NC Strategy for HIT and Meaningful Use

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NC Health Information Exchange

NC State University Health Care Forum
North Carolina’s Technology Advantage in IT
November 16, 2010
Objectives

- Introduction
- Quick overview of all HITECH grants to NC
- NC HIE
- HIT and Health Care Reform
- Q & A
Health information technology is the circulatory system for the vital organs of health care.

Dr. David Blumenthal
National Coordinator of HIT
HIT Goals

- Improved healthcare quality
- Better health outcomes
  - Individuals
  - Populations
- Control costs
- Better engage health care consumers
ARRA in NC

- **Health Information Exchange (HIE)** – HWTF, new NC HIE ($12.9 million)
- **Regional Extension Center** – NC AHEC ($13.6 million)
- **Beacon Community** – Southern Piedmont Community Care Plan ($15.9 million)
- **Broadband Capacity** – MCNC ($28.2 million in Phase 1, $75.75 in Phase 2)
ARRA in NC (con’t)

- Workforce Development
  - Training – Pitt Community College ($20 million)
  - Curriculum Development – Duke ($4 million)
- CHIPRA ($9.3 million)
- NC Telehealth Network ($6.1 million)
- Comparative Effectiveness Research ($100+ million)
- EHR Loan Program* ($750,000 HWTF)
NC HIT Landscape

- Existing HIT systems: Hospitals, RHIOs, Public Health, Individual Provider Practices, Payers
- State HIE Governance: Newly organized non-profit, NC Health Information Exchange, with a 21 member public-private CEO level Board
- Regional Extension Center: NC AHEC Quality Initiative, 1600 priority primary care providers currently enrolled, in over 425 practices
- Community Care of NC: Southern Piedmont Community Care Network and new Informatics Center
- NC Healthcare Quality Alliance: Improving Practice
NC Medicaid

- MMIS Replacement System
- Incentive Payment Program P-APD
- State Medicaid HIT Plan (SMHP)
- Incentive Payment Program I-APD
- National Level Repository (NLR)
- Health Care Reform (ACA)
HIE Critical Activities

- Transparent multi-stakeholder process
- Monitor and track meaningful use
- Assure trust of information sharing
- Set gap-filling strategies for meaningful use
- Ensure consistency with national standards
- Align with Medicaid and public health
State Strategy for Meaningful Use

- Structured lab results reporting
- e-Prescribing
- Sharing of clinical record summaries
4 Key Components of PPACA

1) Health Insurance Reform
2) Expansion of Reportable Quality Measures
3) Medicare/Medicaid Payment Reform
4) Medicare/Medicaid Demonstration Initiatives to Encourage Innovation to Improve Quality
Information Technology Reform IS Health Care Reform

- ARRA/HITECH is to HIT as PPACA is to health care reform
- PPACA assumes new models of HIT are in place
- Can’t reform/perform without improved HIT
HIT Provisions of ACA

- Improving Quality of Health Care
  - Improve collection of quality data
  - Create new HIT programs
  - Payments to support new HIT (ex: ACOs)

- New HIT Operating Rules and Standards
  - Interoperable standards for eligibility

- Strategies to Increase HIT Workforce
## HIT and Medical Homes

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<th>Health IT Components of Medical Homes</th>
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HIE Platform: HIE enables the medical home to more effectively coordinate and deliver care across many clinical settings.
EHR Adoption: The Key to Success

- Clinical data to share
- Targeted providers
- EHR capabilities (Vendor Certification)
- EHR support (Workforce Development)
- Quality improvement vs. quality measures
- Creating the “Learning System”
NC HIE Operational Plan

“Work in Progress!”

- NC Operational Plan submitted to ONC on August 31, 2010 (Public Comment August 19 – 25, 2010)

- HIE Workgroups (4)
  - Governance
  - Legal/Policy
  - Clinical/Technical
  - Finance/Sustainability

- Medicaid Incentive Payment Program
Discussion

healthIT.nc.gov
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NC Health Information Exchange
Legal & Policy Workgroup

Patient Consent—it’s complicated.

Robin Wright, CPHIMS
Co-Chair Consumer Advisory Council on Health Information

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November 16, 2010
Agenda

• Role of NCHICA’s Consumer Advisory Council for Health Information

• Background

• NC HIE Legal & Policy Workgroup Recommendations
NC Consumer Advisory Council for Health Information is involved with...

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

(in this case contributing to creating NC policy for HIE and eventually how policy relates to systems design)
Improving health and care by accelerating the adoption of information technology

A key factor in relation to systems design is the concept that open systems will rapidly define their own set of practices, driven by end-users, when policies are not designed into the system and procedures are not enforced by stakeholders.*

*Courtesy of Health Information & Management Systems Society (HIMSS)
Charge of Legal & Policy Workgroup (May-August 2010)

- Establish a **statewide policy framework** that protects the privacy and security of health information and that allows for incremental development of policies over time
- Identify practical privacy and security strategies and policies to support secure HIE while protecting consumer interests
- Identify a process to **harmonize federal and state legal and policy requirements** to support HIE
- Develop policies to resolve potential barriers to interstate HIE
- Establish enforcement mechanisms and agreements to ensure appropriate oversight and accountability among HIE participants
- Identify operational processes to support privacy and security policies; Ensure implementation and evaluation of policies and legal agreements needed to guide technical services prioritized by the State
Uses of Health Information

- Treatment
- Provider-based quality improvement
- Payer-based care management
- Research
- Marketing
- Public Health
- Law Enforcement
Reviewed Federal and NC Laws Relevant to HIE

• Health Insurance Portability and Accountability Act of 1996 (HIPAA Medical Privacy Rule (45 C.F.R. Parts 160 and 164)): covered entities may use or disclose PHI for treatment purposes without patient permission. There is an exception to this general rule for psychotherapy notes must have the individual’s written authorization for most disclosures.

• Substance Abuse Confidentiality Regulations (42 C.F.R. Part 2) The federal substance abuse confidentiality regulations (hereafter Part 2) apply to federally assisted substance abuse program and restrict the use and disclosure of patient records.

• Many State Laws
Reviewed HIE Patient Consent Options
(From ONC Privacy & Security Website)

- **No consent.** Health information of patients is automatically included—patients cannot opt out.
- **Opt-out.** Default is for health information of patients to be included automatically, but the patient can opt out completely.
- **Opt-out with exceptions.** Default is for health information of patients to be included, but the patient can opt out completely or allow only select data to be included.
- **Opt-in.** Default is that no patient health information is included; patients must actively express consent to be included, but if they do so then their information must be all in or all out.
- **Opt-in with restrictions.** Default is that no patient health information is made available, but the patient may allow a subset of select data to be included.
Reviewed Patient Consent in Other States
(From ONC Privacy & Security Website)

- Delaware: No Consent & Opt-Out (query)
- Indiana: No Consent
- Maryland: Opt-Out
- Massachusetts: Opt-In (MAeHC)
- New York: Opt-In
- Tennessee: No Consent (treatment or by law)
- Virginia: No Consent (treatment or by law)
- Washington: Opt-In
Recommendations

- **Pathway 1** (complies with existing Federal & NC laws), Mixed Model (Opt-Out unless and provider types except those that expressly require affirmative patient consent)

- **Pathway 2** (requires changes in NC laws) Opt-Out with Exception by Provider
Pathway 1: Consent for Treatment

The NC HIE will develop a consent policy based on a mixed model (Opt-Out for all data and provider types except those that expressly require affirmative patient consent to be exchanged for treatment purposes under current Federal and North Carolina law):
Pathway 1: Consent for Treatment (cont)

- Substance abuse treatment providers, mental health facilities, nursing homes and possibly home health agencies obtain affirmative consent before disclosing information through the HIE.
- Information about reportable communicable diseases or such information is filtered out of the HIE or providers obtain affirmative consent before disclosing.
- In cases where information is filtered out, records accessed by treating providers would contain a notification that the record may not be complete.
Pathway 2: Consent for Treatment

The NC HIE will pursue an Opt-Out model for the exchange of patient health information through the NC HIE for treatment purposes that includes all available data from all provider types (i.e., a change in law that would allow data from mental health providers, nursing homes, adult care homes and home health agencies to be included) and that allows consumers to restrict disclosure of data to the exchange on a provider-by-provider basis.
Pathway 2: Consent for Treatment (cont)

In cases where information is filtered out, records accessed by treating providers would contain a notification that the record may not be complete. The NC HIE will conduct further research on the pros and cons and feasibility of allowing more granular patient control over what information is disclosed to or accessed through the exchange, taking into account evolving technology and with an eye toward the impact that more granular patient control may have on both provider and patient participation in the HIE.
References

• **NC HIT**: [http://www.ncdhhs.gov/healthIT/](http://www.ncdhhs.gov/healthIT/)
• **NC CACHI**: [www.nchica.org/getinvolved/CACHI/intro.htm](http://www.nchica.org/getinvolved/CACHI/intro.htm)
• **ONC (refer to Privacy & Security section)**: [http://healthit.hhs.gov](http://healthit.hhs.gov)
Next Steps
Health Care Enabled by Technology in North Carolina

Andrew Weniger, CPA,
NCHICA Project Manager

November 16, 2010
NCHICA Background

• Est. 1994 by Executive Order Gov. Hunt
• Nonprofit Research and Education
• **Mission:** Improve Health and Care in NC by accelerating adoption of information technology and enabling policies.
• **Members:** Academic Medical Centers, Hospitals, Clinics, Public Health, Gov’t agencies, business partners, professional associations, consulting firms, etc.
• Provide neutral facilitating, convening function
• Undertake joint initiatives with our members
NCHICA Members

• NCHICA members include:
  – State Agencies in NC
    • DHHS – 7 depts.; Dept. of Justice; Governor; ITS; Rural Health; State Health Plan
  – NC Community Health Ctr. Assoc.; Hospital Assoc.; Medical Society; Nurses; Pharmacists; Psych & Psychiatry
  – e-NC Authority; MCNC; NCA&T; NCSU Computer Science Dept.; Renaissance Computing Institute (RENCI); UNC (Chapel Hill, Charlotte, Greensboro)
  – All 5 Academic Medical Centers & 24 of 25 largest hospitals in the state
    – AHEC; Allscripts; AT&T; BCBSNC; Cerner; CHS; Covisint; Deloitte; Duke; ECU/Pitt; IBM; Intel; LabCorp; Medfusion/Intuit; NCTA; Novant; Quintiles; RTI; SAS Institute; Siemens Medical Solutions; Wake Forest BMC; Veterans Administration VISN 6 Region & 170 others
Clinical Decision Support
Clinical Decision Support

“Providing clinicians or patients with clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care.”

Osteroff et al, 2006
Evidence Based Medicine

• Clinical Decision Support
  – Analytics to identify patients at risk for chronic diseases or major acute events during the next year
  – Care gap analyses to create lists of actionable care items for each patient, based on the information in claims, drug, lab and electronic health records
  – Artificial-intelligence (AI) driven diagnostic aids & best practice guidance
  – Online, real-time access to all prescriptions previously filled by the patient, along with automatic drug interaction information
Other Examples of Technology

- Health Information Exchange
- Electronic Health Records
- Health Benefits Exchange
- “e” enable
  - Medical Home / Primary Care
  - Public Health Responsiveness and Awareness
- Personal Health Records
- Informatics
Build on NC’s Strengths Including:

- Strong multi-stakeholder leadership
  - NC HIE Board, Community Care of North Carolina, NCHQA, NC IOM, AHEC, RTI, etc.
- Historical Achievement – e.g. NC DETECT
- Defense Department and Veterans Affairs
- ARRA HITECH Investments
- Academic Medical Centers
- Research & University Programs
- State government coordination/technology
- Private industry, etc.
Opportunities for Involvement

NCHICA Members

- 232 Organizations from all stakeholder groups
- Business Continuity & Disaster Recovery WG – infrastructure
- Business Partner Alliance – Meaningful Use group
- CIO Roundtable
- CMIO Roundtable
- Privacy & Security Officials WG
- Legal Workgroup
- HIPAA Transactions, Code Sets & Identifiers WG
- ICD – 10 Task Force
- NC Consumer Advisory Council on Health Information
- NHIN Gateway Connectivity to federal agencies

Meaningful Use Incentives

- Medicaid Statewide HIT/HIE plan
- Regional Extension Center
- SHARP Programs
- AHRQ, HRSA, CDC, etc.
- Health Reform – Accountable Care Orgs.
- Curriculum Devel & Community College HIT Education
- State HIE
- Beacon Community

Working Collaborations

- Opportunities for Involvement
- Meaningful Use Incentives

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

Welcome to the Charles George VA Medical Center

16 hospitals in Western North Carolina
Using WNC Data Link as a means to share Patient information since 2005
Next Steps

• Patient consent laws and regulations in NC
• Policy modifications
• Alignment of incentives and intentions
• Put patients/consumers and their interests (including privacy and security) in the center
• Impact on your business??

*Those who can envision a plausible future that’s brighter than today will earn the opportunity to lead.* Ray Ozzie
Thank You!
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