



Community Betterment Through HIE

*"Engaging Community Stakeholders
to Create a Sustainable, Large-Scale HIE"*

NeHII, Nebraska's Statewide HIE

Overview for the NITC

March 10, 2016

PRESENTATION OBJECTIVES

- Overview and history of the Nebraska Health Information Initiative (NeHII), Inc.
- Current functionalities of the HIE 1.5 platform
- Future added functionalities of HIE 2.0
- Q&A
- Contact information

NEHII OVERVIEW

- Statewide query model HIE for Nebraska
- Public/private collaborative 501 (c) 3
- Managed by 16 member Board of Directors
- Exchanging data since Feb. 2009
- Opt out consent model, no “break the glass” options
- 62% of beds in the State connected
- Recipient of 2009 ARRA/HITECH funding
- Partnering with State Medicaid and Division of Public Health
- Moving to Oracle cloud based platform using the Optum HIE 2.0 product

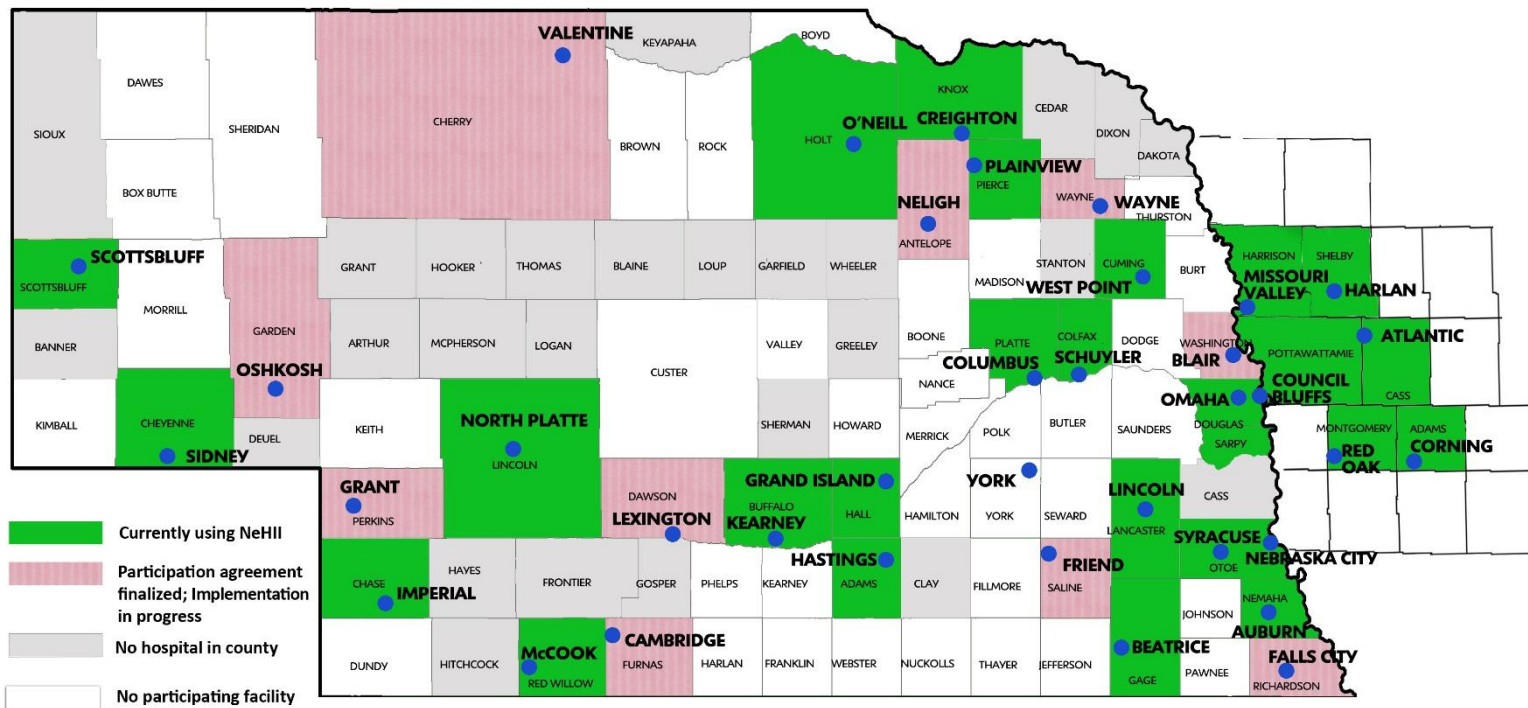
NeHII Statistics (As of February 26, 2016)

- Patients in the System 3,138,747
- Virtual Health Record (VHR) Usage
 - Providers 2,047
 - Staff 3,781
- Percentage of Requests Completed in Less than 2 Seconds 98.9%
- Number of Results Sent to the Exchange 111,089,426
 - LAB 57,486,691
 - RAD 10,593,827
 - Transcription 43,018,908

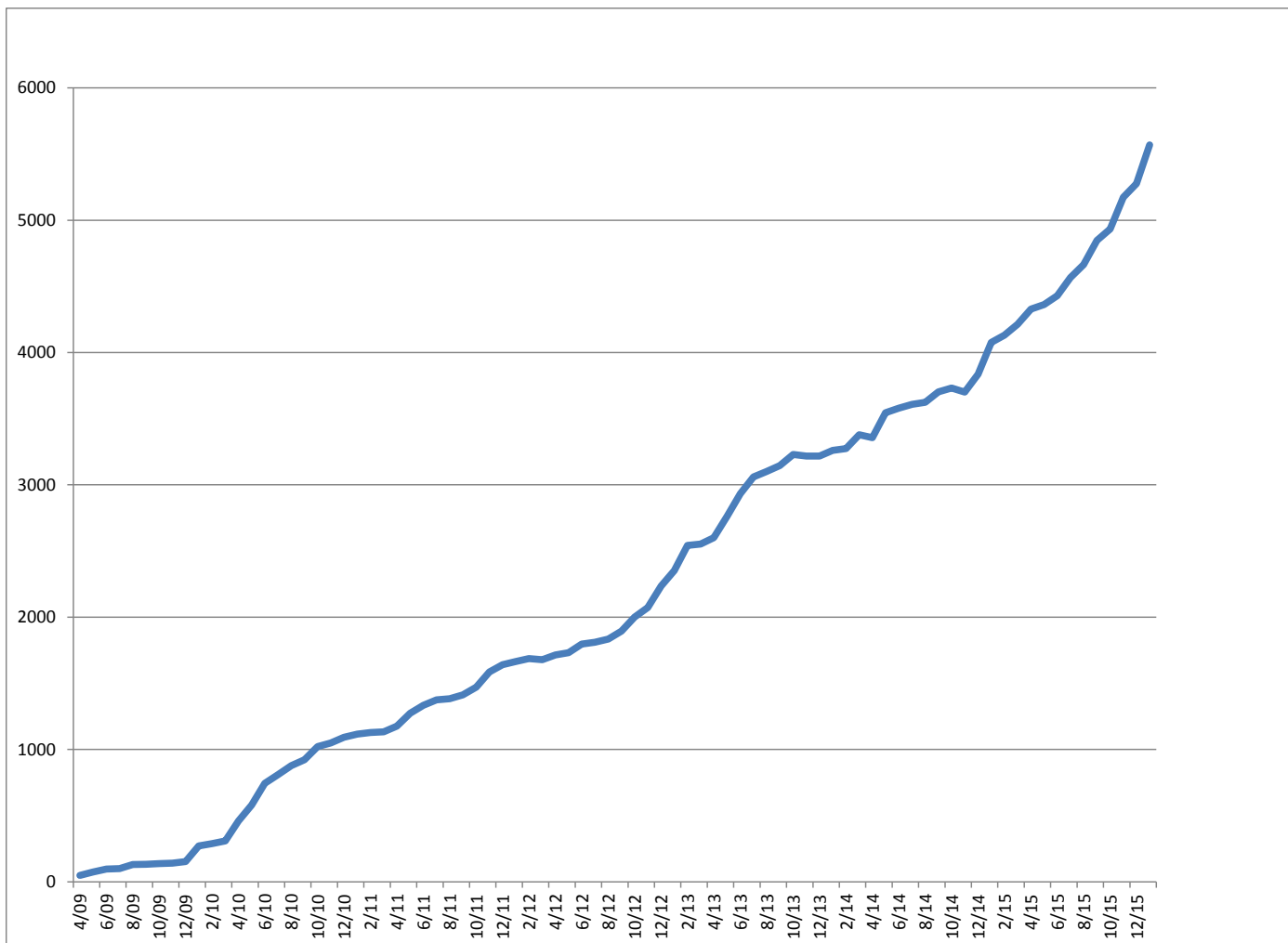
CURRENT NEHII PARTICIPANTS

- CHI Health (AHS)
 - Bergan Mercy, Creighton University Medical Center, Immanuel Hospital, Lakeside Hospital, Nebraska Spine Hospital, Omaha NE
 - Community Memorial Hospital - Missouri Valley, IA
 - Memorial Hospital - Schuyler, NE
 - Mercy Hospital - Council Bluffs, IA
 - Midlands Hospital - Papillion, NE A
 - Plainview Hospital - Plainview, NE
 - St. Francis – Grand Island, NE
 - Good Samaritan – Kearney, NE
 - St. Elizabeth's, Nebraska Heart – Lincoln, NE
 - St. Mary's – Nebraska City, NE
 - Avera Creighton Hospital (ACH) - Creighton, NE
 - Avera St. Anthony's Hospital (SAH) - O'Neill, NE
 - Beatrice Community Hospital & Health Center (BCHHC)- Beatrice, NE
 - Boys Town National Research Hospital (BTNRH) - Omaha, NE
 - Cass County Health System (CCHS) - Atlantic, IA
 - Chase County Community Hospital, Imperial, NE
 - Children's Hospital & Medical Center (CHMC) - Omaha, NE
 - Community Hospital, McCook, NE
 - Columbus Community Hospital (CCH) - Columbus, NE
 - Great Plains Health (GPRMC) - North Platte, NE
 - Mary Lanning Healthcare (MLMH) - Hastings, NE
 - Methodist Health Systems (NMHS)
 - Methodist Hospital - Omaha, NE
 - Methodist Women's Hospital - Omaha, NE
 - Jennie Edmundson - Council Bluffs, IA
 - Montgomery County Memorial Hospital (MCMH) - Red Oak, IA
 - Nebraska Medicine (NMC)
 - University of Nebraska Medical Center - Omaha, NE
 - Nebraska Medical Center - Omaha, NE
 - Bellevue Medical Center - Bellevue, NE
 - Nemaha County Hospital (NCH) - Auburn, NE
 - Regional West Medical Center (RWMC) - Scottsbluff, NE
 - Sidney Regional Medical Center (SRMC) - Sidney, NE
 - St. Francis Memorial Hospital (FCS) – West Point, NE
- Payer/Insurance Companies:**
- Blue Cross and Blue Shield of Nebraska
 - Arbor Health

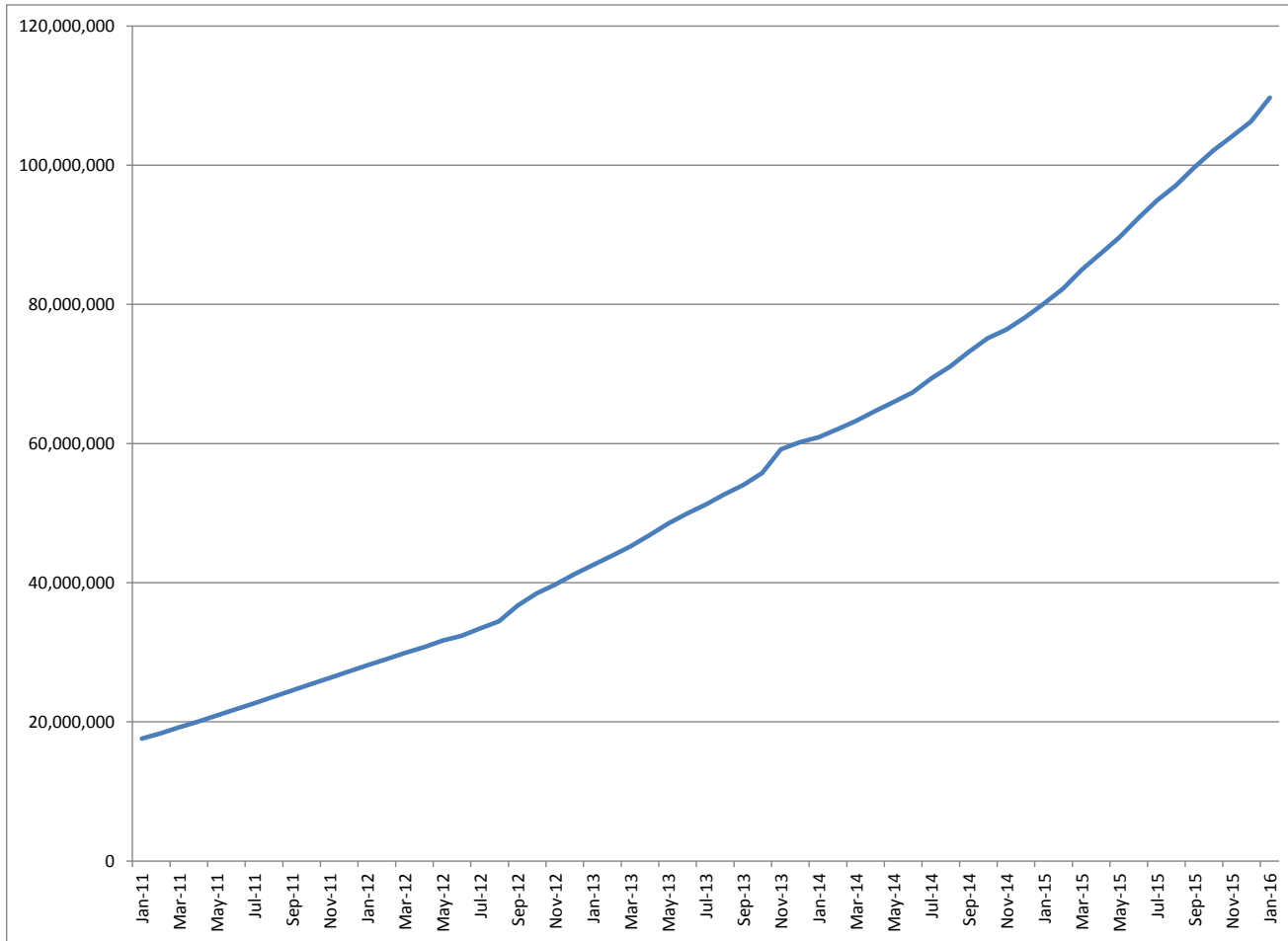
NEHII ADOPTION



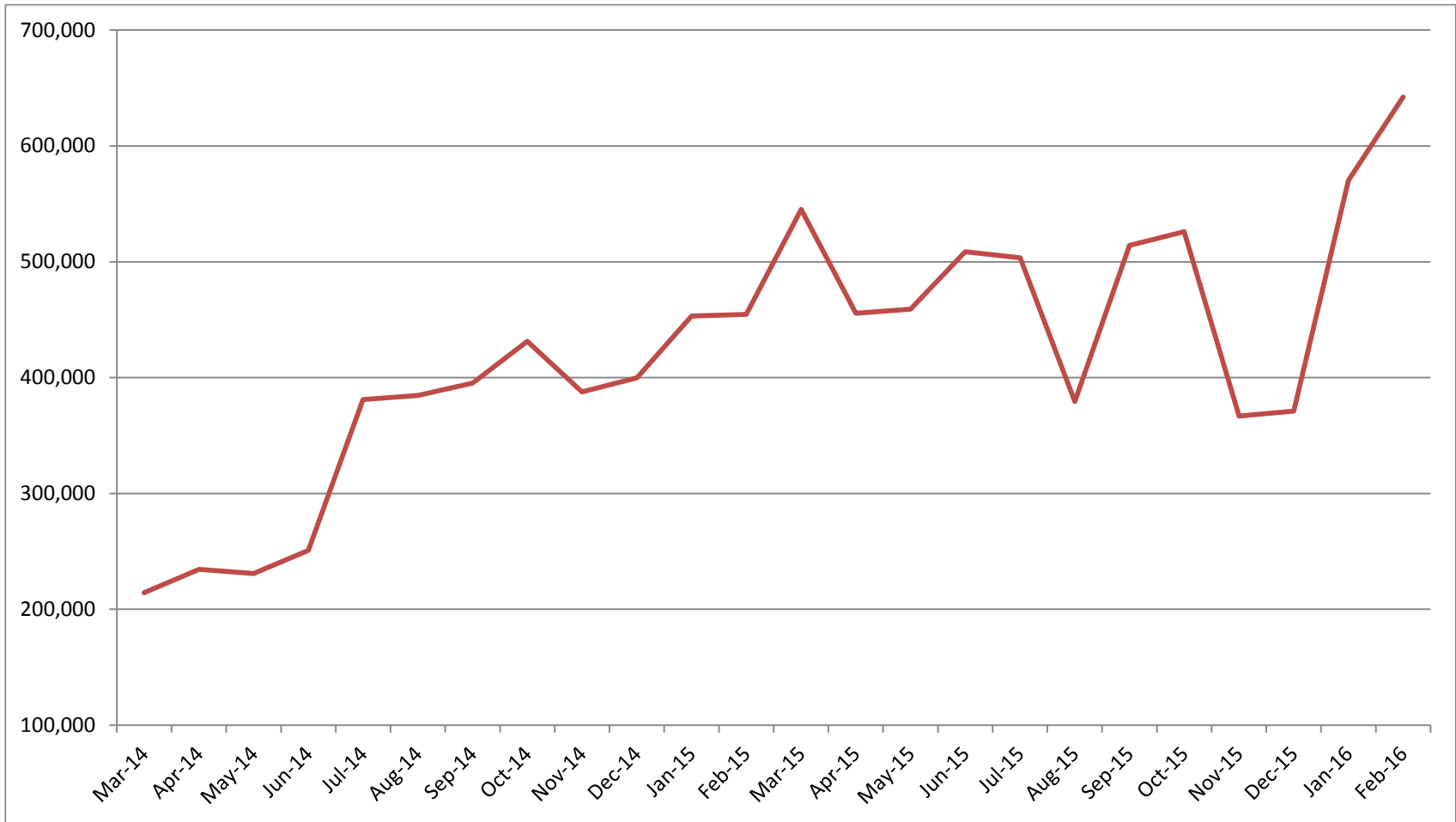
NEHII VIRTUAL HEALTH RECORD USERS



TOTAL NUMBER OF RESULTS SENT TO EXCHANGE



TOTAL CLICKS FOR LAST 24 MONTHS



NEHII CONSENT MANAGEMENT

- Opt out platform
- No “Break the Glass” considerations
- Special protected data or 42 CFR Part 2 scrubbed from the ePHI available
- Individual consumer education and consent management processes and support
- Privacy/Security Policies address treatment, payment and healthcare operations
- Secondary use of data for research policy approved Dec. 2014

Connect the "Docs"

Sharing information for better health care



What is NeHII?

NeHII is a statewide Health Information Exchange designed to share clinical and administrative data...[read more...](#)



Participating NeHII Providers

Currently there are more than 2,000 healthcare professionals participating across Nebraska. [read more...](#)



www.connectnebraska.net

THE STATE'S SUPPORT

- NeHII funded consultant to assist NE Medicaid in writing the IAPD funding request for HITECH 90/10 funding to support HIE efforts in 2012
- \$500,000 line item in State budget for FY2013 – 2014 and FY2014 – 2015 to assist eligible hospitals and providers in meeting Meaningful Use requirements
- Currently implementing approved HITECH 90/10 funding from CMS through NE Medicaid IAPD process for:
 - Additional round of adoption support
 - Remaining major health systems
 - Thirty-five CAHs
 - Forty-seven physician practices
 - Seven FQHCs
 - Added functionalities including Public Health Gateway (PHG) pilot and expanded ADT Messaging
- Seize the opportunity at hand with the availability of HITECH 90/10 funding which is available through 2021
- LB 994 – additional \$500,000 as pass through to NeHII for operational expenses, received August 29, 2014
- Additional funding in State budget to support NeHII for next two years

CURRENT FUNCTIONALITIES

HIE 1.5 Platform

PROJECTS IN PROGRESS

- Added functionality implementations:
 - Readmission reporting to additional facilities
 - Payer admission/discharge reporting
 - Near 'real time' admit/discharge notification service
 - Direct implementations/statewide provider directory
 - PDMP enhancements
 - Public Health Gateway project implementations
 - Single Sign-on implementations
 - Near 'real time' clinical results delivery to third party EMR service
 - HIE 2.0 platform migration
- Future implementations will focus on Critical Access Hospitals and health systems that are eligible for the Medicaid EHR Incentive Program through the 90/10 HITECH funding from CMS and the CDC and Harold Rogers PDMP grant funds

POPULATION MANAGEMENT / PCMH SUPPORT SERVICES

- **ADT Alerting/Notification Service**
 - For payers, providers and hospitals
 - Notification admits for inpatient stays
 - Notification of Emergency Department visits
 - Notification of discharges
- **Thirty Day Readmission Reporting**
 - Notification when a patient is admitted to a hospital within 30 days of discharge
 - Patient consent and HIPAA considerations

READMISSION REPORTING

- Reporting details
 - Collect admission and discharge information on a 30-day rolling basis
 - Determine readmits within that 30-day timeframe
 - Provide a listing of all readmits to requesting facility
 - Data provided – initial discharge data from the requesting facility and subsequent admission information
 - Opted out patients' information is **never** shared
 - Transport medium – secure encrypted email

SAMPLE READMIT REPORT

Last Name	First Name	DOB	Discharge Facility	Discharge Timestamp	Discharge MRN	Discharge Patient Class	Discharge Patient Location	Discharge Admission Type	Admit Facility	Admit Timestamp	Admit MRN	Visit Type
MOUSE	MICKEY	2/14/1928	DFH	6/26/2015 0:15	159753	I	DFH7^7FLR	EL	DFH	7/5/2015 7:05	159753	I
FUDD	ELMER	7/11/1948	DFH	7/4/2015 11:15	468219	I	DFH4^4FLR	EL		7/5/2015 6:21		I
RICARDO	LUCY	8/6/1952	DFH	6/21/2015 9:20	258456	I	DFH2^2FLR	ER	DFH	7/5/2015 9:25	258456	I

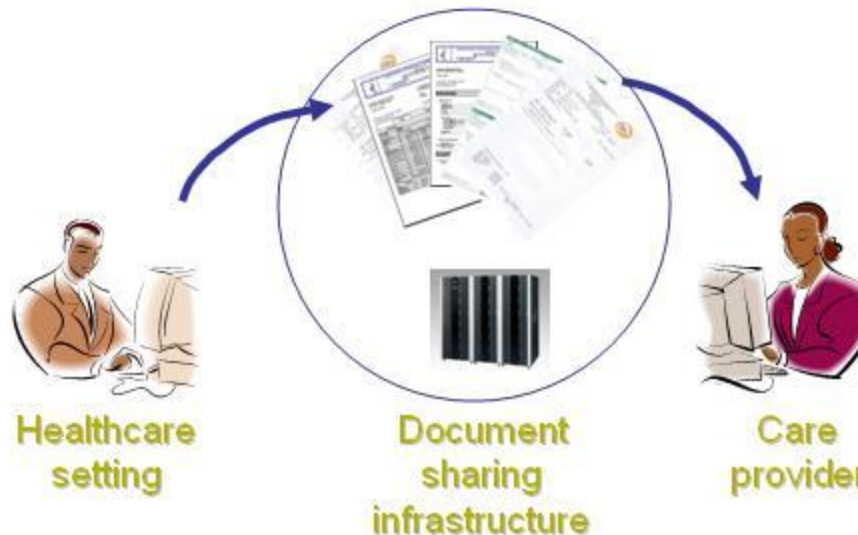
DIRECT MESSAGING SERVICES

- What is Direct Messaging?
 - Secure encrypted email service that supports electronic communication between healthcare providers and patients
 - Privacy, security, and trust-in-identity controls of Direct exchange are VERY important!
 - Consider HIPAA and the new penalties for breach of privacy.
 - Supports Stage 2 MU objectives related to Transitions of Care and Patient Engagement

DATA EXCHANGE TO PROMOTE COORDINATION OF CARE

Standardized
Continuity of Care
Document

Hospital
LTC
Rehab Facility



Primary Care
Specialty Care
Home Health

“Transition of Care” – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

Integrated Community HIT Plan Toolkit

- Overview
- Potential care partner listing
- Sample engagement letter templates
- NeHII product/services listing
- Detailed product/services descriptions
- Activity listing spreadsheet
- Contact information

Integrated Community HIT Plan Toolkit (Cont.)

- **Value added service offerings**
 - Virtual Health Record (VHR)
 - Direct messaging
 - Single Sign-on (SSO)
 - Public Health Gateway (PHG) Syndromic Surveillance
 - Immunization Gateway
 - Admit and discharge for payers
 - Readmission reporting
 - Subscription services for admits and discharges

Grant Funding Summary

<u>Federal or State Funding Agency</u>	<u>Solicitation Name/Project Name</u>	<u>Anticipated Award Date</u>	<u>Maximum Award Amount</u>	<u>Period of Performance</u>	<u>Status</u>
National Association of State Controlled Substances Authorities (NASCSA)	Prescription Drug Monitoring Program Enhancement for Pain Management Providers	August, 2014	\$15,000	1 year	Did not receive funding
Office of the National Coordinator for Health Information Technology (ONC)	Advance Interoperable Health Information Technology Services To Support Health Information Exchange	June 12, 2015	\$3,000,000	2 years	Nebraska received award of \$2,734,000. Funding started July 27, 2015.
Centers for Disease Control and Prevention (CDC)	Prescription Drug Overdose Prevention for States	September 15, 2015	\$4,000,000	4 years	Nebraska received award of \$771,229 per year. A minimum of 51% of the award will remain with the state. NeHII will receive \$350,771/year
Bureau of Justice Assistance, et al	Harold Rogers Prescription Drug Monitoring Program FY2015 Competitive Grant Program	October 1, 2015	\$500,000	2 years	Nebraska received the \$500,000 award. NeHII will receive \$261,000 first year and \$248,000 second year.

ONC Advance Interoperability & Health Information Exchange Grant

- Nebraska funded through July of 2017
- Over \$2 million of grant dollars allocated to NeHII
- Match requirement: \$1 from recipient for every \$3 from the ONC
- NeHII will provide match through personnel time
- Three major milestones: Adoption, Exchange and Interoperability
- Target populations: Eligible Providers/Hospitals, Long Term and Post-Acute Care, and Other Settings and Care Providers (e.g. public health, researchers, reference labs, etc.)
- Opportunity to defray adoption costs and offer new products and services

ONC Advance Interoperability & Health Information Exchange Grant

- **Adoption projects**
 - Provide Direct secure messaging for long term care facilities and independent providers
 - Entry-level HIT service
 - Allows for use by facilities who have paper-based medical records
 - Capability to be integrated into EHR if available
 - Enable C-CDA document exchange and data sharing
 - Facilitated through Direct or HIE platform
 - Potential source of HIE data for facilities who do not send HL7 messages
 - Add new HL7 data sharing participants to NeHII
 - Focus on Critical Access Hospitals
 - Funding available to subsidize EHR vendor interface fees

ONC Advance Interoperability & Health Information Exchange Grant

- **Exchange projects**
 - Create integrated communities
 - Connect health care providers in community based on geographical area or shared patient population
 - Use HIE platform and value-add services to provide means for data sharing
 - Connect to HIE platforms through the HIE to HIE Gateway
 - Surrounding states (e.g. Colorado, Kansas, South Dakota, Iowa, Missouri)
 - Regional HIEs (e.g. SERPA)
 - Send alert notifications via Mobile Messaging
 - Upgrade the NeHII subscription service to include notifications delivered to smart phones and e-mail addresses

ONC Advance Interoperability & Health Information Exchange Grant

- **Interoperability Projects**

- Submit Syndromic Surveillance data through NeHII
 - Deliver data to the Nebraska Division of Public Health via the Public Health Gateway
 - Enable facility to send data to NeHII and DPH through a single feed
- Provide population health data analytics
 - Offer Optum's Spectrum Analytics tool to pilot facilities
 - Provide insight into trends in utilization, quality of care, and outcomes across the entire patient population
- Make de-identified data available for researchers
 - Use Spectrum to export data for secondary use demonstration projects
 - Partner with UNMC College of Pharmacy, College of Public Health, and Patient-Centered Outcome Research Institute investigators

Financial State of NeHII

- We have made good progress with profitability
- Conducted third annual financial audit and removed “going concern” qualified opinion
- We need to continue to increase revenues by:
 - Adding additional hospitals and providers
 - Adding additional payers, including Medicaid
 - Goal - everyone is a member of NeHII for the betterment of the community
 - the more members the lower the unit cost and the better the information
- NeHII has \$1.6 million line of credit but no draw down on the line currently
- Creation of capital expenditures budget; current list of added functionalities total \$1,906,204 annually
- Continue to control expenses

THE NEXT 12 MONTHS

- Thank you once again to the payers, providers, hospitals and health systems that have invested heavily in building the exchange to date
- Vendor relationship with Optum critical and greatly improved past 12 months
- Working with other networks such as UniNet to offer value add services
- State's continued support necessary and NeHII must deliver value
- Expanded Medicaid participation, require managed care vendors to participate in NeHII
- Need to achieve 85% participation of hospital beds and four payers
- HITECH 90/10 funding key to next round of adoption and added functionalities
- Deliver PDMP support services via DrFirst med history as required by LB471
- Consider additional staff to support physician adoption and implementation of added functionalities
- Working with partners to deliver HIT enabled communities for PCMH/ACO activities and data analytics using the ONC Interoperability Grant funding
- Migration to HIE 2.0 platform looms large
- Social media campaign to kickoff August 17 to raise NeHII awareness with consumers. Please follow NeHII on Twitter: @NeHIIorg
- Oct. 2 strategic planning critical in developing the future roadmap



QUESTIONS?

NeHII CONTACT INFORMATION

- Dr. Michael Westcott - President, NeHII Board of Directors
- Deb Bass - Chief Executive Officer, NeHII

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