Survey on State eHealth Information Strategies

REQUESTED RESPONSE DUE BY FRIDAY AUGUST 17, 2007

One survey response is requested from the Governor's Office, representing all state agencies.

SURVEY PURPOSE – TO PROVIDE AN EHEALTH BEST PRACTICE REPORT TO STATES

This survey is conducted with the National Governors Association by Health Management Associates (HMA), supported with funding from The Commonwealth Fund. Its purpose is (1) to identify what states are doing now in eHealth; (2) to highlight the best practices, important activities, and accomplishments of states; (3) to identify the challenges and issues states have faced in pursuit of these activities; and (4) to ask about current directions and goals for the future.

Our hope is that every state will respond, so we can highlight the successes you have achieved, and also so other states can learn from your experience and know the issues and obstacles they may need to confront. We appreciate all your time and effort in completing this important survey. Your responses will be summarized into a report to be published through The Commonwealth Fund.

SURVEY ORGANIZATION

The survey is organized in the following manner:

Section 1: General eHealth Information

Sections 2 and 3 focus on eHealth activities you regard as *significant* that your state is undertaking (or has implemented).

Section 4: State Privacy Laws and other Protections for eHealth Information

Section 5: Consumer and Provider Engagement

Section 6: Standardized Data and eHealth

Section 7: eHealth Clinical Applications

Section 8: State Alignment with Federal Initiatives

Section 9: Other Comments

SURVEY INSTRUCTIONS:

We are directing this survey to the Governor's Office recognizing that it may require coordination across several state agencies. For example, it may be useful to coordinate with the Chief Information Officer, an Office of Information Technology, Medicaid, Public Health, Insurance Agency, the state budget office, privacy officers, etc. One single response however is requested from each state.

If you have any questions, please call Vernon Smith or Sandy Kramer at 1-800-678-2299.

Please return your completed survey by *Friday August 17, 2007 via email to* VSmith@healthmanagement.com
If you would prefer regular mail or fax, send your response to:

Vernon K. Smith, Ph.D.
Health Management Associates
120 N. Washington Square, Suite 705
Lansing, MI 48933
FAX: 517-482-0920

On behalf of the National Governors Association and The Commonwealth Fund
Thank You!

THE COMMONWEALTH FUND

HEALTH MANAGEMENT ASSOCIATES

NATIONAL GOVERNORS ASSOCIATION

SECTION 1: GENERAL EHEALTH INFORMATION

1. Enter your state and a contact person who we could call or email, if we have questions with your responses.

    a. State: Nebraska
    b. Contact Name: Anne Byers
    c. Contact Title: Community IT Manager
    d. Contact Office: Nebraska Information Technology Commission/Office of the CIO
    e. Phone Number: 402 471-3805
    f. Email: anne.byers@cio.ne.gov

2. The following are common eHealth terms. To facilitate accurate interpretation of your survey responses, indicate if your state's definitions vary from those listed and describe the differences.

	Survey Definition [1]	If Your Definition Varies, Please Describe How
a.	**eHealth** is a term for healthcare practice which is supported by electronic processes and communication. [This term includes HIT and HIE defined below.]	
b.	**Health Information Technology (HIT)** is information technology specific to the healthcare domain. Health Information is used synonymously with the term "health data."	
c.	**Electronic Health Information Exchange (eHIE)** is electronic mobilization of health information across organizations & electronic disparate systems within a region, community or state. This term is a "catch all" phrase that includes Regional Health Information Organization (RHIO), Quality Improvement Organization (QIO), and Agency for Healthcare Research & Quality (AHRQ) funded communities, and private exchanges.	
d.	**Electronic Medical Record (EMR)** is a computer-based patient medical record. The EMR is the source of information for the Electronic Health Record (EHR).	The Nebraska Health Information Security and Privacy Committee has developed working definitions for a number of health IT terms. Electronic medical record (EMR): The set of databases (or repositories) that contains the health information for patients within a given institution or organization. Thus, an EMR contains the aggregated datasets gathered from a variety of clinical service delivery processes, including laboratory data, pharmacy data, patient registration data, radiology data, surgical procedures, clinic and inpatient notes, preventive care delivery, emergency department visits, billing information, and others. EMRs may contain clinical applications that can act on the data contained within this repository; e.g., a clinical decision support system (CDSS), a computerized provider order entry system (CPOE), a controlled medical vocabulary, or a results-reporting system.
e.	**Electronic Health Record (EHR)** is a longitudinal electronic record of patient health information generated in one or more care settings. EHR data includes patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.	Electronic health records: Extends the notion of an EMR to include the concept of cross-institutional data sharing. Thus, an EHR contains data from a subset of each institution's EMR (that is agreed upon by the institution). An EHR may also reside "entirely within one institution" and link the various affiliated practice sites together. The EHR is generally patient focused and spans episodes of care rather than a single encounter. An EHR can only be present if the

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	Survey Definition[1]	If Your Definition Varies, Please Describe How
		participating sites all have an EMR in place that is interoperable.
f.	**Electronic Health Record System** is a set of components that form the mechanisms by which electronic health records are created, used, stored, and retrieved. This includes data rules, procedures, processing and storage devices, and communication support facilities.	
g.	**Personal Health Record (PHR)** is usually used when referring to the version of health/medical record owned by the patient.	Personal health record (PHR): Refers to computer-based patient records intended primarily for use by consumers, which may or may not interface with providers' electronic records. An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment. Comment: The survey definition could be interpreted to mean that patients do not own the data in an EMR or an EHR.
h.	**Metadata** is machine understandable information for the Web that describes content, quality, condition, and characteristics of the data. It describes who, what, when, where, why, and how information about a data set.	
i.	**Telehealth** uses communication networks to provide health services including (but not limited to) direct patient care, health prevention, consulting, and home visits to patients in a geographical location different than the provider of the services.	Telehealth: The use of telecommunications (i.e., wire, internet, radio, optical or electromagnetic channels transmitting text, x-ray, images, records, voice, data or video) to facilitate medical diagnosis, patient care, patient education and/or medical learning. Professional services given to a patient through an interactive telecommunications system by a practitioner at a distant site. Comment: Continuing medical education is an important telehealth application in Nebraska and is not included in the survey definition.
j.	**ePrescribing** is the use of electronic tools to order drug prescriptions. E-prescribing tools may include both software programs, as well as hardware like personal computers, handheld devices, and touch screens.	

3. How would you describe the importance of eHealth activities within your state?
    - ☐ a. Not significant
    - ☒ b. Significant
    - ☐ c. Somewhat significant
    - ☐ d. Very significant

4. Is there a position within the Governor's office responsible for eHealth?
    - ☒ a. Yes
    - ☐ b. No

5. Please provide the following contact information for the individual responsible for eHealth activities in your state.
    - a. Name: Rick Sheehy
    - b. Title: Lieutenant Governor
    - c. Office: Office of the Lieutenant Governor
    - d. Phone Number: 402 471-2256
    - e. Email: rsheehy@notes.state.ne.us

6. How would you describe the role of the Governor's office related to eHealth Information Technology?

    Please Describe: The Governor's Office acts as a facilitator of eHealth. Lt. Governor Sheehy has been actively involved in eHealth initiatives, sitting on the board of a statewide health information exchange effort, the Nebraska Health Information Initiative (NeHII). As Chair of the Nebraska Information Technology Commission, he played an active role in the formation of a statewide eHealth Council in 2007 which has been charged with:

    • Reviewing the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;

    • Addressing potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;

    • Evaluating the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;

    • Identifying private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;

    • Supporting and promoting the use of telehealth as a vehicle to improve healthcare access to Nebraskans; and

    • Recommending best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

7. Are eHealth activities specifically funded within your state's appropriations?

    ☐ a. Yes   ☒ b. No   ☐ c. Don't Know

8. Can you estimate the total dollar amount funded for fiscal years 2007 and 2008 for eHealth activities? If you do not know, enter "Unknown."
    - a. FY 2007: _____

b. FY 2008: ☐

9. Over the next two years, what are the Governor's highest two priorities for eHealth?
   a. 1st Priority: ☐
   b. 2nd Priority: ☐

10. In pursuing the priorities you listed above, what would you see as the most significant barriers or obstacles?
   a. Barriers to 1st Priority: ☐
   b. Barriers to 2nd Priority: ☐

11. Please indicate which of the eHealth activities your state has implemented for the following programs. Mark column 6 if the activity has not been implemented by any of the five state-funded programs listed.
   (Please check all that apply)

Activities	(1) Medicaid	(2) State Health Benefit Plans for Employees	(3) State-Operated Mental Health Hospitals	(4) State-Operated Prisons	(5) Public Health	(6) Not Implemented
a. eSignature	☐	☐	☐	☐	☐	☒
b. ePrescribing	☐	☐	☐	☐	☐	☒
c. Immunization Registry	☐	☐	☐	☐	☒	☐
d. Surveillance Registry	☐	☐	☐	☐	☒	☐
e. Disease Registry	☐	☐	☐	☐	☒	☐
f. Newborn Screening Registry	☐	☐	☐	☐	☒	☐
g. EPSDT Tracking	☒	☐	☐	☐	☒	☐
h. Advance Directive Repositories	☐	☐	☐	☐	☐	☐
i. Telehealth	☒	☐	☐	☐	☒	☐
j. Web-Based Provider Enrollment or Certification	☐	☐	☐	☐	☒	☐
k. Metadata Repository	☐	☐	☐	☐	☒	☐
l. Decision Support	☒	☐	☐	☐	☐	☐
m. Private-Funded electronic Health Information Exchanges	☐	☐	☐	☐	☐	☒
n. State-Funded electronic Health Information Exchanges	☐	☐	☐	☐	☐	☐
o. Federal-Funded electronic Health Information Exchanges	☐	☐	☐	☐	☐	☐
p. Public-Private Funded electronic Health Information Exchanges	☐	☐	☐	☐	☐	☒
q. Other Funded electronic Health Information Exchanges	☐	☐	☐	☐	☐	☐
r. Personal Health Record	☐	☐	☐	☐	☐	☒
s. Electronic Medical Record	☐	☐	☐	☐	☐	☒
t. Electronic Health Record	☐	☐	☐	☐	☐	☒
u. Web Medicaid Management Information System	☐	☐	☐	☐	☐	☐

12. Please describe the roles the following state departments have in regard to eHealth activities?

State Departments, Offices, or Programs	Describe Role in eHealth
a. Chief Information Officer	The Office of the CIO is actively involved in the Nebraska Information Technology Commission's eHealth Council. The Office of the CIO and the eHealth Council are acting as facilitators in the exchange of information between eHealth initiatives. The eHealth Council will make policy recommendations to the Nebraska Information Technology Commission. The Office of the CIO and the Nebraska Information Technology Commission are also responsible for the adoption of technology standards.
b. Attorney General	
c. Budget Office	
d. Insurance Commission	The Nebraska Department of Insurance is currently not involved in any activities related to eHealth.
e. Others? – Describe:	

13. Which of the eHealth activities you checked above are integrated across public and private programs?

Please describe: All of the activities listed above are possible areas where integration will occur across public and private programs.   The e-Health Council is currently learning of the initiatives that are taking place from the private and public sectors to better understand this.   The co-chairs of the e-Health Council are preparing an operational plan that includes this evaluation.   The co-chairs are Dr. Kimberly Galt (Creighton University), Dan Griess (CEO, Box Butte General Hospital), and Dr. Keith Mueller (University of Nebraska Medical Center).

14. You will be asked to highlight your two most significant eHealth activities in Sections 2 and 3. This item provides an opportunity for you to list comments on other eHealth activities or to provide additional details on activities you indicated above.

Comments:

Nebraska eHealth Initiatives

RHIOs

• Western Nebraska Health Information Exchange. Partners in Western Nebraska have completed a plan and are beginning to implement a regional health information exchange. Partial funding has been provided through an AHRQ planning grant, an AHRQ implementation grant, and a HRSA Rural Network Development grant.

• Nebraska Health Information Initiative (NeHII). The Nebraska Health Information Initiative (NeHII) is a collaboration of Nebraska health care organizations, hospitals, physicians, and Blue Cross and Blue Shield of Nebraska. The mission of the NeHII Collaborative is to provide Nebraska a system for the secure exchange and use of health information.   NeHII is raising funds for start-up operations.

• Southeast Nebraska Behavioral Health Information Network. A $200,000 one-year planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004 enabled Region V Behavioral Health Care Providers to develop a plan to develop a health information technology infrastructure that will result in standards-based data sharing and lead to measurable and sustainable improvements in patient safety and quality of care in the region. Since the completion of the planning grant, SNBHIN partners have continued to meet and are making progress toward establishing a RHIO.

EMR/EHR/PHR Initiatives

• Nebraska Medical Association Project. The Nebraska Medical Association Foundation received a two-year grant for $499,604 from the Physicians Foundation for Health Systems Excellence to work with small and medium-sized physician practices on electronic health records and chronic disease management registries.

• UNMC Web-based Personal Health Record. The University of Nebraska Medical Center is establishing a Web-based Personal Health Record (PHR) program for all its students. In contrast with medical records that are owned by doctors or hospitals, a PHR is owned by the patient and is part of a national effort to involve patients in their own health care.

• The Rural Comprehensive Care Network of Nebraska. The Rural Comprehensive Care Network of Nebraska received a three-year grant from the U.S. Department of Health and Human Services Health Resources and Services Administration's Rural Health Network Development Program in 2006. The grant will help physicians, hospitals, and pharmacies in the network communicate via electronic health records.

• Nebraska Registry Partnership. The project is a partnership of the Nebraska Office of Rural Health, Diabetes Prevention and Control Program—HHSS, Cardiovascular Health Program—HHSS, CIMRO of Nebraska, Nebraska Rural Health Association, and the University of Nebraska Medical Center. Through the project, DocSite implementation in pilot clinics has been completed.

Patient Safety and Health Information Technology Translational Research and Dissemination

The Creighton Health Services Research Program (CHRP). CHRP is designed to promote and sustain health service research. The emphasis is to examine issues related to patient safety and quality in health care, including new and emerging technological influences on safety, the effects of health care financing, relationship of costs of pharmaceuticals and treatments, social and behavioral influences on care, access and disparities issues, and models of care delivery (http://chrp.creighton.edu). Major activities include:

• A federal-private research grant funded partnership to study and track health information technology adoption by physicians, pharmacists and health care providers, including EHRs, EMRs, PHRs, and practice activities, such as e-prescribing.

• A state funded research grant portfolio to study consumer attitudes, beliefs, concerns and behaviors about health information exchange, and community models about health information exchange.

• Health professions education initiatives in patient safety.

• Research fellowship with an emphasis in patient safety and quality.

• Service initiatives in patient safety and quality through community/state partners.

15. Does your state monitor eHealth activities implemented by private entities?

☒ a. Yes ☐ b. No ☐ c. Don't Know

If yes, list the key players identified and describe the collaboration or integration your state has had with each.

Nebraska Health Information Initiative (NeHII)-- The Nebraska Health Information Initiative (NeHII) is a collaboration of Nebraska health care organizations, hospitals, physicians, and Blue Cross and Blue Shield of Nebraska. The mission of the NeHII Collaborative is to provide Nebraska a system for the secure exchange and use of health information. Lt. Governor Rick Sheehy serves on the NeHII Board. NeHII is also represented on the Nebraska Information Technology Commission's eHealth Council.

Western Nebraska Health Information Exchange--The Western Nebraska Health Information Exchange has completed the planning process and is beginning to implement a regional health information exchange. The Western Nebraska Health Information Exchange is represented on the Nebraska Information Technology Commission's eHealth Council. Partners have met with state agencies to discuss how the regional health information exchange being developed can interface with state systems. The entity has developed a reporting matrix which includes the non-mandatory and mandatory reporting that hospitals and clinics do.

Southeast Nebraska Behavioral Health Network (SNBHIN)--Behavioral health care providers in Region V have developed a plan to develop a health information technology infrastructure that will result in standards-based data sharing and lead to measurable and sustainable improvements in patient safety and quality of care in the region. The group is looking at submitting proposals for additional funding. The Southeast Nebraska Behavioral Health Network is represented on the Nebraska Information Technology Commission's eHealth Council.

Nebraska Statewide Telehealth Network--The Nebraska Statewide Telehealth Network is an interactive video and data network that provides integration among nearly all of the hospitals and public health departments in the state. The Nebraska Statewide Telehealth Network is unrivaled in scope by any other state telehealth network. The network has the support and interest of many education and health entities in the state. The Nebraska Statewide Telehealth Network is represented on the Nebraska Information Technology Commission's eHealth Council.

Additionally, the Nebrasks Information Technology Commission has developed an eHealth Clearinghouse to facilitate information sharing among eHealth initiatives in the state. The clearinghouse is available at http://www.nitc.ne.gov/eHc/clearing/index.html.

16. If your state participates in an electronic Health Information Exchange (eHIE), please indicate the type. Otherwise go to Section 2.

(Please check all that apply)

Activities	(1) Regional (within a state)	(2) Statewide	(3) Multi-State	(4) Other-Describe	(5) Not Implemented
a. Private-Funded eHIE	☐	☐	☐		☒
b. State-Funded eHIE	☐	☐	☐		☒
c. Federal-Funded eHIE	☐	☐	☐		☒
d. Public-Private Funded eHIE	☐	☐	☐		☒

17. If your state participates in an electronic Health Information Exchange (eHIE), what is the governing structure?

☐ a. State governed
☐ b. Public – Private governed
☐ c. Private governed
☐ d. Other – Please describe: [   ]

SPECIAL INSTRUCTIONS FOR SECTIONS 2 AND 3

In Sections 2 and 3, we are asking you to identify two eHealth activities that you regard as the most significant activity, initiative, or action you are implementing or have completed in your state.

SECTION 2: YOUR STATE'S MOST SIGNIFICANT EHEALTH ACTIVITY

18. Please indicate the eHealth activity your state is undertaking or has implemented that you would regard as the most significant? If you do not have an initiative to report, list "None" and proceed to Section 4.

Please describe: The Nebraska Information Technology Commission's eHealth Council was created to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska. The Nebraska Information Technology Commission's eHealth Council is a 25-member group representing the State of Nebraska and federal government, health care providers, eHealth Initiatives, public health, payers, and consumers.

The eHealth Council is charged with:

• Reviewing the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;

• Addressing potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;

• Evaluating the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;

• Identifying private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;

• Supporting and promoting the use of telehealth as a vehicle to improve healthcare access to Nebraskans; and

• Recommending best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

Prior to the creation of the Nebraska Information Technology Commission eHealth Council, The Nebraska Health Information Security and Privacy Committee (HISPC) began examining privacy and security issues related to health information exchange. The group, in partnership with the Creighton Health Services Research Program, surveyed three stakeholder groups and prepared a final report. The HISPC will present its recommendations to the eHealth Council in August. Continuing work on health IT security and privacy issues will be coordinated through the eHealth Council.

19. Why are you regarding this eHealth activity as the most significant in your state?

Please describe: By bringing stakeholders together, the eHealth Council will play an important role in developing a shared vision for eHealth in the state and building the social capital necessary for statewide implementation of health information exchange. eHealth initiatives currently face a number of barriers, including the misalignment of benefits and costs, implementation costs, impact on workflow processes, concerns about privacy and security, and a lack of a quantifiable return on investment. By addressing these issues and making policy recommendations to the Nebraska Information Technology Commission on how to best address these barriers, the Nebraska Information Technology Commission eHealth Council can signficantly impact the the adoption of interoperable healthcare information technology by the health care delivery system in Nebraska.

20. Is the eHealth activity you listed above integrated into an electronic Health Information Exchange?
    (Please indicate only one)

    ☐ a. Yes   ☒ b. No   ☐ c. Don't Know

21. Indicate which categories below best describe this activity.
    (Please indicate only one)
    - ☐ a. Telecommunication Infrastructure, e.g., Internet, Broadband, Central Repository, Federated Model
    - ☐ b. Architecture Interoperability
    - ☐ c. eHealth Privacy and Security
    - ☐ d. Standardized Data
    - ☒ e. Other – Please describe: Statewide eHealth Advisory Body

22. In reference to the initiative above, please describe the type of initiative.
    (Please check all that apply)
    - ☐ a. Regional within a state
    - ☒ b. Statewide
    - ☐ c. Multi-state
    - ☐ d. Other, please describe:

23. Which stage is your initiative currently in?
    (Please indicate only one)
    - ☐ a. Stage 1 – Initiation and Planning
    - ☐ b. Stage 2 – Design and Development
    - ☒ c. Stage 3 – Implementation in Progress
    - ☐ d. Stage 4 – Fully Implemented

24. If the initiative has been fully implemented, please list the year of its implementation. Year: [   ]

25. How did you promulgate this initiative?
    (Please check all that apply)
    - ☐ a. State Law
    - ☐ b. State Regulations (or Administrative Rules)
    - ☐ c. Executive Order
    - ☐ d. Governor Established Advisory Council
    - ☐ e. Privately Initiated State-Level Council or Task Force
    - ☐ f. Leveraging Medicaid Purchasing – (Initiative mandated contractually)
    - ☐ g. Leveraging State Employee Purchasing – (Initiative mandated contractually)
    - ☐ h. Court Action
    - ☒ i. Other, please describe: Lieutenant Governor and Nebraska Information Technology Commission established the eHealth Council.

26. Please indicate the funding sources for this initiative.
    (Please check all that apply)
    - ☒ a. State General Funds
    - ☒ b. Federal Grant or Contract
    - ☐ c. Medicaid
    - ☐ d. Foundation Grant – Please list source: [   ]
    - ☐ e. Private
    - ☐ f. Private - Public
    - ☐ g. Other – Please describe: [   ]

27. What incentives did you use during adoption of this initiative to encourage its implementation?
(Please check all that apply)

- ☐ a. Tax credits to healthcare organizations (HMOs, hospital systems, etc.)
- ☐ b. Tax credits to individual healthcare practitioners
- ☐ c. Tax credits to employers
- ☐ d. Direct grants to electronic health information exchanges
- ☐ e. Direct grants to healthcare provider groups
- ☐ f. Other – Please describe: [   ]
- ☒ g. None used

28. Who are your stakeholders?
(Please check all that apply)

- ☒ a. Physicians and Hospitals (and their associations)
- ☒ b. Long-Term Care Providers
- ☒ c. Managed Care Organizations (MCOs) and Health Maintenance Organizations (HMOs)
- ☒ d. Private Insurers
- ☒ e. Consumers and their Advocates
- ☒ f. Employers
- ☒ g. Other – Please describe: Public Health, eHealth Initiatives, State and Federal Government

29. Looking back at the initiative described above, what was its most significant challenge, concern or issue?

Please describe: Our initial challenge is building a common understanding of eHealth among various stakeholders and establishing a common vision of eHealth in the state.

30. What would you identify as the most important lessons learned that other states should know about the initiative you listed? Please describe: Identifying and balancing key stakeholders is important to the success of an advisory group.

SECTION 3: YOUR STATE'S NEXT EHEALTH ACTIVITY

31. What is another eHealth activity that you regard as "significant?" you do not have an initiative to report, list "None" and proceed to Section 4.

Please describe: The Nebraska Statewide Telehealth Network is an interactive video and data network that provides integration among nearly all of the hospitals and public health departments in the state. The Nebraska Statewide Telehealth Network is one of the most extensive telehealth networks in the United States. The Telehealth Governing Board is providing leadership for the network. The Nebraska Statewide Telehealth Network has the support and interest of many health and education entities in the state.

In 2006, a total of 8,388 participants used videoconferencing from a hospital or public health department site, saving over $1,662,000 in travel time and over $1,645,000 in mileage costs. Over 800 educational programs were presented; over 550 meetings were held; and 687 patient consults were performed using the Nebraska Statewide Telehealth Network in 2006.

32. What were your criteria for listing the above eHealth activity?

Please describe: The Nebraska Statewide Telehealth Network is one of the most extensive telehealth networks in the United States and is a bottom-up collaborative effort. It is improving access to services and continuing medical education in rural areas.

33. Is this eHealth activity integrated into electronic Health Information Exchange?
   (Please indicate only one)

   ☐ a. Yes   ☒ b. No   ☐ c. Don't Know

34. Indicate which categories below best describe this activity.
   (Please indicate only one)

   ☒   a.   Telecommunication Infrastructure, e.g., Internet, Broadband, Central Repository, Federated Model
   ☐   b.   Architecture Interoperability
   ☐   c.   eHealth Privacy and Security
   ☐   d.   Standardized Data
   ☐   e.   Other – Describe: ☐

35. In reference to the initiative above, please describe the type of initiative.
   (Please check all that apply)

   ☐   a.   Regional within a state
   ☒   b.   Statewide
   ☐   c.   Multi-state
   ☐   d.   Other, please describe: ☐

36. Which stage is your initiative currently in?
   (Please indicate only one)

   ☐ a.   Stage 1 – Initiation and Planning
   ☐ b.   Stage 2 – Design and Development
   ☐ c.   Stage 3 – Implementation in Progress
   ☒ d.   Stage 4 – Fully Implemented

37. If the initiative has been fully implemented, please list the year of its implementation. Year: 2006

38. How did you promulgate this initiative?
   (Please check all that apply)

   ☐   a.   State Law
   ☐   b.   State Regulations (or Administrative Rules)
   ☐   c.   Executive Order
   ☐   d.   Governor Established Advisory Council
   ☐   e.   Privately Initiated State-Level Council or Task Force
   ☐   f.   Leveraging Medicaid Purchasing – (Initiative mandated contractually)
   ☐   g.   Leveraging State Employee Purchasing – (Initiative mandated contractually)
   ☐   h.   Court Action
   ☒   i.   Other, please describe: The Nebraska Statewide Telehealth Network is a colloborative effort spearheaded by hospitals in Nebraska and the Nebraska Hospital Association.

39. Please indicate the funding sources for this initiative.
   (Please check all that apply)

   ☐   a.   State General Funds
   ☒   b.   Federal Grant or Contract
   ☐   c.   Medicaid
   ☐   d.   Foundation Grant – Please list source: ☐
   ☒   e.   Private
   ☒   f.   Private - Public
   ☒   g.   Other – Please describe: The Nebraska Universal Service Fund provides up to $900,000 annually for support of telehealth.

40. What incentives did you use during adoption of this initiative to encourage its implementation?
(Please check all that apply)

- ☐ a. Tax credits to healthcare organizations (HMOs, hospital systems, etc.)
- ☐ b. Tax credits to individual healthcare practitioners
- ☐ c. Tax credits to employers
- ☐ d. Direct grants to electronic health information exchanges
- ☐ e. Direct grants to healthcare provider groups
- ☐ f. Other – Please describe: [ ]
- ☒ g. None used

41. Who are your stakeholders?
(Please check all that apply)

- ☒ a. Physicians and Hospitals (and their associations)
- ☐ b. Long-Term Care Providers
- ☐ c. Consumers and their Advocates
- ☐ d. Managed Care Organizations (MCOs) and Health Maintenance Organizations (HMOs)
- ☐ e. Private Insurers
- ☐ f. Employers
- ☐ g. Other – Please describe: [ ]

42. Looking back at the initiative described above, what was its most significant challenge, concern or issue?

Please describe: Funding was the most significant challenge to the development of a statewide telehealth network. In a 2001 needs assessment, the cost of telecommunications lines was identified as the greatest barrier. In 2002, the Nebraska Public Service Commission opened a docket exploring if support from the Nebraska Universal Service Fund was needed for additional services. Later that year, the Nebraska Public Service Commission entered an order approving support for telehealth and requested a detailed plan. The plan for NUSF support was approved in 2004. With state and federal universal service support, rural hospitals pay $100 a month.

43. What would you identify as the most important lessons learned that other states should know about the initiative you listed? Please describe: Significant accomplishments can be made by working in an open and collaborative way. Attention needs to be given to regulatory issues that may need to be addressed to continue growth and vitality of the network.

SECTION 4: STATE PRIVACY LAWS AND OTHER PROTECTIONS FOR EHEALTH INFORMATION

As eHealth evolves, questions are surfacing on the privacy of healthcare data. Within this section, we are interested in learning about your state laws that ensure privacy of protected health information (PHI).

44. Does your state have privacy protection laws (in addition to federal laws) applicable to eHealth?

☒ a. Yes ☐ b. No ☐ c. Don't Know

45. Does your state inform consumers when their healthcare information held by state programs is accessed?

☐ a. Yes ☒ b. No ☐ c. Don't Know

If yes, please describe: [ ]

46. Has your state established policy and protocol to address data privacy or security breaches should they occur – including patient notification and state or federal reporting protocols?

☒ a. Yes ☐ b. No ☐ c. Don't Know

If yes, please describe: [ ]

47. Are there issues relating to the release of health data that are considered to be obstacles to electronic Health Information Exchange (eHIE) activities in your state? Please indicate instances where these issues are impeding eHIE activities.

(Please check all that apply.)

	Healthcare Services	(1) Implementation of Consent Process	(2) Lack of Authorization and Authentication Standards	(3) Lack of Access Control & Audit Standards	(4) Federal Privacy Requirements	(5) Don't Know
a.	Mental Health Services	☒	☒	☒	☒	☐
b.	Substance Abuse Services	☒	☒	☒	☒	☐
c.	HIV/AIDS Services	☒	☒	☒	☒	☐
d.	Communicable Disease Services	☒	☒	☒	☒	☐
e.	Genetic Testing	☒	☒	☒	☒	☐
f.	General Health Services	☒	☒	☒	☒	☐
g.	Adolescent Services	☒	☒	☒	☒	☐
h.	School-Based Services	☒	☒	☒	☒	☐
i.	Disability Services	☒	☒	☒	☒	☐

48. Does your state have *separate* consent policies or procedures for electronic Health Information Exchange (eHIE)?

☐ a. Yes   ☒ b. No   ☐ c. Don't Know

49. If yes to the above question, which transactions are included?
(Please check all that apply)

☐ a. Treatment
☐ b. Payment
☐ c. Operations
☐ d. Public Health
☐ e. All transactions, including Public Health
☐ f. Treatment, Payment, and Operations (TPO), but not Public Health
☐ g. Other – Please describe: [ ]

50. Describe specific issues, obstacles, or legal implications that you have encountered related to the electronic release of health information. The HISPC has produced a report with a number of findings including:Finding 1: Facilitation of knowledge and understanding about health information exchange is essential for the Nebraska Health and Human Services Health Board managers and Facility Oversight Managers. This knowledge directly affects the management of security and privacy issues. Managers who are equipped with this understanding can assist the boards to address how current and future rules and regulations affect and are affected by the evolving landscape of health information exchange and interoperability.

Finding 2: Facilitation of knowledge and understanding of health professionals across the state is an important role that the health professions organizations can perform. These organizations vary in their engagement and understanding of the technical information about health information interoperability and the related security and privacy issues. The organizations would provide a great service in the process of informing their members about understanding health information exchange and interoperability, and the related security and privacy practices and issues.

Further, the unique knowledge and expertise of health care practitioners, facilities in which health care is provided, organizations involved with health issues at the societal level and educators of health professions students, is needed to address how current laws, rules and regulations related to their disciplines affect and are affected by the electronic exchange of health information. We encourage these associations to seek additional information about health information exchange and interoperability in other regions within the state, region, nationally and internationally.

Finding 3: The HISPC recognizes that state government, boards and health care providers need more knowledge about the Nebraska consumer. Consumer viewpoints are critical to this broader understanding of health information exchange and interoperability. A larger and broader representation of consumer viewpoints and needs will greatly improve our understanding of "what" consumers will participate in and "how" they will participate.

Similarly, consumers are in great need of information and education about health information exchange and interoperability. Consumers have concerns that must be addressed through knowledge dissemination. This will facilitate the best decision-making possible for the consumer. A dissemination process for essential and timely information related to progress of this initiative occurring at both the federal and state level to consumers is needed.

A variety of ways of consumer involvement are needed to assist in the design of the processes of education of all stakeholders and policy formulation as the macro system of sharing health information electronically unfolds over time. This is an essential step to facilitating citizens and providers to more easily establish a common understanding and agreed upon set of solutions to health information exchange as security and privacy issues are addressed.

Finding 4: The complexity of the rules and regulations create confusion in the area of privacy. Because the HIPAA preemption rules are complex, individuals in a position to potentially disclose protected health information (PHI) sometimes are unsure if the PHI may be disclosed without written individual authorization. Health care providers and payers who are faced with potential civil and criminal HIPAA fines and penalties, state law causes of action for invasion of privacy, and reporting to licensure boards for breach of confidentiality, may often decide not to disclose PHI without written patient authorization, when it is otherwise permissible to disclose.

Finding 5: Our HISPC study of security and privacy issues is consistent with the same concerns and areas of work needing to be addressed within our state and its' communities as a most recent cross-sectional study of the nation revealed.1 The issues are embedded in complexity and confusion associated with state and federal level inconsistencies, conflicting business practices, and varying consent policies and approaches. These issues must be untangled and addressed. This will require a sustained commitment to achieve.

Finding 6: Based on the three research reports from this committee and our discussions, we believe there is a need for further research needed about implications to consumers, health professionals, health systems, educators, private and public care providers, and payers. Examples of important research questions that the committee has thought about, but are not limited to include:

• How are consumer's health and safety outcomes affected by the sharing of health information?

• What processes are necessary for consumers to participate in the sharing of health information?

• How will consumers concerns about the risks they perceive with health information sharing be "stewarded" as the processes emerge, and who will "steward" them?

• How are small business health care providers, health systems and large healthcare organizations, affected by the impact of sharing health information: What is the impact on workload? What is the impact on workforce considerations?

• How will the educational needs of the young, middle age, young-old and old-old adults be met as these processes develop?

• What is the impact of a partial adoption of health information sharing on patient security and privacy?

51. Describe remedies for these issues that you believe should be initiated at the state or at the federal level.

The Nebraska Health Information Security and Privacy Group made the following recommendations in its final report: Recommendation:

• Nebraska Health and Human services develop a process for obtaining timely and up to date technical information on health information and interoperability and disseminating this to health/ licensure/ certification board managers and their members.

• Nebraska Health and Human services charge managers to facilitate the boards to address how current and future rules and regulations affect and are affected by the advancement of health information exchange and interoperability.

Recommendation:

• the e-Health Council engage all health professional associations involved in health care delivery and services to assist in present and future efforts to design, implement and educate key stakeholders in the health professions, health education and health organizations about the sharing of health information, and the related security and privacy issues as these processes unfold.

Recommendation:

• The e-Health Council engage consumers to assist in present and future efforts to design, implement and educate other consumers and key stakeholders in the health professions, health education and health organization about the sharing of health information, and the related security and privacy issues as these processes unfold.

Recommendation:

• The e-Health Council should study the issues identified and described in the background information of this report and recommend a sustainable action plan developed to facilitate progress in assuring privacy and security protections of the individual while progressing in health information exchange.

Recommendation:

• The e-Health Council should explore the development of a sustainable system for monitoring our progress in studying and addressing the security and privacy issues within the state of Nebraska.

• An in-depth study of existing laws and regulations, with guidance from representatives from health professions, health educators and health organizations is needed to develop solutions on how to overcome these barriers.

Recommendation:

• The NHHS should pursue further research in the area of how to obtain needed technical information and employ effective processes of applying this information to assist health boards and facility boards with the ongoing process of staying current in and facilitating adoption of future rules and regulations that advance secure, private health information and interoperability approaches.

• Further research should be conducted by professional organizations about the on-going impact of health information and exchange and interoperability on provider and patient security and privacy issues.

• Further research should be conducted to better understand consumer viewpoints and needs.

52. Which of the following security protocols are required for *external* systems interfacing with state systems?
    (*Please check all that apply*)
    ☒ a. Encryption
    ☒ b. Audit Trail
    ☒ c. Security Policy
    ☐ d. Synchronize Data and Back-Up
    ☒ e. User Authentication
    ☐ f. Other – Please describe: ☐

SECTION 5: CONSUMER AND PROVIDER ENGAGEMENT

53. Has your state initiated any educational efforts about eHealth specifically intended to inform consumers from culturally and linguistically diverse communities and their healthcare providers?
    ☐ a. Yes   ☒ b. No   ☐ c. Don't Know

    If yes, please describe: ☐

54. Has your state assessed the number of providers that engage in electronic Health Information Exchange (eHIE) or Electronic Medical Records (EMRs) activities including issues related to geographic (urban and rural) access?
    ☒ a. Yes   ☐ b. No   ☐ c. Don't Know

    If yes, please describe: The Nebraska Medical Association, through the "2006 Excellence in Practice" Grant Program, is spearheading, EHRNebraska, a project designed to help facilitate the adoption of electronic health records by Nebraska physicians, thereby improving patient safety and enhancing quality and efficiency within the health care system. Collaborative partners include Creighton Health Services Research Program, DKG Consultants, Medical Practice Solutions and PrivaPlan.

    This project will help physician practices:

    • Evaluate their readiness to adopt an electronic medical record;

    • Evaluate their current workflow and business processes to identify opportunities to improve these areas for a more successful transition to an electronically based system;

    • Learn more about health information technology that enhance systems of medical care.

    In order to obtain baseline data on EHR implementation by Nebraska physicians, a survey was conducted between February and May of 2007. There were 1274 respondents for a final response rate of 47.8%. Of these, 11% of physicians have no plans to adopt EHR, 32% are still evaluating the need for EHR in their practice, 16% are currently selecting an EHR system to implement, 17% are in the process of implementing EHR, and 23% of physicians have fully implemented EHRs in their practice.

55. Has your state assessed whether the Medicaid population has access to computers and the Internet?

☐ a. Yes   ☒ b. No   ☐ c. Don't Know

    If yes, please describe: [   ]

SECTION 6: STANDARDIZED DATA AND EHEALTH

56. Does your state use electronic technology to track standardized data sets of quality performance?

☐ a. Yes   ☒ b. No   ☐ c. Don't Know

57. Indicate which standardized measures of utilization and performance are used within your state for the following payers or state programs.

Multiple standards may be used in combination for a program; please check all that apply. For example, if Medicaid Fee-For-Services uses a combination of indicators from both HEDIS and CAHPS, check both.

(Please indicate all that apply)

Standard Measures[2]	(1) Medicaid Fee-For-Service	(2) Medicaid Managed Care	(3) State Health Benefit Plans	(4) Comments
a. HEDIS®	☒	☒	☐	
b. NQF Measures	☐	☐	☐	
c. CAHPS®	☐	☐	☐	
d. Medicare Measures	☐	☐	☐	
e. State Designed	☐	☐	☐	
f. Other – Explain in Comments	☐	☐	☐	

58. For the standard measures indicated in the above questions, please indicate which payers make reports (such as plan report cards on a state's website) available to the public.

(Please indicate all that apply)

☐   a.   Medicaid (Fee for Service)

☒   b.   Medicaid (Managed Care)

☐   c.   State Health Benefit Plans

59. In your state, is there a consortium of public and private payers that have agreed upon standardized measures of utilization and performance?

☐ a. Yes   ☒ b. No   ☐ c. Don't Know

If yes, please describe: [   ]

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[2] HEDIS®= Health plan Employer Data and Information Set; CAHPS® = Consumer Assessment of Healthcare Providers and Systems; and NQF= National Quality Forum

SECTION 7: eHEALTH CLINICAL APPLICATIONS

60. Please describe the eHealth activities being undertaken or implemented by state operated facilities, e.g., Personal Health Records, Electronic Medical Records, Electronic Health Records, ePrescribing, telehealth, etc.

State-Operated Facilities	Comments
a. Mental Health Facilities	Products for managing encounter data are being explored.
b. Hospitals	N/A
c. Prisons	The Division of Correctional Services is in the process of selecting an EHR vendor. Depending on the vendor selected, the system may include eprescribing. The Division of Correctional Services is also in the process of connecting to the Nebraska Statewide Telehealth Network,
d. Juvenile Justice Facilities	
e. Nursing Homes	N/A
f. Veterans Facilities	An RFP is being developed for an EMR solution.
g. Intermediate Care Facility for the Mentally Retarded (ICF/MRs)	An EMR system is in place.
h. Public Health Clinics	Public Health Departments are connected to the Nebraska Statewide Telehealth Network. Nebraska participates in NEDDS.

61. Indicate if the following programs provide "special" reimbursement for healthcare services via telehealth?
    (Please check all that apply)
    ☒ a. Medicaid
    ☐ b. State Children's Health Insurance Plan (SCHIP)
    ☐ c. State health benefits for employees and retirees

62. Indicate which of the following standards have been implemented in your state.
    (Please check all that apply)
    ☐ a. Markup Standards (Structure and nomenclature, such as address vocabulary, birth date, software, data interoperability, etc.)
    ☒ b. Network Interaction Protocols (inter-application communication and software interoperability).
    ☐ c. Enterprise Architecture

SECTION 8: STATE ALIGNMENT WITH FEDERAL INITIATIVES

63. Is your state proactively seeking to align its Health Information Technology (HIT) activities with federal-level initiatives?

    ☒ a. Yes   ☐ b. No   ☐ c. Don't Know

64. Please indicate which federal-level initiative your state's HIT activities are seeking to align with.
    (Please check all that apply)
    ☐ a. Value-Based Purchasing
    ☐ b. Linking quality and performance measures to Health Information Technology
    ☐ c. Personal Health Records for publicly funded individuals
    ☒ d. Relationship to Nationwide Health Information Network (NHIN) functional requirements
    ☒ e. Standard harmonization by Health Information Technology Standards Panel (HITSP)
    ☐ f. Comments: ☐

SECTION 9: OTHER COMMENTS ON EHEALTH

65. Lastly please provide any comments you believe may be useful for our report on eHealth activities. ☐

We appreciate your assistance and cooperation with this effort.