

NC HIE Council

September 15, 2009

**NCHICA Office
Research Triangle Park, NC**

AGENDA

<u>Time</u>	<u>Topic</u>	<u>Discussion Leader</u>
8:00	Welcome & Introductions	Holt Anderson
8:15	NC HIT Collaborative	Vandana Shah Stuart James Dr. Sam Spicer
8:30	HITECH 3013 HIE Application Plans • Support needed for application	Vandana Shah Stuart James Dr. Sam Spicer Melanie Allison
9:00	HITECH 3012 Application for Regional Extension Center • Support needed for application	Ann Lefebvre
9:20	ARRA Broadband Application	Joe Freddoso
9:30	Medicaid status on planning for HIT/HIE	Jim Hazelrigs
10:00	Committee Reports and Plans	Committee Chairs
10:15	Action Plans for NC HIE Council & Committees	Dr. Sam Spicer Andrew Weniger

NC HIT Collaborative

Vandana Shah - Exec. Director HWTF

Stuart James - Chair of NC HIT Collaborative,
HWTF Commission member

Sam Spicer, MD - NCHICA President

NC HIT Collaborative

Members

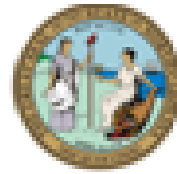
- Chair
- NC Medical Society (Vice Chair)
- NC AHEC (Vice Chair)
- NC Dept. of HHS
- NC Nurses Assn.
- NC Hospital Assn.
- Community Care of NC
- NC Assn. of Health Plans
- NC Health Quality Alliance
- NCHICA

Ex-Officio Members:

- NC HWTFC Chair
- NC HWTFC Executive Director
- Rep. from Office of the Governor
- NCHICA Executive Director

HIT Collaborative Responsibilities

- Act as a public-private partnership and serve as a focal point for health care stakeholders and key non-profit partners to build a plan on NC health IT policy priorities, and collaborate on state and regional health IT implementation efforts.
- Aim to create a secure, interoperable, statewide health information network that will advance the public's interest in health and improve the quality, safety, efficiency and accessibility of healthcare.



State of NC
HEALTH INFORMATION
Health Wellness

**NC HIT
Collaborative**

\$ =

EHR
Education &
Adoption

+

HIE
Statewide
Connectivity

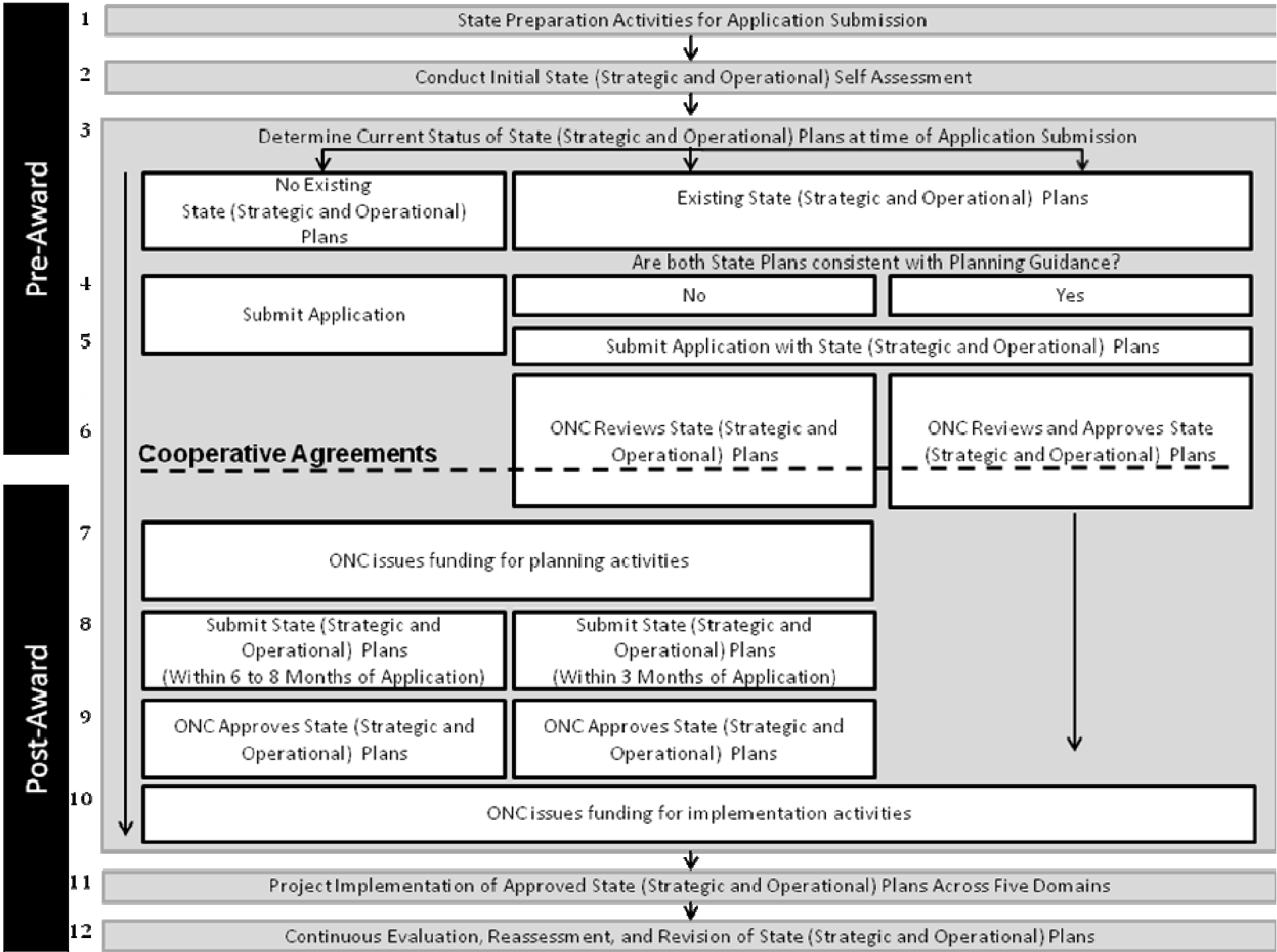
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Quality
Reporting

Broadband

HITECH 3013 HIE Timeline

Item to Submit	Date
Letter of Intent	September 11, 2009, by 5:00pm EST <i>(submitted)</i>
Application	October 16, 2009 by 5:00pm EST
Award Announcements	December 15, 2009
Anticipated Project Start Date	Beginning January 15, 2010



3013 Application

Strategic Plan Requirements

- Critical Pathway to efficiency (coordinated care) quality reporting
- Environmental Scan
- Vision, goals, objectives and strategy
- Medicaid coordination (SMHP)
- Federal care coordination (VA, IHS, SSA, DOD, CMS, etc.)
- Coordination with other ARRA Applications

3013 Application - 5 Domains

- **Governance** – stakeholder concerns and trust
- **Finance** – public and private
- **Technical Infrastructure** – build on current HIE efforts
- **Business & Technical Operations** (procurement functionality and help desk)
 - What should be shared services/directions
 - Enable/ensure regional efforts are compatible
- **Legal/Policy**
 - barriers to exchange
 - multi-state harmonization

NC HITECH 3012 Application for Regional Extension Center

Ann Lefebvre - Associate Director, Statewide
Quality Improvement NC AHEC Program

NC Broadband Applications

Joe Freddoso - Executive Director, MCNC



Broadband Recovery Middle Mile

September 14th, 2009

Vision

- **Broadband working group**
 - Build on long history of IT Innovation
- **Individual meetings**
- **State Technology Entities**
 - Office of Economic Recovery
 - NC Office of Information Technology Services
 - eNC Authority
 - MCNC
- **Golden LEAF**

Strategy

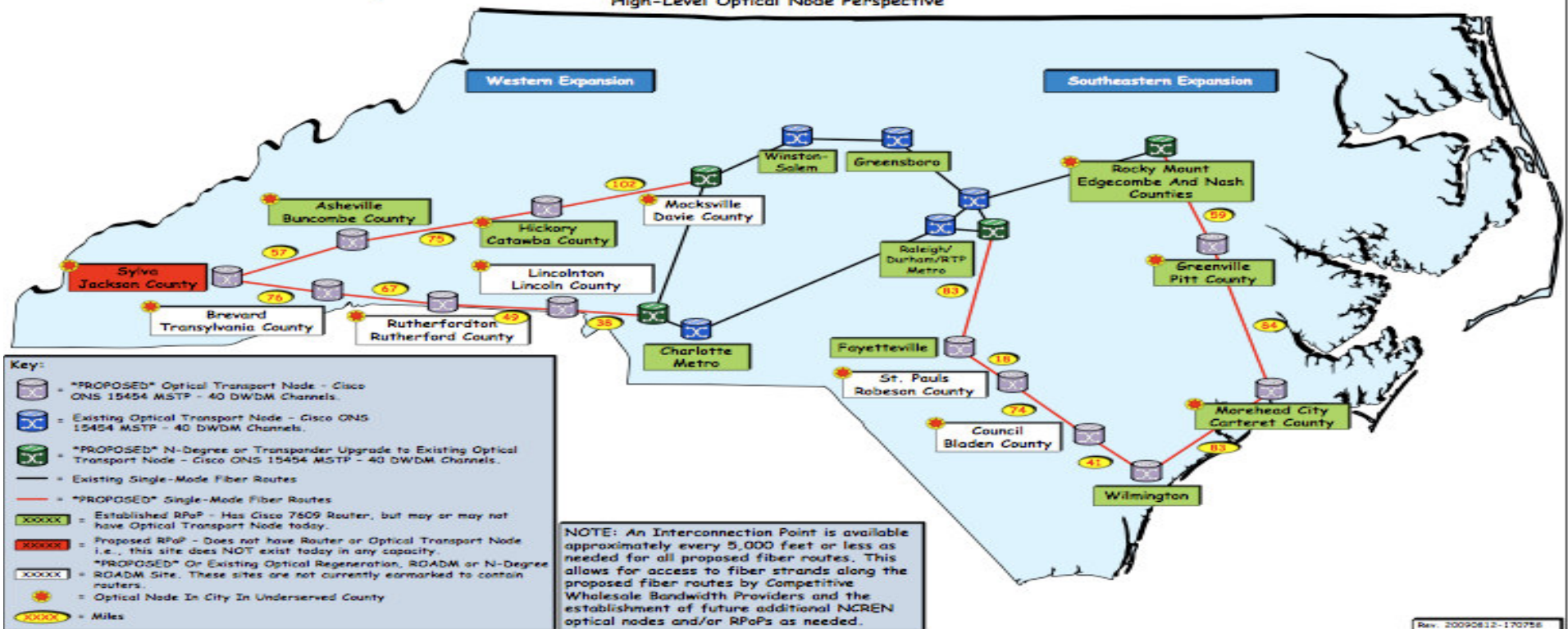
- Comprehensive assessment of need
- Increase uptake where infrastructure is in place
- Expand Public Middle Mile to rural areas
 - With Investment in Private Sector Providers
- Local and Regional Innovation to reach the last mile

Benefits to local areas

- Middle mile-
 - Less Costly Middle Mile=More competition in last mile
 - More robust connectivity for Community Anchor Institutions (Schools, Libraries, Government and Non-profit healthcare) at flat or slightly declining prices
 - Price comparison – $\frac{1}{4}$ to $\frac{1}{2}$ price for middle mile

Middle Mile Span

Diagram 2 of 5 - NCREN Optical Network Expansion To Underserved Areas Of North Carolina
High-Level Optical Node Perspective

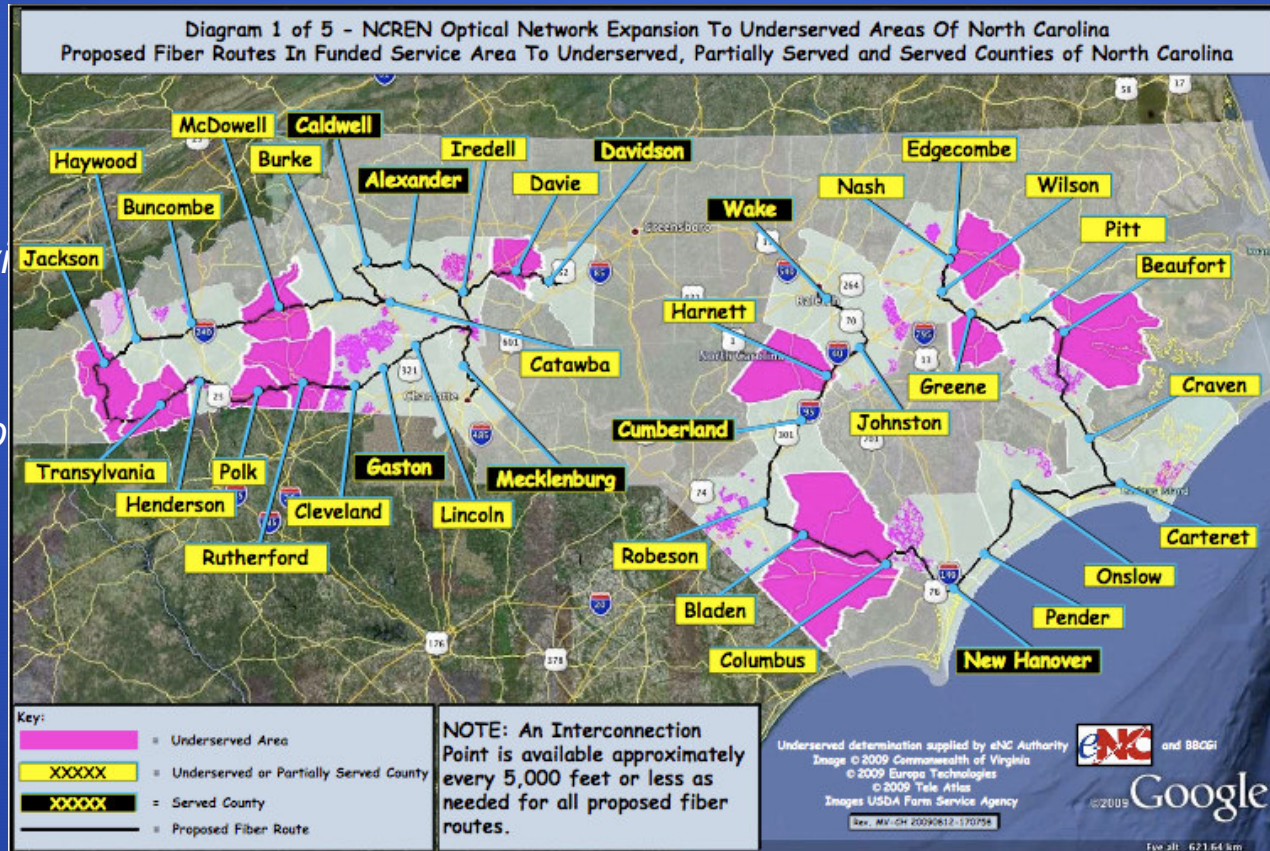


Middle Mile Build

Underserved

Total:

Beaufort
Bladen
Columbus Dav
Edgecombe
Greene
Harnett Jackso
McDowell
Polk
Rutherford
Transylvania



Underserved

Partial:

Carteret
Craven
Johnston
Onslow
Pender
Roberson
Buncombe
Catawba
Cleveland
Haywood
Iredell
Lincoln

Status

- Application filed 8/17 (due 8/20) for first round
- Private partner put up equal match to MCNC
- State now reviews applications first and prioritizes
- Should know by 11/30
- Next round (Change from 2 rounds)
 - Work with Community Anchor Institutions in Health Care not covered by RHCPP

Medicaid Status on Planning for HIT/HIE

Jim Hazelrigs - MITA Manager,
NC Division of Medical Assistance

NC Division of Medical Assistance



Medicaid status on planning for HIT/HIE

Jim Hazelrigs
MITA Manager
DMA

Medicaid Status on Planning for HIT /HIE

- ARRA section 4201 - specific Medicaid funding

Medicaid provider HIT adoption and operations payments

- Of that amount there is \$1 billion for State Medicaid Administration
- Larger amount of \$21 billion for Medicaid provider incentives for EMR technology

State Medicaid Director letter

- Base letter – DMA can request immediate 90% funding for planning
- DMA to prepare a State Medicaid HIT Plan (SMHP)
- SMHP to be integrated with the State's HIT plan
- Short form Planning Advanced Planning Document (PAPD) required prior to SMHP

SMHP Requirements

- Current landscape assessment
- Vision of the State's HIT
- Specific actions to implement the incentive payments program (for EMRs)
- HIT roadmap

**Planning Activities Potentially Eligible for
90 % Administrative
Federal Financial
Participation (FFP)**

Funding IN ADDITION TO 100 %
Reimbursement of Providers for EMR
technology utilization

Activities Related to Provider Payment, Oversight, and Outreach

- Analysis planning for incentive payment delivery systems and audit tracking of payments to providers.
- Planning for provider education, outreach, training, and conferences, including provider surveys.
- Needs assessment of dedicated staff and hardware/telecommunication for call centers in responding to provider inquiries.
- Feasibility assessment of Medicaid's alignment with existing internal and external HIT/HIE efforts.
- Assess needs for provider public reporting on clinical quality outcomes.
- Evaluation & planning for developing and setting up metrics and measures for providers to demonstrate meaningful use of electronic health records once defined through rulemaking.
- Planning for the development of appropriate data agreements.

Planning Activities

- Initial planning and preparation activities (e.g., preparation HIT planning documents), including the use of Medicaid IT Architecture (MITA) concepts and tools (i.e., conducting a MITA State Self-Assessment for HIT).
- Preparation of a Request for Proposal for vendor and consulting services for HIT and associated procurement activities (i.e., proposal evaluation and contractor selection, detailed project schedules, etc.).
- Specific initiatives related to interoperability, data exchanges, and system interfaces that are approved by Centers for Medicare & Medicaid Services (CMS).

Planning Activities (cont.)

- Development of HIT deliverables (e.g., the State Medicaid HIT Plan components, such as the “As-Is” and “To-Be” Landscapes, the HIT Road Map to get the State from where they currently are to where they plan to go in 5 years, creation of that vision, and identification of the measurable benchmarks along the HIT Road Map).
- HIT systems requirements analyses and HIT requirements development.
- Quality assurance activities, including use of contractor support and associated procurement activities, including Independent Verification and Validation.
- Creation and on-going Governance for HIT Planning ■

Outreach and Education Activities

- Production of HIT publications.
- Dedicated mailbox for inquiries and responding to provider inquiries.
- Provider community education.
- Web site development and maintenance: Non-Medicaid State costs must be allocated across participating agencies.

Training/Meetings

- Training of State staff, including attendance at the Medicaid Management Information System Conference and other HIT-related training conferences.
- Training conferences (meeting room rental, if necessary; printing of handouts; conference brochure/program/announcement; reasonable refreshments) hosted by the State or attendance by State staff at CMS Regional and Central Office HIT Training Sessions.
- Costs for Medicaid staff to attend meetings with providers, monitoring, and other meetings associated with planning activities.

Other Categories

- **Travel**
- Travel for the State HIT staff to attend meetings, conferences, workgroups, and training with providers to conduct monitoring activities and other activities specified in ARRA relative to section 4201.
- **Hardware**
- Equipment and telecommunication costs only for use of such equipment in ARRA HIT planning.
- **Software**
- Planning activities for the design of tracking, reporting and payment systems.
- **Oversight and Reports**
- HIT Environmental Assessment Study.
- Analysis activities related to reports.
- Oversight and monitoring activities
- **Other**
- States may request additional activities not included in this chart based upon their HIT Planning-Advance Planning Document request with the approval of CMS' Regional and Central Offices.

Specific NC Planning – EMR Technology

1. EMR technology

Reimbursement to
NC providers for
EMR technology

- CCNC providers a primary goal
- Other Primary care Providers

- Could be individual systems located at practice sites
- WEB based or ASP model EMRs also being considered
- Discussion pending with CCNC on housing of WEB based solution

Specific NC Planning – Support for CCNC HIE

1. Support creation and operation of CCNC HIE as recommended in the June 2009 Governor's Task force Recommendations

- Technology and consultant support to establish this HIE capability
- Hardware /software
- Operating funding

Specific NC Planning – Medicaid Provider Education

1. Training on EMR selection, implementation, integration into practice flows
2. E-Prescription training

- Contract with AHEC and other staff engaging in this activity through regional resource centers for non Medicaid providers

Specific NC Planning – Definition of Meaningful use at the state level

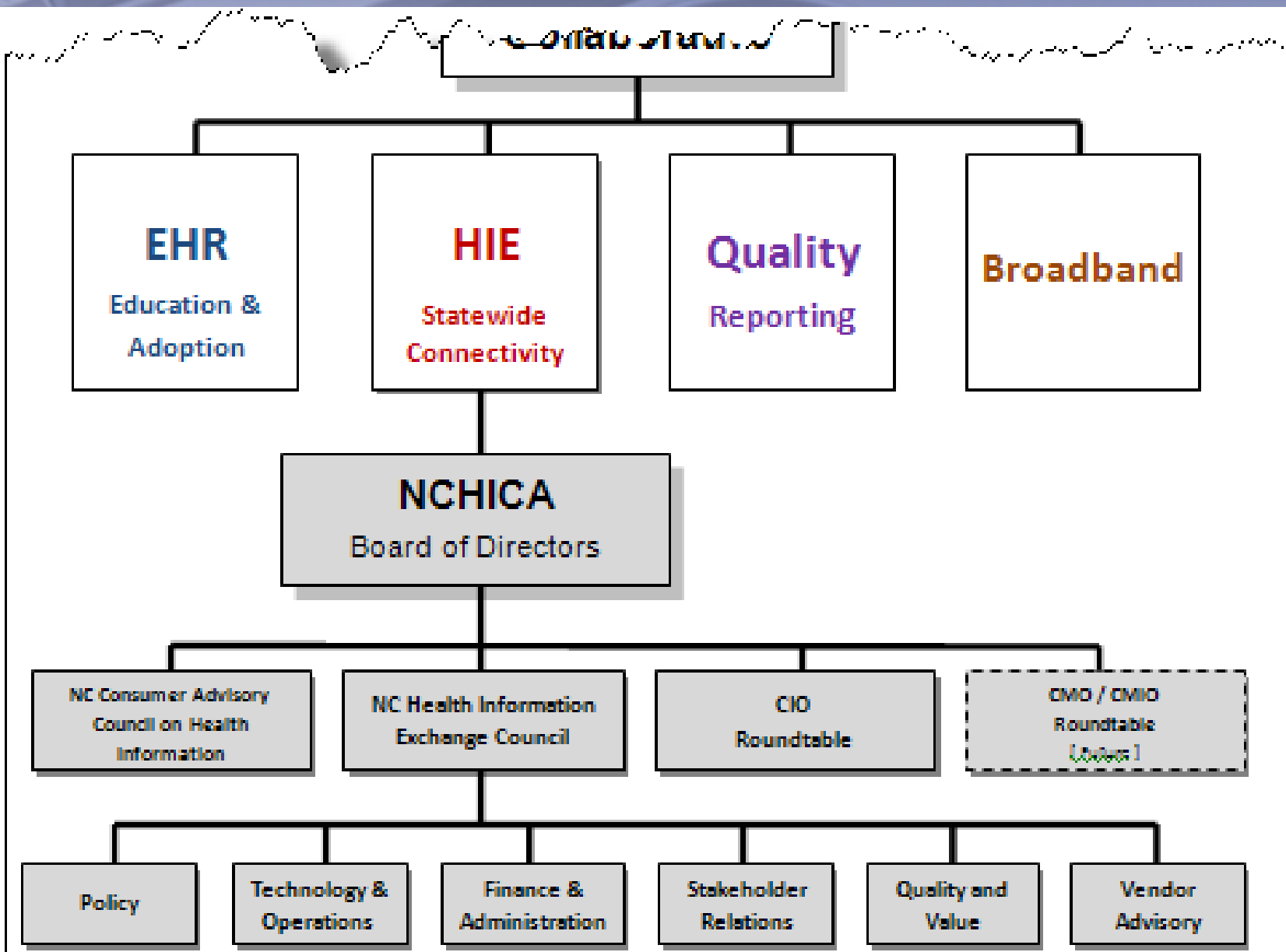
- Use of E-Prescription
- Interface to Immunization Registry
- Public Health Reporting to NC-LEADS

- Discussions in preliminary stages with Public Health
- E-Prescription effort has been discussed with CCNC

NCHICA NC HIE Council

Committee Chairs:

- **Policy Development:** Kris-Shae McCall
- **Technical & Operations:** Ron Mitchell, Mary Jo Nimmo
- **Finance & Administration:** Phred Pilkington
- **Stakeholders:** Regina Crawford
- **Quality of Care & Value:** John Kessler:
- **Vendor Advisory:** TBD



HIE Council Vendor Advisory Committee

- **Mission:** The Vendor Advisory Committee is chartered to advise NCHICA and the NC HIE Council on the methods and processes by which vendors can productively engage and support providers in achieving “Meaningful Use” to support stimulus goals as documented in the ARRA HITECH Sections 3012 and 3013.
- **Scope:** The Vendor Advisory Committee will focus on:
 - Developing processes to assist providers in selecting the appropriate system(s) to allow the provider to meet Meaningful Use criteria to maximize incentives
 - Defining plans of how the vendors are going to install and support systems to meet the anticipated surge in EHR deployments.
 - Addressing how the vendor community will achieve and maintain compliance to standards.
 - Proposing strategies to best serve the needs of the Regional Extension Centers including the support of “Vendor Solutions and Group Purchasing”

Action Plans for NC HIE Council & Committees

Sam Spicer, MD - NCHICA President
Andrew Weniger - NCHICA

NCHICA Caveats – Plans

- Build on NCHICA Architecture white paper
- Timing synchronized with “Meaningful Use”
- EHR to regional HIE to statewide HIE
- All providers / All HIE
 - (private, Medicare 3013, Medicaid 4201, etc.)
- Priority to NC Use Cases
 - eRX, Medication Management, Electronic Orders, Receipt of Labs, etc.

Key Decisions

- Shared services and directories
- Vetting of regional requests - by whom
- How much support to regional efforts
- State HIT Coordinator
- What requirements for HIE Lead Agency in NC HIT Collaborative
- Multi-state harmonization approach
- Etc.

Thank You

www.nchica.org/GetInvolved/NCHIE/intro.htm