

# NC HIE Council Finance & Administration Committee

NCHICA  
Research Triangle Park, NC  
August 27, 2008

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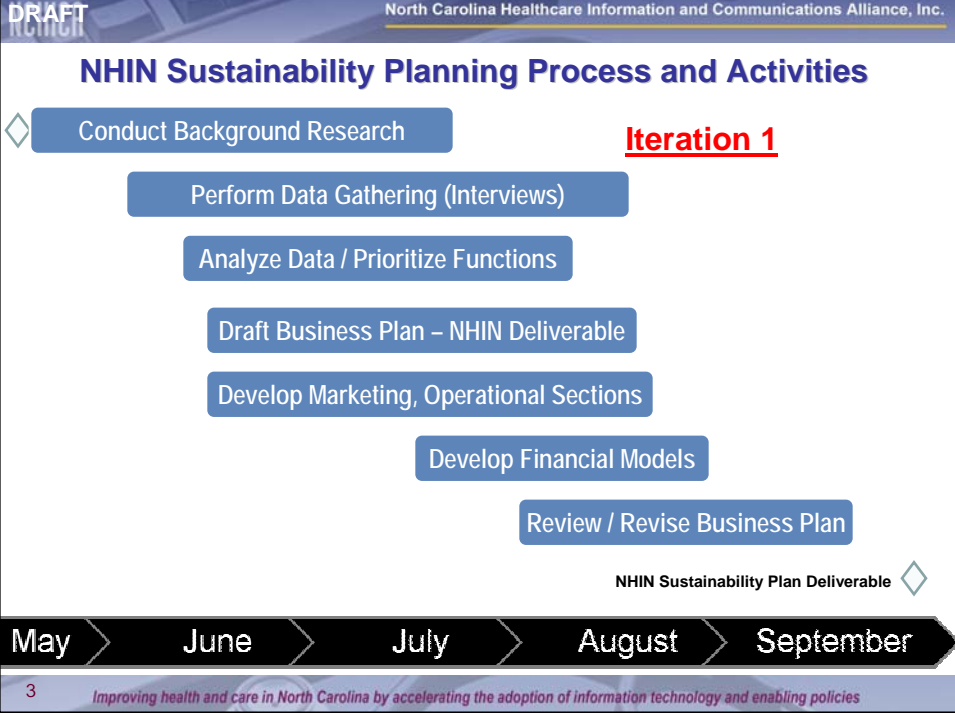
*Improving health and care in North Carolina by accelerating the adoption of information technology and enabling policies*

## AGENDA

<u>Start</u>	<u>Topic</u>	<u>Discussion Leader</u>
2:00	Welcome and Introductions	Andrew Weniger
2:10	Approve notes from July 23 <sup>rd</sup> meeting	Andrew Weniger
2:15	NHIN 2 Project Sustainability Plan Status Update Deliverable Schedule & Relationship of Iteration 1 to NC HIE Finance / Administration Committee Topics from Introduction and Marketing Plan: <ul style="list-style-type: none"> <li>- Nationwide Interoperability Trends</li> <li>- NC Healthcare Stakeholder Environment</li> <li>- Potential Initiatives from 2008 - 2012</li> <li>- Mapping to Supporting Technologies</li> </ul>	Andrew Weniger Richard Steen
3:00	Discussion of Iteration 1 Sustainability Plan Preparing for Iteration 2 beginning in October	Finance and Administration Committee Co-chairs
4:00	Adjourn	

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## NC HIE - as a Convener of Communities

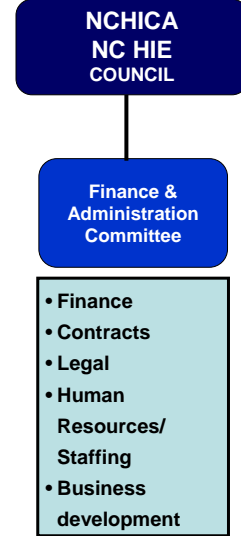
NC HIE, as a part of NCHICA, serves as a neutral convener of standards-based community efforts focused on improving quality and lowering the cost of healthcare

- 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

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## NC HIE - as a Convener of Communities

- ❑ It is the mission of the North Carolina Health Information Exchange Council (NC HIE Council) to enable the timely and secure exchange of electronic health information for the purposes of improving the quality, safety and efficiency of healthcare and the overall health of residents.
- ❑ The NC HIE Council will engage healthcare stakeholders to facilitate the above objectives and deliverables and may hire staff and/or contract with third parties to supplement these efforts.
- ❑ Success will be measured by the utility of these activities and deliverables to NC residents and healthcare stakeholders.



## Business Case for Nationwide HIE Investment

Level of Exchange	Primary Interest	Support for NHIE
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
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>N</u> HIE

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## Business Case for Nationwide HIE Investment

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Statewide / Intrastate	Clinical & Administrative (Medicaid, State Health Plan, State BCBS)	Strong Interest in National Standards
Cross-Communities / HIEs	Referrals, Results, Pop. Health events (Health Systems, Regional Payers, PH)	Interest in National Standards; Mild interest in Intrastate / NHIE
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**In SCOPE for Iteration 1  
(Start June 2008 thru October 2008)  
NHIN Business Planning Deliverable**

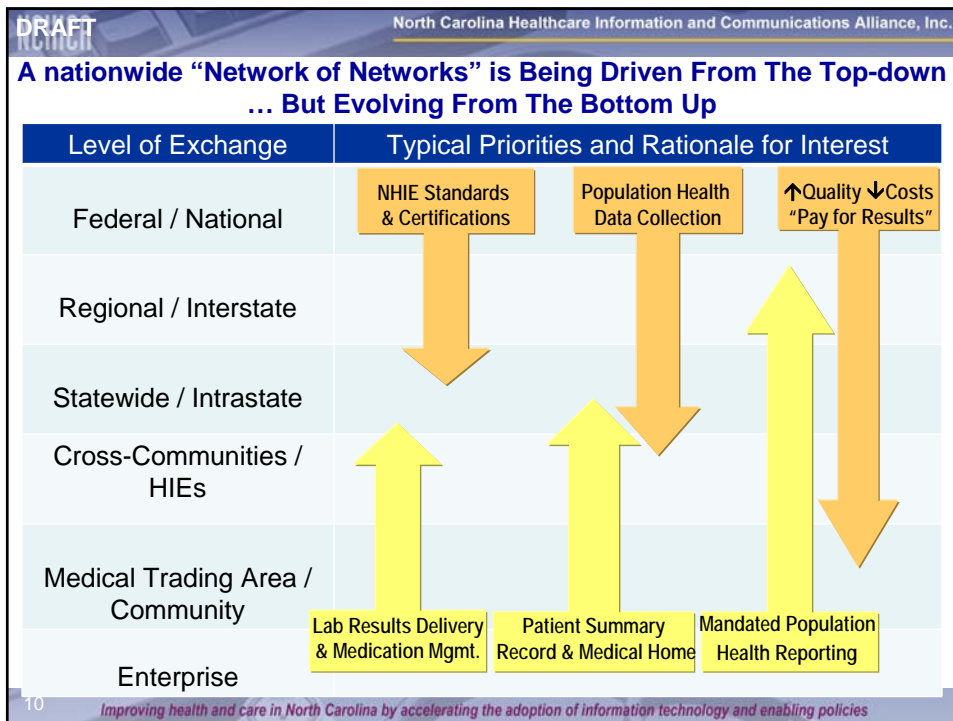
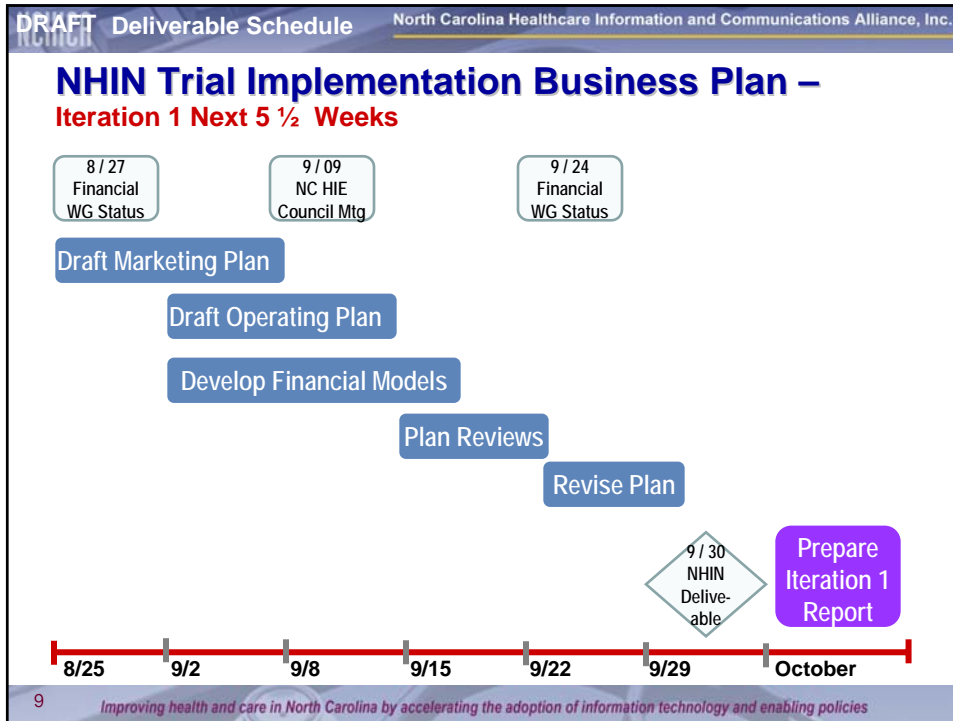
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## Status Report

### NHIN Trial Implementation Sustainability Plan

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## The Future of Healthcare, a National Concern

- National Landscape
  - Economy is slowing, consumer confidence and capital investment is down
  - The portion of the total health care bill that is paid by the state and federal governments is 46%
  - Despite \$200B increased spending for defense and homeland security the primary threat to the federal budget is the mandatory and non-discretionary spending
  - As a nation, the US spent \$2.1 trillion on health care in 2006, or \$7,026 per person, which represented 16% of GDP.<sup>8</sup> Expected to increase to 20% of GDP and over \$12,000 per person by 2015,
  - Cost of health care services grows every year, averaging 6.93% per annum for the past 25 years (outpacing consumer price increases)

## Healthcare's Evolving National Landscape

- National landscape
  - CMS efforts to create transparency and equal access to quality care
  - Standardize interoperability through creation of state and community HIEs networks and encouraging certified EMR system adoption
  - Effect of upcoming national election on healthcare reform
  - Legacy of NHIN (and other Federally sponsored) Projects
  - Changes in regulations and legislation (e.g., relaxation of Stark Laws)

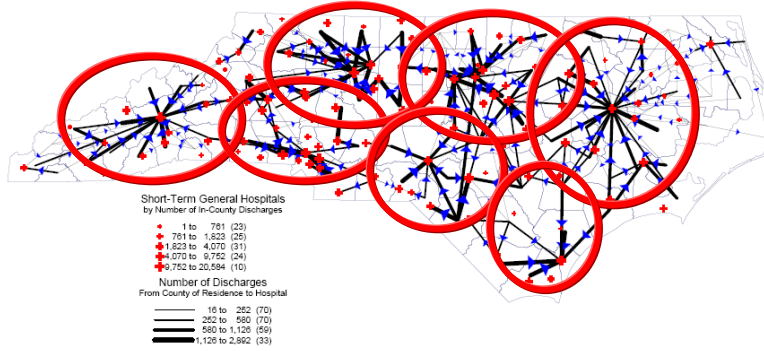
## NC Healthcare Market Description

- State-level issues in North Carolina include:
  - Health care as a competitive advantage for attracting/maintaining employers
  - Growing burden of Medicaid and uninsured on State budgets
  - Unemployment increase in a slow economy and Medicaid enrollment
  - Increase in chronic diseases due to NC's projected greater than national average growth in elderly population
  - NC's high percentage of returning military personnel with significant medical issues (approx. 5K returning to NC each month from Iraq and Afghanistan)

## 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.

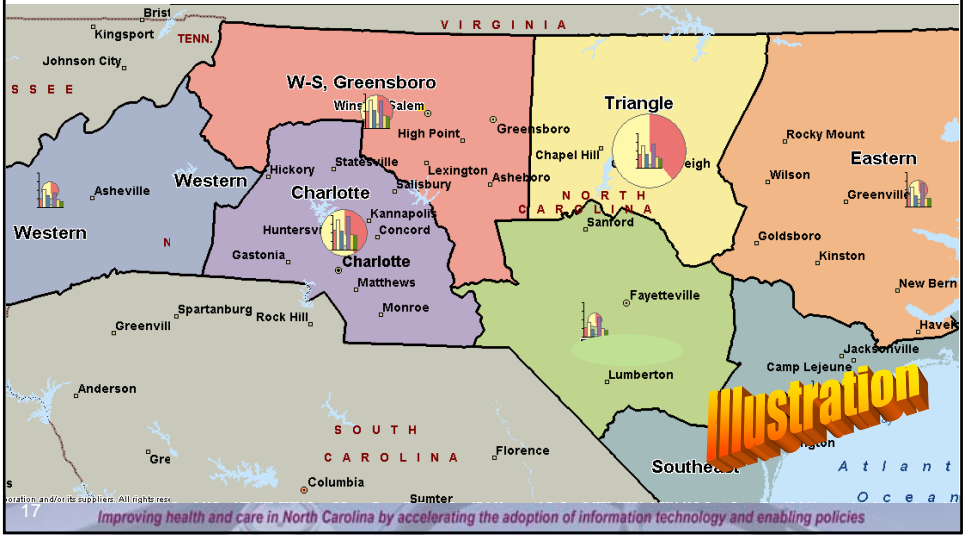
## NC Market Stakeholders

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).

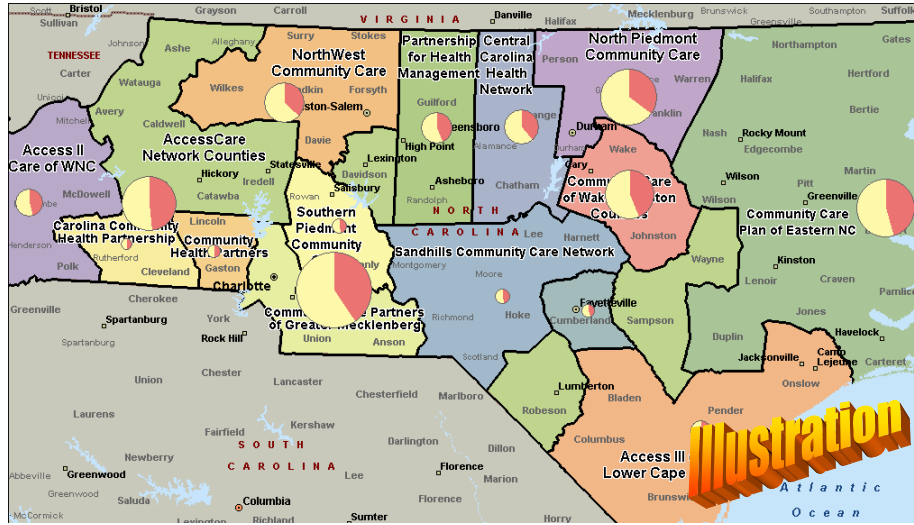
**Mapping of Seven Medical Trading Area (MTA) in North Carolina showing number and ratio of primary care and specialty physicians**



**NC Market Stakeholders**

- North Carolina Medical Home Networks, with support from large employers, Medicaid, physician practice associations, safety-net providers, and other payers, includes:
  - **Eastern**
    - Access III of Lower Cape Fear
    - Community Care plan of Eastern NC
  - **Central**
    - NorthWest Community Care
    - Southern Piedmont Community
    - Community Partners of Greater Mecklenberg
    - Pagership for Health Management
    - Central Carolina Health Network
    - Sandhills Community Care Network
    - North Piedmont Community Care
    - Community Care of Wake/Johnston Counties
  - **Western**
    - Community Health Network
    - Access II Care of WNC
    - Carolina Community Health Partnership
    - Access Care Network Counties
    - Community Health Partners

## Mapping of Fifteen Collaborative Care of North Carolina (CCNC) Medical Home Networks showing number and ratio of primary care and specialty physicians



## NC Market Stakeholders

- State-wide, including:
  - NCHICA – since 1994 charged with promoting the adoption of health information technology and enabling policies by all participants in the state
  - NCHICA supporting the NHIN Trial Implementation project Core Patient Record Exchange, Consumer Access to Clinical Information, Lab Reports and SSA Use Cases
  - NCHICA also participating in NHIN DURSA, Consumer Consent, and the HISPC North Carolina Phase III initiative, plus the National Governors Assn. State Alliance for e-Health Privacy and Security Task Force
  - North Carolina Health Information Exchange Council. NC HIE Council mission: to enable the timely and secure exchange of electronic health information for the purposes of improving the quality, safety and efficiency of healthcare and the overall health of residents.

## 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.

## NC HIE Business Plan 2008 – 2012

### Potential Priority Areas for State-wide Focus

Illustration of Initiatives by Type (Red indicates analysis focus)

- |                     |                                                                            |
|---------------------|----------------------------------------------------------------------------|
| <b>CORE</b>         | 1. Summary Patient Record Exchange (ER, Out-Patient, In-Patient)           |
|                     | 2. Test Results Reporting (Lab and Radiology)                              |
| <b>EXTEND VALUE</b> | 3. Medication Management (Meds History, ePrescribing, Meds Reconciliation) |
|                     | 4. Federal Program Automation (SSA - Authorized Access, Wounded Warrior)   |
|                     | 5. Consumer / Provider Comm. (Access Permissions, Secure eMail, Requests)  |
|                     | 6. Provider / Provider Communication (Secure eMail, Referral Workflow)     |
| <b>TRANS-FORM</b>   | 7. Patient Centered Medical Home Automation (Disease Mgmt. Dashboards)     |
|                     | 8. Administrative Health Plan Data Exchange (Eligibility/Auth., EHR-Lite)  |
|                     | 9. Population Health Automation (Registries, Case Reporting, Immunization) |
|                     | 10. Health Analytics (Quality Measures and Decision Support)               |

## North Carolina – Core 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	2012	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Consumer ID & Access	Consumer Portal
CORE	1) Summary Patient Record Exchange													
	Emergency Care Summaries →	1					☑	☑		☑	☑			
	In-Patient Discharge Summaries →	1					☑	☑		☑	☑			
	Out-Pat. Summaries & Consult Reports →			1			☑	☑		☑	☑			
	2) Test Results Reporting													
	Lab Results Delivery or Notification →			2			☑	☑	☑		☑	☑		
Radiology Reports Delivery / Notification →				2		☑	☑	☑		☑	☑			

**KEY**  
**Initiatives**  
 1 Statewide  
 Yellow Independent  
**Technologies**  
 ☑ Required  
 ✓ Optional

“Yellow” Initiatives are likely to be (or are being) established locally by one or more local stakeholders to support local community objectives.

## North Carolina – Extended Value 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	2012	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Consumer ID & Access	Consumer Portal
EXTEND - HIGH VALUE	3) Medication Management													
	Medication History from PBMs →			3			☑	☑		☑	☑			
	ePrescribing - Electronic Orders / Refills						☑							
	Medication Reconciliation						☑							
	4) Federal Agency Program Automation													
	Authorized Release of Information (SSA) →				4		☑	☑	☑		☑	☑	☑	☑
	Wounded Warrior Data Exchange(VA, DoD)						☑			☑	☑			
	5) Consumer / Provider Communication													
	Consumer Access and Permissions →				5		☑	☑	☑			☑	☑	☑
	Consumer / Physician Sec. Email & Alerts						☑		☑	☑	☑	☑	☑	☑
Patient to Physician Office Requests						☑	☑	☑	☑	☑	☑	☑	☑	
6) Provider to Provider Communication														
Secure Email Messaging →				6		☑		☑	☑	☑				
Referrals and Transfer of Care Workflow						☑			☑	☑	☑			

**KEY**  
**Initiatives**  
 1 Statewide  
 Yellow Independent  
**Technologies**  
 ☑ Required  
 ✓ Optional

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

### North Carolina – Transformational 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							KEY			
		2008	2009	2010	2011	2012	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Consumer Portal	Consumer ID & Access	Consumer Portal	
<b>TRANSFORM</b>	<b>7) Patient Centered Medical Home</b>															
	Organize PCMH Networks & Sponsorship	Yellow	Yellow													
	Initiate PCMH Pilot Sites			Yellow	Yellow											
	Integrate PCMH with HIE Infrastructure →					<b>7</b>	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Align Reimbursement with PCMH															
	<b>8) Administrative Health Plan Exchange</b>															
	Eligibility/Authorization of			Yellow	Yellow					Green	Green	Green	Green	Green	Green	Green
	EHR-Lite - with Health Plan Claims Data						Green			Green	Green	Green	Green	Green	Green	Green
	<b>9) Population Health Initiative Automation</b>															
	Biosurveillance & Situational Awareness	Yellow	Yellow	Yellow	Yellow	Yellow										
Electronic Population Health Case										Green	Green					
Immunization Records & Disease Registries	Yellow	Yellow	Yellow	Yellow	Yellow					Green	Green					
<b>10) Health Analytics</b>																
Quality Measures			Yellow	Yellow	Yellow					Green	Green					
Decision Support										Green	Green	Green				

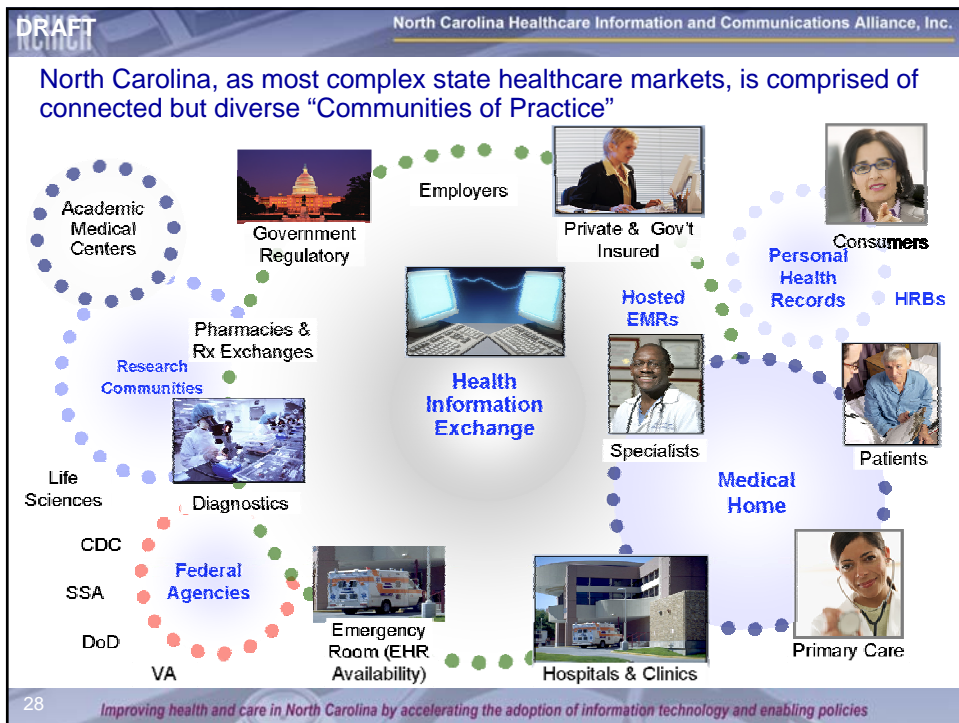
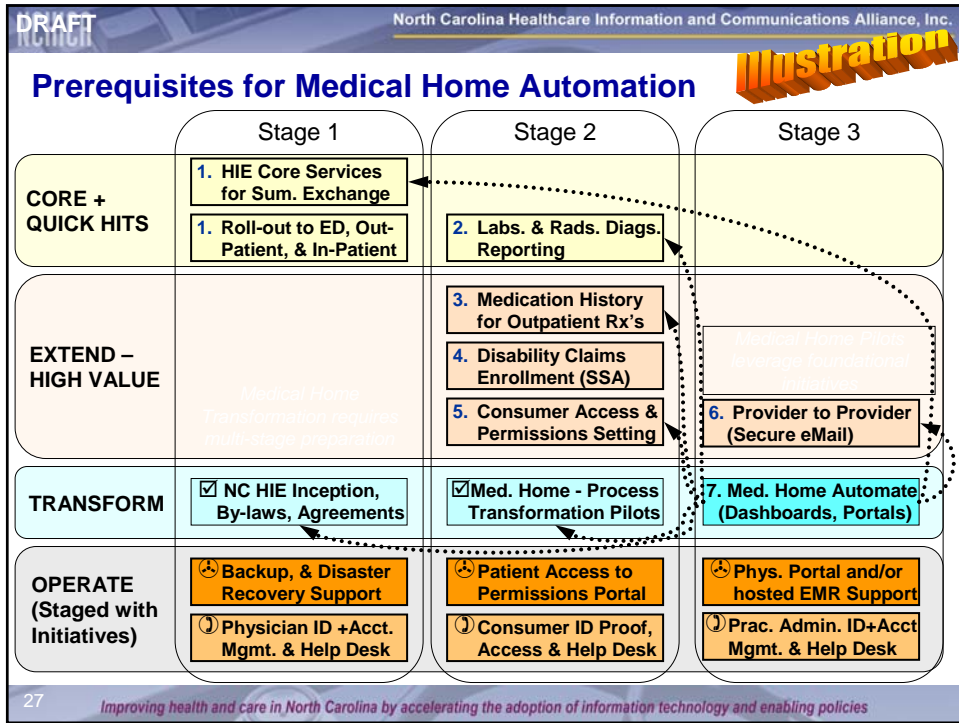
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**DRAFT Potential NC Priorities** North Carolina Healthcare Information and Communications Alliance, Inc.

### Example of 3-Stage, Multi-year Deployment

	Stage 1	Stage 2	Stage 3
<b>CORE + QUICK HITS</b>	<ol style="list-style-type: none"> <li>HIE Core Services for Sum. Exchange</li> <li>Roll-out to ED, Out-Patient, &amp; In-Patient</li> </ol>	<ol style="list-style-type: none"> <li>Labs. &amp; Rads. Diags. Reporting</li> </ol>	
<b>EXTEND – HIGH VALUE</b>	<p>Medical Home Transformation requires multi-stage preparation</p>	<ol style="list-style-type: none"> <li>Medication History for Outpatient Rx's</li> <li>Disability Claims Enrollment (SSA)</li> <li>Consumer Access &amp; Permissions Setting</li> </ol>	<p>Medical Home Pilots leverage foundational initiatives</p> <ol style="list-style-type: none"> <li>Provider to Provider (Secure eMail)</li> </ol>
<b>TRANSFORM</b>	<input checked="" type="checkbox"/> NC HIE Inception, By-laws, Agreements	<input checked="" type="checkbox"/> Med. Home - Process Transformation Pilots	<ol style="list-style-type: none"> <li>Med. Home Automate (Dashboards, Portals)</li> </ol>
<b>OPERATE (Staged with Initiatives)</b>	<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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## Committee Discussion

- Discussion of Iteration 1 Sustainability Plan
- Preparing for Iteration 2 beginning in October

## NC HIE - as a Convener of Communities

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- Promote social capital & develop interoperable policies
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**Thank You**