

Alignment Proposal: Action to Advance Whole-Person Care in North Carolina

ALIGNMENT PROPOSAL

June 23, 2025

The [North Carolina State Transformation Collaborative \(NC STC\)](#) is a public-private initiative designed to promote value-based and whole-person care to advance health for all through multistakeholder partnerships. Initially launched by the Health Care Payment Learning and Action Network (HCP-LAN) and the Centers for Medicare & Medicaid Services (CMS), North Carolina is one of four states participating in this initiative. The NC STC, convened by the Duke-Margolis Institute for Health Policy (DMI) and financially supported by the North Carolina Department of Health and Human Services (NCDHHS), has developed shared goals through multistakeholder convenings with health plans, health care providers, clinically integrated networks, health systems, employers, state government entities, subject-matter experts, and community-based organizations. The NC STC works to advance its goals of improving population health, enhancing patient experience, reducing health care costs, decreasing administrative demands on health care providers, and addressing health disparities to create a health care system in North Carolina that provides high-quality whole-person care for all, starting with primary care. To advance these goals, NC STC stakeholders identified three key strategies to focus efforts:

- Aligning performance measures,
- Improving data sharing infrastructure, and
- Enhancing health disparities data.¹

The Alignment Proposal for the NC STC, developed in collaboration with NC STC stakeholders, outlines action areas and short- and long-term alignment opportunities for each of these three strategies. These action areas and alignment opportunities represent initial steps and lay the foundation for ongoing collaboration and collective action in order to strengthen primary care in the state and support the NC STC goals.

To signal their commitment to the NC STC and interest in continuing to engage on the alignment opportunities within the Alignment Proposal, organizations have voluntarily signed on to the following statement:

"Our organization is committed to the goals of the North Carolina State Transformation Collaborative:

- *Improving population health*
- *Enhancing the patient experience*
- *Reducing health care costs*
- *Decreasing administrative demands on health care providers*
- *Addressing health disparities*

We are committed to working with our partners in the NC STC to advance multistakeholder alignment on key domains of value-based care, which include performance measurement, data sharing, and health disparities initiatives. Collective action to streamline these domains will lead to improved participation in value-based care and help achieve NC STC goals. To achieve these goals, we support action on the strategies and alignment opportunities outlined in the Alignment Proposal:

- *Reduce administrative burden associated with performance measurement by focusing on aligned implementation of key measures (Glycemic Status Assessment for Patients with Diabetes and Controlling High Blood Pressure) across payers.²*
- *Increase data sharing capabilities of health care organizations to streamline performance measure reporting and care improvement strategies.*
- *Enhance the quality and availability of health-related social needs data in the state and align on the collection, sharing, and use of these data across stakeholders to reduce health disparities."*

¹ In this proposal, we define health disparities as 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.

² In prior versions of this Alignment Proposal, a third measure, Childhood Immunization Status, was also included for focused work on aligned measure implementation. NC STC stakeholders strongly agreed that vaccinations are a critical public health priority and that increasing uptake is essential for reducing preventable disease and addressing health care burden. However, this group has not reached consensus on strategies and measures to facilitate impactful cross-sector collaboration, help reduce provider burden and improve population health alongside existing data sharing infrastructure like the NC Immunization Registry.

The NC STC is part of a larger, ongoing journey toward transforming health care across the state. Meaningful change requires sustained, iterative improvements, and the NC STC is committed to adapting and evolving with our partners over time. Moving forward, the NC STC will work to implement areas of consensus and will also

prioritize convening stakeholders around additional topics important for the promotion of public and population health priorities where additional multistakeholder collaboration is needed to address key barriers, accelerate progress and support the NC STC's overall goals.

Thank you to these organizations that have signed on in support of this work:

Advocate Health/Atrium Health
Aetna
Aledade
AmeriHealth Caritas North Carolina
BlueCross BlueShield NC
Blueprint NC
Cape Fear Valley Health System
CareQuest Institute for Oral Health
Carolina Complete Health Network
Carolina Complete Health
Community Care of North Carolina
Cone Health
Duke Health
ECU Health
Granville Health System
Hugh Chatham Health
Mountain Area Health Education Center
North Carolina Academy of Family Physicians

North Carolina Business Coalition on Health
North Carolina Community Health Center Association
North Carolina Department of Health and Human Services
North Carolina Health Information Exchange Authority
North Carolina Healthcare Association
North Carolina Institute of Medicine
North Carolina Pediatric Society
Onslow Memorial Hospital
Sampson Regional Medical Center
Scotland Health Care System
Southern Atlantic Healthcare Alliance
Triad Health Network
UNC Health
UnitedHealthcare Community Plan of North Carolina
WakeMed Health & Hospitals
WellCare of North Carolina

EXECUTIVE SUMMARY

- North Carolina is a leader in national efforts to shift from paying for health care services to investing in health, but further work is needed to streamline how health reform programs are implemented and 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, developed in collaboration with [NC State Transformation Collaborative \(NC STC\) stakeholders](#), outlines practical strategies, action areas, and alignment opportunities for the 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 include:
 - Align the performance measure reporting process, 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 disparities data, such as data on health-related social needs (HRSN) and race/ethnicity, through standardized approaches to the collection, sharing, and use of these data.
- NC STC stakeholders will demonstrate their support by voluntarily signing on to take action on one or more of the alignment opportunities outlined below.
- Moving forward, the NC STC needs further engagement and support from health care payers and providers, state government, community-based organizations, and groups focused on implementation of the alignment opportunities to measure impact on key NC STC goals and strategies.

Table 1 | Alignment Opportunity Summary Table

The table below provides an overview of the three strategies and associated alignment opportunities prioritized by NC STC stakeholders for action. It includes a brief justification of the importance of each alignment opportunity along with suggested partners to support the work, which include: payers, health systems, providers, clinically integrated networks (CINs), community-based organizations (CBOs), and the NC Health Information Exchange (NC HIEA).

DESCRIPTION		JUSTIFICATION	Payers	Health Systems, Providers, and CINs	CBOs	NC HIEA
STRATEGY #1: ALIGN PERFORMANCE MEASURES						
<i>Action Area</i>	Aligned implementation of agreed-upon measures					
Alignment Opportunities	Payers and providers agree to consistently apply Health Care Effectiveness Data and Information Set (HEDIS) specifications to agreed-upon measures (e.g., Glycemic Status Assessment for Patients with Diabetes and Controlling High Blood Pressure) when they are present in contracts.	Variability in measure specifications can lead to additional administrative burden in the reporting process for performance measurement, often having a disproportionate impact on rural or independent providers. Aligned application of HEDIS measures and streamlining the overall measurement process can support improved and lower burden reporting for measures beyond those prioritized by the NC STC.	X	X		
STRATEGY #2: IMPROVE DATA SHARING INFRASTRUCTURE						
<i>Action Area</i>	Streamline supplemental data submissions for performance measurement					
Alignment Opportunities	Plans will work with providers to enable the use of standardized templates for supplemental data sharing (e.g., determine if templates currently used by a subset of Medicaid plans and providers could be used by other payers and providers).	Varied formats for supplemental data submissions to health plans place additional administrative burden on providers. This in turn hinders practices' capacity to participate in value-based payment (VBP) contracts by limiting their bandwidth or resources for pulling data in multiple formats for quality measurement submissions. Streamlining supplemental data submissions for performance measurement by using a standardized template could ease the reporting burden across managed care contracts for all providers, including Medicaid providers with increasing submissions due to the introduction of Tailored Plans.	X	X		
<i>Action Area</i>	Identify ways to move toward national interoperability standards					
Alignment Opportunities	Plans and providers engage in federal and state-level efforts that can offer resources or technical expertise to support improvements in data sharing infrastructure within the state (e.g., the National Center for Quality Assurance (NCQA) Bulk FHIR Quality Coalition).	Through participation in state and federal efforts, payers and providers can take incremental steps towards an interoperable data ecosystem that can enable real-time data access to reduce provider administrative burden, improve care delivery, and enhance population health management. This work would align with a broader emphasis on transitioning to digital quality measurement and data exchange via Bulk FHIR by CMS and NCQA .	X	X		X
	Payers, aggregators, clinically integrated networks (CINs), and organizations engaging in practice support provide technical assistance and/or financial support to small, underserved, and rural practices to support the implementation of national standards for interoperability.	The financial and non-financial resource investments required to facilitate moving to national interoperability standards are a potential source of burden for smaller providers or practices that do not have the time or resources to adopt more advanced data-sharing capabilities, and therefore may require additional technical and infrastructure supports to create the robust data-sharing systems that would enable them to operate in alignment with forthcoming standards. Greater support for providers in this area can also lead to increased health plan access to timely and accurate provider data to facilitate managed care and improve overall population health management.	X	X		X
Alignment Opportunities	Identify and support steps needed to leverage the NC Health Information Exchange Authority (NC HIEA) as a trusted source of data for performance measurement in the state (e.g., payers and providers support and expand upon existing efforts by NC Medicaid and the NC HIEA to facilitate data exchange for specific use cases that align with NC STC priorities).	Stakeholders have shared the importance of building on existing data sharing efforts ongoing in NC through the NC HIEA in collaboration with state partners including plans, providers, and NC Medicaid. Bolstering these efforts is important to efficiently use existing resources and state infrastructure to work toward success, and can support leveraging these data for additional uses (e.g., care gap reporting, population health, and care management) in the long term.	X	X		X

Table 1 | Alignment Opportunity Summary Table (continued)

DESCRIPTION		JUSTIFICATION	Payers	Health Systems, Providers, and CINs	CBOs	NC HIEA
STRATEGY #3: ENHANCE HEALTH DISPARITIES DATA						
<i>Action Area</i>	Enhance training for HRSN data collection to increase transparency and build trust					
Alignment Opportunities	Payers, providers, and community-based organizations (CBOs) support the development of consistent messaging guidelines to facilitate trauma-informed screening, including helping patients and staff understand what the data are used for and how the data are stored, and emphasize the importance of consistent and complete HRSN data collection and storage practices.	Patients may be over-screened for HRSNs during health visits due to a lack of data sharing across organizations, causing significant burden on patients (e.g., emotional distress, survey fatigue, lack of follow-up leading to mistrust) and providers (e.g., administrative). Consistent messaging guidelines (e.g., what the data are used for, how the data are stored, communication tools if needs are identified but limited resources are available) could support providers and staff in conducting trauma-informed HRSN screenings.	X	X	X	
<i>Action Area</i>	Invest in HRSN screening, referral, service delivery, and clinical integration					
Alignment Opportunities	Payers, health systems, providers, CINs, and CBOs review NC STC-com- piled landscape analysis of current financial supports for HRSN screening, referral, service delivery, and clinical integration in Medicare, Medicare Advantage, and Medicaid and identify where more supports are needed.	Challenges exist in connecting patients to HRSN services due to limited financial support for screening, referrals, service delivery, and clinical integration. Identifying funding mechanisms across lines of business could help increase awareness for existing resources and identify gaps where more support is needed.	X	X	X	
<i>Action Area</i>	Enable standardized data sharing to improve HRSN screening, referrals, service delivery, and clinical integration					
Alignment Opportunities	Payers, providers, care managers, and CBOs identify key data elements needed by the broadly defined care team, along with standard terminologies and message formats as recommended by the Gravity Project with which to represent and exchange those data elements, to improve health and social care screening and coordination (e.g., build on learnings from the NC HIEA HRSN data pilot to create a jumping off point for interoperable structures).	After a patient is screened for HRSNs and referred to another organization for support, information about whether the patient accessed or received services is often not shared. This lack of data sharing, exacerbated by incompatible health and social care IT infrastructure, hinders care coordination. Interoperable data sharing infrastructure could improve communication and collaboration across organizations (e.g., NC HIEA, electronic health records [EHRs], health plans, NC Medicaid, NCCARE360).	X	X	X	



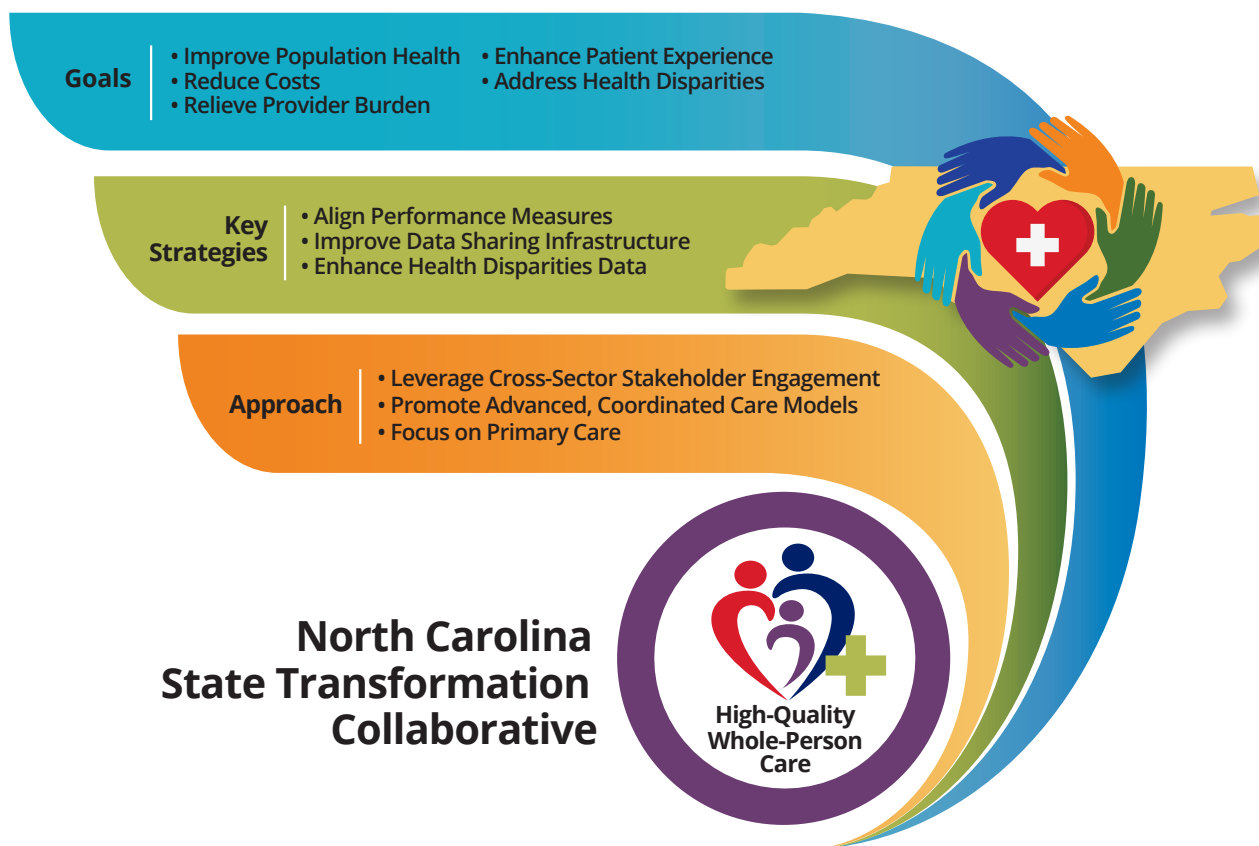
INTRODUCTION

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 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, wide variation exists in the requirements around performance measurement, attribution, and other design features. This variation can discourage participation in VBP arrangements and 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, action areas, and alignment opportunities 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 action areas, and measure impact on key NC STC goals and strategies listed below in **Figure 1**. This Alignment Proposal has been developed in collaboration with NC STC stakeholders, who will demonstrate their support by voluntarily signing on to take action on the alignment opportunities outlined in the document. NC STC multistakeholder engagement and support is needed to continue to make progress in this work.

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



Overview of the North Carolina State Transformation Collaborative

Launched in [February 2023](#), the NC STC is a public-private initiative designed to promote high-value and whole-person health care, integrating across health and social needs in North Carolina through multistakeholder partnerships. Through the NC STC, North Carolina's public and private health care leaders work to advance the shared goals of improving population health, addressing health disparities, enhancing patient experience, relieving provider burden, and reducing cost.

To achieve progress on these goals, Duke-Margolis drafted the Alignment Proposal for the NC STC, which includes alignment opportunities to address shared challenges across key NC STC strategies—aligning performance measures, improving data infrastructure, and enhancing health disparities, data to enable advanced, coordinated care models, starting with primary care. The NC STC has

convened stakeholders, conducted landscape analyses, led learning calls with relevant stakeholders, and disseminated surveys to develop this document. Through this engagement and research, NC STC leadership identified specific areas most amenable to progress to enable better health care delivery and reduce common challenges across health care organizations.

The resources and investments needed to implement the alignment opportunities in this document may vary across organizations. The NC STC is committed to working with organizations to meet them where they are and identify a sustainable path forward. The alignment opportunities are a starting point for the long-term, collaborative efforts needed to enable a whole-person system of care for all North Carolinians.

Purpose of the Alignment Proposal for the NC STC

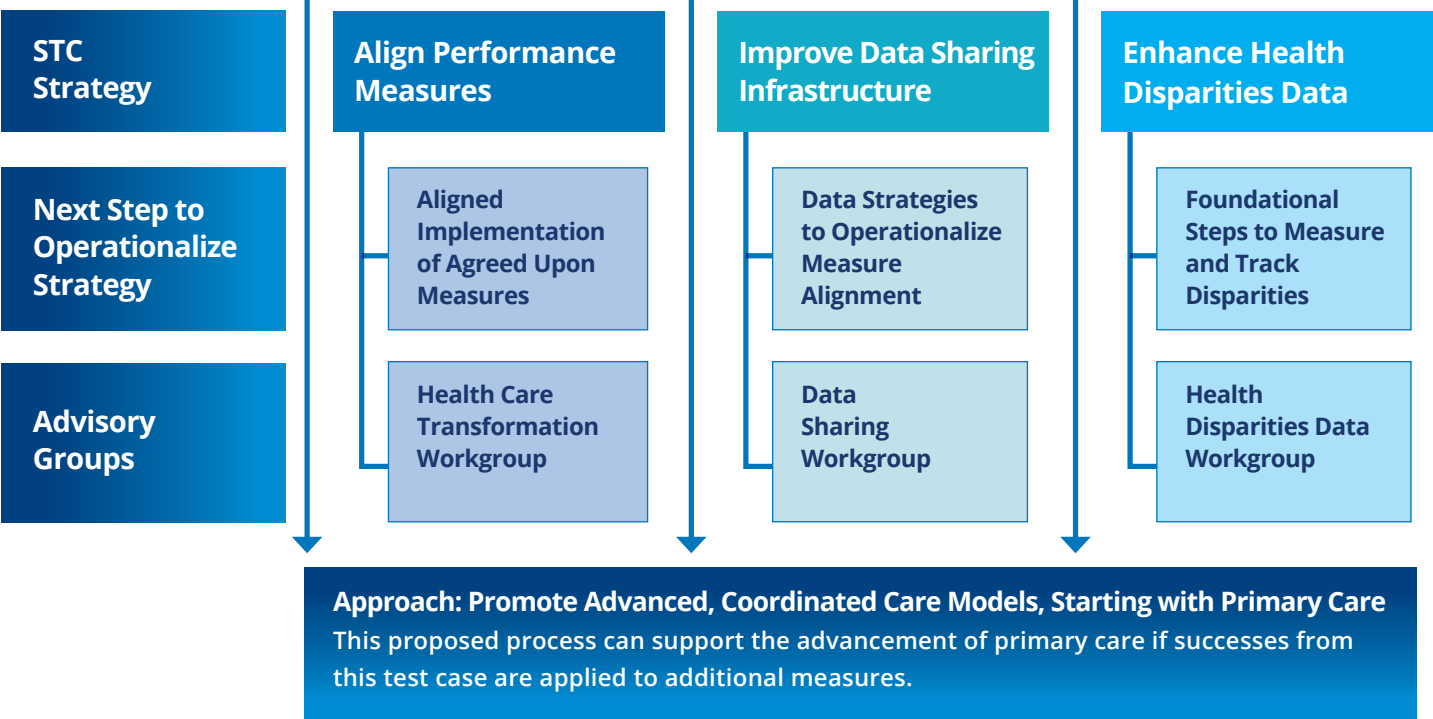
- 1. Document the work completed to achieve progress on the NC STC goals** of improving population health, enhancing patient experience, reducing health care costs, decreasing administrative demands on health care providers, and addressing health disparities.
- 2. Outline a set of preliminary action areas and alignment opportunities** designed to accelerate measure alignment, data sharing, and health disparities data improvements. These action areas and alignment opportunities are intended to help organizations tackle foundational elements of value-based care and enable advancement of NC STC goals.
- 3. Establish a foundation that helps lay a pathway for ongoing alignment and innovation** long-term to continue progress on NC STC goals.

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 multistakeholder group convened by Duke-Margolis to provide strategic guidance on cross-sector health care transformation in North Carolina. The NC HCT acts as the main decision-making body for the NC STC. Two additional workgroups—the NC STC Data Sharing Workgroup and the NC STC Health Disparities Data Workgroup—convene to provide technical guidance on specific key strategies. These additional multistakeholder workgroups are comprised of health

system representatives, health care providers, health plans, CINs, employers, subject-matter experts, CBOs, and state government entities such as NC Medicaid and the NC HIEA. [Figure 2](#) on page 7 illustrates how the collective participation of key groups including the HCT Workgroup and the Data Sharing and Health Disparities Data Workgroups drive the NC STC's alignment work forward and support the advancement of primary care in the state.

Figure 2 | The Alignment Proposal for the NC STC Drives Action on Key Strategies through Multistakeholder Workgroups



Overview of Key Action Areas to Operationalize NC STC Strategies

Figure 3 below illustrates how the NC STC has progressed over time to identify more specific steps through extensive stakeholder engagement and landscape reviews. Each action area described in the following sections includes both short- and long-term

alignment opportunities. Short-term opportunities are those that could achieve progress or completion in 1-3 years, while longer-term opportunities aim for 3-5 years.

Figure 3 | Layers in the Alignment Proposal: Goals, Strategies, Action Areas, Alignment Opportunities



STRATEGY #1

Align Performance Measures

Through a series of convenings, interviews, and research, the NC STC identified “pain points” and areas of opportunity to reduce the sources of administrative burden that often distract providers 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 data collection and reporting all distract from the adoption of advanced primary care. Members of the HCT Workgroup 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:²

- Glycemic Status Assessment for Patients with Diabetes
- Controlling High Blood Pressure

The HCT Workgroup selected these measures because they are clinically significant, known to be associated with persistent disparities across population groups, and common across measure sets and VBP contracts, including NC Medicaid’s Advanced Medical Home (AMH) [Measure Set](#), as well as commercial and Medicare Advantage measure sets. With a technical focus on streamlining the measurement process on a few key measures, the NC STC can use this as a starting point to apply learnings across measures, reducing the administrative burden associated with measure reporting and enabling a focus on population health improvement.

Action Area:

Aligned Implementation of Agreed Upon Measures

Short-term Alignment Opportunity

- Payers and providers agree to consistently apply Health Care Effectiveness Data and Information Set (HEDIS) specifications to agreed-upon measures (Glycemic Status Assessment for Patients with Diabetes and Controlling High Blood Pressure) when they are present in contracts.

Next Steps for Aligning Performance Measures

Short-Term

- Work with NC STC stakeholders to operationalize the action area and alignment opportunity above as well as the action areas and alignment opportunities in strategy #2 to improve data sharing using the two priority measures as a use case.

Long-Term

- The NC STC could consider aligned implementation of other measures, such as behavioral health, maternal health, and/or patient reported outcome measures.

² *ibid.* 1

STRATEGY #2

Improve Data Sharing Infrastructure

The lack of data interoperability across health care stakeholders and payer lines of business acts as a major source of administrative burden in VBP contracts, presenting challenges for care coordination, population health management, and performance measurement. Using the two priority, evidence-based measures outlined above—Glycemic Status Assessment for Patients with Diabetes and Controlling High Blood Pressure—as use-cases for aligned measure implementation, 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 measure implementation, 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 standards. Short-term and long-term alignment opportunities for improving data-sharing infrastructure are described in more detail below. These opportunities are meant to reflect a range of organizational readiness to implement national interoperability standards and help reduce measure reporting burden for all organizations.

Action Area: **Streamline Supplemental Data Submissions for Performance Measurement**

One challenge NC STC members have shared is the varied payer formats for submission of supplemental data from provider EHRs to support calculation of performance measurement by the plans. This becomes a significant source of burden when providers are contracted with a variety of health plans.

Short-Term Alignment Opportunity

- Payers will work with providers to enable the use of standardized templates for supplemental data sharing (e.g., determine if templates currently used by a subset of Medicaid plans and providers could be used by other payers and providers).

Action Area:

Identify Ways to Move Toward National Interoperability Standards

Lack of standardized reporting formats and manual data extraction processes hinder efficient data sharing between plans and providers to inform performance measurement and support addressing care gaps. NC STC stakeholders have expressed support for the continued shift towards data interoperability between health plans, providers, labs, pharmacies, and state entities to support improved care delivery and enhanced ability to monitor and address population health needs across the state.

Short-Term Alignment Opportunity

- Payers and providers engage in federal and state level efforts that can offer resources or technical expertise to support improvements in data sharing infrastructure within the state (e.g., the [NCQA Bulk FHIR Quality Coalition](#)).
- **Example:** The [Bulk FHIR Quality Coalition](#), a National Committee for Quality Assurance (NCQA)/public-private sector collaboration that seeks to leverage regulated FHIR data (including Bulk FHIR clinical data) for NCQA's HEDIS measures. The coalition is in the early phases of implementation and is currently recruiting payer-provider or Accountable Care Organization cohorts to test creation of pipelines for clinical data (USCDI v1 data elements in US Core FHIR standard) and claims data (CARIN Blue Button FHIR standard), which are validated against specific HEDIS FHIR Implementation Guides from NCQA. The coalition aims to help providers and payers in their transition to digital quality measurement (dQM), which aligns with CMS's [commitment](#) to transition all quality reporting to dQM. In addition to prioritization of dQMs within CMS, HEDIS reporting is included within the [Trusted Exchange Framework and Common Agreement \(TEFCA\)](#) exchange purposes. TEFCA forms a "network of networks"; it outlines a common set of principles, terms, and conditions to help enable the nationwide exchange of electronic health information. Participation in the Bulk FHIR

Quality Coalition could provide organizations with an opportunity to ensure exchanged data meet quality standards and can be validated for exchange via networks like TEFCA.

- Payers, aggregators, CINs, and organizations engaging in practice support provide technical assistance and/or financial support to small, underserved and rural practices to support implementation of national standards for interoperability.

Action Area:

Build a Robust Ecosystem to Support Data Sharing in North Carolina

Long-Term Alignment Opportunity

- Identify and support steps needed to leverage the NC HIEA as a trusted source of data for performance measurement in the state (e.g., payers and providers support and expand upon existing efforts by NC Medicaid and the NC HIEA to facilitate data exchange for specific use cases that align with NC STC priorities).
- **HRSN Screening**—Efforts are ongoing to [test the potential to use the NC HIEA](#) to facilitate sharing of HRSN screening data via Bulk FHIR and other mechanisms, and sources of HRSN service referral and delivery data.
- **Digital quality measures**—Through the NC HIEA, NC Medicaid is [working to improve](#) stakeholder access to standardized, complete, timely, and accurate data in support of their quality measurement efforts with the goal of using the NC HIEA as the single source of data for measure calculation by payers (thus reducing provider burden). The NC HIEA could also be leveraged to share data back with providers to support quality improvement (e.g., creation of gap reports). A similar approach could be leveraged in the commercial and Medicare Advantage payer space.

Support from Federal Regulations and Initiatives

While provider and plan readiness and capacity to shift towards more automated data sharing varies across the state, implementation of this action area will be supported by current or forthcoming federal regulations and programs which will help build momentum for

this work. CMS [Interoperability and Prior Authorization Final Rule CMS-0057-F](#) requires impacted payers like Medicare Advantage organizations, state Medicaid and Children's Health Insurance Program (CHIP) Fee-for-Service programs, Medicaid managed care plans, CHIP-managed care entities, and Qualified Health Plan issuers on the Federally Facilitated Exchanges) to implement and maintain certain Health Level 7® (HL7®) FHIR application programming interfaces (APIs) to improve the electronic exchange of health care data and streamline prior authorization processes. In particular, the rule requires impacted payers to implement and maintain APIs for payer to provider data sharing of individual health care claims and encounter data, data classes, and data elements by January 2027. Data sharing infrastructure established to comply with this rule could also enable data sharing for performance measurement in NC. Other examples include:

- As part of an overall transition towards [dQMs](#) and to drive alignment in reporting, CMS is implementing a new reporting process for the Merit-based Incentive Payment System Alternative Payment Models (APM) and Accountable Care Organizations called the APM Performance Pathway, which will require reporting of electronic clinical quality measures for all patients, not just those in Medicare. For 2024, some overlap existed between the two NC STC priority measures (Controlling High Blood Pressure and Glycemic Status Assessment for Patients with Diabetes).

Next Steps for Improving Data Sharing Infrastructure

Short-Term

- Work with NC STC stakeholders to operationalize and prioritize the action areas and alignment opportunities above.

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 [TEFCA](#).

STRATEGY #3

Enhance Health Disparities Data

Variation in how organizations collect, share, and use health disparities data such as Race, Ethnicity, and Language (REL), HRSN, Sexual Orientation and Gender Identity (SOGI), and zip code data [creates challenges for directing resources and interventions](#) to address identified health disparities across North Carolina. 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, convened a Health Disparities Data Workgroup to establish guiding principles to ensure data are collected, shared, and used equitably and to explore how to operationalize these broad principles to further the NC STC's data improvement efforts to address health disparities. The Workgroup included researchers, health care providers, health systems, health plans, state government entities, and CBOs who work with underserved and systemically marginalized populations.

The guiding principles established by the NC STC Health Disparities Data Workgroup include:

- Prioritize burden reduction for beneficiaries and their families, caregivers, and staff
- Protect data privacy and clearly communicate data use
- Support inclusive data collection
- Promote data accuracy and granularity via disaggregation
- Establish and implement interoperable data sharing and ensure accessibility
- Prioritize responsible community representation and engagement
- Consider balancing standardization with innovation

The Workgroup selected HRSN data practices as the first use-case for improving health disparities data to align with the existing NC Medicaid efforts around HRSN screening and the NC Healthy Opportunities Pilots. HRSN data, which captures information on factors like housing instability,

food insecurity, and access to transportation, allows health care and CBOs to collaborate on patient- and population-level interventions to address these non-medical drivers of health. By standardizing the collection, sharing, and use of HRSN data, health care organizations can more easily identify and connect patients and families with needed HRSN services (e.g., connecting patients to local food assistance programs). Focusing on HRSN, in addition to clinical drivers of health, allows a more whole-person approach leading to improved health outcomes and reduction in medical costs.

The Health Disparities Data Workgroup used the guiding principles above to identify challenges and pain points acting as barriers to the accurate and timely collection, sharing, and use of HRSN data. These include a lack of data exchange infrastructure, namely for bidirectional exchange between providers, plans, and CBOs; challenges with data collected and stored in inconsistent forms, which complicates data sharing and use; challenges translating data into actionable initiatives; and barriers to collection due to patient and staff apprehension. Using the guiding principles and building on identified challenges, the Workgroup explored opportunities to support the alignment of key HRSN data across organizations in North Carolina. These efforts can support organizations, in collaboration with communities, in establishing more coordinated and targeted interventions to address health disparities and improve overall health and well-being.

Action Area:

Enhance Training for HRSN Data Collection to Increase Transparency and Build Trust

Short-Term Alignment Opportunity

- Payers, providers, and CBOs support development of consistent messaging guidelines to facilitate trauma-informed screening, including helping patients and staff understand what the data are used for and how the data are stored to emphasize the importance of consistent and complete HRSN data collection and storage practices.

Action Area:

Invest in HRSN Screening, Referral, Service Delivery, and Clinical Integration

Short-Term Alignment Opportunity

- Payers, health systems, providers, CINs, and CBOs review NC STC-compiled landscape analysis of current financial supports for HRSN screening, referral, service delivery, and clinical integration in Medicare, Medicare Advantage, and Medicaid and identify where more supports are needed.

Action Area:

Enable Bi-Directional Data Sharing to Improve HRSN Screening, Referrals, Service Delivery, and Clinical Integration

Long-Term Alignment Opportunity

- Payers, providers, care managers, and CBOs identify key data elements needed by the broadly defined care team, along with standardized terminologies and message formats as recommended by the Gravity Project with which to represent and exchange those data elements, to improve health and social care screening and coordination (e.g., build on learnings from the NC HIEA HRSN data pilot to create a jumping off point for interoperable structures).

Next Steps for Health Disparities Data Alignment

Short-Term

- Work with NC STC stakeholders to operationalize and prioritize the action areas and alignment opportunities above.

Long-Term

- Focus on REL data alignment in future work of the Health Disparities Data Workgroup, including looking at if REL populations have HRSN disparities.
- Extend learnings from this HRSN-focused effort and apply this alignment process to other domains of health disparities data, such as zip code and SOGI data.
- Maintain alignment with state and national health disparities data standards and practices and shape NC STC health disparities data alignment goals based on evolving state and national goals.

FUTURE DIRECTIONS

The NC STC lead partners will continue to engage stakeholders and collect feedback to develop an evaluation plan. The evaluation plan will help measure and track progress on implementation of the alignment opportunities and the impact on NC STC goals and strategies. Considering the sustainability of efforts, the NC STC will continue to build on existing infrastructure and initiatives in the state to further support investments and the move towards value-based payment reforms that support whole-person health. As work in the NC STC continues to progress and evolve, the NC STC welcomes additional organizations to join its efforts to support high-quality whole-person care for all. Please contact Samantha Repka (samantha.repka@duke.edu) for more information.