duke University Health System – Durham County Medicaid Data Exchange
 - Sandhills Community Care Network (SCCN)
 - Western Counties (1 Medical Trading Area – Western)
 - Western North Carolina Health Network
 - Mission Health and Hospital, Buncombe County Health Center, Nursing Homes, Home Health Providers
 - Community Health Network (CHN)

*The Healthcare Information and Management Systems Society (HIMSS) State Dashboard lists 9 currently active or emerging Regional Health Information Organizations (RHIOs). Health Information Exchange (HIE) while sometimes used synonymously with "RHIO" can also imply a RHIO offering technology enabled services to their constituents (e.g., Health Information Exchange technology and NHIN certified physician practice EMR systems).

NC Market Stakeholders

- **Statewide and Multi-state, including:**
 - NC Department of Public Health – developed systems – PAiRS statewide immunization pilot, NCEDD → NC DETECT/NCHES
 - NC Department of Health – Developing Systems - HIS, NCMMS+
 - Academic Medical Centers – Duke, UNC, Wake Forest, ECU, and Carolinas Healthcare
 - Multi-state Health Systems – e.g., Carolinas Health, Novant, etc.
 - NC Community Hospitals – 107 across seven Medical Trading Areas
 - HIT Vendors – CIS, EMR, Lab, ePrescribing, Rx Exchanges, etc.
 - Healthcare Insurers – BCBSNC, United, Aetna, Cigna, etc.
 - NC Healthcare and Quality Organizations – NC Institute of Medicine, Carolinas Center for Medical Excellence, NC Hospital Association, NC Medical Society, NC Assoc. of Pharmacists, NC Nurses Assn., NCHIMA, etc.
 - NC State Government – NC Governor’s office, State legislature and Medicaid offices, Community Care of NC, NC State Employees Health Plan, etc.

Upcoming Meetings

NC HIE Council

- **October 7th 2-4 PM** **NCHICA Offices**
- **Nov. 21st 7:30 AM** **Regional Town Hall - Wilmington**
 - **Joint Strategic Planning Meeting with NCHICA Board 10:00**

NC HIE Council Committees

Policy Development &	Finance & Administration
• Sept. 24th 11:00 AM &	2:00 PM NCHICA
• Oct. 22nd 11:00 AM &	2:00 PM NCHICA
• Dec.17th 11:00 AM &	2:00 PM NCHICA

Quality of Care & Evaluation Committee

- **September & October TBD**

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and enabling policies*

Thank You