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**LEARNING OBJECTIVES**

- Understand the services & data available within NDHIN
- Identify specific use cases for long term care
- Analyze workflows to consider NDHIN as a tool for resident care

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**BEFORE NDHIN**

- Manual Workflows, Processes
- Increased Burden Providers, Patients, and State
- Increased Risk for Errors and Breach of Information

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## NDHIN HISTORY

- Launched in 2010 with federal funds (HITECH)
- Broad stakeholder support statewide
- Legislated through ND Century Code
  - Governor Appointed Advisory Committee
- Worked with Medicaid to support the EHR Incentive Program (Meaningful Use/Promoting Interoperability) 2010
- Worked with the NDHHS to facilitate electronic public health reporting



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## NORTH DAKOTA HEALTH INFORMATION NETWORK (NDHIN)

- Health Information Exchange/Network
- Public /private partnership of healthcare stakeholders
- Resides in North Dakota Information Technology (NDIT)



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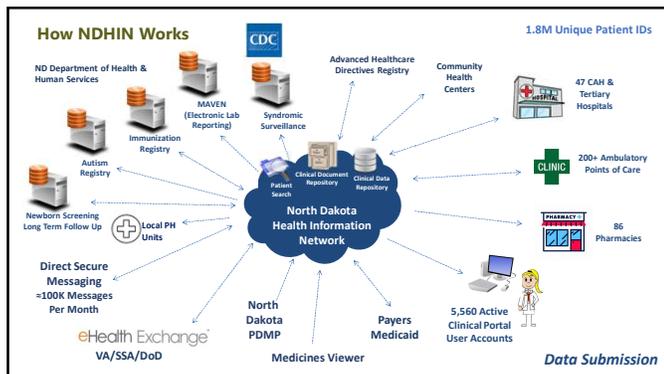
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### NDHIN PARTICIPATING PROVIDER DATA CONTRIBUTION (DATA FEEDS)

- Patient Demographics
- Encounter History:
  - Admission, Discharge & Transfer Data
  - Diagnoses/Allergies
- Lab results
- Imaging studies/Radiology reports
- Reports –
  - History & Physical, Operative, Consult
  - Discharge Summary
- CCD/CCDA – Continuity of Care Documents
- Procedures
- Observation Results
- Emergency Department Visit Notes




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### NDHIN SERVICES



- EHR interoperability with Single Sign On with search capability
- Clinical Portal Access
- Direct Secure Messaging/Communicate Portal, HISP, XDR
- Encounter alerts and notifications
- Electronic Public Health Reporting
- Advanced Health Directive Registry
- Send/receive sensitive messages securely

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### AVAILABLE HEALTH INFORMATION

#### Search Options



- Allergies
- Encounters
- Laboratory Results
- Radiology Reports
- Transcribed Documents
- Immunizations
- Images
- Prescription Drug Monitoring Program (PDMP)
- Access to National Networks (eHealth Exchange, Patient Centered Data Home, Carequality)

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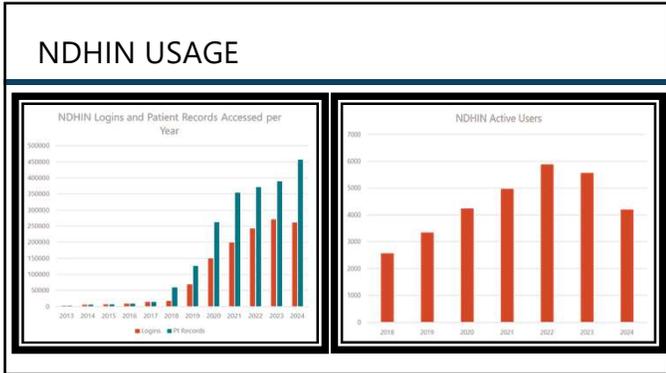
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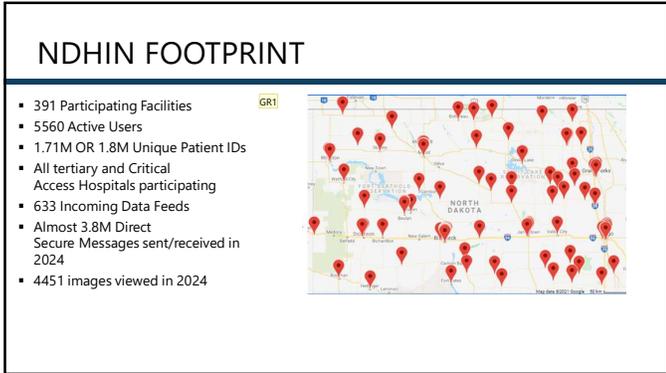
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### NDHIN & HEALTHCARE PROVIDERS

- Data Exchange
  - All hospitals including CAHs
  - All Rural Health Clinics and FQHCs
- Other participants



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### NDHIN & MEDICAID



- Critical relationship to support the build and development of value-based care programs in ND
- Currently supporting the Medicaid Expansion Population
- Potential opportunities:
  - Population Health Management
  - Health Related Social Needs (HRSN)/Social Determinants of Health (SDoH)
  - Integration of clinical and claims data

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### NDHIN & ND HEALTH & HUMAN SERVICES (NDHHS)

#### ELECTRONIC PUBLIC HEALTH REPORTING



- Meets regulatory compliance
- Ensures timely reporting
- Facilitates electronic reporting of immunizations, syndromic surveillance, and electronic laboratory reporting (ELR)
- Specialized Registries:
  - Autism/Advance Healthcare Directives
- Electronic Test Orders and Results (ETOR)
- Data Modernization Initiative (DMI)

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### NDHIN & DEPARTMENT OF HEALTH: ELECTRONIC TEST ORDERS & RESULTS (ETOR)

- Benefits of ETOR
  - Reduces Errors
  - Improves Efficiencies/Saves Time
  - Improves coordination of patient care
  - ND Locations: #40

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### NDHIN & DEPARTMENT OF HEALTH SPECIAL HEALTH SERVICES

Newborn Screening Long-Term Follow-Up

- NDHIN Care Coordination Module (Coordinate) Development
- Pathway & Dashboard
- Benefits
  - Improved coordination of care for a very vulnerable population
  - Potential reduction of costs for a high-cost Medicaid population
  - Ability to collect data to improve quality and delivery of care

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### ND IMMUNIZATION INFORMATION SYSTEM (NDIIS)

Date	Time	Provider	Lot	Reaction	VFC	Vaccine	Year
01/04/2021	11:11	OAKES COMBI HOSPITAL	02120-2A	NONE	UNKNOWN	COVID19 (Moderna)	Yes
10/10/2018	9:59	UNKNOWN		NONE	UNKNOWN	INFLU (V3 FFP)	Yes
10/18/2011	9:59	UNKNOWN		NONE	UNKNOWN	INFLU (V3 W/P)	Yes
10/02/2016	9:59	UNKNOWN		NONE	PRIVATE	Tdap	Yes

Vaccine	Recommended Date	Minimum Valid Date	Dose
TdTap	01/04/2022	01/04/2022	2
PCV	12/20/2049	12/20/2049	1
PPV	12/20/2050	12/20/2050	1
Varivax	11/11/2009	11/11/2009	1
Shingrix	11/05/2014	11/05/2014	1
COVID19 (Moderna)	02/02/2021	02/02/2021	2

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## OTHER STAKEHOLDER GROUP ENGAGEMENT

- Rough Rider Network
- Accountable Care Organizations (ACOs)
- Azara (Primary Care Association/Great Plains Network)
- Community HealthCare Association of the Dakotas (CHAD)
- Quality Health Associates (QHA)



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## BENEFITS TO CITIZENS

- Reduces misreporting and gaps in care
- Replaces the need for fax/scanning information
- Enhances quality and safety of care
- Keeps sensitive data safe and protected
- Decreases costs
- Saves time and resources
- Reduces manual data input and related errors
- Allows for accurate and efficient collection of public health data



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## ND HEALTHCARE DIRECTIVE REGISTRY

- Self-service portal developed by the North Dakota Health Information Network (NDHIN) for ND citizens to securely store and share their health care directives

### Types of health care records in the registry:

- Health Care Directives
- Physician Orders for Life Sustaining Treatment (POLST)



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**NDHIN USE CASES  
LONG TERM CARE**

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**LONG TERM CARE USE CASES**

- Facilitating transitions of care
- Enhancing care coordination and clinical decision-making
- Supporting Public Health initiatives
- Reducing costs and improving efficiency

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**TRANSITIONS OF CARE**

- Supports transfers to/from facilities
  - Access to patient health history and the information needed to make decisions regarding appropriate care level
- Notifies facility of Admission, Discharge, Transfer (ADT)

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**CARE COORDINATION/CLINICAL DECISION MAKING**

- Provides an overall picture of the patient's health
- Supports care and treatment plan efforts
- Allows for secure transmission of PHI with Direct Secure Messaging (DSM)

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**PUBLIC HEALTH INITIATIVES**

- Provides a direct link within the Clinical Portal to NDHS
- Supports public health emergency response/surveillance management of reportable conditions

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**COST MANAGEMENT/EFFICIENCY**

- Reduces duplicative testing
- Assists in gathering the appropriate referral information
- Decreases unnecessary trips to the ED
- Streamlines workflows for staff

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## HDU FRAMEWORK

- Broad-based organizational governance model with multi-stakeholder, cross-sector engagement
  - Includes community, state government, tribal, provider, patient etc.
- Infrastructure to advance data sharing, aggregation and integration of multiple data sets
  - Build infrastructure that allows for data sharing beyond traditional HIPAA consent construct to support public health, research etc.
- Collaborates with various data networks
  - Provide augmented data capabilities to not just "share" existing data, but enhance data quality through aggregation and integration/terminology services
- Neutral transparent approach to data use and service engagements
  - Not tied to any one sector or stakeholder

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## HIE STEPS TO A HDU

- Leverage existing data feeds for multiple use cases
  - Hospital HL7 aggregated for public health dashboards
  - Sharing Medicaid claims at the point of care
- Support collaborations to share ideas, best practices and recommendations
  - Provide opportunity to groups that don't routinely get together
  - Diverse stakeholders should make the case to share –or withhold information
- Launch pilots and new work leveraging current infrastructure and staff
- Don't start from scratch

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**Four Problems HDUs Solve**  
The Health Data Utility (HDU) is a public-private resource providing a source of robust clinical and non-clinical data.

- 1 The cost of U.S. health care continues to increase.**  
Health care spending is about 20% of total GDP in 2020. That's up from 16% of total U.S. GDP in 1960.  
Source: Statista. <https://www.statista.com/statistics/264656/health-care-spending-in-the-u-s/>
- 2 The quality of U.S. health care must improve.**  
The results of improved health care quality are an increase in the population's ability to get necessary care.  
Source: Healthy People 2020.
- 3 The patient experience must improve.**  
Patients are continually concerned about their experience in the health care system. Better experience can impact that health care provider's reimbursement.
- 4 The U.S. must prepare to respond to infectious disease outbreaks.**  
Evolving risk factors associated with external drivers such as globalization, development of people, and climate change reinforce the need for robust and sound public health infectious disease programs.

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### HDU FRAMEWORK

 <p>Broad-based organizational governance model with multistakeholder, cross-sector engagement</p>	 <p>Includes community, state government, tribal, provider, patient etc.</p>	 <p>Infrastructure to advance data sharing, aggregation and integration of multiple data sets</p>
 <p>Build infrastructure that allows for data sharing beyond traditional HIPAA consent construct to support public health, research etc.</p>	 <p>Collaborates with various data networks</p>	 <p>Provide augmented data capabilities to not just 'share' existing data, but enhance data quality through aggregation and integration/terminology services</p>
 <p>Neutral transparent approach to data use and service engagements</p>		

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### BENEFITS OF HDU TO PROVIDER ORGANIZATIONS

- State-level Population Health Management
- Enhanced Clinical Decision Support
- Support for Care Cost Management
- Enhance Care Coordination
- Identifying Health Disparities
- Data Quality Improvement



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## New Activities

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## NDHIN Assessment Fall 2025

- Collaborative activity with NDHHS & Governor’s Office
- Recommended by the NDIT/NDHHS HIE Workshop
- Six-month project to accomplish:
  - Collection of Stakeholder input
  - Updated 3-to-5-year Strategic Business Plan
  - Roadmap for Evolution to Health Data Utility
    - Evaluation of current technical platform to identify gaps

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## Rural Health Transformation Program

- Overview
  - The **One Big Beautiful Bill Act (Section 71401)** creates a new Rural Health Transformation grants program administered by the Centers for Medicare and Medicaid Services (CMS), allocating \$50 billion nationwide from federal fiscal years 2026 through 2030 — \$10 billion annually. **Funds will flow through states, which must submit a Rural Health Transformation Plan to CMS by Dec. 31, 2025, to access and manage these resources.**
  - North Dakota is planning to apply by mid-November, as CMS is expected to approve plans by the end of the year. North Dakota is projected to receive approximately \$100 million per year, totaling \$500 million over five years, to improve rural health care access, quality, and sustainability.
  - States must submit a one-time application to CMS, including a plan that outlines how the state will improve access to care, enhance health outcomes, strengthen partnerships with rural providers and leverage emerging technologies.
  - HHS is actively engaging with stakeholders to gather feedback on shaping the state's Rural Health Transformation Plan.
  - More information can be found here:
    - <https://www.hhs.nd.gov/rural-health-transformation?utm>

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## DEMO

- [North Dakota Train Environment - Nicole Lauinger](#)

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### STEPS TO PARTICIPATE WITH NDHIN

- ✓ Contact us at [ndhin@nd.gov](mailto:ndhin@nd.gov)
- ✓ Complete Participation and Business Associate Agreements
- ✓ Setup users for the Clinical Portal
- ✓ Setup administrators/users for DSM

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