



The Office of the National Coordinator for Health Information Technology

South Carolina Health Information Technology Strategic and Operational Plan Profile

Overview

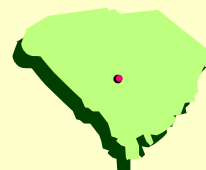
South Carolina has the advantage of mature HIT initiatives in both the public and private sector. These initiatives, which have been developed over roughly ten years, are being leveraged to enable statewide health information exchange (HIE). Serving in a lead role as the State HIT entity, the South Carolina Department of Health and Human Services (SCDHHS) has worked to ensure that its large Medicaid presence is closely aligned with the State HIE plan. State legislation defined the South Carolina Health Information Exchange (SCHIEEx) as the lead for the state HIE infrastructure, but this organization will also coordinate with several other functional HIEs in the state.

In 1992, South Carolina established a state data warehouse in the State Budget and Control Board's Office of Research and Statistics (ORS) repository. A legislative proviso requires that all state agencies submit data to the warehouse for program evaluation and outcomes analysis. Each agency maintains control over its own data. In 1996, state law mandated the submission of all inpatient, emergency department (ED), and outpatient claims meeting certain criteria to ORS with patient and provider identifiers.

Acting on the strategy of using State HIE funding to build on existing assets and provide gap-filling services, the state will leverage the existing statewide Master Patient Index (MPI) to support robust HIE and point-to-point secure messaging by any Health Insurance Portability and Accountability Act (HIPAA) covered entity, including for clinical summaries: "It is South Carolina's express intent to expose the SCHIEEx MPI, managing over 4.3 million consumers, to HIPAA covered organizations statewide to make it a broad resource that supports directed exchange." The state also plans to leverage its MPI and claims information to implement an innovative use of Nationwide Health Information Exchange (NwHIN) Direct standards. This implementation will involve sending a directed message to primary care providers after an ED visit or hospital discharge.

Model and Services

The SCHIEEx was created in 2006. The network design is a federated model consisting of a Record Locator Service (RLS)/MPI populated with claims-based health data on more than 4.3 million citizens, nearly the entire population of the state. The state intends to scale SCHIEEx for statewide use, which would include new and existing connections to local exchanges, IDNs, and all providers and state agencies. Under an agreement with ONC, SCHIEEx will make their patient index available to HIPAA covered organizations for robust health information exchange and point-to-point secure messaging. The statewide exchange strategy will allow every provider and HIPAA-covered entity in the state to achieve Meaningful Use in 2011.



State: South Carolina

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Other Related ONC funding in South Carolina:

Regional Extension Centers (RECs):
Center for Information Technology Implementation Assistance (CITIA)
/South Carolina Research Foundation:
\$5,581,407



Office of the National Coordinator for Health Information Technology
State Health Information Exchange Cooperative Agreement Program

<http://HealthIT.hhs.gov>

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Highlights

- **State Legislation/Foresight:** South Carolina got involved with the development of Health Information Technology (HIT) early on and exhibited foresight in working towards statewide HIT solutions. The state data warehouse in ORS was established in 1992 and was further strengthened by state mandates in subsequent years. The strength of a state mandate has resulted in the MPI representation of nearly the entire South Carolina population. This asset enables point-to-point messaging of patient information and opening this database for other users has greatly jump-started South Carolina's exchange efforts.
- **Pilot Programs:** SCHIEEx has implemented several pilot programs that have advanced health information exchange activities. The 2007 Electronic Personal Health Record (EPHR) Pilot Project, for instance, included five practices in five counties. ORS developed a clinical interface to display data, and notification letters and notices of privacy practices were mailed to Medicaid beneficiaries in the affected counties. Participating providers were responsible for obtaining opt-in consent from beneficiaries, which was a barrier to obtaining a high level of participation. This pilot project served as the web-based SCHIEEx development foundation. It also helped develop consensus for the expansion of SCHIEEx as South Carolina's HIE, with all other HIEs connecting interoperably to SCHIEEx.
- **Coordination with Medicaid:** Medicaid has been an active participant throughout the HIT adoption process and is the state agency designated to apply for the HIE grant. Medicaid's current project with SCHIEEx allows Medicaid providers to view 10 years worth of Medicaid claims data through a SCHIEEx EHR viewer. Medicaid providers agree to comply with privacy and security procedures when accessing the internet portal. Medicaid adopted an opt-out consent process and beneficiaries are notified of this option with receipt of their Medicaid card. Beneficiaries can call the Medicaid Resource Center to request to "opt out". There are plans underway to add clinical decision support functionality to the Medicaid EHR viewer. The Medicaid agency is also working with a Decision Support System/Surveillance and Utilization Review Subsystem (DSS/SURS) contractor to be ready to receive quality measures data and potentially link it with claims data. Analysis on how to accomplish this is underway.



Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<ul style="list-style-type: none"> A December 2008 Surescripts progress report found that, in 2008, only 1.25% of South Carolina prescriptions were routed electronically (compared with about 4.5% nationally). By the end of November 2009, 77% of South Carolina pharmacies were activated and there were 1,500 active e-prescribers. In 2011, there were 500 CITIA (REC) certified eligible professions and 33.7% of office based physicians were e-prescribing. Based on Surescripts data, there was a 2% increase among office based physicians in 2011. 	<p>The SCHIEEx plan for 2011 includes pilot testing of e-prescribing with selected providers. Providers also have optional hosted services through SCHIEEx to support e-prescribing.</p> <p>E-prescribing data is “Surescripts Certified Provider for e-prescribing” and medication history data is “Surescripts Certified Solutions Provider for prescription benefits”. Medication history data is also managed with Continuity of Care Documents (CCD)/Continuity of Care Records (CCR).</p> <p>PBM/formulary integration data is “Surescripts Certified Solutions Provider for prescription benefits”. Medicare providers may be reliant on SCHIEEx for optional hosted e-prescribing.</p>
<u>Structured Lab Results</u>	<ul style="list-style-type: none"> SCHIEEx can currently exchange structured lab data. 	<p>In preparation for Stage 1 MU, the HIE grant team is working with LabCorp, Quest, and lab integrator firms to reduce barriers for incorporating lab results into EHRs. The Medicaid team is also meeting with LabCorp to determine if duplicate lab results can be received by Medicaid and mixed with existing claims data.</p> <p>The Department of Health and Environmental Control (DHEC), the state’s public health agency, is working on an adaptor to connect registries to SCHIEEx. This adaptor will improve IT capabilities for transmitting reportable lab results to and from public health agencies as well as test orders from and to labs, medical providers, and their EHRs.</p> <p>Medicaid received a Child Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant to build a closed loop reporting system for CHIPRA Quality measures. A pilot test was successfully completed in May 2010 and was able to move structured lab results from a Federally Qualified Health Center (FQHC) clinic HER, through SCHIEEx, and into the Medicaid Decision Support System.</p>
<u>Patient Care Summary</u>	<ul style="list-style-type: none"> The South Carolina Health Information Exchange was developed in 2006. This is a fully functional HIE that has been deployed in a variety of settings. 	<p>SCHIEEx will open the state MPI to all HIPAA covered entities. This will encourage robust HIE and point-to-point secure messaging, as well as allow the exchange of clinical summary documents. SCHIEEx supports data exchange of CCD/CCR and other clinical summaries.</p>



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	X
Nationwide Health Information Network CONNECT	X	Quality Reporting	X
Nationwide Health Information Network DIRECT	X	Behavioral Health Information Exchange	X
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications			
Public Health		Lab Strategy	
Electronic lab reporting of notifiable conditions	X	Translation services	
Syndromic surveillance	X	EHR interface	X
Immunization data to an immunization registry	X	Policy strategy	
Patient Engagement		Order Compendium	
Patient Access/PHR	X	Bi-Directional	X
Blue Button		Alignment with CLIA	X
Patient Outreach	X		
Privacy and Security		E-Prescribing	
Privacy and Security Framework based on FIPS	X	Medication History	X
Individual choice (Opt In/Opt Out/hybrid)	Opt Out	Incentive or grants to independents	X
Authentication Services	X	Plan for controlled substance	
Audit Log	X	Set goal for 100% participation	X
Administrative Simplification		Controlled substance strategy	
Electronic eligibility verification	X	Care Summaries	
Electronic claims transactions		Translation services	X
Vendor		CCD/CCR Repository	
Planning		Directories	X



Core Services	LabCorp, Quest, Care Evolution, Health Level Seven (HL7)	Provider Directory	
Plan Model		Master Patient Index	X
Identified model(s)	Public Utility	Record Locator Services	X
		Health Plan Directory	
		Directory of licensed clinical laboratories	

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at:

<http://statehieresources.org/>



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