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## BACKGROUND

- North Carolina (NC) Medicaid provides health care to about **3 million** eligible low-income adults, children, pregnant people, seniors, and people with disabilities.

This accounts for more than 1 in 4 North Carolinians.



- The Evaluation team at NC Medicaid is responsible for monitoring beneficiary health and evaluating the effectiveness of various programs and initiatives.
- NC Medicaid quality measure results are primarily derived from claims data submitted by providers and health plans. These administrative data are complete and accurate but designed to describe services, not the health of the patient.
- NC Medicaid needs clinical data to complete the picture – especially for *Controlling High Blood Pressure (CBP)*, *Glycemic Status Assessment for Patients with Diabetes (GSD)*, and *Screening for Depression and Follow-Up Plan (CDF)*.
- The challenge:
  - Clinical data elements used for NC Medicaid programs are currently incomplete, non-standardized, and duplicative.
  - Data exchange between plans and providers requires many different interfaces.
  - Practices face increasing administrative burden related to data sharing.

**How can we accurately and meaningfully understand the quality of care being provided to beneficiaries without adding to provider burden?**

## DATA QUALITY

### The Problem



John has his blood pressure taken by a specialist

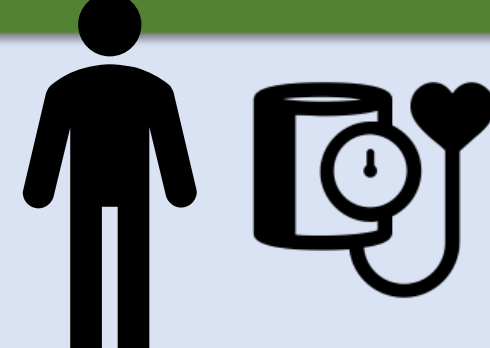
The provider records John's blood pressure (120/80) in the EHR using in-house standards that are incompatible with NC HealthConnex, causing only the systolic value (120) to be sent

Some providers may access this information, but its meaning may not be clear

NC HealthConnex

Data cannot be used for bulk analytics or quality measurement due to lack of standardization and units of measurement

### The Solution



John has his blood pressure taken by a specialist

The provider records John's blood pressure (120/80) in the EHR in a complete and standardized format to ensure operability with NC HealthConnex

Providers from various health systems can access this information at the point of care

NC HealthConnex

NC Medicaid can use these data for quality measurement

## REPORTING BURDEN

### The Problem



John has his blood pressure taken by a specialist

The provider is required to report this blood pressure information to multiple entities with different formats and standards

Health Plan A

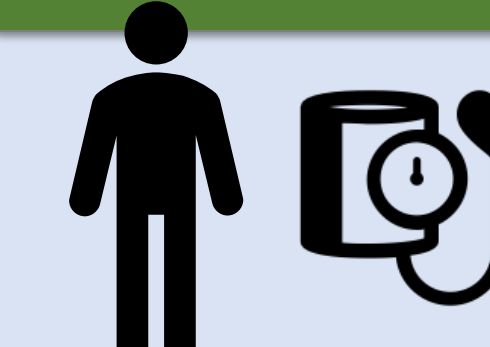
Health Plan B

NC HealthConnex

Health Plan C

Health Plan D

### The Solution



John has his blood pressure taken by a specialist

The provider is **ONLY** required to report the blood pressure values to NC HealthConnex with a single format and standard, decreasing provider reporting burden

Health Plans

NC HealthConnex

NC Medicaid

## WHAT IS NC HEALTHCONNEX?

A health information exchange (HIE) is a secure, electronic network that gives authorized health care providers the ability to assess and share health-related information across a statewide information highway.

NC HealthConnex is North Carolina's state-designated HIE. In NC, providers receiving state funds for care (e.g., Medicaid) are required to connect and submit data for these patients.



### NC HealthConnex by the numbers:

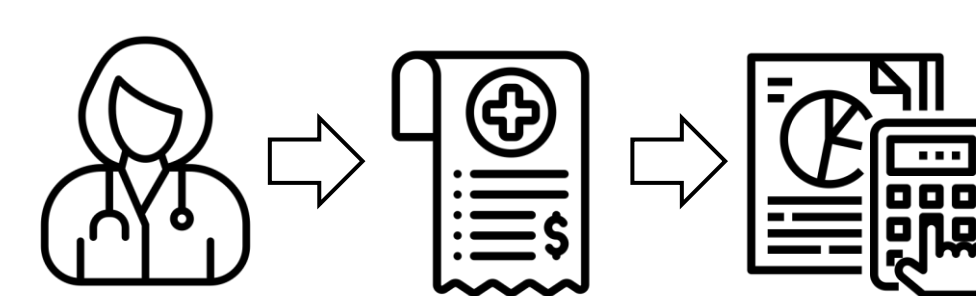
- 60,000+ providers with contributed records
- 10,000+ health care facilities submitting data
- 6,000+ health care facilities in onboarding
- 14 million+ unique patient records
- 80 EHR vendors live

## EARLY RETURNS IN THE CONTROLLING HIGH BLOOD PRESSURE (CBP) MEASURE

The 2020 national average for Medicaid HMOs for Controlling High Blood Pressure was 55.9%.

### Administrative Quality Measure Calculations

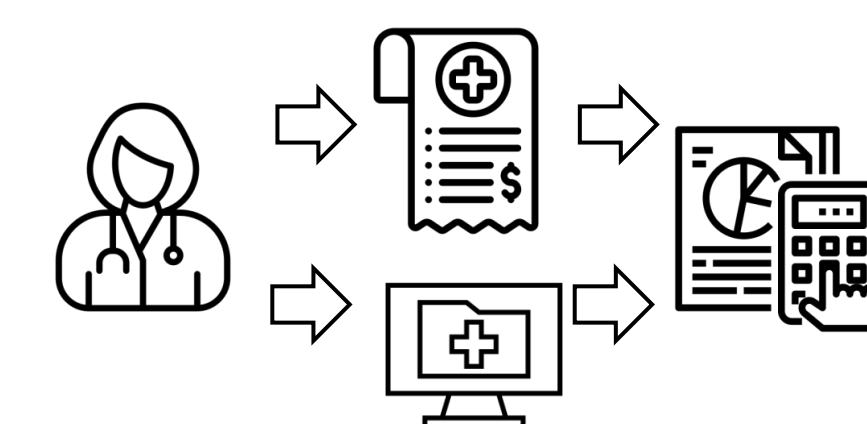
Only claims and encounter data are used for quality measurement



2020 CBP Rate: 4.58%

### Supplemental Data from NC HealthConnex

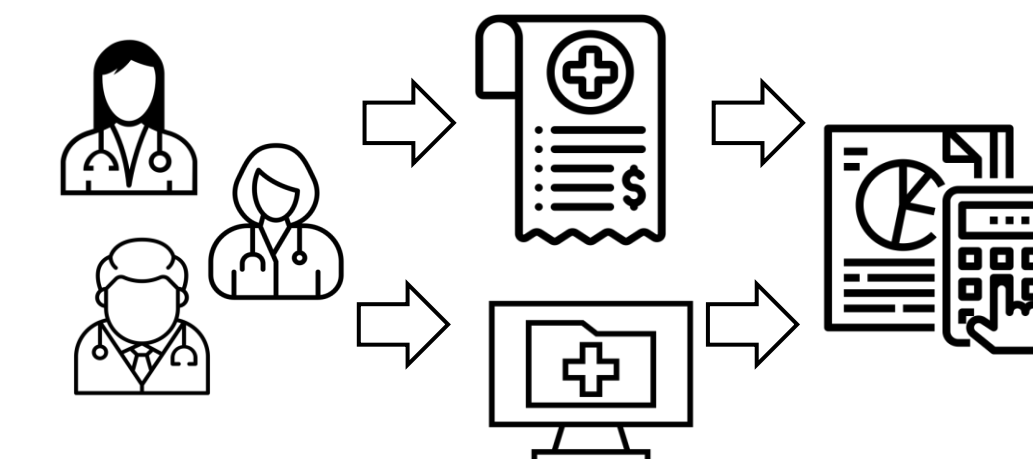
Claims/encounter data is combined with electronic clinical data from NC HealthConnex



2020 CBP Rate: 20%

### Improvements in NC HealthConnex Submission

An increasing number of providers and practices connected and sharing patient data



2022 CBP Rate: 40.92%

## KEY TAKEAWAYS

- As payers move toward paying for value, access to high-quality, real-time data becomes important.
- A central data aggregator (like NC HealthConnex) can play a key role in improving the exchange of clinical and quality measurement data.
- Success depends on a foundation of standardized and complete data submitted by providers.

## HOW ARE WE GOING TO GET THERE?

### Exploration Phase

- Internal exploratory analysis of NC HealthConnex data
- NCQA's Data Aggregator Validation Program
- External Quality Review Organization (EQRO) Primary Source Validation

### Design and Implementation Phase

- Convene stakeholder workgroups for solution development
- Submit an Advanced Planning Document (APD) to CMS
- Design provider incentives
- Implement tech updates, provider incentives, and provider coaching

### Transformation Phase

- Operationalize digital quality measures (dQMs)
- Provide real-time care gap reports to providers/practices

## Acknowledgements

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