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On behalf of the North Carolina Healthcare Exchange, the North Carolina Medical Society and North Carolina Hospital Association appreciate the opportunity to comment on the “Input on Requirements for North Carolina’s Statewide Health Information Exchange Services” published by the NC HIE in preparation for an RFP for statewide HIE services. We believe the best approach to building a successful statewide HIE is to solicit input from as wide a variety of stakeholders as possible and leverage existing technological and organizational assets to promote HIE adoption. The result of this type of collaboration will be an RFP that will contain the necessary flexibility to connect Qualified Organizations (QOs) to each other as quickly and inexpensively as possible while providing the necessary clinical and administrative tools to accomplish the goals of the NC HIE.

Our HIE Efforts

The North Carolina Healthcare Exchange (NCHEX) is a voluntary, not-for-profit HIE created by the North Carolina Hospital Association (NCHA) and the North Carolina Medical Society (NCMS) for any hospital or physician practice, regardless of size, location or ownership status, that allows for the sharing of clinical data among disparate providers to improve patient care, lower costs, and become meaningful users of EHR technology. NCHEX is powered by the Thomson Reuters HIE Advantage platform, which is standards-based and is undergoing certification for 12 meaningful use (MU) objectives by the Certification Commission for Health Information Technology (CCHIT). This is the same platform used by the South Carolina Health Information Exchange (SCHIE). NCHEX will provide numerous features to participants, including:

- Patient summary (demographics, allergies, problems, providers, procedures)
- Inpatient summary (36 most recent hours of hospitalization data)
- Reports (CCD, discharge summary, pathology, radiology, etc.)
- Lab viewer (all available labs)
- Messaging (patient, provider)
- Real-time quality surveillance (disease and condition reporting)
- Eligibility reporting
- Uploading of external documents
- EMRLite and ePrescribing (MU certified, SureScripts certified)
- Personal health record
- Logging and auditing
- Consent management

In addition to these features, the platform also is capable of providing the following optional services:

- Public health reporting
- Immunization registry reporting
- CCD generation for use with external providers and HIEs
- NHIN connectivity

- Patient inquiry through a continuity of care viewer by community physicians
- Medication reconciliation
- Clinical alerts
- Never-event management

NCHEX is in a pilot phase with the Moses Cone and WakeMed systems, which consists of 7 hospitals, 8 emergency departments, and 57 hospital-owned physician practices. NCHEX has 961,000 unique patients in the system at present, and we are expanding the pilot to include the following groups and then move into production in 2011 Q2:

- NC Division of Public Health
- North Carolina Community Care Networks (CCNC)
- Cornerstone Health Care
- Eagle Physicians & Associates
- CapitalCare Collaborative
- Wake Radiology
- Raleigh Medical Group
- Raleigh Orthopedics

In addition to the hospitals, there will be approximately 800 clinic-based physicians who will have access to NCHEX; we have several additional hospitals and physician practices that have requested to join NCHEX as soon as it is available, which would significantly increase the footprint of NCHEX.

Suggestions for Additional Comments on Statewide HIE Capabilities

We believe the NC HIE should create an RFP for technical services that proscribes two tiers of services to connect QOs to the NC HIE: a thin layer of core services to connect QOs together at no cost to the QOs, and optional value-added services to which QOs or providers may subscribe on an individual basis with pre-determined fees established by the NC HIE. We believe the core services outlined in the RFC are all appropriate, but we suggest the RFP be written with the following modifications:

- Move **Summary Record–CCD/CCR Exchange** (2.4) and **Summary Record–CCD Translation** (2.5) to the core set: It is imperative that these be core features because many of the proposed value-added features cannot be supported by the NC HIE without the highly structured data that results from these two services. In other words, access to the CCD/CCR alone does not support the clinical goals of the NC HIE; the NC HIE must provide an exchange and “CCD reconciliation” process to normalize the data contained in disparate CCDs/CCRs and feed various core and value-added features of the HIE.
- Require MU certification for **Lab Result Delivery** (1.2): This is a required feature of a certified EHR that will be expanded under Stage 2. Certified EHRs of hospitals and eligible professionals must provide this capability, as do many QOs.
- Move **Access to Immunization Data** (1.6) to the core: Reporting immunization data Stage 1 objective and having access to data via an IIS is a stage 3 candidate.
- Move **Medication History** (1.7) to the core and have it certified for MU: This is a basic feature of an HIE and a current/future MU objective.
- Limit **Eligibility Checking** (2.2) to Medicaid only: There are numerous existing providers of commercial payor clearinghouses, and ONC is primarily concerned with Medicaid eligibility regarding this MU objective.
- Require MU certification for **Consumer Empowerment** (2.6): This is a required feature of a certified

EHR that will be expanded under Stage 2. Many hospitals, providers and QOs offer this feature now. It should therefore be offered as an optional value-added service.

- Require MU certification for **Immunization Reporting** (3.1): This is a menu option in Stage 1 and is likely to grow in importance in stages 2 and 3.
- Require MU certification for **Clinical Decision Support** (5.1): This is a required feature of a certified EHR. Many hospitals, providers and QOs offer this feature, and if it is to be offered on an enterprise level across the NC HIE, it must be a certified module.
- Move **Electronic Prescribing** (5.2) to the core and have it certified for MU: This is a Stage 1 objective that will grow in Stages 2 and 3.
- The RFP should anticipate future requirements by ONC for support of the NHIN Direct standard by state designated entities, in addition to NHIN Connect gateway services.
- The RFP should require that all value-added services be certified for meaningful use where appropriate and upgraded for future stages. We believe that eligible hospitals and providers will not want to rely on HIE features that lack certification and risk eligibility for the Medicare and Medicaid EHR incentive programs.

Otherwise, we believe the core services outlined in the RFC and the Clinical-Technical Workgroup's matrix of statewide HIE requirements are reasonable and should be supportable by mature HIE vendors or QOs.

We believe QOs will provide many of the advanced services proposed by the NC HIE. Making them mandatory as part of the NC HIE will duplicate the services and the cost for implementation and maintenance, as well as disincentivize HIE innovation at the QO level. Even within a QO, some hospitals or physician practices will have existing capabilities for value-added services such as a personal health record, disease surveillance reporting, or clinical decision support and will not require the same service from the QO *or* the NC HIE. We therefore recommend that the RFP articulate this approach and invite the respondents to inform the NC HIE as to the technical possibilities and potential cost implications of this modified approach. We also recommend the RFP articulate a phased approach for adding services over time rather than all at once.

Information Request and Presentation

Once connected to the NC HIE, we anticipate NCHEX users will have access to statewide data for their patients in at least three ways, if they choose to expand their search beyond the NCHEX data set:

- via ambulatory or acute care EHR
- via a secure web browser
- via mobile device such as a smartphone or tablet

NCHEX supports either IHE PIX/XDS- or XCA/XCPD-based connectivity and will serve as an intermediary for the request and incorporate statewide data into its virtual single patient record viewer. The default behavior will be to limit a search to within the NCHEX environment. To the end user, there will be no difference in presentation of the data returned between NCHEX-only or NCHEX+NC HIE unless the NC HIE cannot translate CCDs gathered from the other QOs relating to a patient query, or unless NCHEX and the NC HIE are facilitating an NHIN Direct connection and the response from the remote QO or system is outside the NC HIE infrastructure. If the NC HIE is unable to successfully translate a collection of CCDs gathered from the other QOs in response to a query, NCHEX can accept one or more CCDs via the NC HIE and attach them as external documents to the patient record within NCHEX or pass them on to the requesting EMR.