

**eHealth Council
December 2, 2008
1:30 PM CT – 4:00 CT**

- **Lincoln**—Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor, Lincoln, NE
- **Chadron**—Chadron State College – Burkheiser (far east bldg. on campus) – Rm. 109, 10th & Main
- **North Platte**—Educational Service Unit #16, 1221 W. 17th, Distance Learning Rm.
- **Omaha**—UNMC, University Hospital – Room 3215. Enter through Room 3227 (Biomedical Communications).

Meeting Documents: Click the links in the agenda or [click here](#) for all documents

Tentative Agenda

- 1:30** Roll Call
Notice of Posting of Agenda
Notice of Nebraska Open Meetings Act Posting
Approval of [August 13, 2008](#) minutes*
Approval of [Oct. 2, 2008 minutes](#)*
- Public Comment
- 1:40** NET's Resources--Rod Bates, General Manager, NET
- 2:05** Action Plan
- ◆ Review of [Current Action Plan](#)
 - ◆ Discussion of New Action Items
- 3:05** **NeHII Demo**
- 3:35** Updates and Reports
- ◆ HISPC
 - ◆ [Telehealth](#)
 - ◆ Public Policy Center Deliberative Discussion
 - ◆ PHR Work Group
 - ◆ E-Prescribing
- 4:00** **Adjourn**

*action item

Meeting announcement was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on Nov. 20, 2008. The agenda was posted on Nov. 20, 2008.

EHEALTH COUNCIL
August 13, 2008
9:15 AM CT – 12:00 PM CT
Governor's Residence
1425 H Street, Lincoln, Nebraska

PROPOSED MINUTES

MEMBERS PRESENT:

Susan Courtney, Blue Cross Blue Shield

Joni Cover, Nebraska Pharmacists Association

Kimberly Galt, Creighton University School of Pharmacy and Health Profession, phone

Dan Griess, Box Butte General Hospital, Alliance

Steve Henderson, Office of the CIO

C.J. Johnson, Southeast Nebraska Behavioral Health Information Network and Region V Systems

Jeff Kuhr, Three Rivers Public Health Department

David Lawton, Division of Public Health, Department of Health and Human Services

Keith Mueller, UNMC College of Public Health

Kay Oestmann, Southeast District Health Department

Nancy Shank, University of Nebraska Public Policy Center

Dr. Delane Wycoff, Pathology Services, PC

Henry Zach, HDC 4Point Dynamics

Staff and Guests: Anne Byers, Community Information Technology Manager; Ryan McCabe, eHealth intern; Deb Bass, Bass and Associates; Chris Henkenius, Bass and Associates; Jamie Barbee, Alternate for Kimberly Galt

Members Absent: Dennis Berens, Department of Health and Human Services, Office of Rural Health; Vivianne Chaumont, Division of Medicaid & Long-Term Care, Department of Health and Human Services; Senator Annette Dubas; Congressman Jeff Fortenberry; Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation; Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County; Ron Hoffman, Jr., Mutual of Omaha; Jim Krieger, Gallup; Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital; Ken Lawonn, NeHII and Alegent Health; John Roberts, Nebraska Rural Health Association; September Stone, Nebraska Health Care Association

Roll Call, Notice of Posting of Agenda, Notice of Nebraska Open Meetings Act Posting, Approval of Minutes

Keith Mueller called the meeting to order at 9:21 a.m. There were 13 members present. The meeting announcement was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on July 15, 2008. The agenda was posted on August 4, 2008. A copy of the Nebraska Open Meetings Act was available on the back table.

Dan Griess moved to approve the April 15, 2008 minutes as presented. Kim Galt seconded the motion. Roll call vote: Courtney-Yes, Cover-Yes, Galt-Yes, Griess-

Yes, Henderson-Yes, Johnson-Yes, Kuhr-Yes, Lawton-Yes, Mueller-Yes, Oestmann-Yes, Shank-Yes, Wycoff-Yes, Zach-Yes. Motion carried.

Dan Griess moved to approve the April 15, 2008 minutes as presented. Kim Galt seconded the motion. Roll call vote: Courtney-Yes, Cover-Yes, Galt-Yes, Griess-Yes, Henderson-Abstaining, Johnson-Abstaining, Kuhr-Yes, Lawton-Yes, Mueller-Yes, Oestmann-Yes, Shank-Yes, Wycoff-Yes, Zach-Yes. Motion carried.

Public Comment

There was no public comment.

New Business/Reports

HISPC. David Lawton gave an update on the HISPC 3 contract. He mentioned the project is working with nine states to help develop policies and standards to exchange data. Two major areas of focus are authentication and audit. There are seven months left on the contract with two positions to fill. Kim Galt commented that a lot of hard work has gone into the project.

Community Technology Fund Proposals

NeHII Proposal. Deb Bass, Interim Executive Director of NeHII, gave an overview of the proposal, highlighting the proposal's goals, objectives, and expected beneficiaries. Conducting a pilot program is one of the objectives. NeHII will partner with the University of Nebraska-Omaha on this project. Kimberly Galt commented on the strength of the relationship between NeHII and the University of Nebraska-Omaha. Dr. Delane Wycoff expressed his approval of the chosen vendor, commenting that Grand Junction, Colorado has utilized the same vendor and has had notable results.

In efforts to accommodate scheduled panelists, Keith Mueller proposed moving on to the e-prescribing panel at 9:50 and discussing the Nebraska Public Policy Center proposal later. All agreed.

e-Prescribing Panel

Chad Aicklen from SureScriptsRxHub gave his presentation, [Focus on Physician Adoption](#), via phone conference. Mr. Aicklen said one of the major barriers to successful implementation of e-prescribing in physician practices was a lack of confidence. He also listed the ability to "stick with it" as an important success characteristic.

Cara Campbell from the National Governors Association, gave a [presentation](#) on the State Alliance for e-Health and how the organization is promoting e-prescribing via phone. Ms. Campbell identified six ways in which states can further the adoption of eHealth technologies:

- ◆ Providing leadership and political support for e-health efforts;
- ◆ Addressing privacy and security;
- ◆ Promoting the use of standards-based, interoperable technology;
- ◆ Streamlining the licensure process to enable cross-state e-health;

- ◆ Engaging consumers to use HIT in managing their health and health care;
- ◆ Developing workforce and agency capacity for electronic HIE.

Mark Gorden from the eHealth Initiative spoke via phone about the DEA's proposed rule on e-prescribing controlled substances. The eHealth Initiative is using a consensus and collaborative approach in addressing the rule. The proposed rule sets out stringent requirements which may be difficult to meet.

Joni Cover of the Nebraska Pharmacist Association discussed some of the concerns pharmacists have about e-prescribing, including requirements to keep hard copies of prescriptions. Some other hurdles addressed were lack of incentives for pharmacists and issues with effective transmission.

Susan Courtney departed at 10:52 a.m.

Community Technology Fund Proposals (Continued)

Nebraska Public Policy Center Proposal. Nancy Shank gave an overview of the revised proposal. Ms. Shank explained the proposal would solicit public input on health information exchange and related privacy and security concerns. Efforts will be made to tie the research to possible policy actions. She also mentioned a reduction in the dollar amount and number of deliberative discussions.

At 11:15 a.m. Keith Mueller asked members present who were directly related to the proposals to leave so further discussion could take place.

Members expressed their support for the revised NeHII proposal. Members felt that the revised proposal better defined the relationship between NeHII and UNO and presented a more positive business case. One area of concern mentioned was the difficulty in rolling out full implementation immediately after the conclusion of the pilot.

Keith Mueller moved to approve the recommendation of the NeHII proposal to the NITC. The motion was approved by voice vote.

Concern was expressed about the possible overlap between the Nebraska Public Policy Center proposal and work currently being done by the Creighton Health Services Research Program. The issue of barriers to public-private partnerships surfaced. Keith Mueller suggested discussing barriers to public-private partnerships further and would like to include Lt. Governor Rick Sheehy in these discussions. Keith Mueller suggested that the two proposals work cooperatively and survey different communities.

Keith Mueller moved to approve the recommendation of the Nebraska Public Policy Center proposal with the stipulation that the Public Policy Center coordinate with the Creighton Health Services Research Program to avoid overlap and that the projects survey different communities. The motion was approved by voice vote.

Moving Forward

Keith Mueller asked the group to consider additional action items. Anne Byers explained that the Council's current action items are micro in nature. The Council should now also consider areas that are more macro in nature. Keith Mueller stated that the panel at today's meeting highlighted the need to address e-prescribing. Dan Griess suggested addressing PHRs and the relationship between PHRs and HIEs. Keith Mueller suggested forming workgroups for e-prescribing and PHRs. Membership of these workgroups will be discussed by the co-chairs via conference call. David Lawton also recommended Medicaid and public health data exchange as possible areas of future focus.

Next meeting's agenda will include discussion on e-prescribing, PHRs, and furthering public-private partnerships.

New Business

Kim Galt and David Lawton announced they will be both guest speakers at upcoming conferences.

Next Meeting Date

A meeting will be scheduled for October.

The meeting adjourned at 11:53 a.m.

e-Health Council

October 2, 2008, 1:30 pm – 4:00 pm
Executive Building, Lower Level Conference Room
Lincoln, Nebraska
Proposed Minutes

MEMBERS PRESENT:

Dennis Berens, Department of Health and Human Services, Office of Rural Health
Vivianne Chaumont, Department of Health and Human Services, Division of Medicaid and Long Term Care
Kimberly Galt (via phone), Creighton University School of Pharmacy and Health Professions
Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
Steve Henderson, Office of the CIO
Wende Baker (alternate for C.J. Johnson), Executive Director, Southeast Nebraska Behavioral Health Information Network
Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital
Ken Lawonn, NeHII and Alegent Health
David Lawton, Department of Health and Human Services, Public Health Assurance
Dr. Keith Mueller, UNMC College of Public Health
Nancy Shank, Public Policy Center
September Stone, Nebraska Health Care Association
Dr. Harris A. Frankel (alternate for Dr. Delane Wycoff)
Marsha Morien (via phone) (alternate for Henry Zach)
Dr. Delane Wycoff, Pathology Services, PC

Members Absent:

Susan Courtney, Blue Cross/Blue Shield; Joni Cover, Nebraska Pharmacists Association; Senator Annette Dubas, Nebraska Legislature; Congressman Jeff Fortenberry; Dan Griess, Box Butte General Hospital-Alliance; Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County; Ron Hoffman, Jr., Mutual of Omaha; Jim Krieger, Gallup; Jeff Kuhr, Three Rivers Public Health Department-Fremont; Kay Oestmann, Southeast District Health Department; John Roberts, Nebraska Rural Health Association

Roll Call, Notice of Posting of Agenda, Notice of Nebraska Open Meetings Act

Dr. Keith Mueller called the meeting to order at 1:40 p.m. There were 14 members present, two of which were via a conference call. Due to the fact that only 12 members were present in Lincoln, there was no quorum. It was noted that the meeting announcement was posted on the NITC website and on the Nebraska Public Meeting Calendar on September 19, 2008. The agenda was posted on September 24, 2008. A copy of the Nebraska Open Meetings Act was available on the table.

Due to lack of quorum, approval of the [August 13, 2008 meeting minutes](#) was tabled until the next meeting.

Public Comment

There was no public comment.

Discussion with Lt. Governor Sheehy

Lt. Governor Sheehy updated members on the NGA State Alliance for eHealth State Learning Forum in Washington, DC. He attended the conference with Dr. Keith Mueller who also contributed to the update. Specific points of interest and/or topics included the following:

- Some states are further ahead of Nebraska, and others are still behind us.
- The State of Nebraska needs to determine whether we want to legislate or regulate the exchange of health information.
- e-Prescribing has been identified by the State Alliance as a priority area. Although e-prescribing is often described as “low-hanging fruit,” there are significant challenges—particularly in rural areas.

- There is less investment available for transformation now than there was 6 month ago.
- There is no cookie cutter model for financing the initial start-up and operational costs of e-Health efforts.
- The patients and primary care givers need to be involved with e-Health initiatives.

Council members discussed the benefits of e-prescribing which included cost savings due to increased use of generic drugs, the ability to audit prescription refills, improved work flow for providers, and improved patient compliance. Harold Krueger commented that telepharmacy also needs to be examined as a way to enable pharmacies in rural areas to continue to operate.

Council members discussed the barriers of e-prescribing which included:

- ◆ Persuading physicians who still like to write paper prescriptions;
- ◆ Implementation and maintenance costs for physicians;
- ◆ Connectivity issues;
- ◆ Availability of pharmacists for rural hospitals;
- ◆ Costs for pharmacies.

Lt. Governor Sheehy thanked everyone for their participation on this council.

Financing Health IT

Dr. Frankel commented that we have to look at both start-up and operation costs for e-Health initiatives in several phases. Start-up costs are often from a combination of private and public sector sources. User fees can be used to finance operation costs. Patients stand to gain the most. There is an intangible value to having this technology in healthcare and there are many opportunities to benefit from it.

Vivianne Chaumont left the meeting at 3:00 p.m.

[WNHIE – Western Nebraska Health Information Exchange](#)

Nancy Shank, University of Nebraska Public Policy Center

She stated that WNHIE members include 9 hospitals in western Nebraska, Panhandle Community Services Health Clinic, Panhandle Mental Health Center, and the Panhandle Public Health District in western Nebraska. Financing in rural Nebraska can be more challenging than in metropolitan areas. WNHIE comprises two, equally important components – applications (advanced medical technologies and services) and infrastructure (robust fiber optic connectivity). For further detailed information, please click on the above link.

Mr. Krueger commented that, until we have the infrastructure in place, health information exchange won't benefit the facilities in rural western Nebraska.

SNBHIN Southeast Nebraska Behavioral Health Information Network

Wende Baker, Executive Director, Southeast Nebraska Behavioral Health Information Network

Ms. Baker stated that infrastructure in rural Nebraska is important. SNBHIN has received two grants from the Agency for Healthcare Research and Quality. She anticipates that the project will take 3-4 years to implement.

[SENHIE Southeast Nebraska Health Information Exchange](#)

Joyce Beck, Thayer County Health Services

Ms. Beck reported that Thayer County Health Services has set aside monies for electronic medical records. The project determined that electronic records were vital to the clinic. The project has given presentations to various groups and organizations and has raised \$2.2 million dollars. Physicians contributed in order to implement health information exchange in their clinics. Ms. Beck acknowledged Donna Hammack for her assistance with the telehealth network.

No report was available regarding Medicaid or Blue Cross Blue Shield.

State Employee Benefits Program

Roger Wilson, Controller, Department of Administrative Services

The State Employee Benefits Program's annual budget is approximately \$180 million dollars. The state continually explores ways to reduce expenses. Electronic health records are one way of saving costs. Providers need to understand the Value of Investment (VOI) vs. the Rate of Investment (ROI). The focus should be placed on the long term benefits of e-Health. The Lt. Governor is correct in saying the state's budget is very tight right now. Getting grants is one thing, but sustaining them is another. Mr. Wilson strongly recommended that e-Health initiatives be managed by a non-profit organization.

Other States

David Lawton, Division of Public Health, Department of Health and Human Services

Mr. Lawton distributed the e-Health initiative results from the [2008 survey on Health Information Exchange](#). Highlights he presented from the report include:

- A majority of the fully operational exchange efforts (29/42) report reductions in health care costs.
- About half of fully operational exchange efforts (22/42) report positive impacts on health care delivery.
- For the first time, a majority (69%) of operational exchange efforts (29/42) report a positive financial return on their investment (ROI) for their participating stakeholders.
- Operational health information exchange initiatives are no longer dependent on federal funds.

For more survey information please click on the above link.

Public Policy Center Proposal Update

Tarik Abdel-Monem and Alan Tompkins, University of Nebraska Public Policy Center

The overall goal of the proposed project is to obtain perspectives of Nebraskans about electronic sharing of health information and, in particular, perspectives about legal and policy issues currently under consideration by the NITC, HISPC, e-Health Council, and other state policymakers and advisory groups. The funds provided by the grant will support our activities to document Nebraskans' knowledge of and attitudes towards these issues by preparing for and convening two surveys and a Deliberative Poll. The project will be working with all stakeholders involved to formulate survey questions. Council members are welcome to help formulate survey questions.

UPDATE-[HISPC](#)

Due to time constraints the HISPC update was moved up on the agenda.

Sheila Wrobel gave a PowerPoint presentation on the recommendations of the Health Information Security and Privacy Committee's Legal Work Group. Members include Dennis Berens, DHHS David Lawton, DHHS; Roger Brink, DHHS; Joe Acierno, DHHS; Sheila Wrobel, UNMC; Charlene Dunbar, Nebraska Heart Institute; Kim Hazelton, Bryan-LGH; Kim Galt, Creighton University; and Ron Hoffman, Mutual of Omaha.

Recommendations include:

- Propose amendment to Neb. Rev. Stat. 71-8403:
 - Authorizations for release of medical records are valid for a maximum period of 180 days. The work group recommends eliminating the 180 day restriction. HIPAA requirements would then apply. HIPAA allows patients to state an expiration date or expiration event.
- Create a model authorization form and obtain review from DHHS and the Nebraska Bar Association
 - Availability of model form would reduce covered entities' workloads created when authorizations that do not meet HIPAA requirements must be returned for correction.
- Provide education to health care entities in areas where confusion may exist about disclosure laws
 - If entities are not sure whether a disclosure is permissible, they are less likely to disclose PHI.

For more detailed information please click on the HISPC link provided above.

Membership

The nomination of Wende Baker, Executive Director of the Southeast Nebraska Behavioral Health Information Network, could not be voted on due to lack of members present.

PHR (Personal Health Record Group) and e-Prescribing

Council members reviewed the charge of the work group:

- Gain a greater understanding of the different types of PHRs available, and make recommendations on engaging consumers and providers in the use of PHRs to manage health care.
- Help understand the interface between PHRs and EMRs and make recommendations on how to encourage providers of health information to populate PHRs with health information.
- Make recommendations on engaging employers and payers in the adoption of PHRs.
- Identify and disseminate best practices.

Council members recommended changing the wording on the third bullet so that the charge does not assume that employers and payers should promote PHRs. The statement will be reworded as follows:

- ◆ Examine the value of PHRs to employers and payers and make recommendations on the role of employers and payers in promoting PHRs.

The first meeting of the PHR Work Group is scheduled for October 24, 2008, 9:30 a.m. to 11:30 a.m. at the Durham Research Center Tower I in Room 4003, UNMC.

e-Prescribing Work Group

Ms. Byers asked members to review the charge to the e-Prescribing Work Group.

Charge:

- Determining the current status of e-Prescribing, from both the prescriber and dispensing pharmacy point of view.
- Identifying barriers to e-Prescribing.
- Making recommendations to promote the adoption of e-Prescribing by all parties involved in the e-Prescribing process.
- Identifying and disseminating best practices.

Kim Galt suggested adding the following item to the charge:

- ◆ Study the start up and sustainability costs (e.g., hardware, software, and training costs), and potential sources of resources to support the essential needs of pharmacies in the state of Nebraska to participate and support e-prescribing.

Anne Byers asked Harold Krueger to participate in the group. Ken Lawonn offered to identify a NeHII board member to participate.

The first meeting of the e-Prescribing Work Group is scheduled for October 20, 2008, 9:30 a.m. to 11:30 a.m. in Lincoln.

UPDATES

NEHII—Mr. Lawonn informed the council that it is anticipated that the NEHII Electronic Health Exchange Project will go live in Omaha in approximately 60-90 days.

SENHIE—Joyce Beck stated that Thayer County Hospital has accomplished their project goals and their vision is now a reality! EMTs, the hospital, and health clinics are paperless and are completely electronic. Physicians can access any or all information on their laptops at the hospital or from home. She said they are now connected with St. Elizabeth's Hospital in Lincoln. St. E's computer system currently has an icon that connects to Thayer County Hospital so they can access all of the patients' records. The Thayer County Hospital tested their e-prescribing function. It was discovered a new larger capacity server would be needed. Ms. Beck stated that everything needs to be done by the end of December 2008, and then the quality indicators will go up.

Next Meeting Date:

The next meeting date will be held in early December; date TBA. We plan to use video conferencing at this meeting.

With no further business, Dr. Mueller adjourned the meeting at 4:27 p.m..

Meeting minutes were taken by Candace Cruickshank and reviewed by Anne Byers.

eHealth

Objective

- 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.

Description

Health information technology (Health IT), often referred to as eHealth, promises to improve individual patient care and public health while reducing costs and improving efficiencies. eHealth technologies include electronic health records, electronic medical records, personal health records, electronic prescribing, clinical decision support, computerized provider order entry, health information exchange, and telehealth.

An 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. (Health Information and Management System Society)

An Electronic Medical Record (EMR) is a computer-based medical record. The EMR is the source of information for the electronic health record (EHR). (Health Information and Management System Society)

Personal Health Record (PHR) is the version of the health/medical record owned by the patient. (Health Information and Management System Society)

Electronic Prescribing (eRx) is a type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. (Office of the National Coordinator Glossary of Selected Terms)

A Decision-Support System (DSS) consists of computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient-specific data. (Office of the National Coordinator Glossary of Selected Terms)

Computerized Provider Order Entry (CPOE) is a computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. (Office of the National Coordinator Glossary of Selected Terms)

Health Information Exchange (HIE) facilitates access to and retrieval of clinical data from multiple providers to provide safer, more timely, efficient, effective, equitable, patient-centered care. (eHealth Initiative Glossary)

Health information technology (Health IT), often referred to as eHealth, promises to improve individual patient care and public health while reducing costs and improving efficiencies.

eHealth



Telehealth is the use of telecommunications and information technologies to provide healthcare services over distance and/or time, to include diagnosis, treatment, public health, consumer health information, and health professions education. (Minnesota e-Health Glossary of Selected Terms)

Electronic medical records provide the foundation for interoperable health information exchange. President Bush has called for most Americans to have electronic medical records by 2014. A survey conducted by researchers at Creighton Health Services Research Program in the summer of 2007 found that 30% of physicians in Nebraska and South Dakota used electronic medical records. The survey results are similar to national surveys, indicating that much progress still needs to be made.

The biggest barrier to the widespread adoption of eHealth technologies is the misalignment of benefits and costs. Providers bear the brunt of the costs for implementing eHealth technologies into their practices, but payers reap most of the benefits. Other barriers to eHealth adoption include implementation costs, impact on workflow processes, concerns about privacy and security, and a lack of a quantifiable return on investment.

Current Initiatives

Several eHealth initiatives are currently underway in Nebraska, including the Nebraska Statewide Telehealth Network, NeHII, Western Nebraska Health Information Exchange, Southeast Nebraska Health Information Exchange, and Southeast Nebraska Behavioral Health Information Network.

Nebraska Statewide Telehealth Network. One of the nation's most extensive telehealth networks, the Nebraska Statewide Telehealth Network (NSTN) connects nearly all of the state's hospitals and public health departments. The major functions of the network are to improve quality and access to care, particularly in rural Nebraska; to provide patient, provider and community education; and to provide another communication source in the event of a natural, man-made or terrorist emergency. The Nebraska Statewide Telehealth Network is governed by the NSTN Governing Board.

The network is a collaborative effort of many entities including:

- Nebraska Hospital Association
- Nebraska hospitals
- Nebraska Public Health Departments
- University of Nebraska Medical Center
- Universal Service Administrative Company
- University of Nebraska System
- Nebraska Information Network

eHealth

- Nebraska telecommunications companies
- Central Nebraska Area Health Education Center
- Northern Nebraska Area Health Education Center
- Nebraska Panhandle Area Health Education Center
- Nebraska Medical Association
- Nebraska State Government
 - Lieutenant Governor's Office
 - Nebraska Public Service Commission
 - Nebraska Health and Human Services System
 - Bioterrorism Preparedness and Response Section
 - Office of Rural Health
 - Nebraska Information Technology Commission
 - Nebraska Office of the Chief Information Officer
 - Nebraska Educational Telecommunications Commission

Several eHealth initiatives are currently underway in Nebraska, including the Nebraska Statewide Telehealth Network, NeHII, Western Nebraska Health Information Exchange, Southeast Nebraska Health Information Exchange, and Southeast Nebraska Behavioral Health Information Network.

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 a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ), an AHRQ implementation grant, and a Rural Network Development grant from the U.S. Department of Health and Human Services Health Resources and Service Administration. Partners in the project received a three-year grant from the FCC Rural Health Care Pilot Program for \$19,256,942 to upgrade a patchwork of T-1 lines with an advanced fiber network connecting with National LambdaRail.

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 vision of NeHII is to be a leader in the secure exchange of health information enabling a healthier Nebraska. NeHII initially plans to pilot to evaluate connectivity, functionality, and usability. The pilot will also identify benefits for each user group. Commitment to participate in the pilot has been secured from various health care providers, including Alegent Health System, the Nebraska Medical Center, and Methodist Health System. NeHII hopes to provide connectivity among other initiatives, becoming the statewide “umbrella” health information exchange.

Southeast Nebraska Behavioral Health Information Network (SNBHIN). 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

eHealth



and lead to measurable and sustainable improvements in patient safety and quality of care in the region. A Rural Health Network Development Grant to Blue Valley Behavioral Health Center from the U.S. Department of Health and Human Services' Health Resources and Services Administration and matching funds from project partners will provide funding for technology to implement one of the country's first behavioral health information exchanges. Partners in the Southeast Nebraska Behavioral Health Information Network include Heartland Health Alliance, Blue Valley Behavioral Health Center, Region V Systems, BryanLGH Medical Center, Lancaster County Community Mental Health Center, Saint Monica's Home, the Southeast Rural Physicians Alliance, Lancaster County Medical Society and Health Partners Initiative.

Southeast Nebraska Health Information Exchange (SENHIE). The Southeast Nebraska Health Information Exchange in Thayer County is the first initiative in the state to exchange health information. The system connects Thayer County Health Services in Hebron, five rural health clinics, a home health agency, a nursing home and an assisted living facility, several EMS units, two pharmacies, and St. Elizabeth Regional Health System in Lincoln. Patient information can be seamlessly transmitted from a patient's first encounter with an emergency responder to the hospital in Thayer County, enabling providers to provide better care for patients. Physicians can easily view a patient's medication history, preventing adverse drug events. Physicians can send prescriptions directly to the pharmacy electronically, making the process more convenient for patients and further reducing the risk of an adverse drug event. All of this is done in a secure system designed to protect patient privacy. The project is funded with a \$1.6 million federal grant managed by the Office of Rural Health in the Nebraska Department of Health and Human Services.

Benefits

Benefits of eHealth include:

- **Reducing medication errors.** More than 2 million adverse drug events could be prevented through e-prescribing, saving 4.5 billion annually and 190,000 hospitalizations per year.
- **Reducing health care waste.** Health IT adoption is estimated to save an average of 42 billion annually during a 15-year adoption period.
- **Facilitating medical research.** Health IT can facilitate research on the effectiveness of new therapies and can accelerate the diffusion of health care knowledge.
- **Reducing variability in healthcare delivery and access.** Disparities exist in access to care and quality of care. Telehealth can provide access to specialists in rural areas. Clinical decision support systems can improve

eHealth

quality of care by providing treatment reminders at the point of care. Adults in the U.S. receive only about 55 percent of recommended care for a variety of common conditions. Clinical decision support systems have been shown to increase adherence to recommended care guidelines.

- **Empowering consumer involvement in health management.** Having access to medical histories as well as customized health education and guidance could increase consumer participation in their health maintenance and care.
- **Improving the identification and reporting of disease outbreaks and other public health threats.** One study found that the use of a county-wide electronic system for public health reporting led to a 29% increase in cases of shigellosis identified and a 2.5 day decrease in reporting time.

Action Plan

Current Action Items

1. Work with Lt. Governor Sheehy and other policymakers to develop a process to assess, evaluate and prioritize health IT activities (including statewide initiatives, proposed eHealth projects of the eHealth Council or other state entities, and eHealth components such as e-prescribing) in order to make funding recommendations. Criteria used to evaluate eHealth activities, will include return on investment (ROI) as well as additional evaluation criteria determined by the eHealth Council with input from policy makers.

Lead: eHealth Council

Participating Entities: eHealth Council, Lt. Governor Sheehy, interested policymakers, state agencies with health IT projects, and health IT initiatives in the state wishing to participate

Timeframe: Ongoing with consideration for the state budget cycle.

Funding: To be determined.

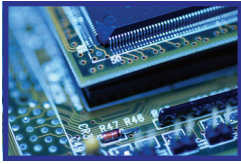
Status: New

2. Develop a sustainable action plan to facilitate progress (present and future) in assuring privacy and security protections in the exchange of health information for and by each of our citizens.

Lead: Health Information Security and Privacy Committee (HISPC)

Participating Entities: eHealth Council, Nebraska HISPC, the DHHS legal department, the Attorney General's Office, the Office of the CIO, other state

eHealth



agencies that would become involved with PHI, and other stakeholders

Timeframe: Recommendations for the issues and model design should be ready by summer, 2008.

Funding: Funding or in-kind contributions may be required for implementation.

Status: New

3. Develop a plan and resources to inform citizens, health care providers, and other stakeholders about issues related to health information security and privacy and involve them in policy discussions.

Lead: HISPC Education Work Group

Participating Entities: HISPC Education Work Group, eHealth Council, Department of Health and Human Services, health professional associations, DHHS health/licensure/certification board managers, and other stakeholders—possibly including University of Nebraska Extension, AARP, the League of Municipalities, the Nebraska Association of County Governments, and service organizations

Timeframe: The eHealth Council should start this dialog immediately and then establish a tight time frame for completion of this work in 2008.

Funding: Funding or in-kind contributions may be required for implementation of the educational plan.

Status: New

4. The eHealth Council should ensure that an in-depth short-term study of existing laws and regulations, with guidance from representatives from the health professions, health educators and health organizations, be done in order to identify health information security and privacy and make recommendations.

Lead: HISPC Legal Work Group.

Participating Entities: eHealth Council, HISPC Legal Work Group, DHHS legal staff, professions and facility managers, health care associations and citizens.

Timeframe: This needs to start immediately and be finished by August, 2008 in order to assist with other deadlines in HIT/grants/legislation/etc.

Funding: It will probably be necessary to contract with a law firm or legal expert to address these issues (Est. \$50,000).

Status: New

5. Support efforts of the Nebraska Statewide Telehealth Network Governing Board to advocate for ongoing support for line charges for telehealth. Activities supporting this action item could include writing letters of support to policy makers as well as sharing information on this issue with policymakers.

Lead: eHealth Council

Participating Entities: eHealth Council, Nebraska Statewide Telehealth Network Governing Board, NITC, Lt. Governor Sheehy

Timeframe: 2008

Funding: No new funding is required

Status: New

6. Support efforts of the Nebraska Statewide Telehealth Network Governing Board to advocate for the reduction of barriers to connectivity posed by federal Universal Service Fund rules, regulations, and policies. Activities supporting this action item could include writing letters of support to policy makers as well as sharing information on this issue with policymakers. The eHealth Council will also explore the development of a position paper no longer than four pages in length which clarifies the issue, identifies barriers, specifies what action needs to be taken, and identifies opportunities that can be leveraged.

Lead: eHealth Council

Participating Entities: eHealth Council, Nebraska Statewide Telehealth Network Governing Board, NITC, Lt. Governor Sheehy

Timeframe: 2008

Funding: No new funding is required

Status: New

7. Explore the optimal method for identifying clients in health information exchange.

Lead: eHealth Council, UNMC Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases, College of Public Health

Participating Entities: UNMC Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases, College of Public Health; eHealth Council;

eHealth



Department of Health and Human Services; and other interested stakeholders.

Timeframe: Complete the exploration of a development project by 12/31/2008.

Funding: Exploratory project can be funded using existing resources. Scope of project should include identification of funding sources for the next stage.

Status: New

Completed Action Items (2007)

1. Facilitate discussions to address interoperability between the Nebraska Statewide Telehealth Network with other state networks.
2. Address operational and technical support issues, including defining the level of support that will be provided by Network Nebraska and CAP.
3. Facilitate the continued testing of the Nebraska Statewide Telehealth Network for homeland security and public health alerts and training.

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

In the Matter of the Nebraska) Application No. NUSF-57
Public Service Commission, on) Progression Order No. 2
its own motion, seeking to)
administer the Nebraska) ORDER SEEKING COMMENT
Telehealth Program.)
) Entered: October 29, 2008

BY THE COMMISSION:

O P I N I O N A N D F I N D I N G S

On June 27, 2006, the Nebraska Public Service Commission (Commission) opened the above-captioned docket establishing a procedure for administering the Telehealth Program and making adjustments to the approved Telehealth Plan.

The Commission enters this Order to seek comments on the filing of Universal Service Administration Company (USAC) forms and contractual issues between the hospitals and the telecommunications carriers for the Telehealth Program. Overall, the Commission questions whether it should establish minimum requirements for the filing of the USAC forms and contract process. If so, what should the minimum requirements be? Alternatively, should the contractual issues be left for the parties to determine on a case-by-case basis?

In addition, the Commission solicits comment on the following specific issues:

1. How can the Commission assist in making sure that the USAC forms are filed timely and all obligations are met by both the hospitals and by the telecommunications carriers?

2. What should the consequence be for failure to timely file the appropriate forms with USAC, which results in delayed reimbursement for the telecommunications carriers? What should the consequence be for failure of the telecommunications carriers to provide any required information necessary to the process in a timely manner?

3. Currently, weight is given in the Nebraska Telehealth bidding document to the existence of an executed letter of agreement which provides that the hospital will file the appropriate forms with USAC and the telecommunication carrier will provide all necessary information in a timely manner. Should this continue to be the process? Should such provisions be included in

the contractual relationship between the hospitals and carriers rather than in a letter of agreement?

Comments on these issues must be filed by interested persons no later than January 5, 2009. Commenting parties shall file five (5) paper copies along with one (1) electronic copy of the comments. Electronic copies may be sent via e-mail to brandy.zierott@psc.ne.gov.

O R D E R

IT IS THEREFORE ORDERED by the Nebraska Public Service Commission that comments must be filed by interested persons on or before January 5, 2009, in the manner prescribed above.

MADE AND ENTERED at Lincoln, Nebraska this 29th day of October, 2008.

NEBRASKA PUBLIC SERVICE COMMISSION

COMMISSIONERS CONCURRING:

Chairman

ATTEST:

Executive Director