

**N.C. Department of Information Technology**

**N.C. Department of Health and Human Services**

**NC. Department of Public Safety**



## **Senate Bill 750 Report**

**Tracy S. Doaks**  
**Secretary and State Chief Information Officer, DIT**

**Mandy K. Cohen, MD, MPH**  
**Secretary, DHHS**

**Erik A. Hooks**  
**Secretary, DPS**

**April 3, 2020**

## Introduction

N.C. Session Law 2018-76 directs the Department of Health and Human Services (DHHS) and the Department of Information Technology's (DIT) Government Data Analytics Center to collaborate with local government and local law enforcement officials to explore participation of county jails and juvenile facilities in the state's health information exchange network operated by the N.C. Health Information Exchange Authority (NC HIEA). The law also requires the Department of Public Safety (DPS), DHHS, and DIT's Government Data Analytics Center to ensure North Carolina prisons fully participate in the state's health information exchange.

A health information exchange (HIE) is a secure electronic network that gives authorized health care providers the ability to access and share health-related information in different settings. HIEs improve health care quality, enhance patient safety, improve health outcomes, and reduce overall health care costs by making health information available securely whenever health care providers need it.

North Carolina's statewide HIE network, known as NC HealthConnex, allows participating N.C. health care providers to access their patients' comprehensive records across multiple providers as well as to review labs, diagnostics, medical histories, allergies, medications and more. This availability results in decreased redundancy and improved coordination across all levels of care. This information can be viewed via a web-based clinical portal or through the participants' electronic health record (EHR) software.

Notwithstanding the voluntary nature of HIEs, North Carolina law requires certain classes of providers who receive State funds (*e.g.*, Medicaid, State Health Plan) for the provision of health care services to connect and submit patient demographic and clinical data to NC HealthConnex by certain dates in 2018, 2020, and 2021 in order to continue to receive payments for services provided.<sup>1</sup>

Since early 2016, the NC HIEA has been working to deliver on the mandate for connectivity and submission of data for any health care provider who receives state funds for the provision of health care services. As of October 30, 2019, more than 5,000 health care facilities are connected and sending data to NC HealthConnex, including 98 hospitals, 82 county health departments, 41 federally qualified health centers and several thousand primary care, specialty, behavioral health, free and charitable clinics, and others. Additionally, as participant

---

<sup>1</sup> See N.C.G.S. § 90-414.4.

organizations execute a participation agreement and move into the technical onboarding process to submit data to NC HealthConnex, clinical portal credentials are provided to authorized users to begin accessing patient records.

The DPS Division of Adult Correction and Juvenile Justice is responsible for the care, custody, and supervision of all adults and juveniles sentenced to 91 days or more after conviction for violations of law. County sheriffs, via county or regional jails, are responsible for the care, custody, and supervision of all adults and juveniles sentenced to 90 days or less after conviction for violations of law.

The State of North Carolina operates 55 prisons and two Confinement in Response to Violation (CRV) facilities that provide medical, mental health, dental and pharmacy services to inmates.<sup>2</sup> The Division of Juvenile Justice operates four youth development centers and eight juvenile detention centers for a total of 12 facilities statewide.

Individuals within the criminal justice system are often transferred between health care providers providing treatment in the community and criminal justice settings resulting in the potential for:

- Lack of standardized screening;
- Inadequate access to medications, lab results and other clinical history; and
- Potential for gaps in medication consistency and treatment coordination while incarcerated and upon release into the community.

As directed by the law, the DHHS and DIT's Government Data Analytics Center submit this final report on the actions required by N.C. Session Law 2018-76.

## **Prisons and the HIE**

Representatives of DPS, DHHS, and DIT's Government Data Analytics Center (GDAC) are developing the process by which the state's prisons could connect their EHR system to NC HealthConnex.

The critical next step is for DPS officials to sign a full participation agreement with the NC HIEA. The agreement, typical of agreements the NC HIEA has with other health care providers, but specifically tailored to prisons, will allow the Division of Adult Correction and Juvenile Justice to

---

<sup>2</sup> Final Report to the Joint Legislative Program Evaluation Oversight Committee (September 17, 2018).

submit patient data, view a patient's more complete health record, and receive related services called value-added features. Features include access to a web-based, read-only clinical portal, ability to query patient records with other states via the eHealth Exchange, secure email accounts for transmission of patient health information, and notification of admits and discharges in emergency department or in-patient settings. Currently, negotiations regarding this agreement are ongoing.

DPS and the NC HIEA have held several technical discussions over the last year to determine the level of effort and resources needs for DPS to submit data to NC HealthConnex. The EHR software vendor used by DPS has not connected to HIE networks in the past but has provided cost estimates to DPS related to the interface development required for connectivity. The agencies remain in agreement that a phased approach to connectivity is the most practical.

### **Phase 1**

Once a participation agreement is fully executed, the NC HIEA will work with DPS to provide credentials so that DPS providers (both state employees and contracted health care providers) can access the NC HealthConnex web-based clinical portal to view a longitudinal health record of those entering the prison system to better evaluate health status at the time of entry and for the purpose of sharing medical information more efficiently for those persons currently incarcerated in the prison system. This will allow review of health care records of their inmates and electronic means by which to transfer protected health information securely. Possible benefits of access to this statewide network include:

- Cost savings related to staff time spent searching for records or calling providers for medical history as well reduction in unnecessary and duplicative diagnostic and laboratory testing;
- Easing the burden on corrections clinical staff to allow for more efficient data access and improved delivery of care;
- Real-time medical record access for improved continuity of care for inmates in both the short and long term; and
- Reduce costly medical care resulting from missed interventions in inmates' care and incorrect diagnoses or treatments.

DPS and the NC HIEA are in the process of completing the legal requirements to allow DPS providers access to the NC HealthConnex web-based clinical portal. This agreement will be beneficial to DPS providers as it will provide access to the offender's health records prior to

incarceration if there are existing health records available within the NC HealthConnex data repository.

## **Phase 2**

In this phase, the prisons' EHR software will connect directly into the exchange, allowing for submission of medical encounters, diagnoses, medications and other health-related data to NC HealthConnex for services that occur within the prison system. Connecting the systems will require funding that DPS does not currently have.

Due to budgetary restraints, DPS has not been able to upgrade its EHR software to allow it to integrate directly into the exchange. The estimate for this development work is approximately \$80,000. Using state and federal funds available for building connectivity, the NC HIEA has agreed to help DPS offset the cost of developing the connection functionality, eliminating the need for DPS to request additional appropriations for this effort. DPS and the NC HIEA personnel are researching funding alternatives for the necessary upgrades, including possible grant opportunities.

DPS Health Services Division currently provides enhanced chronic disease management to over 40 percent of its population. These medical conditions include, but are not limited to diabetes, hypertension, infectious disease, cancer and mental illness.<sup>3</sup> Once patient data is being sent to NC HealthConnex, the DPS Health Services Division will have greater insight into their patients' overall health and the ability to analyze and see trends in their population's changing health status through participation in several of the value-added features offered by the NC HIEA to its participants.

## **Jails and Juvenile Facilities**

As noted in the previous section regarding the prison system, there are two options for jails and juvenile facilities to participate in NC HealthConnex. Both of these options require the facilities to sign a full participation agreement with the NC HIEA.

Option 1 – Provide credentialed access to the NC HealthConnex web-based, read only clinical portal. Having access to this portal will provide a more complete health history for adults and juveniles as they enter into confinement facilities.

---

<sup>3</sup> Final Report to the Joint Legislative Program Evaluation Oversight Committee (September 17, 2018).

Option 2 – Submit health-related data from a juvenile or county confinement facility’s EHR software to NC HealthConnex. However, many of these facilities do not have EHR software that could directly connect to the HIE.

For jails with an EHR software, funding will need to be provided to connect to NC HealthConnex. For jails without an EHR, funding will need to be provided for the jail to obtain EHR software and to connect to NC HealthConnex.

Early meetings with representatives from DHHS, DPS, and the jails and juvenile facilities provided the NC HIEA the opportunity to understand the current health care environment within the prison systems. Based on these initial information-gathering sessions, a workgroup was formed consisting of members from DPS Correctional Facilities and the HIEA team, with the goal of gaining a better understanding of how health care is delivered, where patient health information resides, and what technological capabilities, if any, exist for exchange. Additionally, the workgroup will investigate the need for potential changes in workflow and additional training. The organizations will work to develop high-level next steps to facilitate meeting the HIE Act mandate. However, the Division of Juvenile Justice is primarily focused on implementing Raise the Age. This shift will require a tremendous undertaking and resources that Juvenile Justice cannot currently dedicate to this project. After successful implementation of Raise the Age, this division will be able to consider needs and resources for connection to the HIE.

## **Conclusion**

The Department of Public Safety, the Department of Health and Human Services, and the DIT Government Data Analytics Center are engaged in an effort to satisfy the requirements of Session Law 2018-76. The agencies have agreed on a framework for connectivity for prisons and are working toward a timeline to connect their systems. The jails and facilities for juvenile offenders often lack electronic medical records systems, making direct connections difficult in the short term. However, providing access to a more complete health record via the web-based clinical portal at the point of entry into the criminal justice system will provide the prisons, jails and juvenile facilities access to important health information at the point of care for incarcerated individuals.