eHealth Council
August 14, 2009
1:30 PM CT – 4:00 PM CT
Technology Park Auditorium
4701 Innovation Drive, Lincoln, Ne

Meeting Documents: Click the links in the agenda or click here for all documents. The plan isn't included in the all documents file.

Tentative Agenda

1:30 **Roll Call**
Notice of Posting of Agenda
Notice of Nebraska Open Meetings Act Posting
Approval of May 29, 2009 minutes*

Public Comment

1:35 **Updates and Reports**

Updates from HIEs

HISPC
- Adoption of Standard Practices Collaborative
- Brochure and Website

Telehealth Meeting

Public Health Work Group

2:00 **Updates (if any) from the Office of the National Coordinator**

2:10 **eHealth Plan**

State Designated Entity

eHealth Plan*

Next Steps: Developing Phase II of the Plan and Application for Funding

- Prioritization of Goals
- Eligibility requirements for end recipients of state health IT funds
- Timeline
- Application form
- Review process

FYI: Minutes from the August 6 and July 31 work group meetings

3:45 **Membership**

4:00 **Adjourn**

Meeting notice posted to the NITC and Public Meeting Website on August 4, 2009. The agenda was posted August 6, 2009.

eHealth Council
May 29, 2009
1:30 PM CT – 4:00 PM CT
Minutes

- **Lincoln—**Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor, Lincoln, NE
- **Omaha—**UNMC, Wittson Hall—Library of Medicine, Room 8016A
- **North Platte (tentative)**- Great Plains Regional Medical Center, Pawnee Room
- **Alliance—**Box Butte General Hospital

Members Present
Dennis Berens
Susan Courtney
Dan Griess
Donna Hammack
Steve Henderson
Alice Henneman
David Lawton
Keith Mueller
John Roberts
Nancy Shank
September Stone
Dr. Delane Wycoff

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

Dan Griess called the meeting to order at 1:30. There were nine members present at roll call. The Meeting notice was posted to the NITC and Public Meeting Website on May 22, 2009. The agenda was posted on May 27, 2009. A copy of the Nebraska Open Meetings Act was posted on the wall.

Public Comment

There was no public comment.

Updates on Recovery Act Funding for Health IT

Anne Byers gave an update Recovery Act funding for Health IT. The Office of the National Coordinator has submitted its HIT ARRA Implementation Plan. The implementation plan provides some additional information, but did not provide much clear guidance for states. Gerry Oligmueller, the State of Nebraska's point person on ARRA funding, attended a meeting in Washington, D.C. a couple of weeks ago. Jody Daniel with the Office of the National Coordinator provided some information on what states should be working on, including:

- Preparing a state plan;
- Engaging stakeholders;
- Establishing a state governance structure;
- Preparing other state agencies to participate in HIEs;
- Implementing privacy strategies and reforms;
- Determining the HIE business model;

- Creating a communications strategy;
- Establishing opportunities for HIT training and education.

After the meeting materials were put together, the Office of the National Coordinator released information on Regional Health Information Technology Extension Centers.

The Office of the National Coordinator also sent comments on broadband programs to the National Telecommunications and Information Administration (NTIA) .

Donna Hammack asked about funding for the telehealth network through ARRA. Anne Byers recommended that groups seeking funding contact her. Right now not much is known about the funding available for states. It is certainly better to be in the communication loop regarding possible funding earlier rather than later. Anne was asked which groups have requested funding. Douglas County has requested funding for implementing EMRs in their health care facilities including a long term care facility, public health clinic, and acute psychiatric hospital. Boystown contacted her about funding for a telehealth project. A couple of long-term care facilities also contacted her. The state's HIEs are interested in funding.

eHealth Plan Work Group Update

The eHealth Plan Work Group met on May 19 and a subgroup met on May 26 to discuss goals. The group has looked at several other state plans. New Hampshire completed its plan earlier this month. The work group liked how New Hampshire's plan aligns with the federal HIT Plan submitted by the Office of the National Coordinator. It is also relatively brief and uses bullets to enable the reader to easily scan the document.

Recommendations of the group include:

- Aligning with federal HIT Plan
- Looking at New Hampshire's plan as a model

E-Prescribing Work Group Update

The E-Prescribing Work Group has prepared its report and recommendations. Anne Byers commented that e-prescribing has been identified by several national groups as low-hanging fruit. However, the E-Prescribing Work Group discovered that there are still a number of issues related to e-prescribing that need to be resolved. Some pharmacists are concerned about e-prescribing errors. Pharmacists--especially rural, independent pharmacists—may need support to adopt e-prescribing. Mark Siracuse, Chair of the E-Prescribing Work Group, presented the group's recommendations:

Recommendations

- Pharmacists, physicians, and the general public should be educated about the potential impact of e-prescribing with regard to:
    - Patient Safety – both recognized safety improvements and the newly emerging errors associated with the adoption of this technology;
    - Workplace efficiency in the pharmacy and physician's office – both improved efficiencies realized and new inefficiencies introduced in the local workplace context;
    - Workflow issues related to the migration of e-prescribing;
    - Costs to pharmacists and physicians of implementing e-prescribing.

- Training and education of physicians and pharmacists by professional associations, institutes of higher education and other venues about the proper use of e-prescribing technologies and processes

in daily practice in order to reduce e-prescribing errors and optimize patient care quality should be encouraged.

- Pharmacist access to patient information should be encouraged either through NeHII or other health information exchanges.

- A forum to initiate a dialog among physicians, physician staff, pharmacists, vendors, and intermediaries on the e-prescribing process, costs involved, potential sources of errors, and best practices should be convened.

- The State of Nebraska should seek ways to provide resource support for participation in e-prescribing to independent pharmacies.

- Physicians should be provided information on incentive programs which support participation in e-prescribing and/or the implementation of EMRs.

- The integration of e-prescribing with the use of EMRs in physician offices should be encouraged. Although stand-alone e-prescribing systems can be used effectively, research has shown that integration of e-prescribing with an EMR system often leads to greater improvements in quality of care.

- The eHealth Council should establish a sustainable mechanism to identify and disseminate best practices related to patient safety and quality improvement in e-prescribing.

- The eHealth Council and other stakeholders should work together to identify sources of e-prescribing errors and to address those sources.

- The State of Nebraska and other stakeholders should support efforts to remove regulatory obstacles related to the e-prescribing of controlled substances.

- Stakeholders in Nebraska and in the United States should encourage further development of e-prescribing standards to reduce errors. This should include standards that require compatibility between prescribing software and pharmacy dispensing software.

- The State of Nebraska should explore connecting Nebraska's Medicaid program through its pharmacy benefit manager to Surescripts to provide benefit and prescription history information.

Actions

- The Nebraska Medical Association and the Nebraska Pharmacists Association are tentatively planning an initial forum to discuss issues related to e-prescribing in June.

- The Nebraska Pharmacists Association will promote the use of the Pharmacy E-Prescribing Experience Reporting Portal (PEER Portal) at www.pqc.net/eprescribe to report e-prescribing errors.

- The eHealth Council and the e-Prescribing Work Group identified a potential barrier to e-prescribing in a Nebraska statute that requires pharmacists to keep paper copies of prescriptions. The Nebraska Pharmacists Association worked to have legislation introduced which would allow pharmacists to keep copies of prescriptions in a readily retrievable format. Lt. Governor Sheehy provided a letter supporting the provision in LB 220 to the Health and Human Services Committee. LB 220 was amended into LB 195 and was passed by the Legislature and presented to the Governor on May 18.

Keith Mueller moved to approve the E-Prescribing Work Group's recommendations. Denny Berens seconded the motion. Upon further discussion, Keith Mueller suggested including a statement prefacing the recommendations which would acknowledge that patient safety is complex, and that while e-prescribing is an essential tool, it does not guarantee patient safety. Dennis Berens suggested that Keith Mueller amend his motion to recommend including a prefatory statement with the recommendations. Keith Mueller agreed to Dennis Berens' friendly amendment. **Roll Call Vote: Berens-yes; Courtney-yes; Griess—not present; Hammack-yes; Henderson-yes; Henneman- yes; Lawton—yes; Mueller-yes; Roberts-yes; Shank-yes; Stone-yes; Wycoff-yes. Motion did not carry due to lack of a quorum.**

HIE Meeting Update

Representatives of the HIEs met with Lt. Governor Rick Sheehy on April 14 to discuss issues related to exchanging data among health information exchanges. A draft vision statement and several recommendations emerged out of the meeting.

Vision

Stakeholders in Nebraska will cooperatively improve the quality of and efficiency of health care through a statewide, seamless, integrated patient-centered system of connected health information exchanges. Nebraska will build upon the investments made in the state's health information exchanges and other initiatives which promote the adoption of health IT.

Strategies

The State of Nebraska will support the development and expansion of health information exchanges to improve the quality and efficiency of care.

Actions:

- The State of Nebraska, primarily through the NITC's eHealth Council, will support efforts to obtain funding for health information exchange, including coordinating and submitting applications for funding as appropriate.
- The eHealth Council will work with other stakeholders to publicize health IT success stories within the state and to inform stakeholders of the benefits of health IT. Physicians in particular have been identified as key drivers in the adoption of health IT and health information exchange and should be targeted in educational efforts.
- The State of Nebraska will leverage its role as a payer in incentivizing the meaningful use of health IT by participating in the Medicaid Incentive program offered through the Recovery Act.
- The State of Nebraska will continue to address state laws which impact the exchange of health information within Nebraska and across state borders.

The State of Nebraska will support the development of interconnections among health information exchanges in the state and across state borders.

Actions:

- The eHealth Council will work with the state's health information exchanges to determine requirements for connections among exchanges; to explore options including connecting through NeHII or through NHIN's open source Connect software; to issue an RFP; and to evaluate proposals.

- The eHealth Council will work with the state's health information exchanges to map the adoption of standards which would enable the integration of data from disparate sources into EMRs. The migration to HL7 version 3 has been identified as a potential strategy.

- The eHealth Council will continue to work with the state's health information exchanges to harmonize policies and procedures which impact the sharing of health information across exchanges. The State of Nebraska and the state's health information exchanges have already made progress in this area. The state's health information exchanges have shared policies and procedures. Additionally, Nebraska participated in the national Health Information Security and Privacy Collaborative's Adoption of Standard Policies group which examined business practices related to authentication and authorization.

Tying Health IT Implementation to Quality Measures

- Monica Seeland, Nebraska Coalition for Patient Safety
- Dale Mahlman, Nebraska Medical Association
- Dave Palm, Dept. of Health and Human Services
- Joyce Beck, Thayer County Health Services
- Kevin Conway, Nebraska Hospital Association

Dale Mahlman spoke about the importance of getting information into people's hands. Through the EHRNebraska project, the Nebraska Medical Association encouraged physicians to be diligent and to do the right thing when deciding to implement electronic medical records.

Monica Seeland said that the Nebraska Coalition for Patient Safety was created by statute in 2005. Founding members of the Nebraska Coalition for Patient Safety include the Nebraska Academy of Physician Assistants, the Nebraska Hospital Association, the Nebraska Medical Association, the Nebraska Nurses Association, and the Nebraska Pharmacists Association. Thirty-seven hospitals are also members. The Nebraska Coalition for Patient Safety has established a voluntary reporting system which collects, analyzes, and disseminates aggregate information about reported patient safety events. Aggregate information is reported back to participating hospitals and health care providers. The Coalition looks at system issues to learn why the event occurred. Twenty-six events were reported in 2008. Seven of those events resulted in the death of a patient. Members were asked to report events which resulted in serious harm to patients so the data is skewed toward more serious events. The categories of causal statements most often cited were rules/policies/procedures (17), human performance—hand-off communication (14), and human performance—training (11).

Educational programs disseminate lessons learned from the reporting program and share information from national quality and safety organizations. The first annual conference will be held this fall. Quarterly conference calls are also held with members. The Nebraska Coalition for Patient Safety is planning to pursue federal PSO designation.

Kevin Conway discussed the importance of defining meaningful use and quality reporting measures. Stakeholders need to define what is quality and need to think through processes when implementing. HIT is just a tool and won't guarantee quality.

Dave Palm recommended looking at how large and small hospitals can work together. There is evidence that Thayer County Health Services is reducing medication errors and improving medication reconciliation. Both Dave Palm and Joyce Beck talked about the importance of changing the culture to a culture of safety before implementing health IT. Dave Palm and Joyce Beck mentioned the importance of involving physicians and nurses in software selection and implementation. Joyce Beck said that Thayer County Health Systems began tracking medication errors through UNMC in 2004. Their number of medication errors has been reduced from 48 (which did not include near misses) per quarter to 10 per

quarter (which includes near misses). When e-prescribing was first implemented, two physicians used e-prescribing. Both achieved 100% medication reconciliation. Now all but one physician are using e-prescribing. All six e-prescribers have 100% medication reconciliation.

Joyce Beck recommended letting doctors determine how they want to practice medicine and not mandate use of health IT. When doctors don't use something, she asks them, "What is wrong with the system?" She then works with the vendor to try to fix the system. For example, the CPOE is not user-friendly. The vendor is sending a programmer out to fix it. EMR implementation has helped in physician recruitment. EMS in Thayer County is equipped to send 12 lead EKGs to the doctors electronically. Doctors can see the EKG before the patient. The EKGs can also be sent to hospitals in Lincoln.

UNMC will be working with Thayer County Health System to clean up their data so that a more complete analysis can be made.

Donna Hammack gave an update on the Telehealth Network. A virtual Telehealth Leadership Conference will be held June 3. HR 2068 includes several provisions which would benefit telehealth networks including expanding eligible originating sites and addressing credentialing. Congressman Terry has signed on to the bill. Senator Gloor has introduced LR 160 to study issues related to the telehealth network. Donna Hammack commented that the telehealth network is looking at ways to capture more activity so that their evaluation data will be more complete.

Dan Griess rejoined the meeting. He was asked to vote on the E-Prescribing Recommendations.

Roll Call Vote: Berens-yes; Courtney-yes; Griess-yes; Hammack-yes; Henderson-yes; Henneman- yes; Lawton—yes; Mueller-yes; Roberts-yes; Shank-yes; Stone-yes; Wycoff-yes. Motion carried.

Dr. Wycoff moved to approve the minutes. Donna Hammack seconded the motion. Roll Call Vote: Berens-yes; Courtney-yes; Griess-yes; Hammack-yes; Henderson-yes; Henneman- yes; Lawton—yes; Mueller-yes; Roberts-yes; Shank-yes; Stone-yes; Wycoff-yes. Motion carried.

Dentistry

David Brown, Mike Molvar, and David Riggenbach from the University of Nebraska College of Dentistry discussed the health IT needs of dentistry. Dental health records are not certified and are not on the Certification Commission for Health IT's roadmap for certification in the near future. The College of Dentistry is implementing an electronic medical record developed for dental colleges. The College of Dentistry sees patients from across the state through annual dental days which provide treatments for those without dental coverage. If patients need follow-up work, paper records are currently exchanged. Through its service learning program, students spend four weeks at sites across Nebraska. Teledentistry and distance learning is used during the service learning program. Participating dental practices need broadband connections. Dentists can share digital radiography via e-mail. Dental records could be saved in a readable format such as PDF and given to the patient. The College of Dentistry would like to participate in health information exchange and would like to be involved in future discussions.

Public Health Work Group Update

Public Health Charge and Membership

The Public Health/eHealth Work Group met for the first time on April 27. The group reviewed their charge from the eHealth Council and shared information about their projects in order to gain a better understanding of public health information systems and health information exchanges.

HISPC Update

Legislative Update. The Legal Work Group of the Nebraska Health Information Security and Privacy Committee (HISPC) reviewed Nebraska health information disclosure laws to identify laws more stringent than HIPAA. Neb. Rev. Stat. 71-8403 stipulates that authorizations for release of medical records are valid for a maximum period of 180 days. The group recommended deleting the 180-day restriction. HIPAA requirements would then apply, allowing patients to state an expiration date or expiration event. Senator Gloor has expressed interest in introducing legislation to eliminate the 180-day restriction next year.
The eHealth Council and E-Prescribing Work Group also identified a potential barrier to e-prescribing in a Nebraska statute that requires pharmacists to keep paper copies of prescriptions. A change to this statute which would allow pharmacists to keep copies of prescriptions in a readily retrievable format was included in LB220. LB 220 was amended into LB 195 and was passed by the Legislature and presented to the Governor on May 18.

HISPC Challenge. Nebraska will be participating in challenge activities to provide consumer and provider education on health information security and privacy as part of an extension to our one-year HISPC contract. Nebraska will also continue to work on the Adoption of Standard Practices Collaborative.

The meeting was adjourned.

Q: Can I get access to my own medical records?

A: Yes. By law you have the right to get copies of your medical records from the health care organizations that made them. Some restrictions may apply.

Q: How can I better manage health records for myself and my family?

A: You may also consider starting your own Personal Health Record to keep track of the health information you and your family need in addition to that of your medical record. There are Personal Health Records available at no cost. Many public and private organizations are developing these eHealth tools so that you may keep and share your health information using a computer.

> *"I used to put off visits to the doctor because I didn't want to have to transfer information... now it's less of an issue."*

Q: Is eHealth available in Nebraska?

A: Some doctors, hospitals, and other care providers can give you access to your medical records online — but not all providers have that capability today. Nebraska has four eHealth networks formed by health care providers and one of the state's largest health insurers.

RESOURCES

Questions to ask your providers:

- Do you keep my health records electronically?
- Can your office staff transfer my health record information electronically to other professionals?
- Do you participate in an eHealth Network? If so, which one?
- Can your office staff transfer my health record information electronically to my own Personal Health Record?
- What procedures do you follow to keep my health information private and secure?

For more information about eHealth in Nebraska...

Visit the eHealth Website at
ehealth.nebraska.gov

More information about consumers privacy rights is available from the U.S. Department of Health and Human Services, Office of Civil Rights at
www.hhs.gov/ocr/privacy/index.html

AA/EOE/ADA

Does eHealth make sense for you?

Making the right decisions for you and your family

A Guide to eHealth for Nebraskans

Q: What is eHealth?

A: eHealth is the use of a computer network, instead of paper, to store and share your medical records. eHealth networks make information about your health available electronically to doctors and other care providers.

Q: Do I have a choice about eHealth?

A: Yes. You will either be asked to say “yes” and consent to participate in eHealth by your provider (sometimes called “opt-in”) or you will have to take action to say “no” and decline to participate (sometimes called “opt-out”). The eHealth network has a policy about who you are allowing to see your medical records if you choose to participate. Read this policy.

Q: What are the benefits of eHealth?

A: eHealth means easier, consistent, and efficient health care. If you’ve changed doctors, seen a specialist, visited a clinic, or checked into a hospital, your records are likely on paper and in these different places. When your records are available in one place, your doctors can get a more complete picture of your health, which helps them make good decisions about your care.

- There is less paperwork to fill out because you can give permission for this information to be accessed and shared every time you visit a doctor, clinic or hospital.
- Information may be more readily available in a medical emergency.
- Backups of your records are made so they will still be available in the event of an emergency or natural disaster.

> *“When we were on vacation in Florida our son had an asthma attack. We were glad to have a Personal Health Record so the doctors could have fast access to his medical history...”*

PRIVACY & SECURITY

Many people are worried about privacy and security for themselves and their families when it comes to eHealth. Information can never be completely secure. This is true whether it’s on paper or in a computer.

- Federal and state laws protect the privacy and confidentiality of health information about you.
- Safeguards like passwords and other protections help keep your records from being accessed without proper permission.
- If improper access does occur, you will be told.

eHealth.nebraska.gov

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Nebraska Information Technology Commission Logo

State of Nebraska Department of Health and Human Services Logo

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index.html

Welcome to eHealth Nebraska!

eHealth means easier, consistent, and efficient health care for you and your family. Through eHealth, medical records are shared and stored through the use of computer network, rather than paper. The State of Nebraska has created this website – ehealthnebraska.gov – to keep you up-to-date on what's happening with eHealth in the state and to help both providers and consumers make the right decisions about health information.

Photo?

aboutehealth.html

About eHealth

Making the right decisions for you and your family

Questions and Answers

Q: What is eHealth?

A: eHealth is the use of a computer network, instead of paper, to store and share your medical records. eHealth networks make information about your health available electronically to doctors and other care providers. Read more about the eHealth networks formed in Nebraska [link].

Q: Do I have a choice about eHealth?

A: Yes. You will either be asked to say "yes" and consent to participate in eHealth by your provider (sometimes called "opt – in") or you will have to take action to say "no" and decline to participate (sometimes called "opt- out"). The eHealth network has a policy about who you are allowing to see your medical records if you choose to participate. Read this policy.

Q: What are the benefits of eHealth?

A: eHealth means easier, consistent, and efficient health care. If you've changed doctors, seen a specialist, visited a clinic, or checked into a hospital, your records are likely on paper and in these different places. When your records are available in one place, your doctors can get a more complete picture of your health, which helps them make good decisions about your care.

Other benefits to eHealth may be:

- There is less paperwork to fill out because you can give permission for this information to be accessed and shared every time you visit a doctor, clinic or hospital.
- Information may be more readily available in a medical emergency.
- Backups of your records are made so they will still be available in the event of an emergency or natural disaster.

Q: Is eHealth available in Nebraska?

A: Some doctors, hospitals, and other care providers can give you access to your medical records online – but not all providers have that capability to day. There are four eHealth networks formed in Nebraska [link] by health care providers and on of the state's largest health insurers.

Q: How can I better manage health records for myself and my family?

A: You may also consider starting your own Personal Health Record to keep track of the health information you and your family need in addition to that of your medical record. There are Personal Health Records available at no cost. Many public and private organizations are developing these eHealth tools so that you may keep and share your health information using a computer. Learn more about personal health records in the Consumer Guides to eHealth [link] section of this website.

Q: Can I get access to my own medical records?

A: Yes. By law you have the right to get copies of your medical records from the health care organizations that made them. There are a few narrow restrictions in the law that may apply to specific situations.

Here are questions that you might want to ask your health care providers:

- Do you keep my health records electronically?
- Can your office staff transfer my health record information electronically to other professionals?
- Do you participate in an eHealth network? If so, which one?
- Can your office staff transfer my health record information electronically to my own Personal Health Record?
- What procedures do you follow to keep my health information private and secure?

Print this information as a brochure

This information is available in a downloadable pdf file format as a brochure from this link:
Does eHealth Make Sense for You? A Guide to eHealth for Nebraskans [download brochure]

privacyrights.html

Privacy Rights Information

Many people are worried about privacy and security for themselves and their families when it comes to eHealth. Information can never be completely secure. This is true whether it's on paper or in a computer.

Federal and state laws protect the privacy and confidentiality of health information about you.

Safeguards like passwords and other protections help keep your records from being accessed without proper permission.

To learn more about your privacy rights and other security issues, visit the Privacy Rights and Security Resources page [link].

Privacy Rights and Security Resources

These links are made available from the U.S. Department of Health and Human Services, Office of Civil Rights.

Office of Civil Rights
http://www.hhs.gov/ocr/privacy/index.html

The Privacy Rule
An explanation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

HIPAA Fact Sheet: Protecting the Privacy of Patients' Health Information
http://www.hhs.gov/news/facts/privacy2007.html

HIPAA FAQs
http://www.hhs.gov/hipaafaq/

Privacy Complaint Form
Anyone can file a complaint with OCR. Should you have a complaint related to a suspected violation of your privacy, you may use this complaint form and submit this to the Office of Civil Rights
http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintpackage.pdf

The Patient Safety Rule
An explanation of the Patient Safety and Quality Improvement Act of 2005 (PSQIA).
http://www.hhs.gov/ocr/privacy/psa/regulation/rule/index.html

Patient Safety Confidentiality Complaint
Anyone can file a complaint with OCR. Should you have a complaint related to a suspected violation of your privacy with patient safety, you are required to complete a complaint form and consent package. Both these documents must be submitted to the Office of Civil Rights.

Patient Safety Confidentiality Complaint Form
http://www.hhs.gov/ocr/privacy/psa/complaint/pscomplaintform.pdf

Patient Safety Confidentiality Consent Package
http://www.hhs.gov/ocr/privacy/psa/complaint/psaconsentpackage.pdf

networks.html

About eHealth Networks in Nebraska

Nebraska has four eHealth networks formed by health care providers and one of the state's largest health insurers. Here is description about these networks:

Nebraska Health Information Initiative (NeHII) is the state's largest eHealth network. NeHII is exchanging laboratory, radiology, and clinical documentation information in the Omaha area. In addition, insurance eligibility information will be sent creating an overall patient summary. NeHII is also piloting e-prescribing in the Omaha area. NeHII offers physicians a basic, web-based electronic medical record (EMR lite) so that providers who have not yet implement electronic medical records can participate. NeHII plans to expand statewide in the summer of 2009. More information is available at www.nehii.org.

The Southeast Nebraska Behavioral Health Information Network (SNBHIN) is currently developing an eHealth network to exchange patient information among behavioral health providers in the Region V Service area with the applications offered to other Regions in the state as time and resources allow. Participants include Blue Valley Behavioral Health Center, BryanLGH Medical Center, CenterPointe, Child Guidance Center, Community Mental Health Center, Cornhusker Place, Family Services, Heartland Health Alliance, Houses of Hope, Lincoln Council on Alcoholism and Drugs, Lincoln Medical Education Partnership, Lutheran Family Services, Mental Health Association, Region V Systems, St. Monica's Home. SNBHIN partners have received several grants including a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004, an AHRQ Ambulatory Care Grant in 2008, a three-year Rural Health Network Development Grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration in 2008, Region V Systems, and a grant from the Nebraska Information Technology Commission.

The Southeast Nebraska Health Information Exchange (SENHIE) is improving the quality of care and increasing efficiency in Thayer County. Through a $1.6 million Critical Access Hospital Health Information Technology Grant, Thayer County Health Services has implemented the state's first health information exchange. Medical information on patients in Thayer County now flows seamlessly among providers, including physicians at satellite clinics or at Thayer County Health Services in Hebron, physicians and pharmacists at St. Elizabeth's Regional Medical Center, emergency responders, pharmacists, and long term care facilities. Thayer County Health Services is totally electronic, including eMAR (electronic medication administration record), CPOE (computerized physician order entry), and e-prescribing. Thayer County Health Services has achieved 100% medication reconciliation and significantly reduced medication errors.

The Western Nebraska Health Information Exchange (WNHIE) will connect health care providers in the Panhandle. Organizations involved in WNHIE include the Rural Nebraska

Healthcare Network, Box Butte General Hospital, Chadron Community Hospital, Garden County Health Services, Gordon Memorial Hospital, Kimball Health Services, Memorial Health Center, Morrill County Community Hospital, Perkins County Health Services, Regional West Medical Center, Panhandle Public Health District, and Region I Mental Health and Substance Abuse. Panhandle Community Services in Scottsbluff/Gering is a partner through the RND grant as well. WNHIE has received several grants including a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004, a three-year implementation grant from AHRQ, and a HRSA Rural Network Development Grant, a Rural Health Care Pilot grant from the FCC, and the Nebraska Information Technology Commission.

consumerguide.html

For Consumers: A Guide to eHealth

About Personal Health Records (PHRs)

My PHR
www.myphr.com

About e-Prescribing

A Consumer's Guide to E-Prescribing from the eHealth Initiative
http://www.ehealthinitiative.org/assets/Documents/eHI_CIMM_Consumer_Guide_to_ePrescribing_Final.pdf

About Health Information Exchange

Oregon's Health Information Security and Privacy Collaboration video
http://video.google.com/videoplay?docid=6764524539952681192&hl=en

Consumer Views

What do consumers think about sharing health information electronically? Several surveys and studies indicate that most consumers are positive about sharing health information electronically. Consumers do have some concerns about security and privacy, however.

The following reports offer more information on consumer views of health information exchange:

Markle Foundation Survey (November 2006)

News Release: http://www.markle.org/downloadable_assets/news_release_120706.pdf
Key Findings: http://www.markle.org/downloadable_assets/research_doc_120706.pdf

The Creighton Health Services Research and Patient Safety Center (December 2007)

Security and Privacy Barriers to Health Information Interoperability Report 3: Consumer Views about Privacy and Electronic Health Information Exchange:
http://chrp.creighton.edu/Documents/HISPC_Report_3.pdf

The eHealth Initiative Foundation Attitude and Opinion Research (May 2, 2007)

eHealth Initiative Toolkit:
http://toolkit.ehealthinitiative.org/assets/Documents/eHISummaryofResearchonHealthInformation Exchange05.01.07Final001.pdf

The University of Nebraska Public Policy Center (December 2008)

Sharing Health Records Electronically: Final Report. Abdel-Monam, Tarik, Herian, Mitch. (2008 December 11).

Videos for Consumers

The State of Oregon produced a video for nation wide use to educate consumers:

Oregon's Health Information Security and Privacy Collaboration video
http://video.google.com/videoplay?docid=6764524539952681192&hl=en

A guide to use with this video is located at: http://privacysecurity.rti.org/Portals/0/Documentary Guide_FINAL_041409_psg.doc

providerguide.html

For Providers: A Guide to Security and Privacy

The Health Information Security & Privacy Collaboration (HISPC) toolkit is developed to address barriers to health information exchange. The HISPC was established in 2006 by RTI International through a contract with the U.S. Department of Health and Human Services. The collaboration, comprised of 42 states and territories, aims to effectively address privacy and security issues pertinent to electronic health information exchange through multi-state collaboration.

Health Information Security and Privacy Toolkit (Secure4Health)
http://www.secure4health.org

HIPAA Security Standard
The HIPAA security standard site provides detailed information about security and privacy.
http://www.cms.hhs.gov/securitystandard/

The Healthcare Information and Management Systems Society (HIMSS) is the healthcare industry's membership organization exclusively focused on providing global leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of healthcare. They offer an alternative privacy and security toolkit.

HIMSS Privacy and Security Toolkit
http://www.himss.org/ASP/privacySecurityTree.asp?faid=78&tid=4

providerresources.html

Other Resources for Providers

Electronic Health Records (EHR)

Certification Commission for Health Information Technology (CCHIT)
The CCHIT site helps physicians determine readiness for moving to an EHR, start the selection process, negotiate, purchase and implement an EHR.
http://cchit.org/

EHR Decisions
A news brief dedicated to informing providers about the most recent CCHIT decisions.
http://ehrdecisions.com/

E-Prescribing

A Physician's Guide to E-Prescribing from the eHealth Initiative
http://ehealthinitiative.org/assets/Documents/e-Prescribing_Clinicians_Guide_Final.pdf

Glossary

Terms used to aid interpreting information about health information exchange:
A glossary of health IT/health information exchange terms

Videos for Providers

National Medical Report: AHIMA American Health Information Management Association Video
http://www.youtube.com/watch?v=TZzIw6RpQVg

hispc.html

Nebraska Health Information Security and Privacy Committee (HISPC)

The HISPC committee was formed in 2006 by Lt. Governor Sheehy to address issues related to health information security and privacy. The HISPC partnered with Creighton Health Services Research and Patient Safety Center Program. With funding from an AHRQ grant, researchers at the Creighton Health Services Research and Patient Safety Center are involved in survey research to inform the HISPC about security and privacy issues from different stakeholders in the state. Continuing work by the HISPC is now coordinated through the eHealth Council.

Links
Creighton Health Services Research Program
http://chrp.creighton.edu/

Report 1: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers
http://chrp.creighton.edu/Documents/HISPC_Report_1.pdf

Report 2: Survey of Health Professions Organizations Leadership
http://chrp.creighton.edu/Documents/HISPC_Report_2.pdf

Report 3: Study of Consumer View Points on Health Information, Security, and Privacy
http://chrp.creighton.edu/Documents/HISPC_Report_3.pdf

Final Report: Security and Privacy Barriers to Health Information Interoperability
http://chrp.creighton.edu/Documents/Final_HISPC_Report.pdf

ehealthcouncil.html

Nebraska eHealth Council

The eHealth Council was created by the Nebraska Information Technology Commission on Feb. 22, 2007 to facilitate discussions among eHealth initiatives in the state and to make recommendations to the NITC regarding the adoption and interoperability of eHealth technologies. eHealth technologies include telehealth, electronic health records, electronic prescribing, clinical decision support, computerized provider order entry, and health information exchange. The widespread adoption of eHealth technologies is expected to reduce health care costs, reduce medical errors, and improve the quality of care.

The eHealth Council has identified health information security and privacy, e-prescribing, personal health records and public health as priority areas. Work groups function to make recommendations about eHealth policy and guidance needs for the state. The eHealth Council has drafted a charter (PDF) that explains its responsibilities and operating procedures. The charter was approved by the NITC on June 27, 2007. The eHealth Council charge, membership, newsletter and an organizational chart provide further information. This information about the NITC and access to the newsletter is available through the NITC website: http://www.nitc.ne.gov/

State e-Health Plan Work Group
Meeting Minutes
Executive Building
July 31, 2009

PRESENT: Nancy Shank, Anne Byers, Jenifer Roberts-Johnson, David Lawton.

PRESENT VIA PHONE CONFERENCE: Deb Bass, September Stone, Chris Henkenius, Joyce Beck, and C.J. Johnson.

Call to Order: Anne Byers called this meeting to order at 2:36 p.m.

Meeting Discussion:
Minutes from the last meeting were approved and accepted. Thank you to Kim Whaley for taking the minutes and to Nancy Shank for reviewing.

Anne Byers started out the meeting by discussing The Plan. She reminded everyone that it may not be realistic to aim for 100% perfection since there is not a lot of time. Even if phase one gets put to bed and move on to phase two, you can still go back and revise the phase one version.

Reviewing proposed changes to The Plan: Anne highlighted the big changes that were proposed but it is possible that she missed some, so please let her know!

Discussion of changes to the document (*please note that all changes mentioned in the notes were documented by Anne Byers as well on a copy of the plan. If anyone would like clarification as to any exact changes made, please consult with Anne directly.):

- TOC – deleted “stakeholder involvement”.
- Pg. 4 – Anne Byers worked with Keith Mueller to word this specific goal: the word “performance” was previously causing problems. The word “efficiency” is now used. Nancy Shank suggested the wording, “continuously improve healthcare quality and effectiveness.” David Lawton said to remember that the word “effectiveness” has to do with outcomes and from a doctor’s office perspective effectiveness includes efficiency.
- Pg. 5 – Suggestion by Keith Mueller: “Improve health literacy”. Jenifer Roberts-Johnson had a question about what that phrase means to the consumer? One member suggested that the phrase simply means, “to educate the health care consumer.” David Lawton said that this should indicate more than education, but to remember that this document is not intended for the general public and would be okay to use language that may not be intended for consumers. Anne Byers thought that maybe in the adoption section a few sentences could be added about what is meant by “health literacy”. Also, the second bullet point under the Interoperability section, it should say “nationwide” instead of “across state borders”. Another small change was made to the third bullet point of this section as well.
- Pg. 9 – Introduction: September Stone mentioned that Nebraskans are involved in many different HIT/HIT groups and that perhaps it should be made clear the extent of this involvement within the introduction. Nancy Shank suggested that it is made clear what NGA stands for.
- Pg. 11 – Last line: Joyce Beck asked if this sentence suggests an ordering—that it suggests we should connect to neighboring states first and then nationally. Does the

order seem set in stone because of the word "eventual"? It implies an order to things. David Lawton thought that it was simply reflective of the referral patterns. Anne Byers made notes on this page regarding the wording here and folks agreed that the suggested changes were fine. Deb Bass made a comment about working to build a national network and making sure that we are compliant with folks' wishes. She suggested that we should say something about NHIN and let ONC know that we understand. The question was raised by the group of whether or not this should be in the Vision portion on pg. 13? Instead folks agreed that it belongs in the Interoperability section. Anne Byers made note of this suggestion and change.

- Pg. 12 – Stakeholder Involvement: Nancy Shank suggested some "clean-up" work to this section to remove language that seemed to imply our stakeholder involvement was focused on Social Capital for Social Capital's sake. Should be more about the end and how this group intends to get there. Deb wanted to make sure that everyone was aware that "Social Capital" is one of the new buzzwords in the field. Everyone knew that.
- Pg. 14 – Guiding Principles: One of the main goals is the need to measure the actual effectiveness and then report back to Nebraskans. The group felt this section was missing the language expressing these goals. Nancy Shank reworked the language to show that. The group all liked its relationship to the objective that describes "transparency" and "accountability.".
- Pg. 15 – Will change to "effectiveness". (Anne Byers made note of this change to her copy of the actual document.)
- Pg. 17 – Group agreed that there is a need to explain the teleHealth regulations. Jenifer Roberts-Johnson asked if the example here is necessary. Also, instead of using the phrase, "slowed adoption", perhaps say something like, "Regulatory issues have slowed provider participation," and then simply delete the next part.
- Pg. 18 – Some provider entities are not eligible for universal service fund support to use telehealth, need to figure out how to divvy out the funds in regards to those entities and explain.
- Pg. 22 – Interoperability, last line of first paragraph: Joyce clarified that SENHIS has 100% medication reconciliation *among providers using e-prescribing.* Deb Bass will look this section over for a place to add about NHIN (a network of networks…). This section needs to say something about how Nebraska endorses this. Joyce Beck volunteered to help Anne Byers with this wording.

September Stone pointed out inconsistency with the terminology and would like consistency used when it comes to "stakeholders" and "patients" vs. "consumers". Do we notice that sometimes it seems the word consumer means patient and if that is the case simply replace the word consumer with patient? Same with clients and customers. What about the phrase "persons served"? Behavioral health and community based folks do not like the word "patient". The bullet points on page 4 are an example of different instances when the group should think about "patients vs. consumers". Most agreed that the majority should be changed to consumer and a few should remain patient. September Stone will do a first review and changes, she will then hand off to David Lawton for a counter point review.

Anne Byers reminded the group that the eHealth Council meets on August 14th. She would like everyone to have their specific tasks done by August 7th. The goal is to have the eHealth Council

approve The Plan at the August meeting. The NITC meets at the end of September and will be asked to approve the plan at that meeting. Anne Byers would like to put this up on the web for public comment. She would simply have folks send her PDF's of their comments and post them to the Web. She asked the group to please send the plan out to colleagues and/or associates or other professional groups for review and comment.

Development of Nebraska application for HIT ARRA Funds:
Nancy Shank discussed how the workplan would interface with the state's application. Not sure of the deadlines, monetary amounts, or a few other pieces just yet – but the group should start to prepare what it can and the document presented is an attempt at that rough draft/first attempt. The "Goals" and "Approach" parts were simply a draft from Nancy Shank and are of course open for discussion. Members liked the idea of eeping the accountability and transparency in the forefront of this application, too. Joyce Beck said that this is a great place to start! She had some questions about the "use of funds" section. Is this part pulled directly from the federal language? What does this have to do with the developing broadband? Where did this language come from? Nancy Shank said the workplan can be broader than the eligible activities for state economic stimulus dollars and this particular application. There are different monies for different items and other streams of funding to help pay for things like telecommunications and broadband. Anne Byers says that if thegroup can specifically identify where broadband is needed but unavailable that will help us address this issue.

Nancy Shank suggested the group prioritize the use of funds. This of course will depend on the amount of money involved. Less money will equal more focus, probably. Nancy suggested taking an approach where you give hypothetical monetary amounts. Example –$22-34 million = these priorities, $10-22 million = these priorities, etc.

Chris Henkenius said that in regards to the "recipient of funds there will need to be some more winnowing of the term "eligibility". He will draft this for the next meeting. It was commented that additional criteria may be established, too, such as: An operations model, nonprofit vs. for profit, Nebraska organization, project in the state of Nebraska, security and privacy, etc. Nancy Shank commented that the criteria may also depend on the purpose of funds.

Nancy Shank suggested another way to gather a group consensus on how to disperse funds: if the group only had $10, where would we divvy out the money within those 9 areas? The group should remember that there could be a very brief turnaround time on this and we need to be prepared to answer these questions. (Someone asked if the group should create the eligibility criteria for those that the group knows for certain will be eligible - - or maybe just narrow the focus? Anne Byers said that this could be a circular discussion. Someone or a small group should think about what the group sees as an eligible organization and then go from there.

Step 1: Nancy Shank and Anne Byers will send out a "If we had $10 where would we spend the money across years 1, 2, and 3" scenario out to the group. Will do this group first, and the possibly expand the scenario to the eHealth Council for their opinions.

Step 2: Chris Henkenius, Anne Byers and David Lawton will discuss what "eligible entities" are.

Nancy Shank also suggested that the group be talking about a timeline! Need to sketch out a realistic timeline and an actual application/form. Should also start thinking about who will look through the

applications and not be biased. Nancy Shank volunteered to put together a draft of a timeline for the next meeting.

There will need to be specific info from each "who" and for each "what" to go into the plan. The application will specify reporting, timelines, steps, etc. for each individual group involved. (i.e. WNHIE, SNBHIN, etc.)

David Lawton has volunteered to help figure out what the application/form will look like.

Next meeting will be Thursday, August 6th from 3:30-5:00 p.m. The group will discuss application draft, timeline, priorities, eligibility criteria and "consumer" vs. "patient".

Deb Bass asked if the outside group reports/recommendations should be in a detailed plan or just a part of the appendix? For now the group decided to keep is simple and leave in the appendix. Could add and fold into the actual report later if the group decided to.

Meeting was adjourned at 4:06 p.m.

State e-Health Plan Work Group
Meeting Minutes
Executive Building
August 6, 2009

PRESENT: David Lawton, Nancy Shank, Anne Byers

PRESENT VIA PHONE CONFERENCE: Joyce Beck, Deb Bass, Chris Henkenius, Keith Mueller, Wende Baker, September Stone

Call to Order: Anne Byers called this meeting to order at 3:36 p.m.

Agenda: Review Minutes, Finalize Plan, Prioritization of Objectives, Timeline, Eligible Entities, Application Form, Review Process, Next Steps, Future Note Taking Responsibilities

Meeting Discussion:
Review Minutes - Minutes were accepted by everyone present.

Finalizing the Plan – Anne Byers hopes to have this version be "it" and send on to eHealth Council meeting for final approval. Anne Byers can post on the website for public comments after the council meeting. The most controversial change was replacing "patient" with "consumer" (or vice versa). Anne Byers would like folks to review these changes in relation to their own exchanges. David and September worked on this, trying to use "consumer" as much as possible. Wende Baker asked for a change on page 22. She would like to add "Behavioral health information" to the text. Anne Byers made note of this on her copy of the document. Anne Byers commented that each health information exchange should have the final say on their description in terms of "patient" vs. "consumer". Joyce Beck would like to have "patient" in her health information exchange description. Keith Mueller is okay with the new wording of the text he and Anne Byers worked on for the goals. Anne Byers worked on a "health literacy" paragraph under the "Consumer Considerations" heading. Also, on the section about exchanges in the "Interoperability" section. Deb Bass, Wende Baker and Joyce Beck all agreed that they were okay with this version. Anne Byers will clean this up and send it to the eHealth Council for approval. Wende Baker suggested that it would be respectful to wait to post on the website until after the eHealth Council has had a chance to review and comment.

Nancy's Survey & Prioritization of Objectives – Nancy Shank sent out a quick electronic survey to the members of this group. Using the language from the Economic Stimulus Bill and the "Roadmap" Nancy Shank created the brief prioritization survey which included nine activities and fifteen priorities. Anne Byers did send out the results of the survey to the group electronically before the meeting. Six out of the fifteen members of the group participated. Wende Baker found this test run encouraging and would like a broader base. Joyce Beck agreed that this is an excellent way to set the priorities of the group. Wende Baker suggested that if there are twenty-four members on the eHealth Council, they may be a great way to get that broad base mentioned earlier in the discussion. David Lawton commented that if the eHealth Council is used to broaden the base, there should be some clarity in the definitions of those nine items. At the next eHealth Council meeting, Anne Byers suggested that a representative of this group talk and discuss the plan including the "terms" and "definitions" and then at that same meeting ask the council to fill out the survey at their earliest convenience. David Lawton commented that the Council may not need actual results from the Council participation in the survey at that meeting and that it would be a better use of time to explain what we're doing at the meeting so that they could ask

questions/comment and they could participate in the survey afterwards. David Lawton also suggested perhaps involving and engaging stakeholders by asking consumers, doctors, etc. for their responses. Not that the eHealth needs to "approve" this – they just need to be kept abreast of what this group is doing. Wende Baker explained that she is still just a little leery about some groups taking a part of the prioritization process, especially if they are not very informed. Would rather not use "skewed" data when prioritizing. Anne Byers summarized the discussion by reminding everyone that she will invite the eHealth Council members to participate in the prioritization survey after the next meeting, that Nancy will have results at the next Plan Work Group meeting, and that this group could possibly invite outsiders to participate afterwards if the group wanted some additional information.

Deb Bass has some suggestions for a future version of "The Plan".

-Need to spend a lot more time in financing HIT plan, complete with budgets.
-Health IT adoption: Talk about the statewide plan and how we will support the rollout
-Reporting and accountability: What do we want and how do we get there? How will we actually measure the outcomes of our goals?

Nancy Shank expects that these points would be articulated by HHS when they send out their requirements for the Roadmap. Wende Baker questioned how you would do a budget in the absence of some pieces of information, i.e.: Priorities, who is applying, etc. She emphasized the fact that the turnaround time could be short and understands that we should start now and try to be as prepared as possible, but this could be a very hard thing to do. David Lawton wondered where would the group put a budget in The Plan? To his mind, it would be a matter of simply using different business models for this, as this is not a grant application that would normally require a budget. Deb Bass says that we should have actual dollar amounts attached to the different parts of the plan. Those entities that are "shovel ready" will get more consideration. Nancy Shank reiterated that the group should not be confused between the Roadmap and the specific application. The Roadmap is the big picture vision of health technology in Nebraska and the next step is thinking about priorities, etc. Chris Henkenius said that the group needs to get prices attached to these pieces so that the group will be able to submit to the Office of the National Coordinator. David Lawton suggested that each of the exchanges have a piece in the proposal regarding dollar amounts. Nancy Shank commented that the group will put in a piece about funds into this plan wherever HHS tells the group to put it and that it can be done fairly quickly. But, the group really needs to wrap their arms around the priorities and application process. Nancy Shank then suggested that these money issues be inserted into the timeline and then there can be scheduled time to discuss these issues, but for now will keep moving forward. Chris Henkenius suggested that each exchange begin to get their ducks in a row now when it comes to prioritization and money and then those figures can be used along with the results from the survey. Anne Byers commented that estimates and ranges will be helpful for now. Nancy Shank asked the group how it sees the decision making process working in the plan and application process. The group has two months to get an application and review process approved. This means the group will need to be extremely aggressive along with transparent and fair. A bulk of the budget will be the individual applications approved to go into the overall state plan along with funds needed for the review process. Anne Byers commented that there is a sense of urgency to both further develop the plan and to develop the application. Both have merit and deserve a piece of focus and attention.

Timeline – (looking at the handout from Nancy of the draft timeline)
Under the "application review" heading, the group agreed this is a lot of work in a short amount of time. None of this work has been chartered to people outside of this group. David Lawton reminded group members that they need to keep track of the hours and funds because there will be fund matching to consider. Joyce Beck thought that maybe the group should determine roles and divvy out some of the responsibilities on this timeline as tasks. Anne Byers reminded them that some of these have already been assigned to small work groups within the group. David Lawton brought up that October is the quick turnaround month. Wende Baker asked if folks on the outside will realize that this is such a quick turnaround time for everyone and that it was not done on purpose. She does not want applicants to feel like there were insiders already chosen because the timelines were so short. Absolutely do not want this to appear fixed.

Ending Takeaway Points –

1. What is the report to the eHealth Council going to look like and who will present to the council? Nancy Shank agreed to draft an outline of the eHealth Council presentation and send to the Work group. Please get back to Nancy with any comments on the draft by Monday afternoon. Group should rotate presenters at each eHealth Council Meeting so that council members can get to know all members of this particular group.
2. Need to make task assignments. (Anne Byers recorded names of who is doing what as well)
    a. Applicant Eligibility – Joyce Beck and Chris Henkenius
    b. Funding Priorities – Nancy Shank (survey)
    c. Application/Process Development – David Lawton (chair), Anne Byers and Nancy Shank will help.
    d. Promotion/Publication of Funding Availability – Wende Baker and Anne Byers
    e. Application Submission – Joyce Beck (will keep in mind what the application looks like from the outside as an actual applicant.)
3. Need to add budget to the timeline.
4. Set a meeting schedule at a regular day/time. Anne Byers will work on this.
5. Note Taking Responsibilities – Will rotate throughout this group. If someone can't do it they are welcome to bring one of their own staff to help.

*Don't forget to look and see if the State has any requirements for grant application minimum response periods, contracting, and public notice.

Meeting was adjourned at 5:01 p.m.