eHealth News

Upcoming Meetings

NITC	April 19
E-Prescribing Work Group	April 30
eHealth Council	May 1

Contents

eHealth Council tracks progress, sets goals

At the eHealth Council's Feb. 8 meeting, members tracked the progress of health information exchange in Nebraska and set goals for 2013.

- The number of NeHII users has grown from 1,922 in 2011 to 2,662 at the end of 2012. NeHII set a target of reaching 3,062 users by the end of 2013.
- The number of hospitals participating in NeHII has grown from 17 in 2011 to 22 in 2013. NeHII set a goal of having 39 hospitals participating by the end of 2013.
- eBHIN went live with its HIE functionality in 2017 and ended the year with 217 HIE users. eBHIN set a goal of having 300 HIE users by the end of 2013.

The complete list of metrics can be found at http://www.nitc.ne.gov/eHc/plan/NebraskaeHealthGoals2013Feb22.pdf.

eBHIN expands HIE deployment

eBHIN (Electronic Behavioral Health Information Network) continues with development of the HIE Network with deployment in Region 5 completed (Southeast Nebraska) and Region 6 (Omaha Area) underway. Planning activities for Regions 2, 3 & 4 will be completed this spring.

The total records in the eBHIN system now exceed 33,800. HIE services began in June of 2012 with deployments continuing into 2013. Records posted to the HIE top 7,500 with an opt-in rate of 90%.

Integration efforts with NeHII and medical providers continues with access to the NeHII VHR planned in 2013. Also planned for this year is a completed pilot and offering of Direct services for records to be shared from the eBHIN behavioral health network providers to medical settings.

More labs sending results in structured format

As part of the ongoing evaluation of the State HIE Cooperative Agreement by the Office of the National Coordinator, all states are required to conduct a census of hospital and independent laboratories. he Nebraska State HIE Cooperative Agreement evaluation team from UNMC surveyed Nebraska labs by telephone to determine their status as of the end of the calendar year in 2011 and 2012. The results can be found below:

Labs sending results to ambulatory providers outside of their organization electronically in a structured format

	2011	2012	% Change
Hospital Labs	17/93 (18.3%)	35/93 (37.6%)	+19.3%
Independent Labs	25/37 (67%)	26/37 (70.3%)	+2.7%
Hospital and Independent Labs	42/130 (32.3%)	61/130 (46.9%)	+14.6%

Labs following LOINC standards for test results sent to ambulatory providers outside their organization.

	2011	2012	% Change
Hospital Labs	13/93 (13.9%)	25/93 (26.9%)	+13.0%
Independent Labs	3/37 (8.1%)	3/37 (8.1%)	0%
Hospital and Independent Labs	16/130 (12.3%)	28/130 (21.5%)	+9.2%

Evaluation team members include Daniel Lomelin, Donald Klepser, Gary Cochran, Lina Lander, and Marsha Morien. The 2012 Lab Census is available at http://www.nitc.ne.gov/eHc/plan/LabWritepJan182013Final.pdf.

State HIE evaluation efforts underway

A team of researchers at the University of Nebraska Medical Center (UNMC) are performing various assessments of Nebraska's State Health Information Exchange Cooperative Agreement. The UNMC HIE Evaluation Team has made progress this quarter in several projects. In the coming weeks the researchers will be send-ing out a statewide survey to a variety of health professionals to identifying overall satisfaction, barriers to utilization, and areas of concern that providers have with sharing patient data through the HIE.

The second project this quarter is evaluating e-prescribing in ambulatory care settings. With the goals of determining and characterizing unforeseen errors brought about through the use of new electronic systems for prescription services, the research team has completed the collection of data from several clinics and pharmacies in rural and urban settings. Analysis is ongoing with results forthcoming later this year.

Nebraska EHR Incentive Program issues over $26 million in payments

The Nebraska EHR Incentive Program is off to a good start with $4.6 million in payments issued to eligible professionals and $22.1 million paid to eligible hospitals. Over 400 enrollments have been received from eligible professionals and hospitals since the program's launch in May 2012. Most of the 2012 payments were due to providers adopting, implementing or upgrading (AIU) to certified EHR systems. Starting in April, 2013, Nebraska's Medicaid program expects to see more providers attesting to and demonstrating meaningful use as they apply for their second year payment.

Lavon Heidemann appointed Lt. Governor

Gov. Dave Heineman announced the appointment of Lavon Heidemann of Elk Creek to be the 39th Lieutenant Governor of Nebraska.

"I'm pleased Lavon has agreed to serve the people of Nebraska as the Lieutenant Governor," said Gov. Heineman. "He is a proven, dedicated public servant for the citizens of Nebraska. He will complete this term as Lt. Governor with integrity, and I look forward to working with him as we continue to move Nebraska forward."

"I am excited for this opportunity to serve the people of Nebraska," said Lt. Gov. Heidemann. "Public service is something in which I believe deeply. I am looking forward to my time traveling our state, meeting with our citizens, visiting our businesses."

Lt. Gov. Heidemann is a farmer and livestock producer, and is a volunteer firefighter. He was elected to the University of Nebraska Board of Regents in 2012. Prior to his time as a Regent, Lt. Gov. Heidemann served as a State Senator for Legislative District 1 from 2005 to 2013. As a member of the Legislature, he served as Chairman of the Appropriations Committee for six years.

Lt. Gov. Heidemann was elected to the Elk Creek School Board in 1996 where he served for until he was elected to the Legislature. Previously he served as a general foreman for a drilling company in Anchorage, Alaska from 1983 to 1995. He has been active with a number of organizations, including the Midwest Council of State Governments, Agriculture Builders of Nebraska, Nebraska Cattlemen, Pawnee County Farm Bureau, the Southeast Nebraska Feeders and Breeders, and the Elk Creek Young Men's Club.

Lt. Gov. Heidemann graduated from Elk Creek High School. He has attended the Midwest Council of State Governments' Bowhay Institute for Legislative Leadership. He has earned a number of awards and honors including the Leadership Award for the Association of Nebraska Ethanol Producers, 2012; recognition of Service, Nebraska State Volunteer Firefighter's Association, 2011; Harold Sieck Public Official of the Year, The Arc of Nebraska, 2009; Leadership Award in Recognition of Outstanding Leadership in Agri-Business, Omaha Agri-Business Club 2009; Award of Excellence for Meritorious Service, Nebraska Cooperative Extension Association, 2009; and the Appreciation Award for Development and Funding of Education Center, Nebraska College of Technical Agriculture, 2009.

Lt. Gov. Heidemann was born in Pawnee City. He and his wife Robin have three children.

Acierno appointed Chief Medical Officer

Gov. Dave Heineman announced that he has appointed Dr. Joseph Acierno of Omaha to be the Chief Medical Officer and Director for the Division of Public Health for the State of Nebraska Department of Health and Human Services. Dr. Acierno, 51, has served as Deputy Chief Medical Officer since May, 2007 and assumed the position of Chief Medical Officer on March 8.

"I am pleased Dr. Acierno will be Nebraska's new Chief Medical Officer," said Gov. Heineman. "His experience as deputy chief

medical officer, a doctor and attorney make him uniquely qualified to serve in this capacity. I am confident that his knowledge of medicine, public health issues and medical-legal matters will serve Nebraska's citizens in a positive way."

As Deputy Chief Medical Officer, Acierno is responsible for the regulatory portion of the division, specifically the Licensure, Investigations and Environmental Health Units. The licensure Unit is responsible for the licensure of health care facilities and practitioners throughout the state. The Environmental Health Unit is responsible for a number of programs including public drinking water, radiological health, ecology risk assessment, the environmental health laboratory, environmental health hazards and indoor air. The Investigations Unit is responsible for professional and occupational licensure investigations, as well as fraud investigations and quality control of economic assistance programs. Additionally, Dr. Acierno is involved with emergency response activities for the Division of Public Health.

Dr. Acierno is Chairperson of Nebraska's Child Death Review Team and is a Scholar with the Great Plains Public Health Leadership Institute. His salary will be $146,000. Dr. Acierno is married with two children. Dr. Acierno is a graduate of Creighton University with the following degrees: Bachelor of Science, Doctor of Medicine and Juris Doctor.

Acierno will succeed Dr. Joann Schaefer who recently accepted a position as Vice President, Medical Care and Management with Blue Cross and Blue Shield of Nebraska.

Report highlights findings from HIE case studies

NORC at the University of Chicago interviewed a variety of stakeholders in five states— including Nebraska—to assess state progress in enabling health information exchange (HIE). The interviews were conducted between November 2011 and March 21, 2012. Key findings from the interviews include:

All five states studied (Maine, Nebraska, Texas, Washington, and Wisconsin) had health IT initiatives underway prior to receiving funding from the HIE Cooperative Agreement Program, which contributed to the early successes of these states. Building on existing health IT initiatives helped facilitate collaboration, establish trust between state officials and other stakeholders, and created a knowledge base and culture receptive to statewide health information exchange efforts.

All five states decoupled policy and technology roles with different organizations playing governance and/or technical operator roles. In Nebraska, the State of Nebraska—Nebraska Information Technology Commission is the recipient of State HIE Cooperative Agreement funding and works with NeHII and eBHIN to implement HIE services.

Challenges identified included:

- Cost and sustainability
- Costs of interfaces and support for providers
- Provider awareness
- Engaging large health systems
- Evolution of the market
- Interoperability

"Case Study Synthesis: Experiences from Five States in Enabling HIE" is available at http://www.healthit.gov/sites/default/files/casestudysynthesisdocument_2-8-13.pdf.

Report looks at physician use of HIE

NORC at the University of Chicago interviewed physicians from small and larger practices in five states—including Nebraska--to assess the state of health information exchange (HIE) among ambulatory care providers.   Focus groups were convened in Maine, Nebraska, Texas, Washington, and Wisconsin between November 2011 and March 2012.

Physician perceptions of EHRs are generally positive and similar across practice sizes. A majority of physicians, regardless of practice size, are collecting incentive payments (64 percent).   Physicians from larger practices are more likely to report experience exchanging clinical data electronically (76%) compared to physicians from small practices (55%).

Most physicians are e-prescribing and believe that it leads to fewer e-prescribing errors and calls with pharmacists.

All of the larger group practice physicians and approximately half of small practice physicians receive lab results directly into their EHRs.

Physicians reported limited electronic exchange of clinical summaries.

Most physicians reported sending immunization data electronically to state or local health departments, often through separate websites provided by the state health department.   A few physi-

cians reported submitting information from their EHR to the state immunization registry.

"Physician Experiences and Perceptions of Health Information Exchange" is available at http://www.healthit.gov/sites/default/files/providerfocusgroupsynthesis_02_08_13.pdf.

CIMRO of Nebraska hosts Quality Forum May 9

CIMRO of Nebraska's tenth annual Nebraska Healthcare Quality Forum will be held at the Embassy Suites Hotel & Conference Center in La Vista, Nebraska on Thursday, May 9, 2013.

The Nebraska Healthcare Quality Forum is an opportunity for conversation and sharing ideas with your colleagues from around the state. The cost for attending is $50. The registration deadline is Friday, April 26, 2013. More information can be found at
www.cimronebraska.org/qualityforum .

HIT workforce development report available

Wide River Technology Extension Center (TEC) and The University of Nebraska Public Policy Center are pleased to announce that the Final Report for the Wide River TEC Health Information Technology Workforce Development Initiative is now available at http://www.widerivertec.org/home/curriculumfunding.aspx . The University of Nebraska Public Policy Center coordinated the Health IT Workforce Development Initiative for Wide River TEC for the past two years.

One of the primary goals of this initiative was to provide opportunities for Nebraska's healthcare workforce to gain a better understanding of the meaningful use of electronic health records (EHRs) through coursework. Seventeen awards were presented to Nebraska educators at postsecondary institutions to integrate the meaningful use of EHRs into coursework and by June 2012, over 700 Nebraskans had received training as a result of these awards. This number is expected to reach well over 1700 by December 2012. Funding for this project recently concluded, but the courses are ongoing.

Please contact Nancy Shank (nshank@nebraska.edu) or Elizabeth Willborn (ewillborn@nebraska.edu) at the University of Nebraska Public Policy Center if you have questions about the report.

Nebraska Information
Technology Commission
eHealth Council

Report identifies key determinants of HIE value

The State HIE Program Policy Office has released a series of reports on Query- Based Exchange, Consumer Mediated Exchange, Master Data Management, Subscription and Notification Services, and Provider Directory Solutions. These reports offer a market-based analysis of HIE lessons learned, what is working across the country and considerations for future activities.

Two additional reports focus on Prescription Drug Monitoring Programs and Reporting on High Utilizers offer great value when integrated into HIE services. These profiles outline efforts in Camden, New Jersey to track high utilizers of health care services and the integration of the State Prescription Drug Monitoring Program into the Chesapeake Regional Information System for Patients (CRISP) in Maryland.

The report "Query-Based Exchange: Key Factors Influencing Success and Failure" identified four key determinants of HIE value:

- Providing enough data from enough stakeholders to make query functionality valuable

- Providing more than one type of clinical data with high levels of availability

- Identifying the right early adopters to build a broad user base

- High utilization rates

The report also provided a comparison of successful and closed HIEs on a number of measures. NeHII compares favorably with the successful HIEs included.   The table on pages 6-7 illustrates how NeHII compares to other successful HIEs.
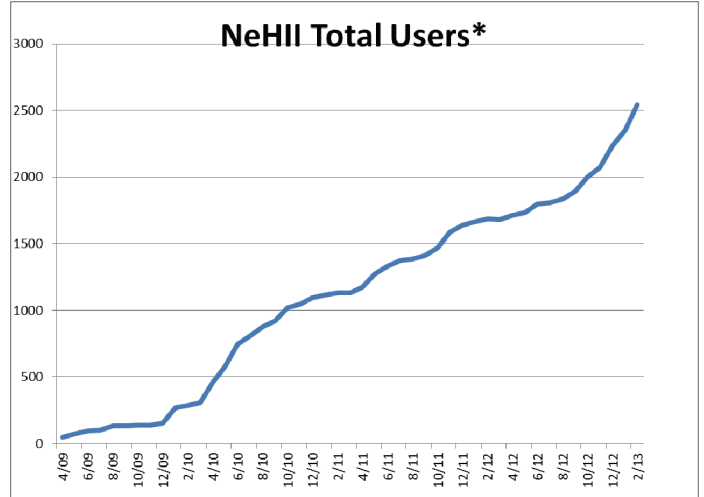
Query-Based Exchange: Key Factors Influencing Success and Failure is available at http://www.healthit.gov/sites/default/files/query_based_exchange_final.pdf .

Additional reports are available at http://www.healthit.gov/policy-researchers-implementers/health-information-exchange-research .
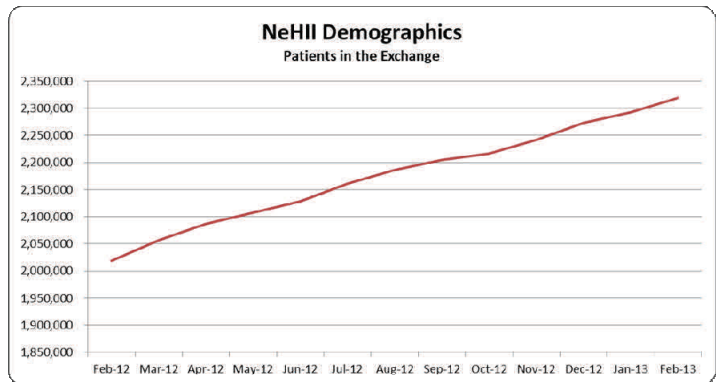
NeHII continues growth, compares favorably with successful HIEs

A critical indicator of the value an HIE offers is the number of physicians and allied professionals using the system. The number of NeHII users has grown from 1,922 in 2011 to 2,662 at the end of 2012.   The number of physicians added per quarter in 2012 was: first – 156; second –67; third – 131 and fourth– 81. The total num-

ber of physicians using NeHII at yearend 2012 was 1,132. The total number of providers added per quarter was: first – 55; second – 122; third – 95; fourth – 256.

Another indicator of continued growth is evidenced by the number of consumer lives in the system. NeHII has steadily added lives to the HIE as evidenced in the Consumers with Demographic Data graph and ended 2012 with a total number 2,286,985 lives. Twenty seven percent have home addresses outside the state. The opt-out rate remains below 3% which is another critical indicator of consumer comfort in sharing their health information.

The recent ONC-commissioned report "Query-Based Exchange: Key Factors Influencing Success and Failure" provided a comparison of successful and closed HIEs on a number of measures. NeHII compares favorably with the successful HIEs included. The table on the following pages illustrates how NeHII compares to other successful HIEs.

Comparison of Successful HIEs –
Adapted from "Query-Based Exchange: Key Factors Influencing Success and Failure" by Audacity Inquiry for the Office of the National Coordinator

Successful HIEs

	NeHII*	CRISP	DHIN	HealthInfoNet	IHIE	Michiana HIE	Rochester RHIO
Total number of users	2,784	736	6,368	5,718	6,000 am-bula-tory and 140,000 inpatient	3,000	3,000
Number of users querying in last 30 days	427	70	1,379	1,154	8,807	1,200	1,250
Average number of queries per month	3,725	1,548	38,500	3,000	333,333	285,000	30,000
Number of hospi-tals in trading area	104	46	8	39	173	20	25
Percent of hospitals with sharing agree-ment	41%	100%	87%	87%	77%	70%	96%
Percent of hospitals sharing clinical data	23%	59%	75%	87%	46%	70%	88%
Number of unique identities	Over 2.29 million	Over 3.26 million	Over 1.29 million	Over 1.1 mil-lion	Over 12.3 million	1.5 million	1.4 million
Number of labs	Over 28.4 million	Over 11.3 million	Over 18 million	15 million	4.3 billion and 84.5 million text re-ports	1.152 billion	52 million
Number of radiolo-gy results	Over 5.8 million	Over 3.2 million	over 4.05 million	3.5 million	17.5 mil-lion	5 million	7.5 million
Number of immun-ization records	1,586 includes influenza vaccinations	0	0	8,000	Unknown	800,000	0

Comparison of Successful HIOs

Adapted from "Query-Based Exchange: Key Factors Influencing Success and Failure" by Audacity Inquiry for the Office of the National Coordinator

Successful HIE's							
	NeHII*	**CRISP**	**DHIN**	**HealthIn-foNet**	**IHIE**	**Michiana HIE**	**Rochester RHIO**
Number of care summaries (discharge & visit summaries)	Over 1.6 million	0	Over 7.13 million	1.1 million	2,143,097	200,000	0
Ambulatory practices send-ing data to the HIO	42	None	None	Encounters, CPT Codes, Allergies, Immuniza-tions, prob-lem lists, visit notes: 170	Yes	Immuniza-tions: 300 CCD: 50	None
Payers part of funding plan	Yes	No	Yes	No	Yes	No	Yes
Payers part of HIO founders	Yes	No	One pay-er	Yes	Yes	No	Yes
Number of months between agreement to pursue HIE and first clinical data live	4	13	60	10	Un-known	12	12

*NeHII figures are from December 2013. Figures from other HIEs are from June 2012.

"Query-Based Exchange: Key Factors Influencing Success and Failure" is available at
http://www.healthit.gov/sites/default/files/query_based_exchange_final.pdf .

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