SL 2014-100, Section 12I.1.(c) North Carolina Health Information Exchange Network Sustainability Plan for the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division

State of North Carolina

Department of Health and Human Services

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A. INTRODUCTION

In August 2014, the North Carolina General Assembly passed Session Law 2014-100, Senate Bill 744, "The Appropriations Act of 2014," of which Section 12I.1.(c) required the Department of Health and Human Services to "develop a transition plan for transferring the responsibilities imposed on the NC HIE [North Carolina Health Information Exchange] under Article 29A of [Chapter 90 of] the General Statutes to another entity in the event the NC HIE is unable or unwilling to continue overseeing and administering the HIE Network." This provision also required DHHS to consult with the Office of Information Technology Services (OITS) and the NC HIE while developing the plan.

DHHS Health Information Technology (HIT) was established in the Secretary's Office in DHHS in June 2010 for the purpose of coordinating HIT initiatives statewide and reporting progress to the Office of the Governor and the NC General Assembly. The HIT Director has conducted meetings with the State Chief Technology Officer and the NC HIE. These agencies have conducted meetings to assess use of existing and potentially new resources to develop the required plan to assure the sustainability of the NC HIE Network. As a result, the DHHS HIT has developed a roadmap of tasks that need to be accomplished to develop the required plan.

The DHHS HIT will continue to consult with the NC HIE during the development of the plan, and will keep OITS informed of current progress.

The current submission is a progress report. The Department anticipates completing and submitting the final plan to the NC General Assembly by August 1, 2015.

B. PROPOSED APPROACH

To develop and propose alternative business solutions to the current statewide health information exchange network, DHHS will need to conduct a bottom up analysis of the NC HIE. This includes analysis of the network's services, contracts, business associates agreements, relationship management, data repositories, sustainability, Service Desk, software/hardware uses, sources of operational funding, and processing policies as related to Article 29A of the North Carolina General Statutes.

The goal of this analysis is to develop three potential models for assuring the sustainability of the NC HIE Network:

- Implement a state-operated NC HIE Network
- Identify and implement an alternative provider to replace the current NC HIE
- Implement enhancements to the NC HIE to reduce risks and increase operational resiliency

The subject areas that need to be addressed in this business sustainability and fact-finding initiative will include, but are not limited to, the following areas. The goal is to have a comprehensive analysis of all the business, service components, and costs associated with

the NC HIE. This information will provide DHHS with the necessary information to populate the three models list above for future NC HIE solution evaluations.

1. **Inventory the current NC HIE.**

   The analysis will identify and inventory the current service offerings, functionality, and data sharing capabilities of the NC HIE. For each type of service, functionality, or data sharing capability listed below, the analysis will identify what is provided by the NC HIE and the providers that currently receive the service, use the functionality, or participate in the data sharing (i.e., contribute and/or receive data).

   - All services currently offered by the NC HIE
   - Current NC HIE data, including:
     - How and where the data is used
     - Where and how the data is stored
   - Ability to provide a Safety Net Network
     - A Safety Net Network includes providers such as free health clinics, local health departments, community health centers, school-based health centers in rural North Carolina.
   - Electronic Laboratory Reporting (eLR) data sharing capabilities
     - eLR data from the State Laboratory of Public Health, hospitals, commercial laboratories and major health departments across North Carolina is critical to timely, accurate and sensitive disease reporting and intervention for North Carolina residents often decreasing the time from diagnosis to reporting to public health by as much as 5 days for key diseases (i.e., Ebola).
   - Radiology data sharing capabilities using Health Level 7 (HL7) standard Observational Response (ORU) messages
   - Admissions, Discharges, Transfers (ADT) data sharing capabilities
   - Continuity of Care Document (CCD) data sharing capabilities
     - The CCD is an electronic document exchange standard for sharing patient summary information. Summaries include the most commonly needed pertinent information about current and past health status in a form that can be shared by all computer applications.
   - Direct Secure Messaging (DSM) functionality
     - Direct secure messaging is a secure, encrypted web-based communication system for physicians, nurse practitioners, physician assistants, and other healthcare providers to share protected health information (PHI).
   - Security features and security standards followed
   - Configuration of current NC HIE, including:
     - ORION and other mainstream software solutions
     - "Run books" of processes
     - Report and user interface screen samples

   The analysis will also inventory on all current contracts and business associate maintained by the NC HIE and data agreements.

- Current NC HIE contracts, including, but not limited to, those with the:
  o State of North Carolina
  o Providers
  o Hospitals
  o Community Care of North Carolina (CCNC)
  o North Carolina Community Care Networks (N3CN)
  o ORION Software – vendor that provides software and hosting for the NC HIE Network via a Software as a Service (SaaS) model
  o Business Associate Agreements as defined in the North Carolina Health Information Exchange Act (§ 90-413.3)
  o Other software providers
  o Other hardware providers
  o Service and labor providers
  o Service Level Agreements (SLAs) with any of the above
- Data agreements with:
  o Hospitals
  o Providers
  o Patients
  o Health Care Networks

2. **Document the current NC HIE process and data flow.**

   The NC HIE process from inception to delivery will be documented. The documentation will include a depiction of the path of clinical data from hospital/providers to NC HIE to e-Health (i.e., National Exchange).

3. **Gather and analyze Project Plans for the delivery of scheduled work for the NC HIE.**

   All initiatives that are "in the pipeline" for the current NC HIE will be analyzed to determine status, and labor force requirements, including skillsets needed to implement and maintain the enhancements.

   The status of implementing Immunization Registry data sharing in the NC HIE will also be assessed.

4. **Conduct a Business Impact Analysis (BIA) and develop a Business Continuity Plan (BCP) for the NC HIE.**

   The analysis will also assess the viability and reality of the BCP.

5. **Identify the current Operational Business Model for the NC HIE.**

   The model will include an identification of current funding sources for the NC HIE.

6. **Develop the Sustainability Plan.**

    At the point when all the above have been completed, a business services/value proposition, sustainability, and costing model will be built. The Sustainability Plan will include a review of the financial balance sheet for the NC HIE, and will include a timeline for completion of the NC HIE as prescribed by the Centers for Medicare and Medicaid Services (CMS).

C. NEXT STEPS

The analysis of the NC HIE is an extremely large and complex task. DHHS is currently reviewing options available for obtaining staffing resources with the skillsets required to perform in-depth analysis of the NC HIE and develop the Sustainability Plan. The current DHHS HIT staff are "meaningful use" technicians that do not possess the skillsets required to carry out the above analysis mission. OITS has stated that it does not have the resources available or the expertise necessary to assist DHHS in the development of the NC HIE Sustainability Plan.

End of Report