

# NC Strategy for HIT *Summary*

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***November 2011***



# Objectives

- Introduction – Why HIT?
- Quick overview of HITECH grants to NC
- NC HIT Landscape
- HIT and Health Care Reform
- Q & A

# Questions

- 1) Why do we tolerate “low” IT in health?
- 2) What would it take to change that?
- 3) Who has to change? or Who is going to resist?
- 4) Will the federal plan work in NC?
- 5) What should we do next?

# Health Information Technology

“ 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

# The Problem (Related to HIT)

- Paper is inefficient
- Duplicate tests
- Medical errors
- Lack of information
- Too much information
- Consumer engagement
- Quality-Quality-Quality

# Federal HIT Strategy

- Office of the National Coordinator of Health Information Technology (ONC)
- Federal Stimulus Act (ARRA)
- HITECH Component = HIT
- States charged with developing solutions (no national system for all)

# 1. Admit we have a PROBLEM

- The nation cannot afford to keep doing business as usual in healthcare.
- HIT transformation is coming, like it or not.
- Simply automating what we currently do will not fix the problem.
- The right technology already exists, it's the people that need to change.
- We CAN do better!

## 2. Must get clinical information into an electronic format

- FEDS
- HITECH – Regional Extension Centers
- NC
- NC AHEC
- 9 Existing Regions
- Existing Relationships
- Existing Quality Initiative
- \$13.6 million

### 3. Incentivize targeted providers to adopt EHRs and meaningful use

- **FEDS**
- HITECH – Incentive Payments
- Medicare
- Medicaid
- **NC**
- NC Medicaid
- Eligible providers and hospitals
- MU “bar”
- \$63,000 M’caid
- \$44,000 M’care
- \$500 million to hospitals

# 4. Create a new standard for EHR vendors

- FEDS
- HITECH – EHR Certification Program
- NC
- Private entities
- Temporary Certification
- “Preferred Provider” list
- Cost to providers

# 5. Build a mechanism for sharing health information electronically

- FEDS
- HITECH – State Level Health Information Exchange (HIE)
- NC
- NC HWTF
- NC HIE Non-profit
- CEO level Board
- Public-Private Partnership
- \$12.9 million

# State Strategy for Meaningful Use

## *Priorities for HIE to enable MU*

- Structured lab results reporting
- e-Prescribing
- Sharing of clinical record summaries
- Public Health reporting

# Statewide HIE Components

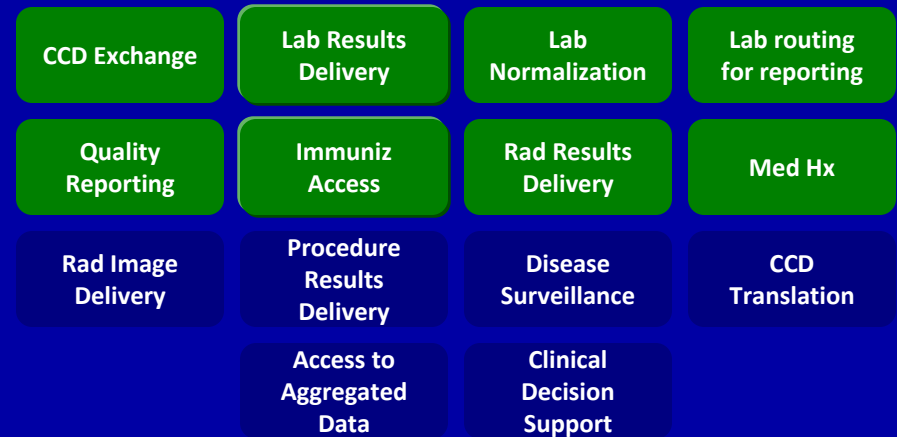
## Core HIE Services

- Foundational services hosted by NC HIE that facilitate exchange health information across organizational boundaries, such that multiple entities can:
  - Identify and locate each other in a manner they both trust;
  - Reconcile the identity of the individual patient to whom the information pertains;
  - Exchange information in a secure manner



## Value-Added HIE Services

- Services that support the clinical priorities and use cases to help providers, patients, and care givers improve the safety, quality, and cost effectiveness of health care.
- Value-added services will be accessible via core services
- Value-added Services can be offered at the state, regional, or enterprise level.
- Value-Added services will be incrementally deployed based on feasibility, cost, and magnitude of benefits



# Statewide HIE Infrastructure Tasks and Timelines

**Feb – April 2011**

Tech Design, Business &  
Financing Foundation

**May – June 2011**

Prepare for Test Phase

**July – Oct 2011**

Test Phase

**Oct – Dec 2011**

Prepare for Go Live

## Tasks

- Develop draft HIE requirements
- Develop draft procedures for RFP process and recruitment evaluator
- Hire RFP consultant
- Develop detailed technical specs and draft RFP
- Release HIE services RFP

## Tasks

- Evaluate HIE RFP responses
- Collect interface data collection from QOs
- Refine first step of value-add roll out
- Determine consent management technical approach

## Tasks

- Select vendor and award HIE services contract
- Build core services
- Test interfaces for selected value-added services
- Develop requirements for additional HIE service RFP (*note: a separate may not be needed depending on strategy for initial HIE Service RFP*)

## Tasks

- Complete and accept interfaces for selected value-added services

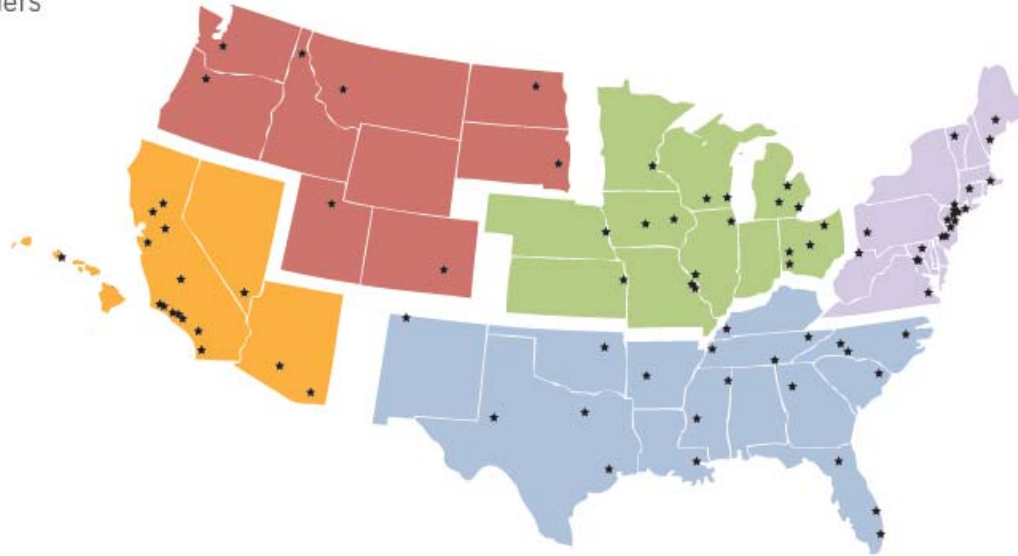
# 6. Make sure healthcare providers know how to use the new systems

- FEDS
- HITECH – Workforce Development
- NC
- NC Community College System-Pitt
- 13 State Region
- Curriculum Development-Duke
- Distance Learning
- \$20.1 million

# 3000 Health IT Graduates for Hire

## Certified for 6 Roles:

1. Practice Workflow & Information Management Redesign Specialists
  2. Clinician/Practitioner Consultants
  3. Implementation Support Specialists
  4. Implementation Managers
  5. Technical/Software Support
  6. Trainers
- Mid-career, highly-qualified professionals, with previous experience in healthcare & IT
  - **Colleges offer distance learning to cover all 50 states.**



# 7. Make sure the network has the capacity for all these new users

- FEDS
- HITECH – Broadband Technology Opportunities Program (BTOP)
- NC
- MCNC
- NC Research and Education Network
- “Middle mile strategy” to connect health
- \$28.2 million-Phase 1
- \$75.8 million Phase 2

# 8. Make good use of the data

- FEDS
- HITECH – Comparative Effectiveness Research (CER)
- NC
- UNC, Duke, Wake, ECU, RTI, & others
- Evidenced-based medicine
- Best practices
- “Learning System”
- \$200+ million

# 9. Make good use of the technology to improve health

- FEDS
- HITECH – Telehealth
- NC
- NC Telehealth Network
- Rural health strategy
- Community Health Centers
- \$6.1 million

# 10. Children as a priority

- **FEDS**
- HITECH – Children’s Health Insurance Program Reauthorization Act (CHIPRA)
- Establish a national quality system for children’s health care
- **NC** (1 of 10)
- NC Medicaid-CCNC
- NC Pediatric Society, NC Academy of Family Physicians, and NC Quality Alliance
- EMR for children
- \$9.3 million

# 11. Learn from the leaders

- FEDS
- HITECH – Beacon Community Program
- NC (1 of 17)
- Southern Piedmont Community Care Plan (CCNC)
- Existing community partnerships
- Cabarrus, Rowan, and Stanly Counties
- \$15.9 million

# 12. Sustainability

- Value added proposition
- Integral to how we do business
- Lower the cost of doing business
- Patient-centered
- Dynamic and responsive
- Improve quality

# NC HIT Landscape

- **Existing HIT systems:** Hospitals, RHIOs, Public Health, Individual Provider Practices, Payers
- **State HIE Governance:** NC Health Information Exchange, with a 21 member public- private CEO level Board
- **Quality in NC:** NC AHEC Quality Initiative, NC Healthcare Quality Alliance, Carolinas Center for Medical Excellence
- **Community Care of NC:** Informatics Center
- **NC Laws:** Legal challenges to HIE, Opt Out
- **Economic Crisis:** \$3.5 billion “hole”
- **EHR Loan Program:** HWTF and NCMSF \$750,000

# 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)

# 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

# EHR Adoption: The Starting Point

- Clinical data to share
- Targeted providers
- EHR capabilities (Vendor Certification)
- EHR support (Workforce Development)
- Quality improvement vs. quality measures
- Consumer acceptance

# Leadership: The Key to Success

- Change is inevitable, **TAKE A LEADERSHIP ROLE, NOW IS THE TIME**
- NC has all the pieces to do it right-  
Collaboration!
- Strengthen the “trust fabric” for HIE.
- Quality improvement vs. quality measures
- Consumer acceptance.

# Discussion

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