North Carolina State Transformation Collaborative (NC STC) Frequently Asked Questions

1. **What is the North Carolina State Transformation Collaborative (NC STC)?**
   - The North Carolina State Transformation Collaborative (NC STC), is a public-private partnership designed to promote high-value and whole-person[1] health care by working to address 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 disparities[2], enhancing patient experience, relieving provider burden, and reducing cost. North Carolina is one of four states selected to participate in this initiative, alongside Colorado, California, and Arkansas. The NC STC was launched in February 2023 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).

2. **How does the NC STC align with the work of other State Transformation Collaborative (STC) states?**
   - NC is one of four states selected to participate in the Health Care Payment Learning and Action Network (HCP-LAN) State Transformation Collaborative initiative. North Carolina, California, Colorado, and Arkansas, were all selected because of state investments in primary care and a history of pursuing multi-payer alignment[3] strategies, highlighting an opportunity to examine alignment approaches across states. Each STC takes a locally focused approach to address the needs of state populations by continuing to shift the economic drivers away from fee-for-service to a value-based, whole-person approach to health through multi-payer collaboration and partnership. All STCs work to address the following key features of multi-payer alignment: Performance measurement and reporting; advancing efforts to address health disparities; aligning key payment model components; timely and consistent data sharing; and providing and leveraging technical assistance.

3. **Are the Centers for Medicare & Medicaid Innovation (CMMI) paying states to participate in the STC?**
   - No, CMMI does not provide funding to State Transformation Collaboratives (STCs), and the NC STC does not receive any federal funding. The work of the NC STC is currently supported by the North Carolina Department of Health and Human Services.

4. **What is the NC State Transformation Collaborative (NC STC) focused on?**
   - To make actionable progress on the NC STC goals of improving population health, advancing health equity, enhancing patient experience, relieving provider burden, and reducing cost, the NC STC is initially focused on a few key strategies that can help health care provider organizations deliver whole-person and coordinated primary care, these include:
     - Aligning quality measures, starting with the aligned implementation of a few key measures;
     - Improving data sharing infrastructure by meeting organizations where they are and helping progress toward national interoperability standards; and
     - Enhancing health disparities data like health-related social needs[4] (HRSN) through aligned approaches to the collection, sharing, and use of these data.

5. **What stakeholders are involved in the NC State Transformation Collaborative (NC STC)?**
   - The NC STC is formally comprised of a series of workgroups and a group of lead partners that guide its health care transformation efforts. The NC STC is also influenced by interested parties via

informal membership channels including public meetings and virtual engagement. More information on these workgroups can be found in the graphic and associated information below.
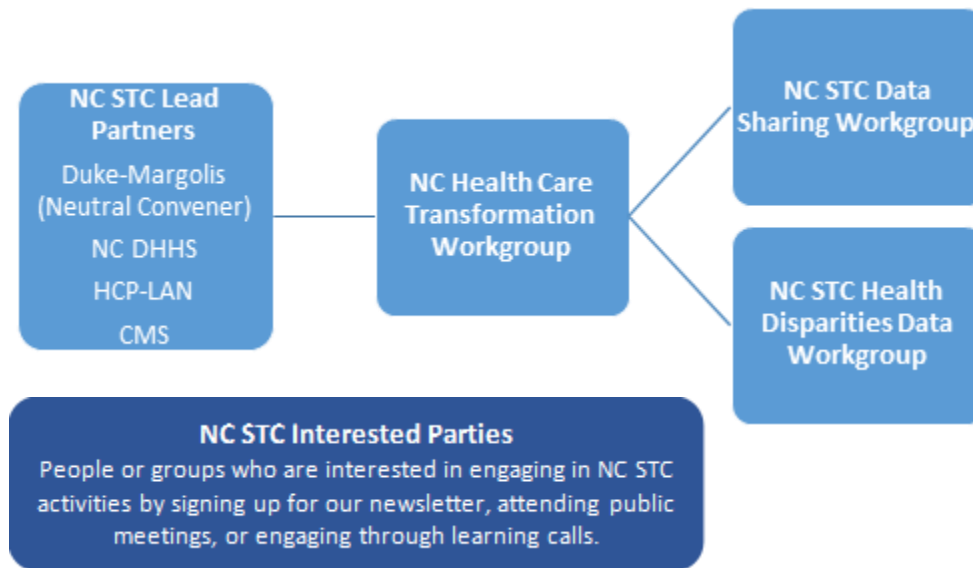
6. What is the NC Health Care Transformation Workgroup?
   - The North Carolina Health Care Transformation (HCT) Workgroup is a multi-stakeholder group convened to provide strategic and technical guidance on cross-sector health care transformation in North Carolina. The NC HCT Workgroup serves as the overall guiding body for the NC State Transformation Collaborative (NC STC), sending strategic guidance and broad charges to the NC STC's technical Workgroups. The HCT Workgroup includes health system 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). Content, alignment opportunities, and proposed action steps from the technical workgroups feed back to the NC HCT Workgroup to continue to make progress and advance key goals.

7. What is the NC STC Data Sharing Workgroup?
   - The NC STC Data Sharing Workgroup was launched to identify key challenges in sharing performance measurement data with other health care entities and payers, starting with three priority measures: Childhood Immunization Status; Controlling High Blood Pressure; and Glycemic Status Assessment for Patients with Diabetes. Within this starter measure set, the Data Sharing Workgroup discusses potential areas of opportunity for alignment. The Workgroup is comprised of technical data experts from NC Medicaid, health plans, provider organizations, pharmacy groups, the NC Health Information Exchange Authority (NC HIEA), and clinically integrated networks.

8. What is the NC State Transformation Collaborative (NC STC) Health Disparities Data Workgroup?
   - The NC STC Health Disparities Data Workgroup was launched to develop guiding principles for the collection, sharing, and use of health disparities data and explore opportunities for alignment, beginning with health-related social needs (HRSN) data as an initial, applied use case. The Workgroup is comprised of provider organizations and associations, community-based organizations and subject-matter experts, health plans, health systems, and state partners including the NC

Department of Health and Human Services (NCDHHS) and NC Health Information Exchange Authority (NC HIEA).

9. **What does membership in the NC State Transformation Collaborative (NC STC) look like?**
- The NC STC hosts multi-stakeholder convenings to advance shared equitable and high-quality whole-person care, some being open to the public and others by invitation only. The NC STC hosts annual public meetings to share updates on NC STC strategic priorities and alignment efforts. Information about those meetings is shared in the NC STC newsletter, emailed quarterly. The NC STC's Workgroups (i.e., NC Health Care Transformation Workgroup, NC STC Data Sharing Workgroup, and NC STC Health Disparities Data Workgroup) are closed, member-only workgroups, but membership is considered on a rolling basis.

10. **Are organizations required to participate in the NC State Transformation Collaborative (NC STC), if invited?**
- No, participation in the NC STC and various Workgroups is voluntary. Contributing members can choose to participate or not, at any time.

11. **How can Community-Based Organizations (CBOs) get involved with the NC State Transformation Collaborative (NC STC)?**
- The NC STC aims to prioritize responsible community representation and engagement in its alignment work, especially in health disparities data conversations to ensure solutions are equitable and appropriate and strategies identified by the health disparities data workgroup are shared openly and collaboratively with the community from which the data is derived to confirm accuracy and relevance. We encourage CBOs to reach out via the web form at the bottom of the NC STC website if they wish to participate in our Workgroups or provide additional perspectives on alignment efforts in learning calls.

12. **How is feedback from stakeholders incorporated into the NC State Transformation Collaborative's (NC STC) initiatives?**
- Stakeholder feedback is essential to the NC STC's alignment efforts, as it shapes the short- and long-term alignment opportunities under each strategy. Stakeholder feedback is collected in learning calls, interviews, email submissions, and multi-stakeholder convenings and is consolidated into next steps for Workgroup consideration and written documents.

13. **How does the NC State Transformation Collaborative (NC STC) align with other NC and federal initiatives?**
- The NC STC supports state and national efforts, including efforts by the NC Department of Health and Human Services (NCDHHS), Centers for Medicare & Medicaid Services (CMS), and Center for Medicare and Medicaid Innovation (CMMI), to advance health care transformation and improve whole-person health for all North Carolinians. Transforming the health care system requires collaboration at multiple levels, including with patients, providers, payers, and state and federal agencies. The NC STC brings people together to address common challenges experienced across disparate health transformation initiatives. Ongoing reforms and programs that the NC STC is coordinating across include:
    - **Making Care Primary**: North Carolina was one of eight states selected to participate in CMMI's Making Care Primary (MCP) model, which utilizes multi-payer alignment to provide a pathway for primary care clinicians with varying levels of experience with value-based care

to build towards more advanced payment models. The model encourages primary care partnerships with specialists, incentivizes performance on a select set of quality measures, and leverages community-based connections to address patients' health-related social needs (HRSNs), among other features. There are opportunities to extend learnings from the NC STC to the state's aligned MCP Medicaid model currently under development and other state initiatives to continue to make progress on health reform efforts.

- o **Healthy Opportunities Pilots**: The NC STC's goal to address health disparities builds on state efforts to support whole-person health in the Healthy Opportunities Pilots (HOP). This pilot program is the nation's first comprehensive effort to test and evaluate the impact of providing evidence-based, non-medical interventions to improve health outcomes and reduce healthcare costs. HOP provides non-medical interventions across four domains: housing, food, transportation, and interpersonal violence/toxic stress in three regions of the state. North Carolina submitted a Section 1115 Demonstration Waiver renewal for HOP that, if approved, would expand HOP eligibility and support services statewide. The NC STC will build on learnings from HOP to identify short- and long-term alignment steps for the collection, sharing, and use of health disparities data that can facilitate expansion of HOP services and other programs that address non-medical drivers of health.

- o **Federal initiatives**: The NC STC strategy to align quality measures builds on CMS's recently released Universal Foundation, a set of measures intended to be used across CMS quality rating and value-based care programs (e.g., Making Care Primary). The NC STC strategy to improve data sharing and infrastructure operates in strategic alignment with legislation requiring federal agencies, including CMS and the Office of the National Coordinator for Health Information Technology, to establish a roadmap for data interoperability, including real-time data-sharing on patient panels to guide population health management and streamline performance measure reporting. This strategy also reinforces the Trusted Exchange Framework and Common Agreement (TEFCA) to advance interoperability nationwide. The NC STC strategy to enhance health disparities data incorporates new race and ethnicity standards and recent stratification of performance measures across payment models as well as Medicare requirements for HRSN screening.

14. How does the NC STC work fit into other data improvement initiatives in the state?

- NC Medicaid and the NC Health Information Exchange Authority (NC HIEA) are partnering on a series of use cases that leverage the statewide health information exchange, NC HealthConnex, to improve timely, accurate, secure, and standards-based exchange of data between Medicaid managed care plans, providers, beneficiaries, and the NC Department of Health and Human Services (NCDHHS). Currently, these use cases fall into three categories: (1) use of digital quality measures (dQMs), (2) exchange of information to improve care management, and (3) exchange of screening information for health-related social needs (HRSN). This work is being supported by a Centers for Medicare & Medicaid Services (CMS) Advanced Planning Document (APD), allowing the state to draw down enhanced Federal financial participation (FFP) to support design, development, and implementation. Learnings from these ongoing initiatives inform the NC STC's goals of improving population health, relieving provider burden, and advancing health equity.

- As part of the dQM use case, NC Medicaid recently launched a dQM Workgroup with the NCHIEA to identify pain points in submitting high quality clinical data that is required for quality measure reporting. The initial focus of this Workgroup is on three high-priority measures that NC Medicaid and its managed care plans find challenging to measure: Hemoglobin A1c Control for Patients with

Diabetes (now Glycemic Status Assessment for Patients with Diabetes), Controlling High Blood Pressure, and Screening for Depression and Follow-Up Plan. While the group is still in infancy, notable activities have included holding one-on-one meetings with organizations to review their data systems and quality improvement processes and investigating cases of numerator non-compliance for the aforementioned quality measures via a data collection exercise. As part of the NC State Transformation Collaborative (NC STC) strategy to align quality measures, the NC STC is focused on aligning implementation of common measures, identifying a few priority, evidence-based measures as a starting point for reducing burden. The NC STC Data Sharing Workgroup is focused on three measures: Glycemic Status Assessment for Patients with Diabetes, Controlling High Blood Pressure, and Childhood Immunization Status. Two of the three measures selected by the NC STC (Glycemic Status Assessment for Patients with Diabetes and Controlling High Blood Pressure) align with the digital quality measurement use case the NC HIEA is working on with NC Medicaid. This effort operates in alignment with the CMS goal of advancing quality measurement by transitioning all quality measures in its reporting to digital quality measures (dQMs). Both the NC STC and NC Medicaid's dQM Workgroup are working to enhance data interoperability and multi-stakeholder data standardization.

- North Carolina's participation in Making Care Primary will seek to build on existing data sharing efforts in the state by leveraging additional resources and federal support around shared goals like reducing provider burden and improving patient and population health.

- Additionally, NCDHHS and NC HIEA partnered on a pilot program to integrate HRSN screening data from two large hospital systems in the state into NC HealthConnex, creating a unified system to facilitate data sharing among other providers, Medicaid managed care plans, and NCDHHS. Focused on six questions covering food, housing/utilities, and transportation from the NCDHHS standardized screening form, participants collaborated to translate screening questions and answers into LOINC codes that could be transmitted in near real-time to NC HealthConnex via Health Level Seven Admission, Discharge, and Transfer (HL7 ADT) messages. This information is made available to other providers via the NC HealthConnex Clinical Portal, as well as via Fast Healthcare Interoperability Resources (FHIR®) query. While the pilot is coming to an end, NC Medicaid and NC HIEA plan to expand upon this work to integrate HRSN data from additional health systems, as well as transmit this data to NCDHHS and Medicaid managed care plans.

- In addition to discussing interoperability, the NC STC is focused on enhancing health disparities data. The NC STC Health Disparities Data Workgroup explored opportunities for alignment and guiding principles related to the collection, sharing, and use of HRSN data and is incorporating lessons learned from the NCDHHS and NC HIEA pilot program to integrate HRSN screening data.

15. **What are some challenges in the advancement of primary care that the NC State Transformation Collaborative (NC STC) has identified so far?**
- Through research and a series of convenings and interviews, the NC STC has heard various challenges and sources of administrative burden where we think the NC STC can make progress across key strategies in the short-term to advance primary care including:
    - Variability in measures included in payer-provider value-based payment contracts across lines of business,
    - Wide variability in the implementation of measures across payer and provider groups,
    - Inconsistencies in defining and measuring disparities preventing apples-to-apples comparisons,
    - Limitations in interoperability as a result of variations in measurement, collection, and reporting.

16. What are the next steps for the NC State Transformation Collaborative (NC STC)?

- As of fall 2024, the NC STC is exploring short- and long-term alignment opportunities as outlined in its draft Alignment Proposal for the NC STC. Based on the input of NC STC Workgroups, this document outlines a set of actions to address shared challenges across key NC STC strategies: aligning quality measures; improving data infrastructure; and enhancing health disparities data to enable advanced and coordinated care models, starting with primary care. The Alignment Proposal outlines action areas and alignment opportunities to address areas in need of improvement, such as the NC STC's starter measure set of diabetes, childhood immunization status, and heart disease, and leverages findings from the NC STC Data Sharing Workgroup and Health Disparities Data Workgroup to emphasize the use of data tools to facilitate the right care, at the right time, for the right patient. Moving forward, the NC STC hopes to continue to build upon this process to tackle future challenges in which shared approaches and alignment are helpful.

17. How can I stay up to date with the NC State Transformation Collaborative (NC STC)?

- If you are interested in learning about stakeholder involvement opportunities within the NC STC, or would like to stay informed of the NC STC's efforts, please subscribe to the NC STC newsletter here. Interested organizations wishing to be considered for Workgroup membership may also contact our team by filling out the web form at the bottom of the NC STC website.

Glossary of Commonly Used Terms

1. **Whole-Person or Person-Centered Care**: Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.
2. **Health disparities**: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations who have been socially, economically, geographically, and environmentally disadvantaged.
3. **Multi-payer alignment:** Streamlining the administrative components of payment models, such as performance measurement and data sharing across payers and lines of business, which can make it easier for health care provider organizations to adopt more flexible and value-based payment arrangements.
4. **Health-related social needs (HRSN)**: Social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They put individuals at risk for worse health outcomes and increased health care use. HRSN refers to individual-level factors such as financial instability, lack of access to healthy food, lack of access to affordable and stable housing and utilities, lack of access to health care, and lack of access to transportation.