



NC Health
Information
Exchange

NC Health Information Exchange: Strategy and Vision

Presentation to
North Carolina General Assembly:
Joint Legislative Oversight Committee on HHS
Joint Legislative Oversight Committee on IT

December 13th, 2011
Presenter: Jeff Miller

Why a Health Information Exchange (HIE)?

Compared to other developed nations, the United States spends two to three times as much per person on health care – but lags behind them in life expectancy, infant mortality, obesity and avoidable deaths.

A confluence of forces...

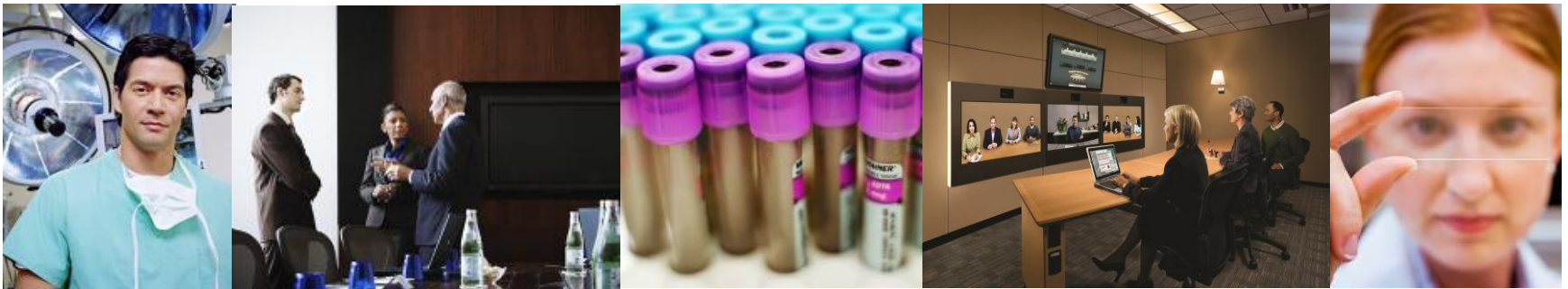
► MARKET ► GOVERNMENT MANDATES ► TECHNOLOGY ► CONSUMERISM

...is forcing different parts of our health care system to work in concert more closely than ever before.

The glue in these new relationships – the currency in this new health economy – is instant, accurate, useful information.

NC HIE Overview and Governance

- Nonprofit organization established as a Statewide Designated Entity (SDE) in April 2010
- Board of directors: 25 CEOs and health care leaders in the North Carolina community
- Four workgroups: strategy and policy experts on
 - Clinical and technical operations
 - Governance
 - Finance
 - Legal and policy



Setting the Strategic Agenda – NC HIE Mission



NC HIE will provide a set of secure, scalable information services that

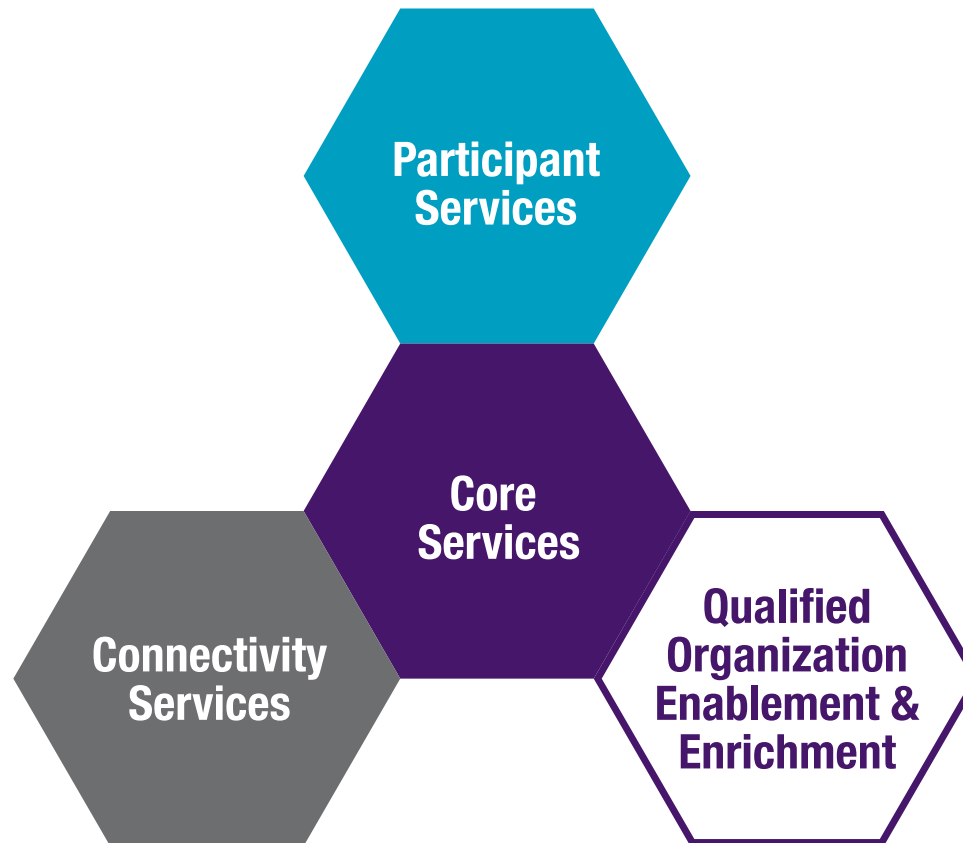
- Promotes the **access, exchange** and **analysis** of health care information
- Enables participating organizations to:
 - Improve medical decision-making and coordination of care
 - Improve health outcomes
 - Control health care costs

Organizational Approach – NC HIE’s Choice

Statewide HIE is the market	Regional HIEs	Statewide network of diverse qualified organizations	Market determines structure
• Statewide HIE builds infrastructure • NC HIE’s focus on local adoption/ governance	• Divides NC into territories • Statewide HIE provides governance, manages monopolies	• Range of “QOs” make up core structure • Statewide HIE provides policy guidance, core services and interoperability • Value-added services benefitting the range of participants 	• No core services • Private market addresses interoperability • Focuses on education and policy guidance

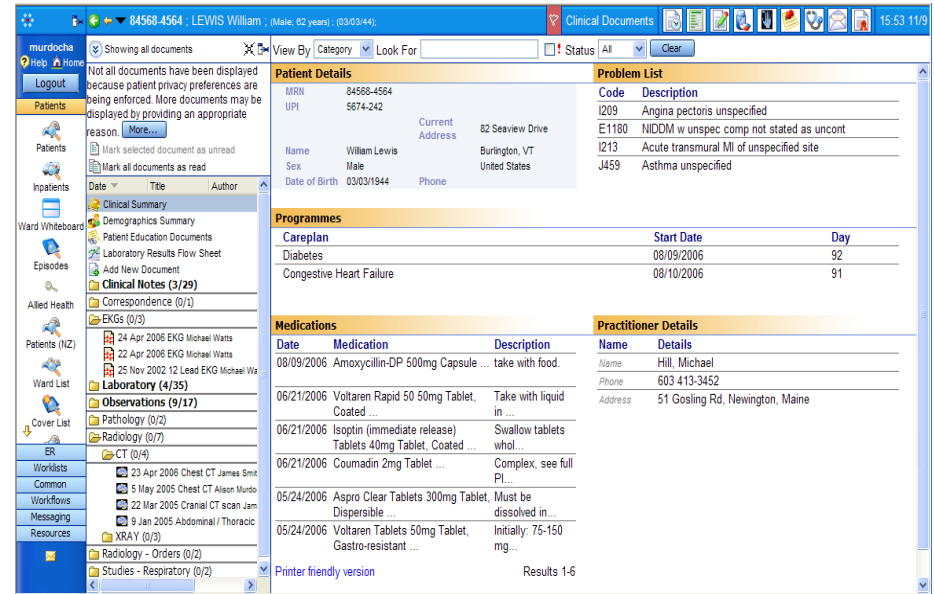
Why a NC Health Information Exchange?

Four focus areas for NC HIE initiatives:



NC HIE Core Services Overview

- HIE Connectivity Fabric
 - Connectivity with participating systems: CCD, HL7, SSO, Web Services (Rhapsody™).
 - Storage of clinical information (CDR).
 - EMPI.
 - Data normalization.
 - Privacy and consent
- Virtual Patient Electronic Record
 - Web-based access to the longitudinal patient record (Clinical Portal).
 - User subscribed notifications
- Data Delivery Services
 - Lab results
- Direct Secure Messaging
 - Ability to send/receive secure messages with other Direct providers
 - Support for Direct-enabled EMR systems



84568-4564 : LEWIS William (Male, 62 years) : (03/03/44)

Showing all documents

Not all documents have been displayed because patient privacy preferences are being enforced. More documents may be displayed by providing an appropriate reason. [More...](#)

Mark selected document as unread

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Patients

Inpatients

Ward Whiteboard

Episodes

Allied Health

Patients (1/2)

Ward List

Cover List

ER

Worklists

Common

Workflows

Messaging

Resources

Clinical Documents

View By: Category Look For: Status: All Clear

Patient Details

MRN: 84568-4564
UPI: 5674-242
Name: William Lewis
Sex: Male
Date of Birth: 03/03/1944
Current Address: 82 Seaview Drive, Burlington, VT, United States
Phone:

Problem List

Code	Description
I209	Angina pectoris unspecified
E1180	NIDDM w unspec comp not stated as uncont
I213	Acute transmural MI of unspecified site
J459	Asthma unspecified

Programmes

Careplan	Start Date	Day
Diabetes	08/09/2006	92
Congestive Heart Failure	08/10/2006	91

Medications

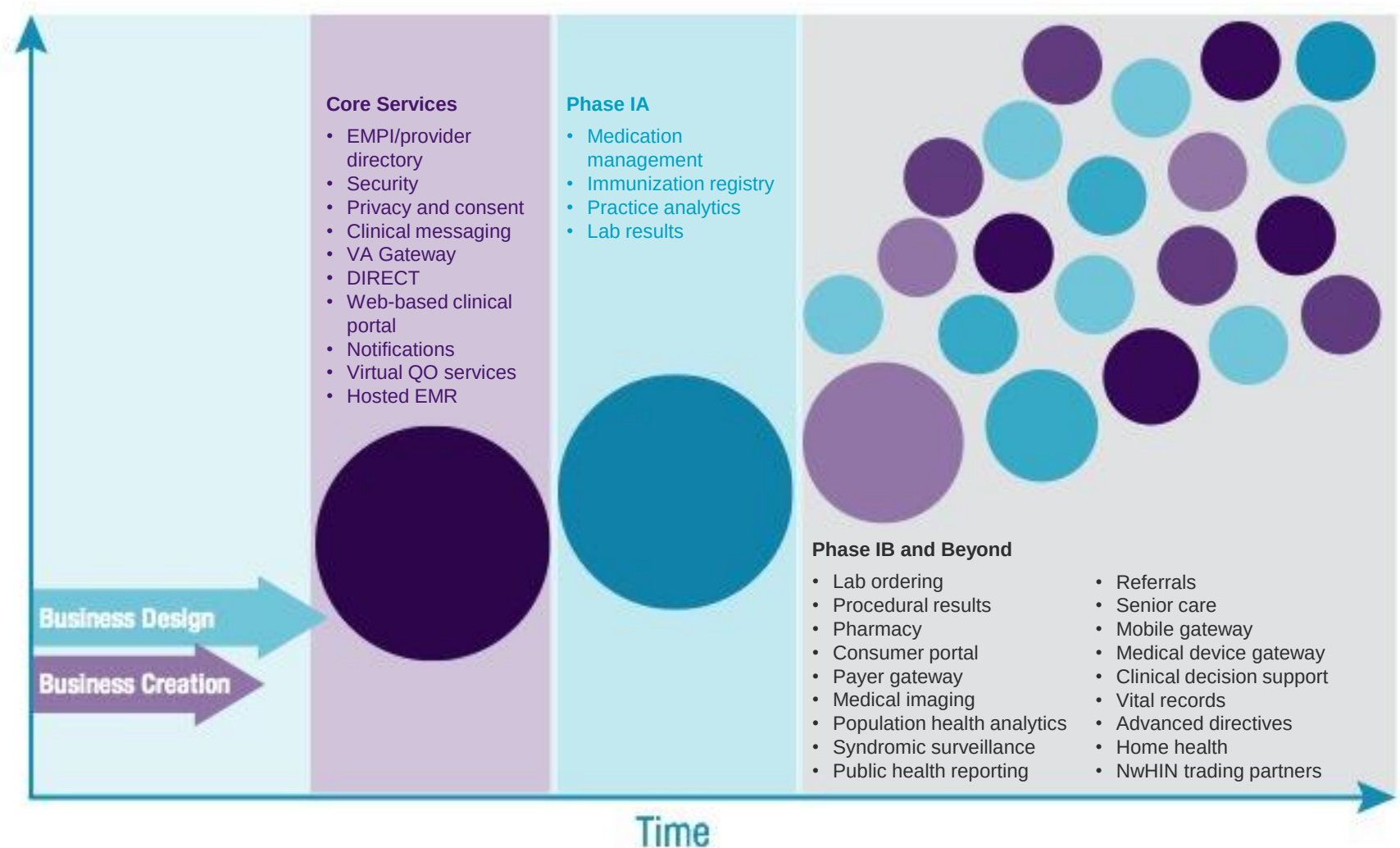
Date	Medication	Description
08/09/2006	Amoxicillin-DP 500mg Capsule ...	take with food.
06/21/2006	Voltaren Rapid 50 50mg Tablet, Coated.	Take with liquid in ...
06/21/2006	Isoprin (immediate release) Tablets 40mg Tablet, Coated ...	Swallow tablets whol...
06/21/2006	Coumadin 2mg Tablet ...	Complex, see full PI...
05/24/2006	Aspro Clear Tablets 300mg Tablet, Must be Dispersible ...	Must be dissolved in ...
05/24/2006	Voltaren Tablets 50mg Tablet, Gastro-resistant ...	Initially: 75-150 mg...

Practitioner Details

Name	Details
Hill, Michael	
Phone	603 413-3452
Address	51 Gosling Rd, Newington, Maine

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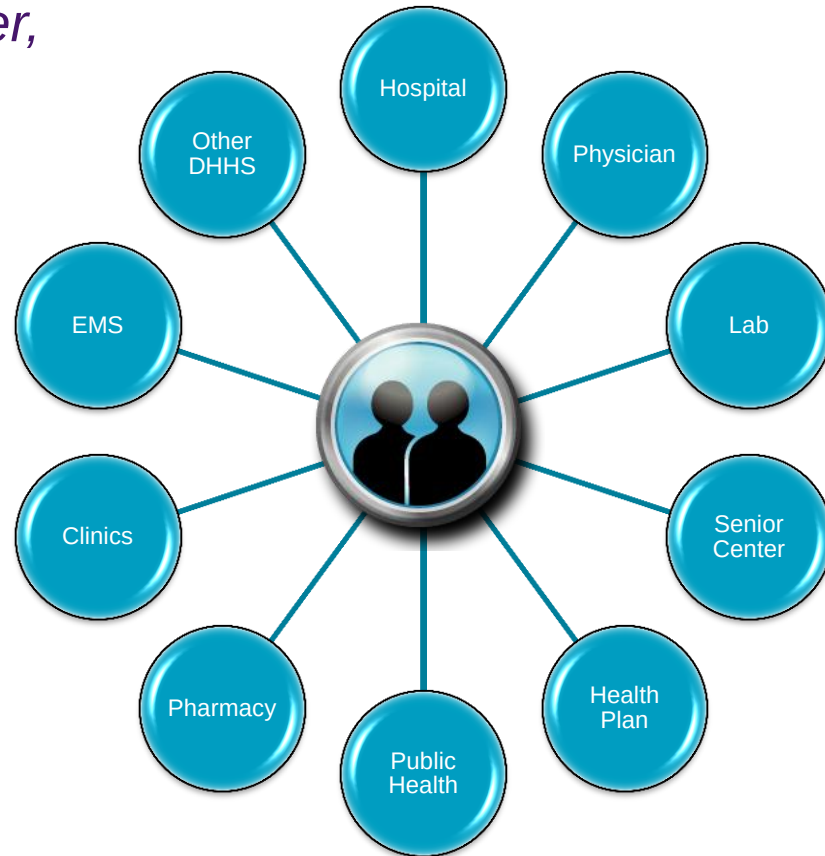
Timeline



What's in it for everyone?

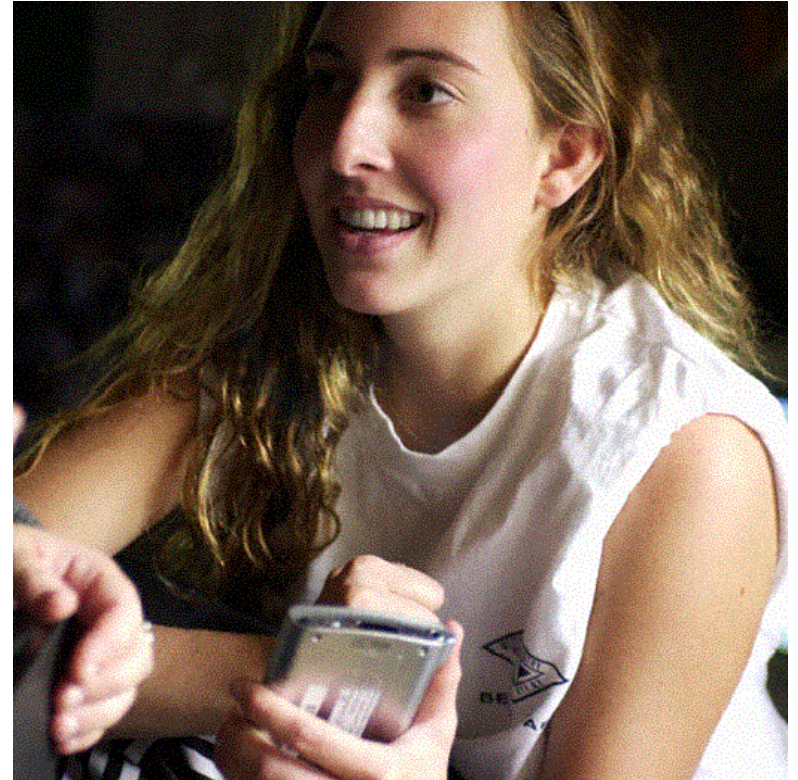
Providing NC with better, safer, more affordable care

- Integration
- Communication
- Insight
- Agility
- Custom



“The future is not so hard to predict. It’s already here, it’s just unevenly distributed.”

William Gibson, *Science fiction writer*



Background

NC HIE Board of Directors

Executive Committee

- Lanier Cansler – Co-Chair
NC Department of Health and Human Services
- Charles Sanders, MD – Co-Chair
- Bill Atkinson, PhD – Past Co-Chair
North Carolina Hospital Association
- Hadley Callaway, MD – Vice Chairman
North Carolina Medical Society
- Allen Dobson, MD – Treasurer
Community Care North Carolina
- Jeff Miller – Chief Executive Officer
- George Saunders, MD –Director at Large
North Carolina Medical Board
- Brad Wilson – Secretary
Blue Cross Blue Shield of NC

Ex-Officio

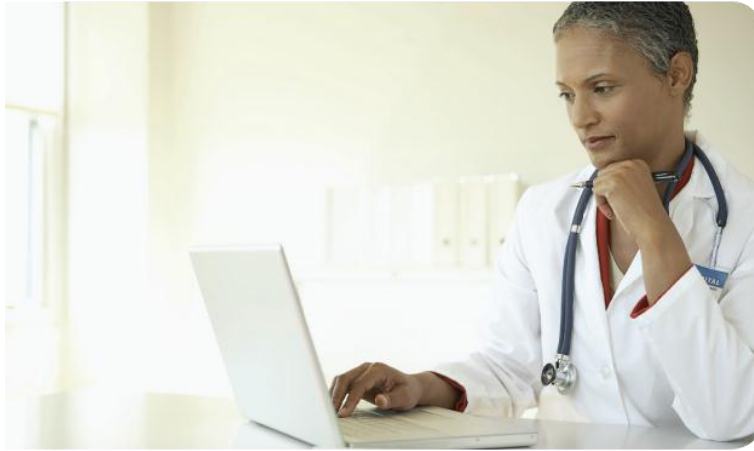
- Steve Cline, DDS
NC DHHS/State HIT Coordinator
- Jerry Fralick
CIO, State of NC
- Cragan Gray, MD
State Medicaid Director

Directors

- Thomas Bridges
Board Directors

- Anthony Civello
Pharmacy Interests
- Sam Cykert, MD
Area Health Education Centers
- Gloria Frelix, MD
Old North State Medical Society
- David King
Laboratory Interests
- Becky Kitzmiller
Nurses Association
- Ben Money
NC Community Healthcare Centers Association
- Warren Newton, MD
NC Healthcare Quality Alliance
- John Richter
Nursing Home Industry
- Bill Roper, MD
Academic Medical Centers
- Sam Spicer, MD
NCHICA
- Senator Josh Stein
NC State Senator
- Dave Tayloe, MD
American Academy of Pediatrics
- Speaker Thom Tillis
NC State Representative

North Carolina Program to Advance Technology for Health (NC PATH)



- **\$15 million investment for**

- Technology
- Connectivity
- Support

- **Objectives:**

- Enablement of health information technology to support meaningful use
- Implementation of patient center medical home processes and practices
- Transformation of practice including quality improvement
- Community programs

More information at www.allscripts.com/ncpath