Quality and Patient Safety Technology: NC Health Connex (NC Health Information Exchange)
NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

NC HealthConnex Training
Critical Access Hospital Meeting
August 22, 2019

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Overview of Topics

- Overview of NC HealthConnex
- HIE Mandate
- Suite of Services
- Portal Overview & Demo
- Questions?
Who Are We?

We connect health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.

NC HealthConnex, By the Numbers:

• Over 40,000 providers with contributed records
• 4,500 plus health care facilities live submitting data, including 97 hospitals
• 5,000 plus health care facilities in onboarding
• 52 million+ continuity of care documents (CCDs)
• 7M+ unique patient records
• Over 150 unique EHRs engaged
• 6 border and intra-state HIEs connected
What Does the Law Mandate?

NC Medicaid Providers with Technology
- Hospitals
- Physicians (except for Psychiatrists)
- Physician assistants
- Nurse practitioners

NC Medicaid & State Funded Service Provider without Technology
- All other providers of Medicaid and state-funded services unless otherwise specified in law
- Local Management Entities/Managed Care Organizations (required to submit claims data)

*Prepaid health plans must connect by the start of their capitated contracts entered into with the NC Division of Health Benefits

- Required to Submit Clinical & Demographic Data
  - Dentists
  - Ambulatory Surgical Centers
  - Psychiatrists
  - State Laboratory of Public Health operated by NC DHHS
  - Pharmacies (required to submit claims data)
  - NC DHHS State health care facilities (required to submit claims data)

Timeline:
- June 1, 2018
- June 1, 2020
- June 1, 2021
- December 2022
Patient Education materials provided to organization via email (*welcome packet*).

Includes:

- Sample Notice of Privacy Practices
- Fact Sheet
- **Tri-fold Brochure Order Form**
- Talking Points
- FAQs
- Employee Education Materials
  - Employee Newsletter
  - Leadership Emails

*Patients have the right to opt out of having their information shared between providers through NC HealthConnex.*

All NC HIEA Policies are posted on our website, [nchealthconnex.gov](http://nchealthconnex.gov).
NC HealthConnex Services

NC HealthConnex Suite of Services

- Promoting Interoperability and Meaningful Use
- Notification Services
- Controlled Substance Reporting System Migration

Foundation
- Exchange
  - Clinical Portal
  - DSM
  - CSRS
  - NCIR
  - ELR

Notifications
- NC*Notify

Pop Health & Analytics
- Diabetes Registry
Access a Patient’s Clinical Record
- Clinical Portal
- EHR Integration

Communicate PHI Securely
- DIRECT Secure Messaging

Neighboring Connections via eHealth Exchange
- ETHIN (East Tennessee)
- GaHIN (Georgia’s state-designated HIE)
- MedVirginia (Richmond, Va.)
- SCHIEX (South Carolina)
- Veterans Administration (VA HIE)
- Dept. of Defense (2019)

Integrations
- CSRS
- Recovery Platform
- Patient Centered Data Home (PCDH)

Public Health Reporting
- ELR
- NCIR

Exchange
- Expanding Exchange Reach & Capabilities
- Integrations
- Public Health Reporting
- Neighboring Connections via eHealth Exchange
- Communicate PHI Securely
- Access a Patient’s Clinical Record

Foundation
- Exchange
- Notifications
- Pop Health & Analytics
Access a Patient’s Clinical Record
• Clinical Portal
• EHR Integration
Direct Secure Message Exchange

Improves coordination of care between health care providers and their patients by providing the ability to communicate with other health care providers securely.

Messaging can be used:

- Transitions of Care
  - CCD
  - CCD-A documents
- Lab Tests/Results
- Referrals
- Reports
• NC HealthConnex will help providers meet the STOP act requirement

• **Single sign-on** to the NC HealthConnex clinical portal will query the Appriss/CSRS database

• Create an additional pathway for providers to access the state’s prescription drug monitoring program
Exchange

Project OBOT

DOB
Date of Visit
Visit Location
Patient Name
Referrals
Reason for Visit
Care Plans
Problems
Medications
Lab Results
Procedures
Vital Sign

Foundation
Exchange
Notifications
Pop Health & Analytics
Exchange Foundation
Notifications
Pop Health & Analytics

• ELR
• NCIR
Electronic reporting from laboratories to the NC DPH of laboratory reports which identify required reportable communicable diseases and conditions.

Register with DPH

6. **Set Up Secure Message Transport Connectivity**
   - N.C. DPH can accept ELR messages sent through NC HealthConnex.
1. Physician administers immunization for patient

2A. Physician logs immunization in NCIR Portal

2B. Physician logs immunization in EMR

3A. Immunization data passes through NCIR secure connection

3B. NC Health Connex data targets passes through NC HealthConnex secure connection

4A. Data populates NCIR data repository

4B. Data populates NC HealthConnex data repository

5A. Physician accesses patient’s immunization history via NCIR

5B. Physician accesses patient’s clinical history via NC HealthConnex

Pre NCIR – NC HealthConnex Integration
1. Provider administers immunization for patient

2. Provider logs immunization in EHR

3. Immunization data passes through NC HealthConnex secure connection

4. Data populates NCIR data repository

**NOTE:** This workflow is applicable to provider’s and/or healthcare organizations who have a bi-directional data connection to the NC HealthConnex. Providers/healthcare organizations leveraging a unidirectional connection must access NCIR via the NCIR web portal.
NC*Notify (Event Notifications) – How

**Step 1**
Participant Submits Patient File for NC HealthConnex to Monitor

*Technical Details*
- Flat file with patient demographics
- Sent via sFTP/DSM

**Step 2**
Other Participants Submit Admission & Discharge Messages (ADT)

**Step 3**
Participant Receives Notification File

*Technical Details*
- Flat file with patient demographics and visit details
- Sent via sFTP/DSM
- Participant defines delivery schedule
## Notifications

### Advancing Notification Services Roadmap

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Frequency of Notifications</th>
<th>Format/method</th>
<th>Triggers Generating Notifications</th>
<th>Panel Details</th>
<th>Subscription Configuration</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>Oct 2018</td>
<td>Daily</td>
<td>File via sFTP</td>
<td>ED, Inpatient, Admission &amp; Discharges</td>
<td>Participant defined; Multiple files per panel</td>
<td>Defined in Panel; Self-service portal</td>
<td>Basic visit details (date, visit type, location)</td>
</tr>
<tr>
<td>V2.0</td>
<td>April 2019</td>
<td>Realtime</td>
<td>DSM</td>
<td>Immunization administered; Patient monitored by another organization</td>
<td>Use health plan member file</td>
<td></td>
<td>Chief complaint and diagnosis</td>
</tr>
<tr>
<td>V3.0</td>
<td>April 2020</td>
<td>Realtime</td>
<td>EHR via HL7</td>
<td>Disease registry addition; Critical lab value received</td>
<td></td>
<td></td>
<td>Provider details (admitting, attending, etc.); Immunization gaps</td>
</tr>
<tr>
<td>V4.0</td>
<td>Oct 2020</td>
<td>Realtime</td>
<td>FHIR API</td>
<td></td>
<td></td>
<td></td>
<td>CCD; Social data; Disease state data; CIE data</td>
</tr>
</tbody>
</table>

### Help Meet Tier 3 Requirement

Notifications

Benefits - NC*Notify

- Providers are notified when their patients have received care in other care settings
- Schedule follow up appointments with patients
- Follow up on medications prescribed or other discharge instructions
- Insight to provide continuity in care to **reduce avoidable readmissions**
- Insight to **achieve financial goals** under value-based care contracts
- Utilize for compliance with state and federal quality initiatives, including Meaningful Use/Promoting Interoperability
Classify & Measure Patient Populations

- Clinical Intelligence Engine
  - Abnormal Lab Reporting
  - Immunization Gaps
  - Controlled Substance Reporting System (CSRS)

- Population Registries
  - Diabetes
  - Future Possibilities: Stroke, Asthma

- Quality Measurement
  - Future Possibilities: eCQM
• Tool for tracking the clinical care and outcomes of the patient population in North Carolina.

• Electronic submission to the Diabetes Registry via the NC HealthConnex interface supports your organization’s Meaningful Use attestation for Meaningful Use Stage 3 and Modified Stage 2.
*Electronic submission to the Diabetes Registry via the NC HealthConnex interface supports attestation for Meaningful Use Stage 3 and Modified Stage 2.
Portal Demo
Questions?

For more information visit: www.nchealthconnex.gov

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