



North Carolina State Transformation Collaborative



## Alignment Proposal for the North Carolina State Transformation Collaborative: A Pathway to Advance Whole-Person Care Spring 2024

### Executive Summary

- North Carolina is a leader in national efforts to shift from paying for health care services to investing in health, but state leaders need help streamlining how health reform programs are implemented to reduce time spent by providers on administrative tasks. This allows providers to focus on their patients, increase the system's capacity to provide whole-person care, and measure the state's progress toward its health reform goals.
- In response to this need, this document outlines practical strategies and action areas for the [North Carolina State Transformation Collaborative \(NC STC\)](#), with the vision of statewide implementation to advance health and well-being in North Carolina and support our state health care workforce. These strategies and action areas include:
  - Align quality measures, starting with aligned implementation of a few key measures;
  - Improve data sharing infrastructure by meeting organizations where they are and helping progress toward national interoperability standards; and
  - Enhance health equity data like race, ethnicity, language through standardized approaches to the collection, sharing, and use of these data.
- This document is a work in progress and does not yet reflect an agreement by NC STC stakeholders to implement the steps outlined. After NC STC stakeholders have the opportunity to provide additional written feedback, the Alignment Proposal will be accompanied by a Shared Commitment Statement where NC STC stakeholders will be asked to voluntarily sign on to support the implementation of the steps outlined.
- Moving forward, we need further engagement and support from health care payers and providers, state government, community-based organizations, and groups focused on health equity to continue this work.

### Introduction

North Carolina is a leader in national efforts to shift from paying for health care services to investing in health. As part of this transition, health care leaders have prioritized a move towards value-based payment (VBP) arrangements, where plans and providers are paid based on the quality of care they provide to patients, rather than the number of health care services delivered. These models are important to North Carolina's efforts to focus on whole-person health because they allow for health care and other services to be tailored to the needs of patients and families.

As VBP arrangements are implemented between health plans and providers, there is the potential for wide variation in the requirements around performance measurement, attribution, and other design

features. This variation can distract from providing the best patient care because it increases the administrative burden for provider organizations as they work to ensure compliance across contracts with multiple health plans.

To help streamline targeted VBP requirements and minimize the administrative burden on a strained health care workforce, this Alignment Proposal outlines practical strategies and action areas for the [North Carolina State Transformation Collaborative \(NC STC\)](#), with the vision of statewide implementation to advance health and well-being in North Carolina and support our state health care workforce. In the long-term, the NC STC can build on this process, expand areas for action, and measure impact on key NC STC goals and strategies listed below in Figure 1. This Alignment Proposal is a work in progress that has been developed in consultation with NC STC stakeholders. At this stage, it does not reflect an agreement by partners to implement the strategies included. Later this year, the Alignment Proposal will be accompanied by a shared commitment statement where NC STC stakeholders will be asked to voluntarily sign on to support the implementation of the steps outlined in the proposal. We need the NC STC’s multi-stakeholder engagement and support to continue this work.

**Figure 1: North Carolina State Transformation Collaborative: Goals, Strategies, and Approach**



**Overview of the North Carolina State Transformation Collaborative**

The NC STC, which was launched by the NC Department of Health and Human Services (NCDHHS) Division of Health Benefits, the Health Care Payment Learning and Action Network (HCP-LAN), the Centers for Medicare & Medicaid Services (CMS), and the Duke-Margolis Institute for Health Policy (Duke-Margolis), is a public-private initiative designed to promote high-value and whole-person health care, integrating across health and resource needs in North Carolina through multi-stakeholder partnerships. Through the NC STC, North Carolina’s public and private health care leaders work to

advance the shared goals of improving population health, advancing health equity, enhancing patient experience, relieving provider burden, and reducing cost.

To achieve progress on these goals, Duke-Margolis drafted the NC STC Alignment Proposal, a proposed set of actions to address shared challenges across key NC STC strategies—aligning quality measures, improving data infrastructure, and enhancing health equity data to enable advanced, coordinated care models, starting with primary care. Since its launch in February 2023, the NC STC has convened stakeholders, conducted landscape analyses, led learning calls with relevant stakeholders, and disseminated surveys to develop the Alignment Proposal for the NC STC. Through this engagement and research, the NC STC leadership identified specific areas most amenable to progress to help enable better health care delivery and reduce common challenges across health care organizations. The action areas included in the Alignment Proposal are foundational to focusing practice support and infrastructure on achieving NC STC goals and succeeding in an increasingly VBP world.

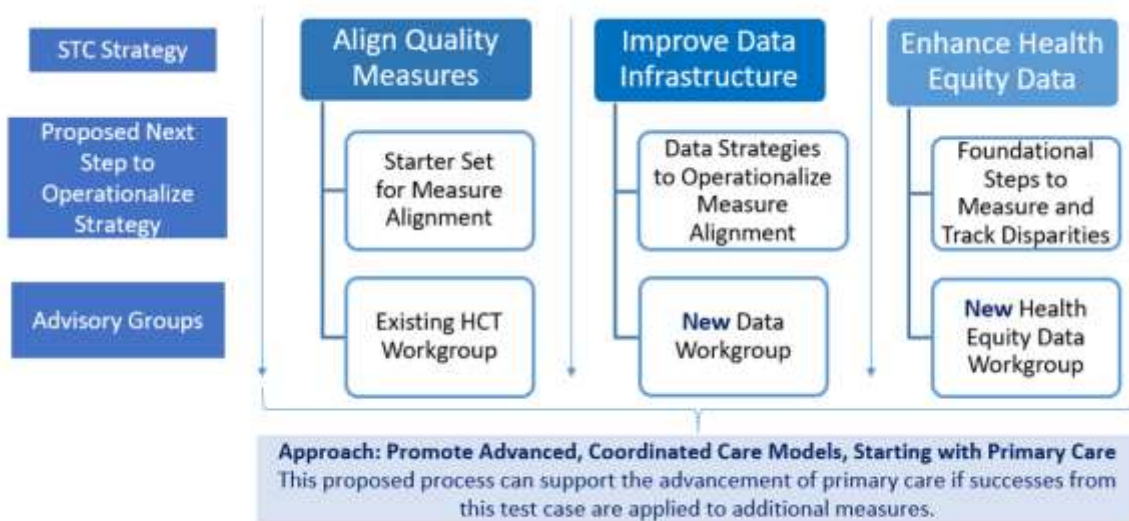
### **Purpose of the Alignment Proposal for the NC STC**

1. **Document the work completed to achieve progress on the NC STC goals** of improving population health, advancing health equity, enhancing patient experience, relieving provider burden, and reducing cost.
2. **Outline a set of preliminary action areas** designed to accelerate measure alignment, data sharing, and health equity data improvements.
3. Establish a foundation that helps lay a **pathway for ongoing alignment and innovation long-term**.

### **Stakeholder Participation in the Alignment Proposal Process**

The NC STC is guided by the lead partners and the North Carolina Health Care Transformation (HCT) Workgroup, an existing multi-stakeholder group convened by Duke-Margolis to provide strategic guidance on cross-sector health care transformation in North Carolina. The HCT Workgroup is a multi-stakeholder group of health systems representatives, health care providers, health plans, clinically integrated networks, employers, and state government entities such as NC Medicaid and the NC Health Information Exchange Authority (NC HIEA), who convene to provide strategic and technical guidance for the NC STC. These stakeholders convene to collaborate on shared solutions addressing cross-sector challenges related to health care transformation and innovation. Figure 2 below illustrates how the collective participation of key groups including the HCT Workgroup and the Data Sharing and Health Equity Data Workgroups drive the NC STC's alignment work forward and supports the advancement of primary care in the state.

**Figure 2: The Alignment Proposal for the NC STC Drives Action on Key Strategies through Multi-stakeholder Workgroups**



**Overview of Key Action Areas to Operationalize NC STC Strategies**

**Strategy #1 Align Quality Measures**

**Action Area: Establishing a Starter Set for Multi-stakeholder Alignment in Measure Implementation**

Through a series of convenings, interviews, and research over the last year, the NC STC identified “pain points” and areas of opportunity to reduce the sources of administrative burden that often distract from providing the best care for patients. Variability in performance measures included in value-based care contracts, inconsistencies in the application of measure specifications, and variation in measure collection and reporting all distract from the adoption of advanced primary care. Members expressed strong support for streamlining the measurement process and consistently applying current [Healthcare Effectiveness Data and Information Set \(HEDIS\) Technical Specifications](#) to a few priority, evidence-based measures to reduce performance measurement burden, which include:

- Childhood Immunization Status (CBE #0038)
- Hemoglobin A1c Control for Patients with Diabetes (CBE #0575)<sup>1</sup>
- Controlling High Blood Pressure (CBE #0018)

The HCT Workgroup selected these measures because they are clinically significant, known to be associated with persistent disparities across population groups, and/or common across measure sets and value-based payment (VBP) contracts, including CMS’s [Making Care Primary model](#) and NC Medicaid’s Advanced Medical Home (AMH) Model [Measure Set, as well as commercial and Medicare Advantage Markets](#). By focusing on streamlining the measurement process on a few key measures, the NC STC can

<sup>1</sup> This measure is subject to change in Measurement Year 2024. The 2024 measure will have the name ‘Glycemic Status Assessment for Patients with Diabetes (GSD)’ and will include the Glucose Management Indicator (GMI) in HbA1c control in addition to the previous sub-measures, providing individual, real-time glucose monitoring data. The measure also renames the numerators for ‘Adequate HbA1C Control’ to become ‘Glycemic Status <8%’ and ‘Poor HbA1c Control’ to become ‘Glycemic Status >9%’

apply learnings across measures, enabling a reduction in administrative burden associated with measure reporting and a focus on population health improvement.

**Strategy #2 Improve Data Sharing Infrastructure**

**Action Area: Identify Data Strategies to Operationalize Alignment through the NC STC Data Sharing Workgroup**

The lack of data interoperability across stakeholders and lines of business acts as a major source of administrative burden in value-based payment contracts, presenting challenges for care coordination, population health management, and performance measurement. Using the three priority, evidence-based measures outlined above—Childhood Immunization Status, Hemoglobin A1c Control, and Controlling High Blood Pressure—as use-cases for aligned implementation and to increase the adoption of national data interoperability standards, the NC STC convened a technical NC STC Data Sharing Workgroup in early 2024. The Workgroup identified key pain points for each measure and discussed potential alignment actions for the starter measure set, including establishing standard data-sharing formats, strategies to enhance automated reports within the NC HIEA, and approaches to improving data sharing among practices, labs, pharmacies, and payers using Bulk FHIR (Fast Healthcare Interoperability Resources) standards. Proposed short-term and long-term steps for improving data-sharing infrastructure are described in more detail in Table 1 below. These steps are meant to reflect a range of organizational readiness to implement national interoperability standards and help reduce burden for all organizations.

**Table 1: Potential Short- and Long-term Alignment Steps for Improving Data Sharing Infrastructure**

Short-Term Alignment Steps (6 months – 2 years)	Long-Term Alignment Steps (2– 5 years)
<p><b>Streamline supplemental data submissions for performance measurement</b></p> <ul style="list-style-type: none"> <li>• Explore and identify options for standardizing supplemental data submission templates and formats</li> <li>• Establish process for proactively communicating data format changes (e.g., changes to claims data format)</li> <li>• Identify ongoing or potential pilots to implement standardized data file formats that currently vary across health plans and lines of business</li> </ul>	<p><b>Build a robust ecosystem to support data sharing in North Carolina</b></p> <ul style="list-style-type: none"> <li>• Facilitate process for returning data to health care providers for quality improvement</li> <li>• Identify ways to further leverage the NC HIEA and other networks to facilitate data exchange</li> <li>• Support independent and smaller practices with the transition toward digital quality measures and bulk FHIR data import/export</li> </ul>
<p><b>Identify ways to move toward national interoperability standards</b></p> <ul style="list-style-type: none"> <li>• Improve standardization of childhood immunization data</li> <li>• Pilot submission of Hemoglobin A1C values for performance measurement via bulk FHIR</li> </ul>	

**Next Steps for the NC STC Data Sharing Workgroup**

- **Short-term:** Continue to solicit feedback on these proposed alignment areas and incorporate findings into further iterations of the Alignment Proposal. Stakeholders will convene to develop specific implementation steps to operationalize the strategies in the Alignment Proposal. Supportive partners will voluntarily commit to implementation in their organizations.

- **Long-term:** The NC STC aims to move towards alignment in a way that mirrors national initiatives, best practices, and strategies to promote interoperability. As federal and state agencies further their data alignment goals, the NC STC will shape their alignment framework in response to federal/state agency goals, including considering the use of data networks including the NC HIEA and the Trusted Exchange Framework and Common Agreement ([TEFCA](#)). The NC STC, through the Data Sharing Workgroup, will establish a vision for data infrastructure and exchange in North Carolina, and identify specific use cases to put that vision into practice.

### **NC STC Strategy #3 Enhance Health Equity Data**

#### ***Action Area: Identifying Guiding Principles and Establishing Foundational Steps to Measure and Track Disparities with the NC STC Health Equity Workgroup***

Variation in how organizations collect, share, and use health equity data (e.g., race, ethnicity, language, or disability) [creates challenges for directing resources and interventions to address identified health disparities](#) across North Carolina. North Carolina has leading examples for the collection of race and ethnicity data--the state Medicaid program is recognized for having some of the most complete race and ethnicity data in the country, and the state's COVID-19 vaccination management system required reporting of race and ethnicity to better direct resources and community outreach during the pandemic.

Even so, data quality and completeness differ within and across health care organizations, preventing direct comparisons across population groups and organizations, as well as collaborative interventions to improve health outcomes. To address these issues, Duke-Margolis, in collaboration with NC STC lead partners, will convene a Health Equity Data Workgroup to establish guiding principles to ensure data are collected, shared, and used equitably. The Workgroup aims to engage researchers, health care providers, health plans, and community-based organizations who work with underserved and systemically marginalized populations, and individuals with lived experience, who have expertise in the areas of health data collection, analysis, policymaking, and the impacts on North Carolinians. The Health Equity Data Workgroup will identify challenges and pain points acting as barriers to the accurate and timely collection, sharing, and use of health equity data, prioritizing specific challenges and use cases when helpful (similar to the NC STC Data Sharing Workgroup meeting structure outlined in Strategy #2).

The Workgroup will also consider aligning with the national context around health equity data, including the recently announced revisions to the Office of Management and Budget (OMB) [Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#), which make changes to federal data collection and reporting. Future activities of the Workgroup may explore how their guiding principles can support the standardization of key health equity measures across organizations in North Carolina. Alignment and standardization of health equity data can support efforts across organizations, and in collaboration with communities, to establish more coordinated and targeted interventions to address health disparities and improve overall health and well-being.

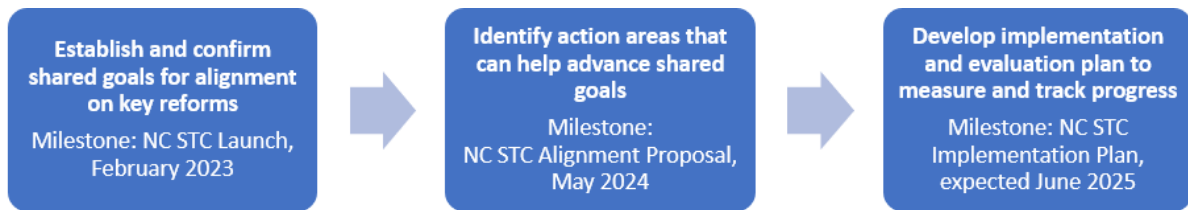
#### **Next Steps for Health Equity Data Alignment**

- Identify leading practices in the collection, sharing, and use of health equity data across health care stakeholder types starting with a landscape scan of existing frameworks and principles and consideration of North Carolina's context.
- Convene a workgroup that could include health equity researchers, payers, providers, community-based organizations, and people with lived experience to establish principles for collecting, sharing, and using health equity data.

- Apply guiding principles to discuss a consistent approach to the collection, sharing, and use of health equity data.
- Present proposed alignment steps and an implementation timeline for consideration by the NC STC stakeholders.

### **Translating the Alignment Proposal into Action**

The NC STC lead partners will continue to engage stakeholders and collect feedback on the identified action areas. The Alignment Proposal will then be updated to incorporate feedback and include an implementation and evaluation plan that organizations can voluntarily adopt to help build organizational capacity for advancing the NC STC goals. The evaluation plan will help measure and track progress on NC STC strategies and goals.



If you have additional questions or feedback, please do not hesitate to reach out to us via our [website](#) or [email](#).