North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

July 1, 2013

The Honorable Louis Pate, Co-Chair
Appropriations on Health and Human Services
North Carolina Senate
Room 406, Legislative Office Building
Raleigh, NC 27603

The Honorable Ralph Hise, Co-Chair
Appropriations on Health and Human Services
North Carolina Senate
Room 1026, Legislative Building
Raleigh, NC 27601

Dear Senators Pate and Hise:

Section 10.24.(a) of SL 2011-145 requires the Department of Health and Human Services to make quarterly reports on the status of Health Information Technology (HIT) activities. It is my pleasure to submit the report, which provides appropriate updates on the 21 current HIT initiatives.

Please direct all questions concerning this report to Joseph A. Cooper, Jr., Chief Information Officer, Office of the Secretary, at (919) 855-3060.

Sincerely,

Aldona Wos, M.D.
Secretary

cc: Joseph Cooper, Jr.
Adam Sholar
Jim Slate
Pam Kilpatrick
Susan Jacobs
Patricia Porter
Kristi Huff
Sarah Riser
Brandon Greife
Representative Nelson Dollar
Representative Justin Burr
Legislative Library (one hard copy)

North Carolina Department of Health and Human Services

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Secretary DHHS

July 1, 2013

The Honorable William Brisson, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 405, Legislative Office Building
Raleigh, NC 27603

The Honorable Marilyn Avila, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 2217, Legislative Building
Raleigh, NC 27601

The Honorable Mark Hollo, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 639, Legislative Office Building
Raleigh, NC 27603

Dear Representatives Brisson, Avila and Hollo:

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Secretary DHHS

July 1, 2013

Mark Trogdon, Director
Fiscal Research Division
Room 619, Legislative Office Building
Raleigh, NC 27603

Dear Mr. Trogdon:

Section 10.24.(a) of SL 2011-145 requires the Department of Health and Human Services to make quarterly reports on the status of Health Information Technology (HIT) activities. It is my pleasure to submit the report, which provides appropriate updates on the 21 current HIT initiatives.

Please direct all questions concerning this report to Joseph A. Cooper, Jr., Chief Information Officer, Office of the Secretary, at (919) 855-3060.

Sincerely,

Aldona Wos, M.D.
Secretary

AD:jb
Attachment

cc: Joe Cooper
Adam Sholar
Jim Slate
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Patricia Porter
Kristi Huff
Sarah Riser
Brandon Greife
Representative Nelson Dollar
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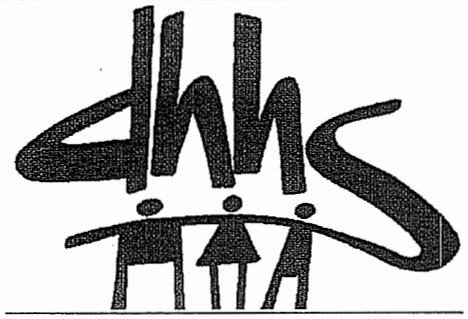


HEALTH INFORMATION TECHNOLOGY

Quarterly Legislative Report
(April through June 2013)
Session Law 2011 – 145, SECTION 10.24

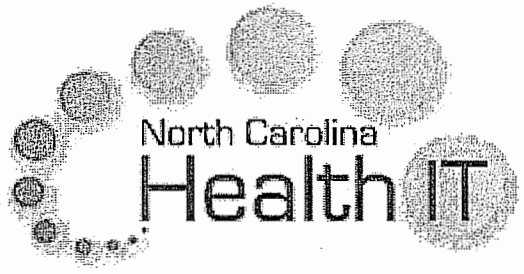
The Senate Appropriations Committee on Health and Human Services
and
The House of Representatives Appropriations Subcommittee on Health and Human Services
and
The Fiscal Research Division

Prepared by:
North Carolina Department of Health and Human Services
Office of Health Information Technology
July 1, 2013

HEALTH INFORMATION TECHNOLOGY
Quarterly Legislative Report
(April through June 2013)
TABLE OF CONTENTS

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, a significant portion of which is electronic health record (EHR) incentive payments from Medicaid and Medicare to individual eligible hospitals and providers over the next 4 years. The total will exceed $1 billion in federal investments to support HIT in North Carolina. Federal funds flow directly to various lead agencies as listed in this report. 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.



Summary of Key Activities April 1, 2013 to June 30, 2013
Health Information Technology (HIT) Report to the NC Legislature

1. **NC Health Information Exchange (NC HIE)**
   a. NC HIE has 1,121 users in the HIE network with 872 NC DIRECT users.
   b. A total of 38 medical practices are connected with 76 additional practices and free clinics under contract to connect.
2. **Regional Extension Center (REC)** – The NC Area Health Education Center's Regional Extension Center (NC AHEC REC) has enrolled over 3,900 primary care providers, which exceeds the previous goal of 3,465.
3. **Broadband Capacity** – The Microelectronics Center of NC is within 6 miles of completing construction over 1,600 miles of new fiber optic connectivity to 450 community anchor institutions across NC, many of whom are health facilities.
4. **Workforce Development** – As of May 31, 2013, Region D (composed of 13 states) has enrolled 10,325 students in this program. Of these students, 4113 (40%) have completed the program and there are 837 students anticipating completion.
5. **NC Medicaid Electronic Health Record (EHR) Incentive Program** – As of June 12, 2013, the Medicaid EHR Incentive Program has paid out a total of $ 126,870,838.55 to 2,942 eligible professionals (EPs) and 72 eligible hospitals (EHs).
6. **NC Tracks** – The new Medicaid Management Information System (MMIS) is completing the first phase of User Acceptance Training (UAT) and on schedule for a July 1, 2013 statewide implementation date.
7. **NC Telehealth Network** – As of June 2013, telehealth capabilities have been expanded to 91 public health facilities and hospitals with 12 more sites due to start service by August 2013.
8. **Children's Health Insurance Program Reauthorization Act (CHIPRA)** – As one of two states nationally, NC is set to pilot a Model Children's EHR format in three participating practices.
9. **Public Health HIT** – The NC Immunization Registry is integrating with the NC HIE to enable bi-directional communication with provider office EHRs. In coordination with the NC HIE, the NCIR will pilot with one Eligible Hospital in September 2013 and begin statewide Eligible Hospital implementation efforts starting October 2013. In coordination with the NC HIE, the NCIR will pilot with one Eligible Provider in December 2013 and begin statewide implementation efforts starting January 2014.

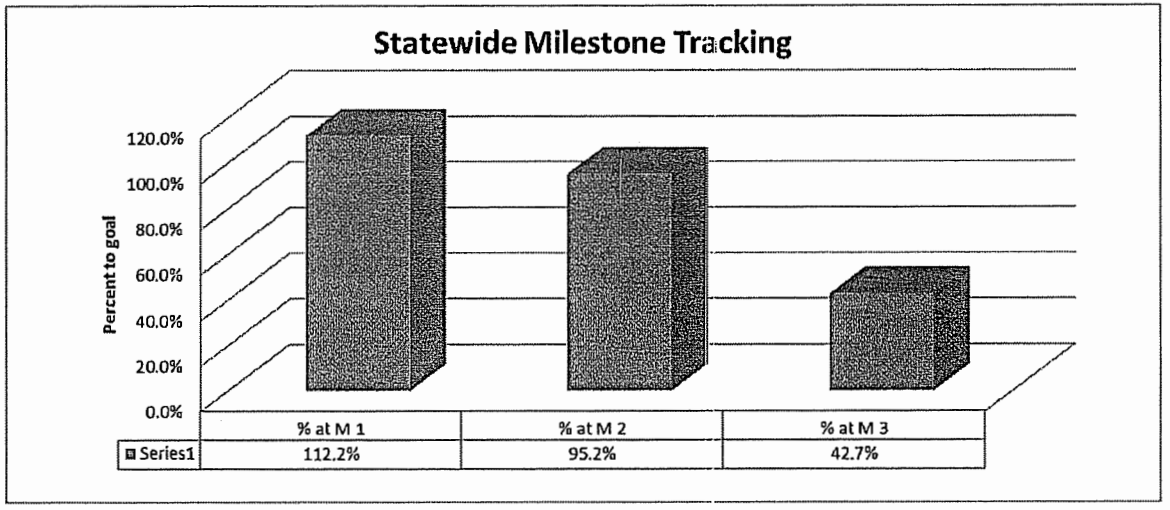
10. **Community Health Center HIT** – The state's Federally Qualified Health Centers (FQHC) have begun connecting to the NC HIE. Two are now connected and transmitting data as of May 2013 with four additional sites connected at end of June 2013. Plans are in place to have all FQHCs connected by early fall 2013.
11. **Community Care of NC (CCNC)**– The Informatics Center at CCNC continues to make enhancements to its Care Management Information System (CMIS) to improve care and reduce costs.
12. **State Operated Facilities HIT** – Formal classroom training of all staff at the NC Central Regional Hospital for implantation of their new EHR VistA is completed.

HIT INITIATIVE **1. Health Information Exchange (HIE)**	**STATUS/UPDATE**
Lead Agency - NC HIE **Federal Grant:** $12.9 million $1.7 million Supplemental Challenge Grant **Purpose:** 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.	• NC HIE has 1,121 users in the HIE network. • NC HIE is in the process of connecting laboratories to provide lab results as part of the data distribution program. NC HIE has executed contracts with LabCorp and Quest Diagnostics. The development work has begun. • 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 primary care providers with Allscripts EHR software and support, and connect health care providers across the state through NC HIE. o There are currently 38 practices and free clinics live on NC HIE and 76 practices and free clinics under contract to connect. • NC HIE 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). o There are currently 949 users on the Module. There have been 27,534 matrixes created for 17,656 patients touched. There have been 32,590 Drug Therapy Problems reported. • NC Direct is a health information exchange service that facilitates secure clinical messaging, reducing manual handling of paper records. NC Direct allows providers to share a patient's medical history including lab results, discharge summaries, and other important information

HIT INITIATIVE 1. Health Information Exchange (HIE)	STATUS/UPDATE
	with other providers who have seen or will see the patient – even if those providers are not part of the same practice or health system. NC Direct does not require providers to use an EHR or to purchase special software. o NC DIRECT is being offered to local health departments free of charge o Currently there are 872 NC DIRECT users • NC HIE has entered into a Master Services Agreement with DHHS to establish NC HIE as a business associate of DHHS. DHHS will become a QO (qualified organization) and be able to access services on the NC HIE network. Projects between DHHS and NC HIE include but are not limited to: • North Carolina Immunization Registry (NCIR) o Development as begun to integrate the NCIR to the HIE. Projected go-live is fourth quarter 2013. • State Public Health Lab reporting • Communicable disease reporting • Central Cancer Registry

HIT INITIATIVE **2. Regional Extension Center (REC)**	STATUS/UPDATE
Lead Agency - NC AHEC **Federal Grant:** $13.6 million **Purpose:** The NC Area Health Education Centers (AHEC) Program at the University of North Carolina, Chapel Hill received a notice of grant award dated February 8, 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 (HER) to achieve meaningful use of the technology and improve health outcomes throughout the state of North Carolina.	• The NC Area Health Education Center's Regional Extension Center (NC AHEC REC) has enrolled over 3,900 primary care providers, which exceeds the previous goal of 3,465. • The NC AHEC REC entered into the final year of the grant period. • The table below displays the number of practices/providers currently enrolled in each of the nine AHEC regions across the state.

Region	Practices	Providers
Area L	64	238
Charlotte	126	345
Eastern	178	597
Greensboro	161	672
Mountain	119	578
Northwest	102	445
Southeast	130	375
Southern	122	283
Wake	110	369
Total	1112	3902

HIT INITIATIVE 2. Regional Extension Center (REC)	STATUS/UPDATE
	The chart below displays NC AHEC's current status for providers meeting the ONC milestones.  ONC requires NC AHEC to monitor this activity via implementation milestones achieved. A definition of those milestones is below: **Milestone 1:** The provider has signed an agreement to work with the NC AHEC Regional Extension Center. **Milestone 2:** The provider is live on an EHR and can produce ePrescribing (eRX) and quality data reports. **Milestone 3:** 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).

HIT INITIATIVE 3. Beacon Community Grant	STATUS/UPDATE
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. 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: o Increasing health information exchange between providers,	This quarter the focus has been on continuing the project work, planning for the sustainability of the projects and people throughout the Beacon catchment, and preparing for the grant closeout process. This planning and preparation will continue into the next quarter as we prepare for Beacon funding to end on September 30, 2013. This funding has allowed us to build, strengthen, and test innovative projects in various settings. We have been able to develop best practices, gather lessons learned, and contribute material to "Learning Guides" that will be shared across the nation. Please continue reading below for this quarter's updates. They are reported for each Healthcare System, Health Department / Alliance, and Beacon Central Projects. **Healthcare Systems** At **Carolinas Medical Center-NorthEast (Cabarrus County)**, Beacon provided funding for several innovative projects: Patient Safety Net, Transitional Care, with a focus on COPD and embedded care managers, social workers, and pharmacists, Virtual Care monitoring for diabetes, a data connection with Community Care of North Carolina's (CCNC's) Informatics Center, and a SuperConnector or Continuity of Care Document (CCD). **Transitional Care** –The embedded care managers are not able to be sustained at this time, but CMC-NE hopes to be able to fund them in the future. One social worker will be sustained. **COPD Pilot** - 4,441 people have been screened for COPD to date and 25% have been identified as high risk for COPD. Out of a total of 1,113 high-risk patients, 453 Respiratory Therapist (RT) phone assessments have been completed (41%) and 171 RT Medical Home Visits were completed (15%). CMC-NE has seen a 25% reduction in hospital COPD readmissions since the implementation of this project. Analysis has started for evaluating the sustainability of the Respiratory Therapists; the COPD Care Manager position will end in June. **Data Connection with CCNC's Informatics Center (IC)** – This project will allow alerts for gaps in

HIT INITIATIVE 3. Beacon Community Grant	STATUS/UPDATE
hospitals, and other appropriate o stakeholders; o Decreasing inappropriate emergency department (ED) utilization; o Decreasing preventable hospital readmissions; o Improving chronic care disease management for those with congestive heart failure (CHF), diabetes and asthma; o Improving public health.	care to be placed into CCNC's Case Management Information System (CMIS) and the Provider Portal for providers to act upon with their patients. The data connection is live and the IC is now receiving messages for Medicaid patients from 13 of 22 available data sources. This connection is from Carolinas Healthcare System (CHS) to the IC through a Medicity VPN connection. **SuperConnector (CCD)** – phase 2 of the IC data connection project is near completion. At **Novant Health Rowan Medical Center (NHRMC) (Rowan County),** Beacon provided funding for several innovative projects: Transitional Care, including evaluating readmissions and care coordination, chronic disease management of diabetes and congestive heart failure (CHF), Medication Optimization, Project RED/Louise, Urgent Care/Community Care Clinic, a data connection with Community Care of North Carolina's (CCNC's) Informatics Center (IC), and a SuperConnector or Continuity of Care Document (CCD). The **transitional care** team has determined via root cause analysis (RCA) administered on 30 day readmissions, that approximately 32% of those patients come from Skilled Nursing Facilities (SNF) or Assisted Living Facilities (ALF) and that 57% of all readmits are unplanned but related to the previous discharge. Preliminary results for patients readmitted for Chronic Obstructive Pulmonary Disease (COPD), Acute Myocardial Infarction (AMI), and Pneumonia (PNA) followed by the post-discharge nurse care manager are favorable and the position is being evaluated for sustainability. The ED behavioral health social worker and medical social worker positions are also being evaluated for sustainability. **Disease Management (Diabetes and Congestive Heart Failure (CHF)** - The diabetes educator position will be sustained post-Beacon and renamed as a Clinical Navigator. This position will continue to monitor screening AIC levels for all patients as well as educate patients who have an elevated AIC. The Clinical Navigator will also work with patients who have Congestive Heart Failure (CHF) and the hospital is working to staff the Heart Failure Clinic with a Nurse Practitioner (NP) from

HIT INITIATIVE 3. Beacon Community Grant	STATUS/UPDATE
	a neighboring hospital. In the **Medication Optimization Program** – the two Medicine Reconciliation Assistants (MRAs) will be sustained post-Beacon. This program has been very successful in identifying the duplication of medications, reducing medicine-related errors, educating patients about medicines, and suggesting lower cost alternatives, when appropriate. NHRMC has also implemented a "Meds to Home" program to help patients by providing a 30 day supply of medications before they leave the hospital. **Project RED/Louise** -the hospital is implementing several of the 11 components of the Reengineered Discharge Process (RED) and has completed the pilot for "Louise" as a virtual discharge advocate and virtual health coach. "Louise" will be discontinued as a virtual discharge advocate and continued as a virtual health coach for CHF in the inpatient and outpatient setting. **Urgent Care /Community Care Clinic** – in this project, patients can be followed up at a local Urgent Care Clinic or a Community Care Clinic in an effort to help reduce inappropriate ED visits and reduce health costs. The hospital is piloting this as an effort to also help establish a non-insured patient with a primary care provider when appropriate. **Data connection with Community Care of North Carolina's (CCNC's) Informatics Center (IC)** – The Admission, Transfer, Discharge (ADT) feed is complete and data is shared for Medicaid patients from NHRMC to the IC. **SuperConnector or Continuity of Care Document (CCD)** – project is complete. This project will allow alerts for gaps in care to be placed into CCNC's Case Management Information System (CMIS) and the Provider Portal for providers to act upon with their patients. At **Stanly Regional Medical Center (SRMC) (Stanly County),** Beacon provided funding for several innovative projects: Transitional Care, including embedded care managers and social workers in the ED, chronic disease management of COPD, a Transitional Care Discharge Clinic, a data connection

HIT INITIATIVE 3. Beacon Community Grant	STATUS/UPDATE
	with Community Care of North Carolina's (CCNC's) Informatics Center (IC), and a SuperConnector or Continuity of Care Document (CCD). The **transitional care** department has been actively managing transitions of patients and continuing to assist in workflow process improvements from the hospital and from the ED, to the home, and for follow-up in the primary care provider's offices. SRMC will sustain one of the case managers by combining the office supervisory and care manager clinical role and an ED social worker will also be sustained. The other roles are being evaluated for sustainability. **COPD** - educational materials are complete and new educational programs have been implemented. **Transitional Care Discharge Clinic** – will be sustained and they are determining any necessary process changes. **Data connection with Community Care of North Carolina's (CCNC's) Informatics Center (IC), and a SuperConnector or Continuity of Care Document (CCD)** - this project includes both the ADT and CCD data. The work will be phased to start with the ADT, then CCD. The clinics will be phased as well, based upon their EMR system. Data analysis is underway. This project will allow alerts for gaps in care to be placed into CCNC's Case Management Information System (CMIS) and the Provider Portal for providers to act upon with their patients. **Health Departments/ Health Alliance** **Rowan County Health Department (RCHD)** – They are continuing to scan and archive their paper records and they anticipate to be finished by the end of the summer. **Stanly County Health Department (SCHD)** – Maternal Health and Family Planning Modules went live in Quarter 1. **Cabarrus Health Alliance (CHA)** -. Family Planning and Maternal Health went live this quarter and the security risk assessment was completed. The **Daily Disease Reporting (DDR)** project at CHA is also progressing. The DDR is a public health surveillance tool that relies on school nurses to capture symptom data for children in Cabarrus County schools. The project team redesigned the data collection tool and workflow, and provider reports based on a provider acceptability evaluation survey.

HIT INITIATIVE 3. Beacon Community Grant	STATUS/UPDATE
	In addition to the individual projects at both Rowan and Stanly County Health Departments and the Cabarrus Health Alliance, they have implemented the following projects: An Automated Health Educator, **"Anna"**, and the **NC- Health Information Portal (NC-HIP).** "Anna" is an automated health educator who educates clients in Women and Infant Children (WIC). WIC 101 is fully rolled out in each health department. Eventually, Anna will be available on the web. RTI (on behalf of the CDC) completed a site visit to evaluate the project and was very complimentary and a report will be forthcoming. Anna will also be highlighted in an upcoming Case Study that RTI is also producing. Lastly, for continued growth and sustainability, the Anna project team also applied for additional funding by the Department of Agriculture and Baylor School of Medicine for the development of a nutrition and breastfeeding module. The team has also been gathering materials for a family planning script. **Beacon Central Projects** **Meaningful Use** –We are also encouraging practices to implement electronic health records, if they have not done so already. The focus this quarter has been on encouraging those providers who attested for Adopt, Implement, and Upgrade (AIU) for NC Medicaid to move to the next step and attest for Meaningful Use as soon as possible. **Pharmacy Support** - Beacon is funding full-time and part-time pharmacists to provide pharmacy reviews. The table below shows the number of medication reviews and patients identified by location to date:

HIT INITIATIVE 3. Beacon Community Grant	STATUS/UPDATE

	Med Review	Patients Identified	%
Concord NEPN	294	160	54%
PBH (Cardinal Inn.)	87	76	87%
Rowan	991	714	72%
Stanly	225	88	39%

CCNC – IT-enabled Care Management - Beacon funding is helping to upgrade the documenting application and devices that the CCNC and Beacon Case Managers use (the Case Management Information System (CMIS)) and a CMIS/Tablet. The tablet is a device that the nurses can carry into patients' homes to complete their documentation and the pilot is scheduled to begin in June.

HIT INITIATIVE	STATUS/UPDATE
4. Broadband Technology Opportunities Program (BTOP) Round 1 and Round 2	
Lead Agency – Microelectronics Center of North Carolina (MCNC) **Federal Grant:** $144M total: $40M in private match, $7.7M from MCNC Endowment, $24M Golden Leaf Foundation, $0 state or county investments. **Purpose:** 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.	• ***BTOP Round 2 Update:*** MCNC is within 6 miles of completing the Round 2 construction. Much of the BTOP fiber is already in use and benefitting 450 Community Anchor institutions served by NCREN and allowing NCREN to serve additional Community Anchor Institutions. To celebrate the completion of this historic project for North Carolina, MCNC is hosting a statewide ceremony on Friday, June 21, in four locations across North Carolina. The celebration will be called: Broadband for the Future, MCNC Celebrates the Completion of the Golden LEAF Rural Broadband Initiative. • **North Carolina Telehealth Network:** To date, 70 NCTN-Public Health sites and 27 NCTN-Hospital sites are fully operational. Another round of NCTN subscribers are being added in 2013 with provisioning underway.

HIT INITIATIVE **5. University Based Training (UBT) Grant**	STATUS/UPDATE
Lead Agency- Duke University **Federal Grant Funds:** $2,167,121 **Purpose:** Established new and/or expanded training programs at the university level to ensure that program graduates are well prepared to fulfill their chosen health IT professional roles.	• In 2010, Duke University was awarded one of nine University Based Training Grants from the Office of the National Coordinator (ONC). Working with its subcontractor, the University of North Carolina-Chapel Hill (UNC-CH), tuition support has been provided to 113 students seeking post-baccalaureate education in training programs designed to produce highly specialized health information technology professionals. Upon conclusion of their studies, graduates of the Duke and UNC-CH informatics programs will have learned the concepts and skills to succeed in one of the following roles: o Clinician/Public Health Leader o Health Information Management and Exchange Specialist o Research and Development Scientist o Programmer and Software Engineer o Health IT Sub-specialist • The final class of students began in January 2013. All students are expected to graduate no later than December 2013 when the grant concludes with submission of a final report to ONC.

HIT INITIATIVE 6. Workforce Development in HIT	STATUS/UPDATE
Lead Agency – Pitt Community College (Training) and Duke University (Curriculum) **Federal Grant:** Training Grant - $21.1 million for the 13 state region, (Southeastern United States Region D) **Purpose:** In April 2010, the Office of the National Coordinator for Health Information Technology chose Pitt Community College to lead a regional HIT 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. 82 community colleges across the country are offering the HIT training online. Students receive training in six HIT priority workforce roles: practice workflow and information management redesign specialists; clinician/practitioner consultants; implementation support specialists; implementation managers; and technical/software support staff and trainers.	As of May 31, 2013, Region D (composed of 13 states) has enrolled 10,325 students in this program. Of these students, 4113 (40%) have completed the program and there are 837 students anticipating completion. North Carolina originally had three participating colleges (Catawba Valley Community College, Central Piedmont Community College and Pitt Community College). As of April 2, 2013, Central Piedmont Community College (CPCC) and Pitt Community College (PCC) remained in the program. Each member college had a goal of 300 completers. As of May 31, 2013, Central Piedmont Community College had 358 and Pitt Community College had 267. CPCC has surpassed its goal and anticipates having 394 completers by the end of September 2013. PCC is on track to reach its goal of 300 completes as it currently has 45 students anticipated to complete by September 2013.The North Carolina colleges combined to have 743 completers. CPCC and PCC rank in the top five colleges in Region D for program completers.

HIT INITIATIVE 7. **NC Medicaid Electronic Health Record (EHR) Incentive Program**	STATUS/UPDATE
Lead Agency – NC Division of Medical Assistance (DMA) **Federal Grant:** Medicaid HIT Implementation Grant $331M ($299M 100% federal; $32M 90%/10% federal/state) **Purpose:** The ultimate goal of the NC Medicaid Electronic Health Record (EHR) Incentive Program is to encourage eligible Medicaid providers to adopt, implement or upgrade to certified EHR technology, and then demonstrate meaningful use of that technology. This fundamental shift to the meaningful use of EHR technology will: o Improve quality, safety, and efficiency of patient care; o Reduce health disparities; o Engage patients and families in their healthcare; o Improve care coordination; o Improve population and public health; and, o Maintain privacy and security.	As of June 4, 2013, there are 4,827 unique providers who have registered with the Centers for Medicare and Medicaid Services (CMS) and have indicated that they would like to participate in the North Carolina Medicaid Electronic Health Records (EHR) Incentive Program. Of these 4,739 are professionals and 88 are hospitals. As of June 12, 2013, the Medicaid EHR Incentive Program has paid out a total of $ 126,870,838.55 to 2,942 eligible professionals (EPs) and 72 eligible hospitals (EHs). The NC Division of Medical Assistance (DMA) held a successful Stakeholder Summit at NC State's Institute for Emerging Issues on May 10, 2013 with stakeholders from the DMA Stakeholder group, the NC Department of Health and Human Services (DHHS) Health Information Technology (HIT) Steering Committee, and representatives from the U.S. Health Information Technology for Economic and Clinical Health (HITECH) Act projects statewide. DMA finished its 11-week Provider Webinar Series in April, 2013. Targeted outreach was performed in May, 2013 to more than 460 EPs and EHs that had registered with CMS but have not yet attested with the NC Medicaid EHR Incentive Program. Upcoming provider outreach includes training for NC Area Health Education Center (AHEC) Regional Extension Center (REC) staff, presentations at the NC Healthcare Information and Communication Alliance's (NCHICA) Meaningful Use Strategy: Navigating Process Changes and Maximizing Results Presentation and two presentations at the NC Community Health Center Association's (NCCHCA) Primary Care Conference. Effective June 1, 2013, the NC Medicaid Incentive Payment System (NC-MIPS) Help Desk has been moved in-house from Computer Sciences Corporation (CSC) to DMA.

HIT INITIATIVE 7. **NC Medicaid Electronic Health Record (EHR) Incentive Program**	STATUS/UPDATE
	The NC Medicaid EHR Incentive Program is partnering with the Department of Public Health, North Carolina Community Center Networks (N3CN), and the NC Health Information Exchange (HIE) to build connectivity between public health systems and electronic reporting through the NC HIE. DMA has updated its Implementation Advance Planning Document (IAPD) and State Medicaid HIT Plan (SMHP) for program years 2013 and 2014 and will be submitting them for CMS approval after the DMA internal reviews have been completed. See Appendix A for a complete list of EPs and EHs by provider type that have been paid as of June 6, 2013.

HIT INITIATIVE **8. Replacement of the Medicaid Management Information System (MMIS)**	STATUS/UPDATE
Lead Agency - Office of Medicaid Management Information System Services (OMMISS) **Purpose:** OMMISS is the DHHS agency leading the development of the Replacement MMIS for NC Medicaid, with Computer Sciences Corporation (CSC) as the prime vendor.	Please see MMIS quarterly report submitted to the General Assembly on July 1, 2013.

HIT INITIATIVE **9. Electronic Health Record (EHR) Loan Program**	STATUS/UPDATE
Lead Agency – Office of HIT, DHHS, and the North Carolina Medical Society Foundation **Federal Grant:** Federal Funds have not yet been awarded for this purpose **Purpose:** In the absence of a federal program, $750,000 was allocated from the Health Wellness Trust Fund (HWTF) to assist providers in the rural and underserved areas of the state by providing loans to assist in financing the upfront cost of implementing an EHR in their practices	• **There were no updates this quarter.**

HIT INITIATIVE **10. NC Telehealth Network**	STATUS/UPDATE
Lead Agency - North Carolina Telehealth Network (NCTN) **Federal Grant:** $12.lM 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. **Purpose:** The NCTN provides broadband services to health programs and sites across the state including hospitals, free clinics, community health centers and public health agencies as well as other types of public and non-profit healthcare providers. To date, 91 NCTN sites are fully operational with another 12 in the final stages of provisioning.	The North Carolina Telehealth Network-NC TeleHealth Network initiative is a collection of projects focused on developing broadband communication services (e.g. Internet access) in support of health and care in NC. Since the second quarter of 2013, the project has made progress as follows: • The NCTN currently serves 91 sites all around the state - primarily public health agency sites and hospitals with a few FQHCs. There are 12 more sites due to start service by August 2013.

HIT INITIATIVE **11. Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Program**	STATUS/UPDATE
Lead Agency – Office of Rural Health and Community Care (ORHCC) **Federal Grant:** All federal funding, $9,277,361 over five years from the federal CMS CHIPRA Quality Demonstration Grant. **Purpose: Category A** - The vision 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. **Category B & C**– Not Applicable this Quarter **Category D** – 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 delays, asthma, and autism screening, growth charting,	• Training opportunities for participating practices have been identified based on comparison of vendor and practice responses on Model Format conformance assessments. The NC CHIPRA Category-D team is working with participating EHR vendors to gather training resources about the respective systems. EHR Coaches are now availing themselves of this training and then assisting practices to fill gaps in EHR utilization. • Two additional practices have signed Memoranda of Understanding to participate in the project. EHR Coaches are coordinating with staff at CCNC networks and NC AHECs to identify and vet and recruit potential practices. This process is dependent on vendor commitment to participate due to the important role of the vendor in evaluation of the Model Format. • The second phase of Model Format evaluation, representing approximately 30% of the requirements is ready for roll-out to participating vendors and practices. Medical relevance, conformance, and use will be assessed. • Participating EHR vendors are using the projects detailed quality improvement measures, with the newly added sample data sets, to develop custom reports for the project. Pursuant to the first addendum of their participation agreements (MoU), these vendors are developing EHR system capability around capture and storage of data to drive report outputs. In some cases this work around report generation is driving system changes in very positive and meaningful ways, filling gaps in capability. The first such change can be seen in the area of child oral health. The agreement addendum also includes small financial incentivizes for vendors to incorporate and automate tools such as an Oral Health Risk Assessment and that work has begun. Complete baseline data around the measures is still being developed due to the extent of EHR system changes and provider training needs that have surfaced.

HIT INITIATIVE **11. Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Program**	STATUS/UPDATE
and preventive care.	• Three EHR Coaches have been hired and oriented to the CHIPRA Category-D project. Two additional selections have been made and are in the process of being hired, with orientation scheduled for early July. The state has been divided, by county, into five territories within which each coach will have responsibility for practice recruitment and local project management, technical assistance, and vendor/stakeholder collaboration. • As the NC Health Information Exchange continues to expand and evolve, the NC CHIPRA Category-D team is working to pilot exchange of clinical reports for the project via this avenue. This has required coordination with participating EHR vendors to remove technical and cost barriers and to meet HIPPA requirements for protecting patient information. From the beginning, a key component of our evaluation design had been to align our efforts to improve the quality of EHR systems used in child health care, and to measure the impact of a Model Child EHR Format on care quality and cost using clinical data, with information exchange solutions.

HIT INITIATIVE **12. NC Hospital Association**	STATUS/UPDATE
The main goals of HITECH are quality improvement and cost reduction by moving from a transactional basis to process-driven delivery of healthcare. NCHA's goals are aligned with HITECH and the State of North Carolina in the three areas of focus that will help hospitals become "meaningful users" of electronic health record (EHR) technology: o implementation of certified electronic health record systems o reporting of quality measures to the Centers for Medicare and Medicaid Services and/or states o exchanging of clinical data with other providers	**Expansion of NCHA Patient Data System** NCHA has launched a voluntary expansion of our Patient Data System (PDS) to provide additional services to hospitals and to promote improvement to the state's healthcare delivery system. The goals of this new capacity, called the PDS+, are aligned with those of the NCHA Strategic Plan and the IHI Triple Aim. PDS+ relies on voluntary participation by all hospitals and provides many benefits, but primarily for initiatives such as: • **Medicaid Efficiencies** – We currently deliver 14 data elements twice per day for 63% of Medicaid patients to CCNC, but with the PDS+ program hospitals will be able to provide a wider array of data elements for all Medicaid patients, in near-real time at a significant cost savings to the state, CCNC, and hospitals. • **Create Low-Cost Health Information Exchange Using Existing Technology** - Stage 2 certification is underway and anticipates to be completed in June 2013.

HIT INITIATIVE **13. Public Health Meaningful Use**	STATUS/UPDATE
Lead Agency – NC Division of Public Health **Federal Grant:** N/A **Purpose:** Facilitate public health reporting and the meaningful use of EHRs.	The Central Cancer Registry (CCR) has been preparing to recruit physician practices reporting to meet Stage 2 Meaningful Use requirements. The CCR recruited several pilot practices and developed information packets to be sent to medical oncology, radiation oncology, genitourinary, urology, dermatology and women's health practices in July 2013. Recruitment of Electronic Health Record vendors to report using HL7 Clinical Data Architecture (CDA) standards is ongoing. A pilot is targeted for October-November, 2013. The CCR will be using physician reporting software developed by CDC, which allows data conversion from the CDA format into the national cancer reporting format. North Carolina is one of three states selected by CDC for beta testing of CDC-developed physician reporting software that allows conversion of EHR data from CDA to the national cancer reporting format. The CCR continues to collaborate with the NCHIE and DMA regarding physician reporting.

HIT INITIATIVE 14. NC Community Health Center Association	STATUS/UPDATE
	The North Carolina Community Health Center Association (NCCHCA) is working with Community Care of North Carolina (CCNC) to build a central data repository and analytics dashboardVPN tunnels were built for each of the pilot sites and transmission of data began in June 2013NCCHCA's Patient Centered Medical Home-Informatics Project has benefitted from merger of the HIE into CCNC. CCNCs contract with Covisint to provide data harvesting from a variety of EMRs has reduced the barrier of working with more than 13 different vendors. Two Federally Qualified Health Centers (FQHCs) are now connected to the HIE through CCNC and were transmitting data in May 2013. Four additional sites will be connected by the end of June 2013. The remaining should be on-board by early fall 2013.

HIT INITIATIVE 15. **NC Community Care Networks and Community Care of North Carolina (CCNC)**	STATUS/UPDATE
	Upgrades to the CCNC Care Management information System March-May 2013 included the following new or improved features: • A Disease Management Category has been added to the Home Tab, Patient Demographics Tab, and the Practice Home Tab. Based upon the users' case load or the practice assignment this category displays patients with identified and emerging diseases. • Users may now document multiple tasks to capture practice engagement, by using bulk task feature. When using bulk task feature, a task for each practice is created. This allows the tasks to be captured on each of the practices' "Practice Home Tab" Screen for reporting. • New categories in the Practice Home Tab include Practice Projects and Practice Contacts. Features to create mailing templates and mail merge and "Add a Task" are among the revisions made to the Practice Home Tab. Upgrades to the CCNC Provider Portal and Pharmacy Home applications in March-May 2013 Include: • Capture of additional registration information from portal users including credentials and roles. • New capabilities for local network staff to manage user accounts. These enhancements include a new report with the ability to search for user accounts across all networks and new password management features. • Addition of a "practice group" user type to allow access for those with oversight responsibilities for multiple practice locations. This user type will be able to view reports for all practices managed by the corporate organization for quality improvement initiatives. • A Summary tab was added to the Pharmacy Home application to summarize in Memo or SOAP format medication reconciliation or medication review that requires more thorough documentation. Included is the ability to select from the care team tab pertinent patient information related to the medication review or reconciliation. Drug therapy problems can also be

HIT INITIATIVE 15. NC Community Care Networks and Community Care of North Carolina (CCNC)	STATUS/UPDATE
	added to the memo or Soap note in a structured way that can later be used for reporting purposes. Upgrades to CCNC Data Warehouse include the following: • CCNC has created a new provider data mart to hold information from the three way CCNC, Network and Carolina Access primary care provider contracts. • CCNC is testing the CSC Global Provider File and CSC Global Eligibility file which will be delivered in production mode beginning July 1, 2013. These files will be used to create monthly enrollment reports for CCNC networks and primary care providers. Upgrades to the CCNC Reports Site include • Development of "Practice Group" versions of several reports, to allow view of data by practice, and aggregation of data, for all practices managed by a corporate organization for quality improvement initiatives. • Modifications to logic for identifying priority patients for care management outreach • Inpatient Visit Report modifications to allow for easier tracking of time to outpatient follow-up after hospital discharge Clinical Data Integration Updates include: • The merger between CCNC and NCHIE was completed to facilitate statewide health information exchange. • In collaboration with DMA, we have begun a statewide outreach program for CCNC and Medicaid attesting practices to connect to the IC and NCHIE for health information exchange and Meaningful Use attestation. • Central Carolina Hospital was added to daily Admission/Discharge/Transfer (ADT) data feeds (for a total now of 58 participating hospitals). • Connection between the Informatics Center and Coastal Carolina HIE is nearing completion, which

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<tr><th>HIT INITIATIVE

15. NC Community Care Networks and Community Care of North Carolina (CCNC)</th><th>STATUS/UPDATE</th></tr>
<tr><td></td><td>will add 3 additional hospitals to daily ADT data feeds– Sampson Regional, Pender, and Dosher.

• We have established a connection between the Informatics Center and CHS CareConnect HIE.

Use of CCNC Informatics Center web-based applications continues to grow. The table below gives a snapshot of one month's activity March 2013 and two years prior.

<table>
<tr><th></th><th colspan="2">Count of Users Accessing System During the Month</th><th colspan="2">Count of Patients Accessed During the Month</th></tr>
<tr><th>Application</th><th>March 2011</th><th>March 2013</th><th>March 2011</th><th>March 2013</th></tr>
<tr><td>Care Management Information System</td><td>778</td><td>2,078</td><td>75,998</td><td>138,850</td></tr>
<tr><td>Provider Portal</td><td>873</td><td>2,547</td><td>9,945</td><td>42,595</td></tr>
<tr><td>Pharmacy Home</td><td>306</td><td>503</td><td>4,855</td><td>5,171</td></tr>
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HIT INITIATIVE 16. **Office of Emergency Medical Services**	STATUS/UPDATE
	The North Carolina Office of EMS (OEMS) continues to maintain and enhance all data systems pertaining to medical record collection and regulatory data. This includes, but is not limited to, electronic Patient Care Records, inspection reports and EMS certification records through the Pre-hospital Medical Information System (PreMIS), Credentialing Information System (CIS), and State Medical Asset Resource Tracking Tool (SMARTT) applications. During this quarter, several new reporting features were implemented in the CIS application. These include: • **Background Check Scanning:** All certified EMS professionals are now compared to a list of known NC offenders, and matches are flagged for follow-up and possible action by OEMS staff. The list is provided by the Administrative Office of the Courts, and contains all known criminals within the state of North Carolina. In addition, newly certified EMS personnel are compared against the same list. This process is automated to run every night, and generate a password-protected report which is automatically emailed to the appropriate OEMS staff. • **Procedure Monitoring:** The Office of Emergency Medical Services monitors specific medical procedures for the purposes of performance improvement. OEMS has now implemented an automated process whereby any electronic patient care record (ePCR) that reports any of these specific procedures is flagged for review by OEMS staff. A report is generated weekly for several of the procedures, and all ePCRs that report Rapid Sequence Induction (RSI) are automatically sent to the appropriate OEMS personnel.

HIT INITIATIVE **17. NC Health Benefits Exchange**	STATUS/UPDATE
Lead Agency – NC Department of Insurance **Federal Grant:** Level I Planning Grant $12.4 million **Purpose:** Explore the feasibility and system design for a state operated Health Benefits Exchange under the provisions of the Affordable Care Act (ACA).	• **There were no updates this quarter.**

HIT INITIATIVE	STATUS/UPDATE
18. State Information Technology Services (ITS) / State Chief Information Officer	
	• **There were no updates this Quarter.**

HIT INITIATIVE	STATUS/UPDATE
19. NC Division of State Operated Healthcare Facilities (DSOHF) and NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS)	
	Incremental go-lives of the electronic health record (VistA) for Central Regional Hospital (CRH) patients, by unit, successfully began early April 2013. Training for the next two CRH units was completed at the end of May 2013. These first four units together represent 30% of the CRH patients. Schedules and detailed planning for CRH's largest unit, Adult Admissions, is well underway. To date, all Health Information Management, Utilization Review, Reimbursement, Quality Assurance, and other hospital departments have been fully VistA trained. Clinical staff, including Psychiatrists, Medical Practitioners, Moonlighters, Residents, Psychologists, Social Workers, Nurses, and Therapeutic Support Specialists has also received VistA training using both the online class followed by the hands-on instructor led computer based training. All VistA trainees are expected to take a computer based online class prior to their hands-on instructor led computer based training class. The remainder of the projects within the Central Region VistA program is specific to Pharmacy functionality that occurs after the medications are ordered by the Doctors in CPRS/VistA. As part of the CRH VistA Program, continuous improvements are made to the CRH use of VistA. These improvements include using VistA's built in functionality for reviewing medical records and producing reports by patient, by unit, and by discipline (for example Pharmacy) and adding additional online help through the CRH Staff Portal. DSOHF is developing a plan for regional implementation of VistA for submission to ITS.

HIT INITIATIVE **20. Comparative Effectiveness**	STATUS/UPDATE
North Carolina universities and research organizations continue to engage in both the education of future Comparative Effectiveness Research (CER) researchers as well as the conduct of timely and policy-relevant initiatives.	• North Carolina universities and research organizations continue to engage in both the education of future Comparative Effectiveness Research (CER) researchers as well as the conduct of timely and policy-relevant initiatives. UNC has been approved for an additional 5 years of funding to train pre and post-doctoral trainees in comparative effectiveness research. The Duke and UNC NIH-sponsored Clinical Translation Science (CTSA) programs are collaborating with each other on CER educational issues, with some faculty jointly mentored across the institutions. Both Duke and UNC have recently been reviewed by NIH and received very favorable reviews. Duke is the coordinating center for the large NIH 'collaboratory' program, seeking to enhance research across major health care systems. • North Carolina researchers continue to be successful in working with PCORI. Dr Kathleen Thomas and Katrina Donahue at UNC received awards in the Spring of 2013. An additional award was received by Dr Tapp at Carolinas Medical Center. This volume of activity places North Carolina as a leader in patient-centered outcomes research. Multiple additional collaborative proposals are in the works. NC faculty are working with PCORI in a number of capacities, including as a board member (Debra Barksdale of the UNC School of Nursing) and in a number of advisory capacities. (Tim Carey of UNC and Gillian Sanders-Schmidler of Duke). Dr Ethan Basch, an oncologist and member of the PCORI methodology committee, has recently joined the UNC faculty. PCORI is also contracting with UNC for assistance in refining research topics. • PCORI recently released a large RFA to develop infrastructure to conduct research using electronic health records across integrated health care systems. Duke and UNC are collaborating with each other and with partners on a response to this opportunity.

HIT INITIATIVE **21. NC Healthcare Information and Communications Alliance (NCHICA)**	STATUS/UPDATE
Background: The North Carolina Healthcare Information and Communications Alliance, Inc. (**NCHICA**) was established as a 501(c) (3) NC nonprofit corporation in 1994 by Executive Order of the Governor. NCHICA does not receive appropriations from the State of North Carolina but many of the State Agencies have memberships in NCHICA.	• NCHICA supports a number of HIE efforts in North Carolina including the NC Health Information Exchange that has the capability of supporting the State's safety net providers, public health, practices and hospitals in achieving Meaningful Use requirements that will bring significant incentive payments to NC and underpins improvements in health care outcomes, safety, and improved efficiencies in the health care system. • The NCHICA ICD-10 Task Force has attracted national attention for its limited pilot for end-to-end testing of the ICD-10 codes to ensure that no interruption in cash flow occurs when the transition from the current ICD-9 diagnostic codes takes place in October 2014. NCHICA has been a leader in convening providers, payers, professional associations, vendors and clearinghouses in this important activity. Significant education will be required. The risk to an organization's cash flow for non-compliance when the new codes must be used is significant, especially for smaller organizations that may not have the human and technical resources necessary to prepare adequately. Representatives of CMS requested to participate in this Task Force and are included in monthly meetings.

APPENDIX A

NC Medicaid EHR Incentive Program Paid Participants by Provider Type & Specialty through June 1, 2013

Type	Specialty	# Paid
Critical Access Hospital	1-100 Beds NC Hospital	11
Hospital, General	1-100 Beds NC Hospital	15
	101-200 Beds NC Hospital	30
	201-300 Beds NC Hospital	10
	301-474 Beds NC Hospital	10
	475 Up Beds NC Hospital	8
Individual Dentist	General Dentist	196
	Oral Surgeon	4
	Orthodontist	1
	Pediatric Dentist (Pedodontist)	3
Individual Physician	Allergy	11
	Anesthesiology	54
	Cardiology	43
	Dermatology	8
	Endocrinology	16
	Full-Time Emergency Room Physician	14
	Gastroenterology	14
	General/Family Practice	312
	General/Thoracic Surgery, Proctology	60
	Hematology	28
	Infectious Disease	35
	Internal Medicine	224
	Neonatology	8
	Nephrology	5
	Neurology	37
	Neurosurgery	8
	Obstetrics/Gynecology	293
	Oncology	9
	Ophthalmology	19
	Orthopedic/Hand Surgery	11
	Osteopath	6
	Otology, Laryngology, Rhinology (ENT)	10
	Pathology	6
	Pediatrics	955
	Physical Medicine And Rehabilitation	18
	Plastic Surgery	5
	Psychiatry	117
	Pulmonary Disease	34
	Radiology/Nuclear Medicine	24
	Rheumatology	11
	Urology	13
Mental Health Individual Provider	Mental Health Nurse Practitioner	26
Nurse Midwife	Nurse Midwife	71
Nurse Practitioner, In-State	Nurse Practitioner Or CRNA	387
Physician Assistant	Physician Assistant	18
Physician Group	Internal Medicine	2
All Providers		**3200**