

NC HIE Comments & Questions

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The NC HIE states: “Core services represent the suite of registries, record locator service and security functions that will create a cost-effective pathway for Qualified Organizations to locate and route health data. NC HIE’s core HIE services will facilitate providers’ ability to exchange information, including structured lab results and summary care records, two of the three Meaningful Use HIE transactions identified by ONC as high priorities for 2011.”

Comments and Questions relating to this statement:

The Coastal Connect HIE has many of the NC HIE core services in place using the Medicity solution. We will want to understand the value-add of joining the NC HIE, as many of its core services would be duplicative to our HIE efforts. The value-add use cases that we have not yet addressed and may look to the NC HIE to provide are: immunization registry integration, Nw-HIN integration, standardization of policy/governance across other NC-based HIEs and state-level group purchasing power (e.g. EMR integration, Medication History Services and other potential state level gateway services). What additional value will the NC HIE provide to the Qualified Organizations who are already participating in an HIE? Will the NC HIE consider allocating funds to existing HIEs to help them expand their footprint?

Is it the expectation that existing HIE’s connect directly to each other, or would there be a requirement to connect via the NC HIE?

Is an HIE allowed to enter an exchange agreement directly with a federal or state agency, or is it the expectation that NC-based HIEs connect via the NC HIE?

Coastal Connect has already established its sustainability model. As part of this, providers are paying to be a member and utilize the value-added services offered by the Coastal Connect HIE.

Regarding the Core Service ‘Patient matching/Record Locator’: how robust will the patient matching algorithms be?

Regarding the NC HIE question: “If you anticipate exchanging data with NC HIE’s statewide services, how would you expect to request information? Additionally, how

would you present information you received from statewide HIE services to your users?"

CCHIE selected an extremely flexible HIE platform in Medicity. They have an extensive library of connecting and routing adaptors with the most prevalent being SOAP over HTTPS. These adaptors have been used with a wide variety of commercially available hospital, reference lab, payer, practice management, and electronic medical records products. The adaptors support a multitude of message payloads including HL7 v2.x - 3.x, ASTM CCR, NHIN CCD, NCPDP, ANSI HIPAA, XML-CCR, 3rd party proprietary formats, bridge interfaces, etc. We believe this future-proofs us to connect to NC HIE and any other entity that would want to connect to the HIE.

Regarding the NC HIE NHIN Gateway Core Service statement: "The NHIN Gateway provides for a single statewide implementation of the NHIN Connect gateway available as a web service for authorized users and entities. This service is the required standard for interoperability with federal agencies, and the proposed standard for the exchange of clinical information across the NHIN."

The NHIN (now called the Nw-HIN) is not the only method of data exchange with federal partners. It's a complex structured data exchange; the Nw-HIN onboarding, partner testing, and implementation is very involved. The specifications are still somewhat vague, so we shouldn't rest our complete integration strategy on that type of exchange. Although they have not abandoned the Nw-HIN, the Office of the National Coordinator (ONC) is now focusing on a simpler means of exchange called the "Direct Project". This initiative enables a secure 'push' of content from provider to provider, likely using a secure email client. This will likely be the short term direction of the ONC, therefore the NC HIE RFP needs to address that functionality.

The state of North Carolina already has a number of HIEs: CCHIE, Southern Piedmont, Western NC, UHS HealthSpan, CHS HIE and NCHEX. Why not leverage these to form our NC HIE? NC HIE should not re-invent the infrastructure, but capitalize on the intellectual property already invested in the current exchanges and focus on how to "govern" the existing exchanges communicating with each other.

"In order to provide context for your response, NC HIE also encourages respondents to include brief descriptions of any current HIE capabilities, including:

HIE platform currently in use or development:

Medicity's HIE Platform. Here is their website for information on the platform.

www.medicity.com

Current types of data exchanged

Hospitals: Laboratory Results, ADT (Demographic Data/Face Sheets) and
Transcribed Reports

Provider Offices: CCDs for those practices that have EMRs which are able to support