

NCHICA Board & Community CIO Roundtable NC HIE Council

**NCHICA
Research Triangle Park, NC
January 14, 2009**

TENTATIVE AGENDA

| <u>Time</u> | <u>Topic</u> | <u>Discussion Leader</u> |
|-------------|---|-----------------------------|
| 11:30 | NCHICA BOD, CIO Roundtable, NC HIE Council | Joint Lunch |
| 12:00 | Welcome & Introductions | Sam Spicer |
| 12:05 | Draft Economic Stimulus Language for HIE & EHR Adoption | Sam Spicer Holt Anderson |
| 1:00 | Consensus on Action Items | All |
| 2:30 | NHIN 2 Wrap-up & NHIN 3 Scope & HISPC | Andrew Weniger |
| | Adjourn | |

**The Opportunity for North Carolina
provided by
The Proposed Federal Stimulus Package**

***“Interoperable Health Information
Infrastructure”***

January 14, 2009

Stimulus Landscape

- NY, CA, MD, ME, RI Supported Legislation
 - \$10 Billion for HIE and HIT Adoption
 - \$? For EMR Acquisition
- HIMSS
 - \$25 Billion for Systems Adoption
 - Recommendations for federal systems also
- CHIME; IT & Innovation Foundation; Others
 - Job Impact ~200,000 or ~5,500+ in NC
- Other Components of the Act
 - Standards
 - Privacy

“The Secretary shall establish a program to fund the development and implementation of statewide programs for the nation’s health information infrastructure, including interoperable health information exchange infrastructure and healthcare provider adoption of interoperable electronic health records.”

- Source: Draft legislative language for a Healthcare Technology Stimulus Package – NY, CA, MD, ME, & RI

Stimulus Components - HIE & EHR Adoption

Development and implementation of **statewide** programs for the nation's health information infrastructure, including:

- **interoperable health information exchange (HIE) infrastructure, and**
- **healthcare provider adoption of interoperable electronic health records (EHRs).**

Note: NCHICA has participated in HHS-funded contracts for the development of the interoperable Nationwide Health Information Network.

Structure of Stimulus - \$10 Billion

- ❑ **Section 1. [HIE] \$5 Billion**
 - ❑ Planning – up to \$25 Million per state
 - ❑ or
 - ❑ 1st Round Implementation - \$2.25 Billion
 - ❑ 2nd Round Implementation – Remaining Funds
- ❑ **Section 2. [EHR] \$5 Billion**
 - ❑ 1st Round - \$2.5 Billion
 - ❑ 2nd Round - \$2.5 Billion

Funding Caps and Rollover of Funds

Applies to Sections 1 & 2

- Maximum available per state (lesser of):
- \$20 for every state resident, or
- \$400M

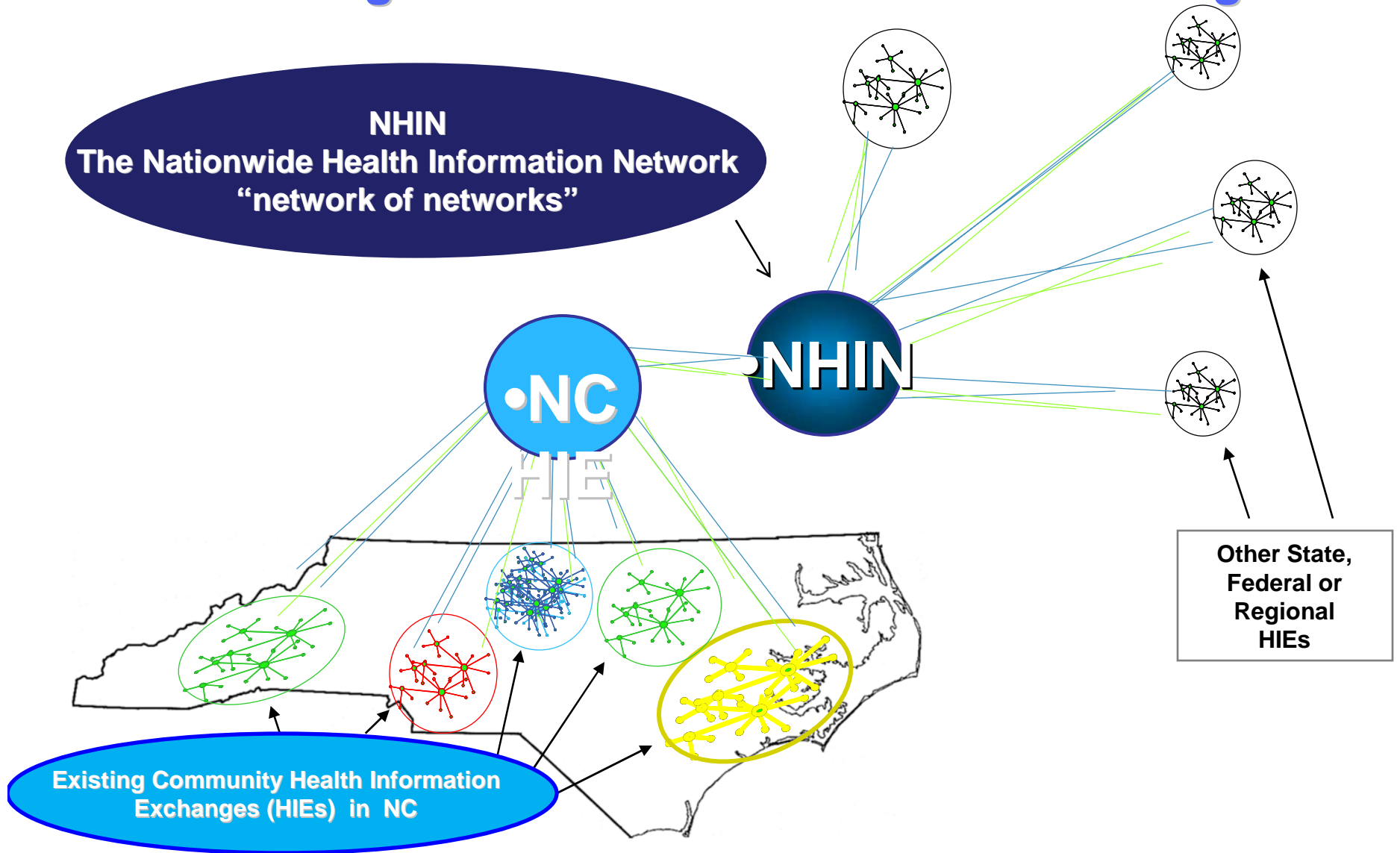
[Note: Based on NC population of approximately 9M, this would equate to \$180M for each Section or potential \$360M total for NC]

Stimulus Key Dates

- April 1, 2009 – Qualified Application* for:
 - Planning Funds, or
 - 1st Round Implementation Funding (with certification that funds can be obligated within 120-days)
- August 1, 2009 – Qualified Application* for:
 - 2nd Round Implementation Funding (balance of remaining funds from Planning and 1st Round with certification that funds can be obligated within 120-days)
- June 1, 2009 – 1st Round Funds Disbursed
 - Contracts – Sept. 1st
- Oct. 30, 2009 – 2nd Round Funds Disbursed

* Including certification that applicant is ready to obligate funds within 120-days from approval of application

•Building the NC Health Information Exchange



Qualified Statewide Program - EHR

Electronic Health Records (EHR) Adoption

- Plan to interconnect EHRs to the HIE infrastructure
- Plan to sustain EHR use through reimbursement mechanisms, including Medicare, Medicaid and other programs
- Plan to support providers in workflow redesign, quality improvement and care management services
- Plan to engage patients utilizing personal health records and other tools supporting prevention and wellness activities

Qualified State-Designated Entity

- “...designated by the State as the only entity in the State eligible to apply for funding under this section; [Note: Key early decision point]
- “ be a not-for-profit corp. with multiple health care stakeholder representatives on its governing Board; [Note: Governor has 4 appointments to NCHICA Board of Directors – 2 are currently unfilled]
- “...demonstrate that one of principle goals is to use information technology to improve quality and efficiency and to facilitate interoperable health information exchange...;

Note: This goal is in the chartered purpose and spirit of the Governor’s Executive Order #54 in 1994 that established NCHICA.

Qualified State-Designated Entity (cont.)

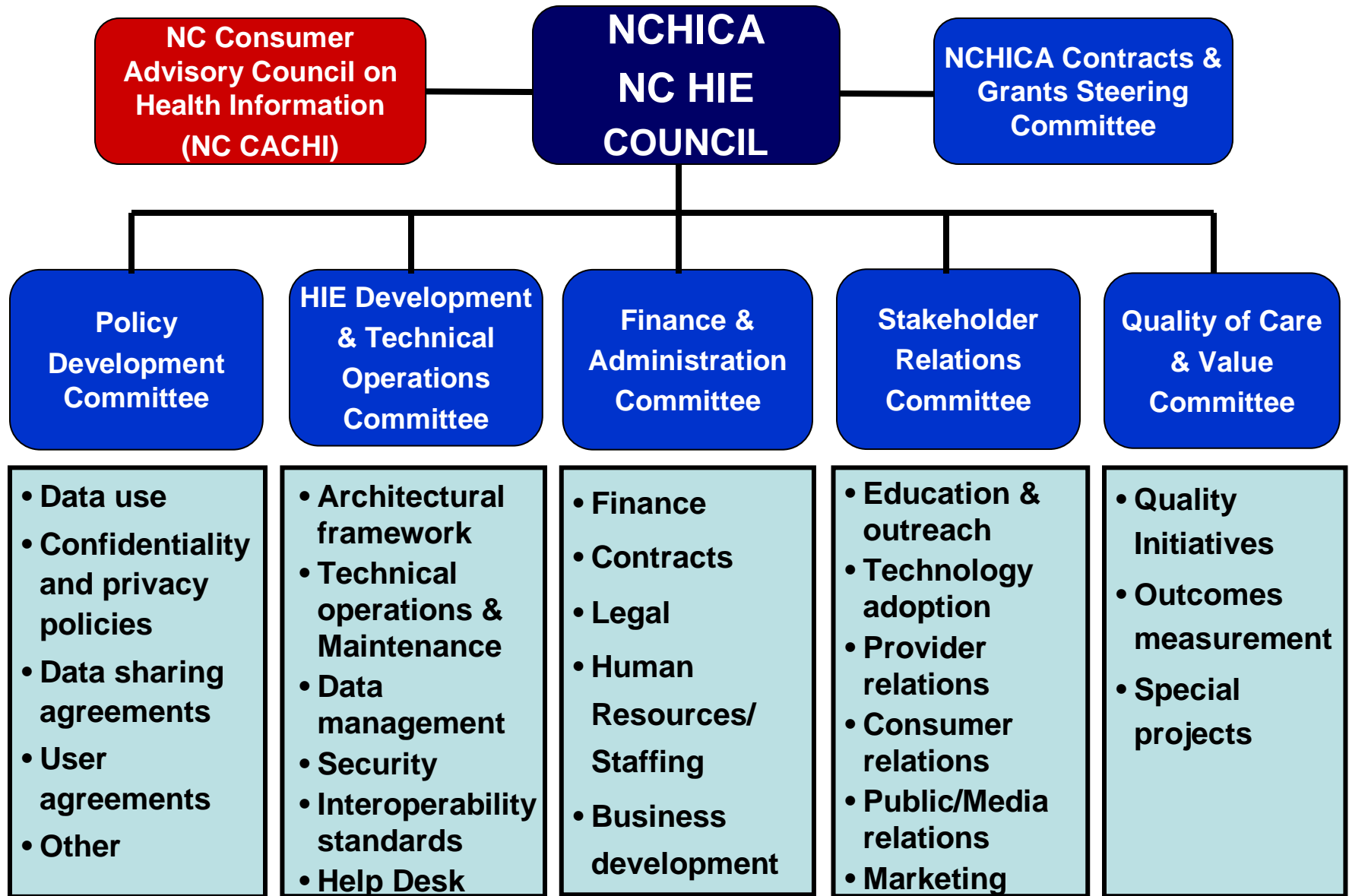
- “adopt bylaws ... that demonstrate the governance structure and decision-making process with multiple stakeholders...;
- “demonstrate participation of all stakeholder in HIE;
- “adopt nondiscrimination and conflict of interest policies;
- “adopt Federal health information policies and standards;
- “have a MOU ... with the State that the entity will use federal funding received ... to develop or implement the statewide program for HIE infrastructure.”

Note: NCHICA fulfills all of the requirements for the State-designated Applicant.

Application Components

- “A qualified application shall include ... a state certification identifying and describing the statewide program for interoperable health information exchange infrastructure [+ subsections (1) through (12)]”
- “ A qualified application shall include ... a state certification identifying and describing the qualified statewide plan [+ subsections (1) through (4)] for electronic health record adoption.”

Note: NCHICA’s current governance structure, membership, and activities over the past 15-years provide the experience and credibility to be a successful applicant on behalf of the State of North Carolina.



NC HIE Council Membership

- Representative of the North Carolina Consumer Advisory Council on Health Information
- Representative of the North Carolina Medical Society
- Representative of NCHA (the North Carolina Hospital Association)
- Representative of the North Carolina Nurses Association
- Representative of the North Carolina Health Information Management Association
- Representative of the North Carolina Institute of Medicine
- Representative of the North Carolina Association of Pharmacists
- The North Carolina State Health Director or his/her designee
- The North Carolina State Chief Information Officer or his/her designee
- Representative of Local Health Departments appointed by the NC Assn. of Local Health Directors
- Representative of NC Office of Emergency Medical Services
- Representative of the NC Association of Free Clinics
- Representative of NC Division of Medical Assistance (Medicaid)
- Representative of NC Division of Mental Health/Developmental Disabilities/ Substance Abuse Services
- Representative of NC Association of Health Plans
- Representative of private-sector behavioral health
- Representative of long-term care / nursing homes
- Representative of laboratory services
- Representative of radiology services
- Representative of the NCHICA CIO Roundtable who also is a member of NC HIE
- Two (2) at-large members appointed by the Board of Directors of NCHICA
- Representative of a Healthcare Information Service Provider that could operate an exchange network

Proposed NC Stimulus Calendar

| | |
|----------------|---|
| Jan. 31, 2009 | <ul style="list-style-type: none"> • Governor's Designation of NCHICA as "Applicant" in collaboration with the NC HWTFC • Governor's appointments to the NCHICA Board of Directors • Secretary's appointment of DHHS Representative to NCHICA Board • Letters of Support from Partners / NC HIE Council |
| ~Feb. 2009 | Proposal Application Process |
| Feb. 20 | NCHICA Board Meeting |
| ~Mar. 2009 | Public Forum for Comments & NC HIE Council Meeting |
| ~Mar. 16 | NCHICA Board Approval |
| ~Mar. 25, 2009 | Final Draft Application for Executive Review (State, NCHICA Board, HWTFC) |
| ~Apr. 1, 2009 | Application submitted to Federal Government |
| ~May 1, 2009 | Application Approved |
| ~ June 1, 2009 | Funds Begin to be Disbursed |
| ~Sep. 1, 2009 | Funds Obligated |

Action Items?

- Governor fills two vacant positions on NCHICA Board
- Secretary of DHHS fill vacant position on NCHICA Board
- Letters of Support / Relationships with NCHICA Partners
- Name NCHICA as “Designated Entity”
- Submit Proposal w/Technology Plan
- Establish Infrastructure for proposal / application development
 - Convene NC HIE Council Committees:
 - Development/Technical
 - Stakeholder Relations
- Contracting

Identified Partners Include

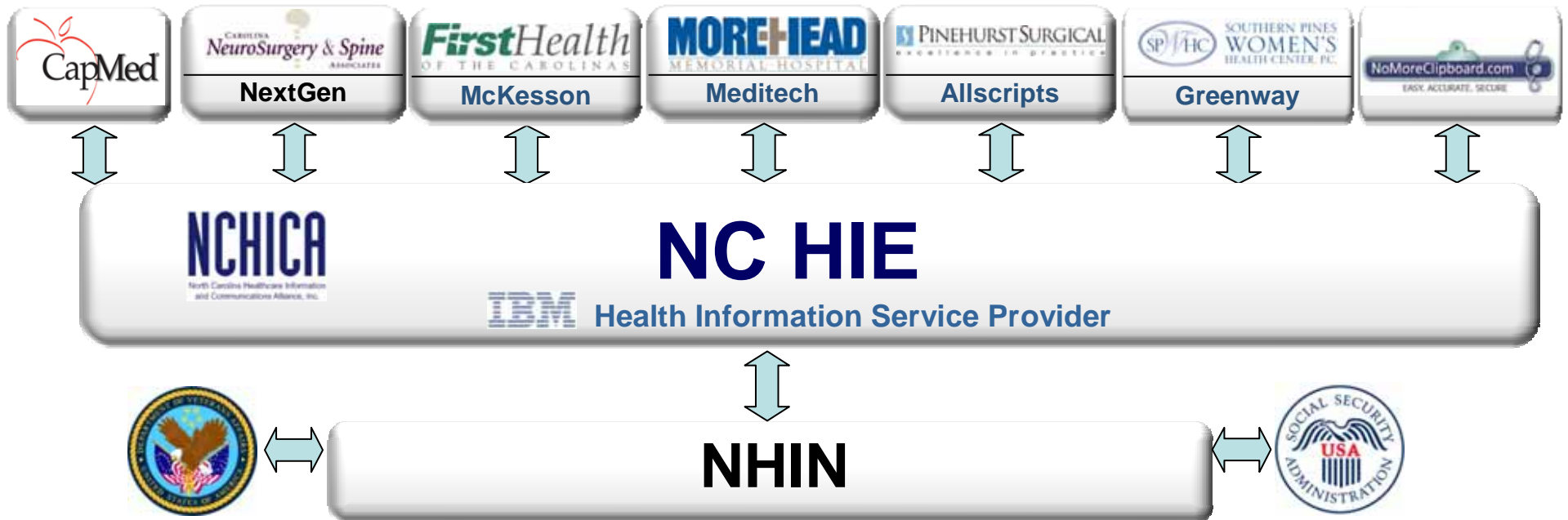
- State Agencies
- Academic Medical Centers
- Academy of Family Medicine - NC
- Association of Free Clinics - NC
- CareShare NC
- CCME
- Community Care of NC
- Community colleges
- e-NC
- Health & Wellness Trust Fund
- Local Health Directors
- MCNC
- NC AHEC
- NC Association of Pharmacists
- NC Association of Health Plans Members, (BCBSNC, Aetna, Cigna, FirstCarolina, United, Wellpath)
- NC Chapter of the American College of Physicians
- NC Dental Society
- NC Foundation for Advanced Health Programs
- NC Healthcare Quality Alliance
- NC Hospital Association
- NC HIMA
- NC HFMA
- NC HIMSS
- NC IOM
- NC Medical Society
- NC MGMA
- NC Pediatric Society
- Nurses Associations
- Radiology / Laboratories / Long Term Care sectors
- Sheps Center / Academics
- UNC School of Public Health
- Etc.

Strategic Fit

- Investment in HIT and HIE is complementary to NCHICA Strategic Plan
- Specific areas from Plan
 - Physician Adoption of ePrescribing, EMR/Practice Management Technology
 - HIE on Local Community Level
 - Quality
 - Lead HIE on Statewide & Nationwide Level
 - Regulatory Issues Affecting Finances & Data Sharing

NHIN AND HISPC UPDATE

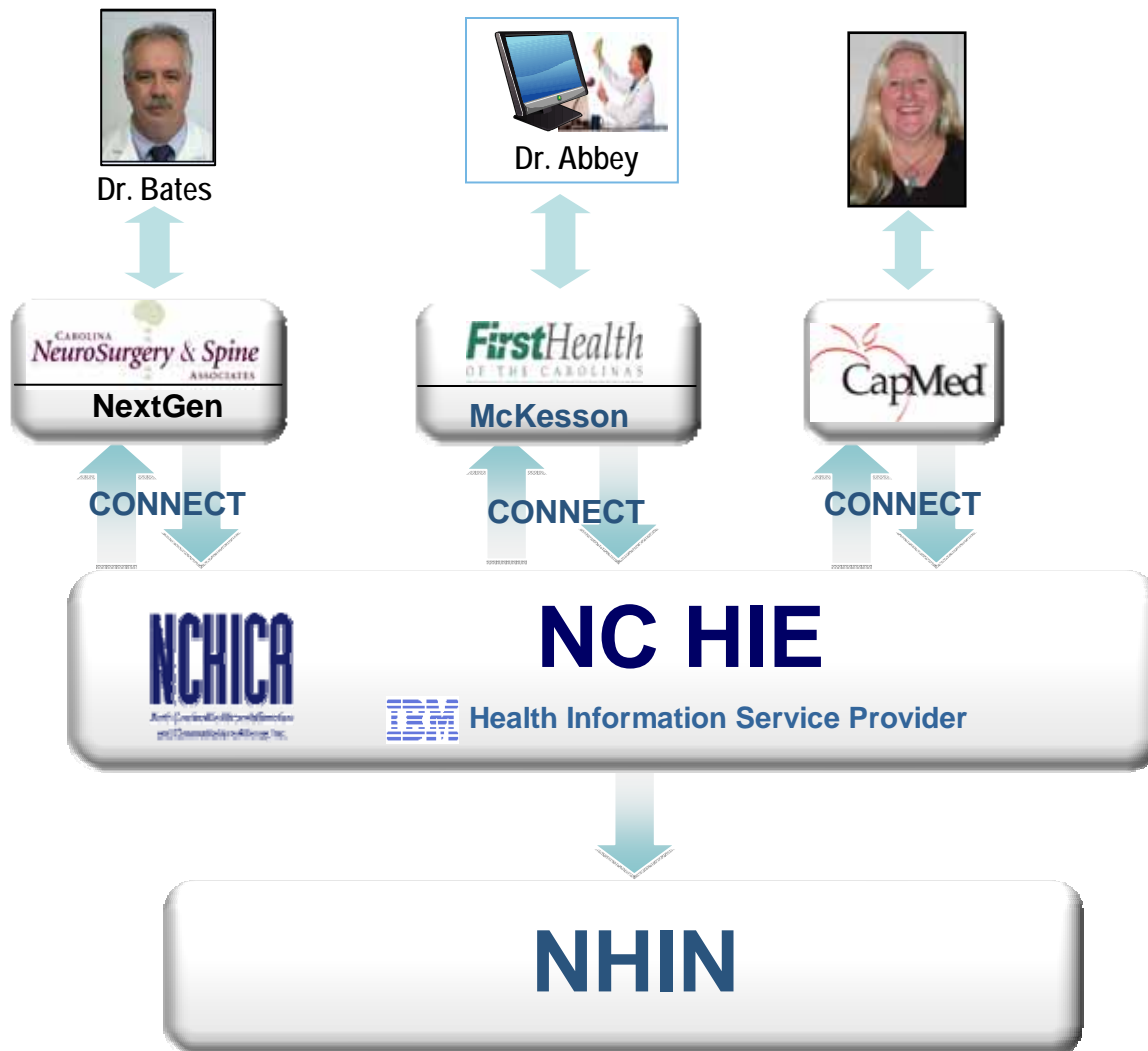
NC HIE Demonstration Infrastructure



NC HIE solution includes compliant implementation of:

- ✓ **Consumer Access to Clinical Information Use Case**
- ✓ **Electronic Health Record Use Case**
- ✓ **SSA Authorized Release of Information to a Trusted Entity**
- ✓ **NHIN Core Services**

Consumer Set Provider & Document Permissions



CACI FUNCTIONS:

1. Access PHR
2. Search for providers
3. Import provider list into PHR
4. Transfer Provider List to NC HIE
5. Establish consent permissions in PHR

NHIN CORE SERVICES:

- ✓ Secure access NHIN
- ✓ User Authentication
- ✓ Consumer Access Permissions
- ✓ Update Consumer Preferences Profile

HISPC Phase 3

| Collaborative | Participating States and Territories | |
|-----------------------------------|--------------------------------------|--|
| | | Abbreviations |
| Consent 1 – Data Elements | | IN, ME, MA, MN, NH, NY, OK, RI, UT, VT, WI |
| Consent 2 – Policy Options | | CA, IL, NC , OH |
| Harmonizing Privacy Law | | FL, KY, KS, MI, MO, NM, TX |
| Consumer Education and Engagement | | CO, GA, KS, MA, NY, OR, WA, WV |
| Provider Education | [TAP] | FL, KY, LA, MI, MO, MS, TN, WY |
| Adoption of Standard Policies | | AZ, CO, CT, MD, NE, OH, OK, UT, VA, WA |
| Inter Organizational Agreements | | AK, GU, IA, NJ, NC , PR, SD |

Inter-Organizational Agreements (IOA)

- NCHICA Legal Work Group + Counsel from NHIN participants
- Develop model agreements for Private-Private and Public-Public data exchange
- Coordinate with the NHIN Data Use and Reciprocal Support Agreement (DURSA)
- December in person

Intrastate Consent Policy Options

- Reviewed the following continuum of consent approaches for sharing health information in an intrastate EHR:
 - No permission (Auto in)
 - Opt Out (Auto in; consumer can refuse to allow any exchange)
 - Opt Out w/Exceptions (Auto in; consumer may refuse consent for some but not all exchanges)
 - Opt In (Auto out; consumer must consent to exchange)
 - Opt In w/Restrictions (Auto out; consumer may consent for some but not all exchanges)
- Evaluated these options for NC

NCHICA

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