

# NC Strategy for HIT *Summary*

**Health Reform: Safety Net Workgroup  
North Carolina Institute of Medicine  
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# Objectives

- Introduction – Why HIT?
- Quick overview of HITECH grants to NC
- NC HIT Landscape
- HIT and Health Care Reform
- Q & A

# The Problem (Related to HIT)

- Paper is inefficient
- Duplicate tests
- Medical errors
- Lack of information
- Too much information
- Consumer engagement
- Quality-Quality-Quality

# Questions

- 1) Why do we tolerate “low” IT in health?
- 2) What would it take to change that?
- 3) Who has to change? or Who is going to resist?
- 4) Will the federal plan work in NC?
- 5) What should we do next?

# Health Information Technology

“ Health information technology is the circulatory system for the vital organs of health care.”

Dr. David Blumenthal  
National Coordinator of HIT



# HIT Goals

- Improved healthcare quality
- Better health outcomes
  - Individuals
  - Populations
- Control costs
- Better engage health care consumers

# Federal HIT Strategy

- Office of the National Coordinator of Health Information Technology (ONC)
- Federal Stimulus Act (ARRA)
- HITECH Component = HIT
- States charged with developing solutions (no national system for all)

# 1. Must get clinical information into an electronic format

- FEDS
- HITECH – Regional Extension Centers
- NC
- NC AHEC
- 9 Existing Regions
- Existing Relationships
- Existing Quality Initiative
- \$13.6 million

## 2. Incentivize targeted providers to adopt EHRs and meaningful use

- **FEDS**
  - HITECH – Incentive Payments
  - Medicare
  - Medicaid
- **NC**
  - NC Medicaid
  - Eligible providers and hospitals
  - MU “bar”
  - \$63,000 M’caid
  - \$44,000 M’care
  - \$500 million to hospitals

# 3. Create a new standard for EHR vendors

- FEDS
- HITECH – EHR Certification Program
- NC
- Private entities
- Temporary Certification
- “Preferred Provider” list
- Cost to providers

# 4. Build a mechanism for sharing health information electronically

- FEDS
- HITECH – State Level Health Information Exchange (HIE)
- NC
- NC HWTF
- NC HIE Non-profit
- CEO level Board
- Public-Private Partnership
- \$12.9 million

# 5. Make sure healthcare providers know how to use the new systems

- FEDS
- HITECH – Workforce Development
- NC
- NC Community College System-Pitt
- 13 State Region
- Curriculum Development-Duke
- Distance Learning
- \$20.1 million

# 6. Make sure the network has the capacity for all these new users

- **FEDS**
- HITECH – Broadband Technology Opportunities Program (BTOP)
- **NC**
- MCNC
- NC Research and Education Network
- “Middle mile strategy” to connect health
- \$28.2 million-Phase 1
- \$75.8 million Phase 2

# 7. Make good use of the data

- FEDS
- HITECH – Comparative Effectiveness Research (CER)
- NC
- UNC, Duke, Wake, ECU, RTI, & others
- Evidenced-based medicine
- Best practices
- “Learning System”
- \$200+ million

# 8. Make good use of the technology to improve health

- FEDS
- HITECH – Telehealth
- NC
- NC Telehealth Network
- Rural health strategy
- Community Health Centers
- \$6.1 million

# 9. Children as a priority

- **FEDS**
- HITECH – Children’s Health Insurance Program Reauthorization Act (CHIPRA)
- Establish a national quality system for children’s health care
- **NC** (1 of 10)
- NC Medicaid-CCNC
- NC Pediatric Society, NC Academy of Family Physicians, and NC Quality Alliance
- EMR for children
- \$9.3 million

# 10. Learn from the leaders

- FEDS
- HITECH – Beacon Community Program
- NC (1 of 17)
- Southern Piedmont Community Care Plan (CCNC)
- Existing community partnerships
- Cabarrus, Rowan, and Stanly Counties
- \$15.9 million

# State Strategy for Meaningful Use

- Structured lab results reporting
- e-Prescribing
- Sharing of clinical record summaries
- Public Health reporting

# NC HIT Landscape

- **Existing HIT systems:** Hospitals, RHIOs, Public Health, Individual Provider Practices, Payers
- **State HIE Governance:** NC Health Information Exchange, with a 21 member public- private CEO level Board
- **Quality in NC:** NC AHEC Quality Initiative, NC Healthcare Quality Alliance, Carolinas Center for Medical Excellence
- **Community Care of NC:** Informatics Center
- **NC Laws:** Legal challenges to HIE, Opt Out
- **Economic Crisis:** \$3.5 billion “hole”
- **EHR Loan Program:** HWTF and NCMSF \$750,000

# NC Medicaid

- MMIS Replacement System
- Incentive Payment Program P-APD
- State Medicaid HIT Plan (SMHP)
- Incentive Payment Program I-APD
- National Level Repository (NLR)
- Health Care Reform (ACA)

# 4 Key Components of PPACA

- 1) Health Insurance Reform
- 2) Expansion of Reportable Quality Measures
- 3) Medicare/Medicaid Payment Reform
- 4) Medicare/Medicaid Demonstration  
Initiatives to Encourage Innovation to  
Improve Quality

# Information Technology Reform IS Health Care Reform

- ARRA/HITECH is to HIT as PPACA is to health care reform
- PPACA assumes new models of HIT are in place
- Can't reform/perform without improved HIT

# EHR Adoption: The Key to Success

- Clinical data to share
- Targeted providers
- EHR capabilities (Vendor Certification)
- EHR support (Workforce Development)
- Quality improvement vs. quality measures
- Consumer acceptance

# Discussion

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