

## **HEALTH INFORMATION TECHNOLOGY**

*Quarterly Legislative Report  
(October thru December 2011)  
Session Law 2011 – 145, SECTION 10.24*

**The Senate Appropriations Committee on Health and Human Services  
and  
The House of Representatives Appropriations Subcommittee on Health and Human Services  
and  
The Fiscal Research Division**

**Prepared by:  
North Carolina Department of Health and Human Services  
Health Information Technology  
January 1, 2012**

## Legislative Quarterly Report

**Purpose:** This report is to fulfill the legislative requirement, as set forth in SL 2011 – 145, SECTION 10.24, that DHHS make quarterly reports on the status of Health Information Technology (HIT) activities. The reports due each January 1 and July 1 shall consist of updates to substantial initiatives or challenges that have occurred since the most recent comprehensive report. In conformance with the statute, this report is being provided to: The Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services and the Fiscal Research Division of the General Assembly.

### **Background**

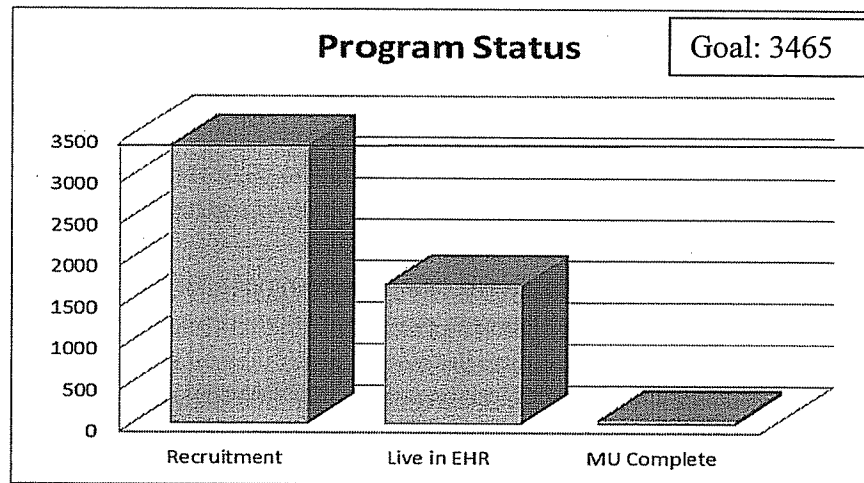
Improved health information systems are essential to the goal of transforming healthcare and improving health outcomes. NC is consistently viewed as a state leader both in terms of existing healthcare partnerships and innovative models of care. NC continues to demonstrate successful strategies that achieve the triple aim of better health, better care and lower costs. As a result, NC received early approval for funding in all categories made available to states for building health information technology (HIT) capacity under the HITECH component of the American Recovery and Reinvestment Act of 2009 (ARRA). Throughout NC, various Health IT partners have received grant commitments across all categories of federal HIT funding that total approximately \$630 million. Including electronic health record (EHR) incentive payments to individual eligible hospitals and providers over the next 4 years, this total will approach \$1 billion in federal investments to support HIT in NC. The Office of Health Information Technology was established in the Secretary's Office of the NC Department of Health and Human Services in June 2010 for the purpose of coordinating HIT initiatives statewide and reporting progress to the Governor's Office and the NC General Assembly.

**TABLE OF HIT INITIATIVES AND SIGNIFICANT ACTIONS**  
**Fourth Quarter 2011**

HIT INITIATIVE	STATUS/UPDATE
<p><b>1. Health Information Exchange (HIE)</b></p> <p><b>Lead Agency</b> –NC HIE  <b>Federal Grant:</b> \$12.9 million  \$1.7 million Supplemental Challenge Grant</p> <p><b>Purpose:</b>  Establish a technology infrastructure and policy framework for connecting the various components of the healthcare ecosystem to allow the secure exchange of patient health information between participating healthcare providers and hospitals statewide.</p>	<ul style="list-style-type: none"> <li>• Worked with members of the NC General Assembly to create a legal framework to support the adoption of HIE technologies, including the passage of SL375 which established the NC HIE patient consent model and authority to share patient health information.</li> <li>• Adopted Governance and Privacy Policies designed to protect the health information of individual citizens while promoting the exchange of information required to improve care or reduce costs.</li> <li>• Selection of the vendor and development of the core HIE infrastructure continues under the NC HIE and Capgemini/Orion Healthcare consortium. The NC HIE is scheduled to launch during the first quarter of 2012.</li> <li>• Blue Cross and Blue Shield of North Carolina (BCBSNC), in collaboration with the NC HIE and Allscripts, launched the North Carolina Program to Advance Technology for Health (NC PATH)—a program created to equip 600 rural independent physicians with Allscripts EHR software and support, and connect health care providers across the state through NC HIE. The NC HIE will manage the program administration. BCBSNC is donating the cost for the implementation of an Allscripts EHR as follows: <ul style="list-style-type: none"> <li>○ For in-network providers, BCBSNC will cover 85% of the software cost, support and maintenance costs and the NC HIE connectivity and membership fee for a period of 5 years*. The provider is responsible for the remaining 15%.</li> <li>○ For free clinics, BCBSNC will cover 100% of the software cost, support and maintenance costs and NC HIE connectivity and membership fee costs for a period of 5 years.*</li> </ul> <p><i>*After 5 years, the practice or clinic will own the Allscripts software and will be responsible for their own product upgrades, hosting, support and maintenance, and yearly membership fees.</i></p> </li> <li>• NCHIE continues to partner with the North Carolina Community Care Network (NCCCN) in developing and deploying the medication management services funded through the Supplemental Challenge Grant from Office of the National Coordinator (ONC).</li> </ul>

HIT INITIATIVE	STATUS/UPDATE																																	
<b>2. Regional Extension Center (REC)</b>  <b>Lead Agency</b> –NC AHEC <b>Federal Grant:</b> \$13.6 million  <b>Purpose:</b> The NC Area Health Education Centers (AHEC) Program at the University of North Carolina, Chapel Hill received a notice of grant award dated February 8th, 2010 to perform the function of the North Carolina Regional Extension Center (NC REC) for health information technology. The award was for \$13.6 million dollars over 2 years which will allow NC AHEC to reach at least 3,465 priority primary care physicians and assist with practice assessment, workflow redesign, selection and implementation of electronic health records (EHR) to achieve meaningful use of the technology and improve health outcomes throughout the state of North Carolina. NC AHEC will expand its consulting workforce throughout the nine regions of the state to help practices implement technology and/or use previously existing technology to meet the federal standards of meaningful use to achieve incentive payments from the Centers for Medicare & Medicaid Services between 2011 and 2015.	<ul style="list-style-type: none"><li>The NC Area Health Education Center’s Regional Extension Center (NC AHEC REC) has enrolled over 3700 primary care providers, which exceeds the previous goal of 3465.</li><li>NC REC was designated one of five “vanguard” states by the ONC due in large part to the success of enrolling targeted primary care providers and supporting their progress toward meaningful use of EHRs. (Vanguard States: North Carolina, Ohio, California, Washington, and New York)</li></ul> <p>The table below displays the number of practices/providers currently enrolled in each of the nine AHEC regions across the state.</p> <table><tr><th>Region</th><th>Practices</th><th>Providers</th></tr><tr><td>Area L</td><td>60</td><td>239</td></tr><tr><td>Charlotte</td><td>120</td><td>345</td></tr><tr><td>Eastern</td><td>169</td><td>592</td></tr><tr><td>Greensboro</td><td>137</td><td>565</td></tr><tr><td>Mountain</td><td>94</td><td>503</td></tr><tr><td>Northwest</td><td>113</td><td>458</td></tr><tr><td>Southeast</td><td>119</td><td>333</td></tr><tr><td>Southern</td><td>122</td><td>289</td></tr><tr><td>Wake</td><td>81</td><td>388</td></tr><tr><td>TOTAL</td><td>1,015</td><td>3,712</td></tr></table> <ul style="list-style-type: none"><li>ONC requires NC AHEC to monitor this activity via implementation milestones achieved. A definition of those milestones is below: <b>Milestone 1:</b> The provider has signed an agreement to work with the NC AHEC Regional Extension Center. <b>Milestone 2:</b> The provider is live on an EHR and can produce ePrescribing (eRX) and quality data reports. <b>Milestone 3:</b> The provider has successfully attested to meaningfully using an EHR and can be validated with the data pulled from the certified EHR system. (Note: the first year of Medicaid’s Acquired/Implemented/Upgraded (A/I/U) attestation does not count towards milestone 3)</li></ul>	Region	Practices	Providers	Area L	60	239	Charlotte	120	345	Eastern	169	592	Greensboro	137	565	Mountain	94	503	Northwest	113	458	Southeast	119	333	Southern	122	289	Wake	81	388	TOTAL	1,015	3,712
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The chart below displays NC AHEC's current status for providers meeting the ONC milestones.



#### HIT INITIATIVE

### 3. Beacon Community Grant

**Lead Agency** – Southern Piedmont Community Care Plan (SPCCP)

**Federal Grant:** \$15.9 million

**Purpose:**

The Beacon Community Cooperative Agreement Program provides communities with funding to build and strengthen their health IT infrastructure and exchange capabilities. These communities demonstrate the vision of a future where hospitals, clinicians, and patients are meaningful users of health IT, and together, help the community achieve measurable improvements in health care quality, safety, efficiency, and population health. The Southern Piedmont Community Care Plan (SPCCP) is one of 14 independent networks of Community Care of North

#### STATUS/UPDATE

- The critical Master Service Agreements, Data Use Agreements, and Statements of Work (SOW) between Beacon partners were developed and signed.
- The NC Beacon projects were approved by the National Beacon Project Team, Beacon Executive Committee, and the Office of Grants Management (OGM). All of the projects submitted to the OGM have received the official Notice of Grant Award (NGA); thus the Beacon Grant entered the implementation stage for health IT projects.
- **Rowan Regional Medical Center** projects being implemented are the Informatics Center (IC) Data Connection, Transitional Care, Bedside availability of computers and Electronic Medical Records (EMR), and Project Red/Louise.
- **Carolina Medical Center-NorthEast (CMC-NE)** projects being implemented are the Informatics Center (IC) Data Connection, Transitional Care, Virtual home visits with remote monitoring, and Patient Safety Net.
- **Stanly Regional Medical Center** projects being implemented are the Informatics Center (IC) Data Connection, Transitional Care, and the implementation of Clinical Alerts.
- In addition to the projects in the health systems, there are exciting projects being implemented in each of the county Public Health Departments/Alliance. **Cabarrus Health Alliance (CHA)** has scanned all of their medical records in

Carolina and one of only 17 organizations nationwide selected to be a Beacon Community after a rigorous and competitive grant application and selection process.

The overall goal of the Beacon program is to leverage **Community Care of North Carolina's (CCNC's)** patient-centered medical home model, health information technology and innovative interventions to improve care coordination, encourage patient activation (involvement in their medical care), and improve health outcomes in a high quality, cost-effective manner.

The projects each Health System and Health Department/Alliance are engaging in will help us meet these goals and lead to:

- Increasing health information exchange between providers, hospitals, and other appropriate stakeholders;
- Decreasing inappropriate emergency department (ED) utilization;
- Decreasing preventable hospital readmissions;
- Improving chronic care disease management for those with congestive heart failure (CHF), diabetes and asthma;
- Improving public health.

order to prepare for EMR implementation and they are customizing their electronic medical record. They implemented a child health module, and incorporated a new evidence-based program "Bright Futures" into their EMR. Also included in the customization were training and business process enhancements. **Rowan County Health Department (RCHD)** continues to scan their medical record documents and they are actively using their electronic medical record. RCHD will be implementing electronic signatures and upgrading their EMR software to the newest version, which is certified for meaningful use. **Stanly County Health Department (SCHD)** is completing the scanning of their medical records in preparation for future EMR implementation. The next phase after EMR implementation at each of the health departments/Alliance will be a **Public Health Portal** that will enable authorized users to view demographic and community health data.

- **North Carolina Community Care Networks (NCCCN) Informatics Center (IC)** are utilizing Beacon funding and resources to leverage and to build the "pipes" necessary to have data flow from hospitals, providers, and health departments. Test servers are operational and Admission, Discharge, Transfer (ADT) data has been successfully passed into the Interface Engine from one source.

HIT INITIATIVE	STATUS/UPDATE
<p><b>4. Broadband Technology Opportunities Program (BTOP) Round 1 and Round 2</b></p> <p><b>Lead Agency</b> – Microelectronics Center on North Carolina (MCNC)</p> <p><b>Federal Grant:</b> \$144M total: \$40M in private match, \$7.7M from MCNC Endowment, \$24M Golden Leaf Foundation, \$0 state or county investments</p> <p><b>Purpose:</b> These programs will expand the North Carolina Research and Education Network (NCREN) to provide improved connectivity and internet capacity to rural counties all across NC using a “middle mile” strategy that will decrease the cost of improved internet services to end users. Local hospitals, public health departments and community health centers will become anchor institutions for broadband connectivity services in their communities. NC received funding in both BTOP Round 1 and Round 2.</p>	<ul style="list-style-type: none"> <li>MCNC continues to make significant progress on the \$144 million expansion of the North Carolina Research and Education Network with efforts expected to be complete by July, 2013. Request for Proposals (RFPs) and contracts to vendors is projected to create more than 230 engineering/construction jobs in North Carolina.</li> <li><b><u>BTOP Round 1 Update</u></b> Overall, there are 410 miles of the 414 engineered path/conduit miles complete, with 272 miles of fiber placed. The remaining miles will continue to be slow going as they are in the Saluda Mountain area in the western part of the state. On an extremely positive note, the Trent River bore in New Bern is completed, which involved the placement of a 4-inch steel pipe under the river more than 2,400 feet in length. This was the last major hurdle in the east toward completion in that region. There are a few final details to complete before the segment from Asheville-to-Cullowhee is complete. However, contractors hope to finish all construction by the end of December so all paths will be fully operational by the end of January and early February 2012.</li> <li><b><u>BTOP Round 2 Update</u></b> Construction between Charlotte and Wilmington continues to be swift, with all five predefined sub-segments along that route now either complete or under active construction. In total, 168 conduit miles of the 256 miles associated with this path are now in the ground, amounting to 66 percent of this segment complete. The push from Rocky Mount towards the coast has been started, with 30 of the 47 miles of that path to Williamston complete. In total, 258 of 1,332 planned conduit miles are complete, with 438 fiber/conduit miles of the 1,694 miles project accounted for via complete <b>indefeasible right of use (IRU)</b> dark fiber arrangements or completed builds (roughly 26 percent of the approved project). In December, work began on the process of installing 15 miles of fiber on bridges in the northeast while continuing to work in that area toward Elizabeth City and the Outer Banks. The route from Charlotte to Wilmington is planned to be finished in 2012 followed by the Hamlet-to-Raleigh path. Visit the MCNC BTOP home page (<a href="https://www.mcnc.org/btop">https://www.mcnc.org/btop</a>) to learn more about the project, including regular progress updates and interactive online maps.</li> </ul>

HIT INITIATIVE	STATUS/UPDATE
<p><b>5. Workforce Development in HIT</b></p> <p><b>Lead Agency</b> – Pitt Community College (Training) and Duke University (Curriculum)</p> <p><b>Federal Grant:</b> Training Grant - \$21.1 million for the 13 state region, (Southeastern United States Region D) Curriculum Development Awards - \$4 million</p> <p><b>Purpose:</b> In April 2010, the Office of the National Coordinator for Health Information Technology chose Pitt Community College (PCC) in Greenville to lead a regional Health Information Technology Workforce Training Consortium tasked with addressing the growing need for HIT training. Through the project, five universities, including Duke University, developed a six-month non-degree community college curriculum to prepare workers for HIT roles to implement electronic health records (EHRs). Eighty-two community colleges across the country, including PCC, are offering the six-month HIT training online. Students are receiving training in six HIT priority workforce roles, including: practice workflow and information management redesign specialists; clinician/practitioner consultants; implementation support specialists; implementation managers; and technical/software support staff and trainers.</p>	<ul style="list-style-type: none"> <li>• The enrollment in this program continues to rise as evidenced by the national enrollment of 20,176 students of which 5,717 have completed the program and are ready to move into a rapidly exploding workforce.</li> <li>• As if 10/31/11, there were 895 NC students enrolled in participating NC Community Colleges of which 690 have either completed the program or are still active students.</li> <li>• Analysis of the demographics and statistics regarding Region D follow: <ul style="list-style-type: none"> <li>○ Students ever enrolled: Of 82 community colleges throughout the country offering this training, Region D has eight of the top 15 colleges in number of <i>students ever enrolled</i> and has the highest number of all regions in number of <i>students ever enrolled</i> with 5807 (29% of national total).</li> <li>○ Highest current enrollment: Nine of the top twenty colleges in the nation having the <i>highest current enrollment</i> are from Region D. The total number of currently enrolled students in Region D is 3,648 (36.2% of national total).</li> <li>○ Program Completers: Region D has had 1,072 students to complete the program and based on a six months completion projection, 1,078 students are expected to complete by November 30, 2011 (42% of national expected completion amount).</li> <li>○ Attrition rate: The attrition rate for Region D is 14.3% compared to a national average of 16.9%.</li> <li>○ Rural students: Region D has the second highest percentage of rural students with 8.8%.</li> <li>○ Minorities: There are 34.9% of the students in Region D classified as minorities compared to the national average of 30.0%.</li> <li>○ Average age: The average age of students in Region D is 44.6 while the average age of students throughout the country is 44.5.</li> <li>○ Average amount of time to complete program: The average amount of time students have taken to complete similar training in Region D is 5.7 months.</li> </ul> </li> <li>• A third year no cost extension has been granted to this program, in part because of the cost effectiveness of distance education. This will allow the training to continue through March 2013 to better serve the needs of the healthcare community in meeting their goals of implementing the Electronic Health Record and meeting meaningful use requirements.</li> </ul>



HIT INITIATIVE	STATUS/UPDATE
<p><b>6. NC Medicaid Incentive Payment System (MIPS)</b></p> <p><b>Lead Agency</b> – NC Division of Medical Assistance (DMA)</p> <p><b>Federal Grant:</b> Medicaid MIPS Planning Grant \$2.3M, Medicaid MIPS Implementation Grant \$240M (\$210M 100% federal; \$30M 90/10 federal/state)</p> <p><b>Purpose:</b> The NC Medicaid Electronic Health Record (EHR) Incentive Payment Program provides substantial incentive payments to eligible professionals and hospitals. The ultimate goal of the program is to encourage a majority of providers and hospitals to adopt, implement or upgrade to a certified EHR technology in their healthcare practice and then meaningfully use that technology. This fundamental shift to the meaningful use of EHR technology will</p> <ul style="list-style-type: none"> <li>○ Improve quality, safety, efficiency and reduce health disparities</li> <li>○ Engage patients and families in their healthcare</li> <li>○ Improve care coordination</li> <li>○ Improve population and public health</li> <li>○ Maintain privacy and security</li> </ul>	<ul style="list-style-type: none"> <li>• As of November 16, 2011, there are 1458 unique providers registered for the NC Medicaid EHR Incentive Program with CMS, 705 of whom have begun the attestation process in NC-MIPS. Of these, 682 are Eligible Professionals (EPs) and 23 are Eligible Hospitals (EHs).</li> <li>• The NC Medicaid Incentive Payment System (NC-MIPS) is currently the vehicle through which payments are initiated. The Division of Medical Assistance (DMA) continues to make incentive payments to Eligible Professionals (EPs) for Adopting, Implementing or Upgrading (AIU) Electronic Health Records (EHRs) and has made 157 incentive payments to EPs since the program began in March 2011, totaling \$3,242,842. Incentive payments to EHs began in September 2011 and six payments have been made, totaling \$4,942,238. The MIPS program-to-date HIT payments (100% federal dollars) to eligible providers for calendar year 2011 totaled <b>\$23.4M</b>, consisting of \$17.9M for <b>21 EHs</b> and \$5.5M for <b>265 EPs</b>.</li> <li>• Provider outreach in the form of webinars, conference calls, articles, and newsletters have taken place to assist and instruct providers in the process and specifics of the program. Please visit the following HIT websites for the most current information about the HIT program: <ol style="list-style-type: none"> <li>1. <a href="http://www.ncdhhs.gov/dma/provider/ehr.htm">http://www.ncdhhs.gov/dma/provider/ehr.htm</a></li> <li>2. <a href="https://ncmips.nctracks.nc.gov">https://ncmips.nctracks.nc.gov</a></li> <li>3. <a href="http://www.cms.gov/EHRIncentivePrograms">http://www.cms.gov/EHRIncentivePrograms</a></li> <li>4. <a href="http://www.ncdhhs.gov/healthit">http://www.ncdhhs.gov/healthit</a></li> </ol> </li> </ul>

	<p style="text-align: center;"><b>NC EHR Incentive Program Statistics</b> (as of November 18, 2011)</p> <table border="1"> <tr> <td>Eligible Professional CMS Registrations</td><td>1418</td></tr> <tr> <td>Eligible Hospital CMS Registrations</td><td>40</td></tr> <tr> <td>Eligible Professional NC-MIPS Attestations Received</td><td>574</td></tr> <tr> <td>Eligible Hospital NC-MIPS Attestations Received</td><td>16</td></tr> <tr> <td>Eligible Professional Incentive Payments Sent</td><td>157</td></tr> <tr> <td>Eligible Hospital Incentive Payments Sent</td><td>6</td></tr> </table>	Eligible Professional CMS Registrations	1418	Eligible Hospital CMS Registrations	40	Eligible Professional NC-MIPS Attestations Received	574	Eligible Hospital NC-MIPS Attestations Received	16	Eligible Professional Incentive Payments Sent	157	Eligible Hospital Incentive Payments Sent	6
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<p><b>7. Electronic Health Record (EHR) Loan Program</b></p> <p><b>Lead Agency</b> – Office of HIT, DHHS, and the Medical Society Foundation</p> <p><b>Federal Grant:</b> Federal Funds have not yet been awarded for this purpose</p> <p><b>Purpose:</b> In the absence of a federal program, \$750,000 was allocated from the Health Wellness Trust Fund (HWTF) to be available to eligible primary care providers to assist with the up-front cost of implementing EHRs in their offices. The Electronic Health Record (EHR) Loan Fund Program was originally funded by the NC Health and Wellness Trust Fund. It is now housed within the NC Department of Health and Human Services, Office of Health Information Technology, in partnership with the NC Medical Society Foundation and the Center for Community Self-Help. Initially, the program was targeted to small, rural providers in Tier 1 counties, but in October 2011 eligibility was expanded to include any primary care practices committed to adopting, implementing, or upgrading a certified EHR system and using it to achieve Meaningful Use</p>	<ul style="list-style-type: none"> <li>• To date, the EHR Loan Fund has received 16 pre-applications with 1 application completed and sent to Self-Help for loan terms. The practice that was approved for funding was able to qualify for alternate funding due to its strong financial standing.</li> <li>• The North Carolina Medical Society Foundation (NCMSF) continues to work onsite with the AHEC offices throughout the state to provide training and information on the EHR Loan program. NCMSF is also working with the Community Practitioner Program to assist these practices with EHR loan funding as needed.</li> <li>• The North Carolina Program to Advance Technology for Health (NCPATH) program participants will be included in the outreach for the EHR Loan Fund offering loan programs to cover the 15% costs associated with the NCPATH program as well as assisting with hardware costs to assist those practices who do not currently have EHR technology obtain the Allscripts product through NCPATH as well as the connection to the NCHIE.</li> </ul> <p>The website for applying to the EHR Loan program is: <a href="http://www.ncehrloanfund.org">www.ncehrloanfund.org</a></p>												

(MU) through NC Medicaid's Incentive Payment Program.	
HIT INITIATIVE	STATUS/UPDATE
<p><b>8. Telehealth</b></p> <p><b>Lead Agency</b> - North Carolina Telehealth Network (NCTN)</p> <p><b>Federal Grant:</b> \$12.1M federal funds through the Federal Communications Commission (FCC) Rural Healthcare Pilot Program (85%), \$125K one time state dollars in 2008 from the NC Division of Public Health for initial development, additional funds from local public health (almost always County dollars), Hospital funding directly from NCTN community hospital subscribers.</p> <p><b>Purpose:</b> The NCTN provides broadband services to health programs and sites across the state including free clinics, community health centers and public health agencies. To date, 54 NCTN sites are fully operational with another three in the final stages of provisioning.</p>	<ul style="list-style-type: none"> <li>• Members of the NC Telehealth Network have been successful, both individually and collectively, at attracting federal funds to build broadband telehealth capacity particularly in rural and underserved communities in NC. Phase 1 has completed telehealth connectivity to virtually all public health sites and free clinics in NC. Phase 2 will focus on small public and non-profit hospitals in cooperation with the NC Hospital Association.</li> <li>• Approximately 40 non-profit hospitals will be added in the second phase of the project with site provisioning activities currently underway for the first 24. Connecting these healthcare institutions to the statewide network backbones will provide the high availability, low latency broadband service that facilitates implementation of Health Information Exchange and Telehealth applications that will benefit all North Carolina citizens.</li> <li>• Upgrading infrastructure to support a robust suite of videoconferencing services to include interoperability between standards-based IP video (H.323), High Definition (HD), Cisco Telepresence and desktop videoconferencing. Health organizations state and nationwide will be able to access and leverage these services as a value add to the enhanced broadband connectivity.</li> <li>• Because NC is participating in this program, the State has the opportunity to pursue additional federal funding of \$12M per year ongoing. The NCTN was chosen by the North Carolina Technology Association for Public Leadership Award.</li> </ul>

HIT INITIATIVE	STATUS/UPDATE
<p><b>9. Children’s Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Program</b></p> <p><b>Lead Agency</b> –Office of Rural Health and Community Care (ORHCC)</p> <p><b>Federal Grant:</b> All federal funding, \$9,277,361 over five years from the federal CMS CHIPRA Quality Demonstration Grant</p> <p><b>Purpose:</b></p> <p><b>Category A</b> - The vision of North Carolina over the 5 year grant period is that all 24 of the child health measures will be collected and reported to CMS as well as to CCNC (Community Care of North Carolina) providers statewide.</p> <p><b>Category B</b> – Not Applicable</p> <p><b>Category C</b> - The core purpose of Category C is to develop and implement a plan to strengthen the medical home for children, particularly children and youth with special health care needs and to ensure the coordination of treatments and services within their communities.</p> <p><b>Category D</b> – The core purpose of Category D is to develop and implement a pediatric EHR model which will be used in the process of care for small to large practices and will focus on the areas of developmental, asthma, and autism screening, growth charting, and preventive care.</p>	<ul style="list-style-type: none"> <li>• The CHIPRA Category-D Pediatric EHR Consultant has been meeting with vendors, practices, and stakeholders since late August, to introduce the Pediatric Electronic Health Record model. Introduction of the model and education regarding its intended function in child health care has been in person or via conference with representatives from 10 vendors, 20 practices, 7 North Carolina Community Care Networks (NCCCN), and 3 NC Area Health Education Centers (AHECs). Four vendors have conducted Pediatric content-specific product demonstrations for the project team.</li> <li>• The evaluation design phase of the grant project is well underway and currently, the primary focus. Five areas of quality improvement have been selected for measuring the model's effectiveness. Those Quality Improvement (QI) measures are: <ul style="list-style-type: none"> <li>○ Obesity</li> <li>○ Oral Health</li> <li>○ Developmental and Behavioral Health</li> <li>○ Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</li> <li>○ Asthma</li> </ul> <p>The additional measure of “Usability and Satisfaction” will assess the model's impact on patient, provider, and vendor perceptions.</p> </li> <li>• Community Care of North Carolina (CCNC) is currently working with the Centers for Medicare &amp; Medicaid Services (CMS), and the American Academy of Pediatrics (AAP) on developing and evaluating a Pediatric Electronic Health Record (EHR) model.</li> <li>• North Carolina and Pennsylvania are the only two states selected for this pilot grant program to evaluate the effectiveness of the EHR model in improving child healthcare quality.</li> <li>• NC is taking the unique approach of evaluating the model among smaller, independent healthcare providers, across a variety of EHR vendors. Vendors who agree to participate in the project will be far ahead of the curve when Pediatric EHRs are certified for Meaningful Use; particularly because that certification will be based on the model. An evaluation design will be submitted to CMS December 31st and the evaluation will begin in the spring of 2012. As the evaluation proceeds, trends should emerge that identify the areas of strength and opportunity in the model's effectiveness. Quality will be improved by giving providers better tools to capture, store, retrieve and share patient information for clinical decision making.</li> </ul>

HIT INITIATIVE	STATUS/UPDATE
<p><b>10. Public Health Meaningful Use</b></p> <p><b>Lead Agency</b> –NC Division of Public Health</p> <p><b>Federal Grant:</b> N/A</p> <p><b>Purpose:</b> Public Health and Meaningful Use</p>	<ul style="list-style-type: none"> <li>DPH maintains a website with information on Public Health Meaningful Use Measures for Eligible Providers and Eligible Hospitals. On December 1, the State Epidemiologist and the NC Immunization Registry (NCIR) Unit Manager sent a memo to Hospital CEOs and CIOs outlining the Public Health Menu Options for Eligible Hospitals for electronic laboratory reporting, electronic syndromic surveillance, and electronic submission of immunization information. The NCIR is in discussion with NC HIE and OHIT regarding interoperability so providers and hospitals can avoid entering immunization information into NCIR and their EHR.</li> </ul>