HealthConnex Update June 2019

NC HIEA June 2019 Update

Thursday, June 20, 2019

Changes to the Health Information Exchange Act Signed into Law June 6

On June 6, Governor Cooper signed into law House Bill 70, now N.C. Session Law 2019-23. The legislation delays the June 1, 2019, deadline until June 1, 2020. Additionally, licensed physicians whose primary area of practice is psychiatry now have until June 1, 2021, to connect. Further, SL 2019-23 now exempts certain provider types from the mandatory requirement to connect and send data to the Health Information Exchange network, NC HealthConnex. The following provider types have the option to connect on a voluntary basis, however, they are no longer required to connect:

Community-based, long-term services and supports providers, including personal care services, private duty nursing, home health and hospice care providers.

Intellectual and developmental disability services and supports providers, such as day supports and supported living providers.

Community Alternatives Program waiver services (including CAP/DA, CAP/C and Innovations) providers.

Eye and vision services providers.

Speech, language, and hearing services providers.

Occupational and physical therapy providers.

Durable medical equipment providers.

Nonemergency medical transportation service providers.

Ambulance (emergency medical transportation service) providers.

Local education agencies and school-based health providers.

For more information, see FAQs regarding the legislative changes.

NC HealthConnex and Patient Care: Stories from the Field

Participants and stakeholders often ask how practices are using NC HealthConnex to improve patient care. Read below for some of the use cases we've heard from across the state.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) are using the NC HealthConnex Clinical Portal when a patient presents after having had an office visit or hospital stay to ensure that ordered testing has been completed, as well as for quality reporting purposes.

One FQHC case manager says: "I use the portal to look up labs, test results, consult notes from other providers for quality reporting. This data is provided [by our organization] to insurance companies and other agencies. I also use it to see if the patient has changed practices or has seen specialists. It provides an accurate picture of where the patient has been in their health care journey, while saving valuable time and research."

Local Health Departments

One health department reports that they reference the NC HealthConnex Clinical Portal for their obstetric patients to fill in the gaps of patient history and care administered elsewhere. To do this, they search for a patient in the Clinical Portal prior to a patient's appointment to see if the patient has initiated care elsewhere or has had an ultrasound or other diagnostic in an Emergency Department. If they see prenatal lab panels, they may not have to repeat them. If they see a recent ultrasound result, many times they can use this to more accurately date the patient's pregnancy. The ability of NC HealthConnex to aid in reducing the duplication of testing—particularly routine blood tests and radiology—can result in hundreds of thousands of dollars in obstetrical work cost savings alone.

Skilled Nursing Facilities

Skilled nursing facilities are using NC HealthConnex to view providers' notes from other facilities, acquire hospital discharge information and for medication review. Looking up patient history in the NC HealthConnex Clinical Portal helps them enact providers' specific follow-up plans, such as how long to leave a urinary catheter or intravenous line in for a recently discharged patient, or ensure a patient receives the correctly prescribed medications and dosages.

Federal Funding for NC HealthConnex Extended Through September 2021

On May 21, the Centers for Medicare and Medicaid Services approved North Carolina's Health Information Exchange (HIE) Implementation Advance Planning Document Update (I-APDU), extending a 90 percent federal funding match for requested Medicaid provider onboarding activities and new HIE services development from July 2019 through September 2021.

Part of the Health Information Technology for Economic and Clinical Health (HITECH) Act,

this approval will help NC HealthConnex rapidly connect the state and extend valuable, no-cost HIE services to assist with Medicaid transformation and streamlined public health reporting. Specifically, the funding provides for:

Technical and training costs associated with bringing Medicaid-serving facilities, as well as other HIEs and patient data systems containing NC Medicaid beneficiary information, live on NC HealthConnex;

Costs associated with bringing North Carolina's correctional facilities live on NC HealthConnex to improve continuity of care for Medicaid beneficiaries before and after incarceration and rehabilitation;

Enhancements and Medicaid Participant onboarding to NC*Notify event notification services;

Improved and customized continuity of care document presentation for Medicaid-serving, bidirectionally-integrated HIE users;

Enabling Fast Healthcare Interoperability Resources (FHIR) capability for NC HealthConnex, and testing this functionality and associated use cases with EHRs;

Development of interfaces with the NC Controlled Substances Reporting System and an HIE-powered orders/results functionality with NC State Laboratory of Public Health; and

Onboarding facilities to the bidirectional NC Immunization Registry query and automated reporting functionality, and onboarding additional hospitals to automated daily electronic lab reporting to the NC Division of Public Health.

The NC HealthConnex Team Answers Your Frequently Asked Questions

The FAQ section of the NC HIEA website contains answers to several common questions we are asked. Here are some recently updated answers to a few of the questions we receive the most:

What is the difference between a Submission Only and a Full Participation Agreement?

The Submission Only Participation Agreement does not include a Business Associate Agreement (BAA), and therefore providers are unable to access the patient longitudinal health record nor can they utilize any services provided by NC HealthConnex. Some of these services include NC*Notify, an event notification service, as well as participation in registries to meet Meaningful Use/Promoting Interoperability requirements. Because the Submission Only agreement does not include a BAA, providers should ensure that their electronic health record software (EHR) has the technical capability to separate out and only send data pertaining to health care services paid for with State funds. This data parsing or filtering

may come at a cost to participants. Participants with a Submission Only Agreement should consult with legal counsel before sending data not pertaining to health care services paid for with State funds pursuant to the HIE Act (Medicaid, NC State Health Plan, NC Grant Funding, etc.).

The Full Participation Agreement provides for a Business Associate Relationship between the HIEA and the provider organization. With this agreement, providers may access patients' longitudinal records, utilize all NC HealthConnex services, and send all patient data from their EHRs to support whole person care*. Note: A bidirectional interface, able to bring NC HealthConnex data back into the Participant EHR, is not required with this type of agreement.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle51478.aspx