eHealth Council
March 16, 2009
9:30 AM CT – 12:00 noon CT

- **Lincoln—**Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor, Lincoln, NE
- **Omaha—**UNMC, University Hospital – Room 3215. Enter through Room 3227 (Biomedical Communications)
- Members at hospitals and public health departments may also establish connections.   Please call 471-4130 to set up a test a couple of days prior to the meeting.
- A phone bridge will be available for the first hour of the meeting.   The phone bridge number is 472-0060. If you are the first one on the bridge, please stay on the line. Hanging up will close the bridge.

Meeting Documents: Click the links in the agenda or click here for all documents

Tentative Agenda

9:30   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*
Approval of Dec. 2, 2008 minutes*

Public Comment

9:35   Health IT Stimulus Funding—Lt. Governor Rick Sheehy
Health IT Stimulus Funding Summary
Broadband Stimulus Funding Summary

10:00   Needs of surveyors to access information—Helen Meeks

10: 25   Membership Renewals*

New Member Nomination

   o   Wende Baker

10:30   Updates and Reports

   ♦   HISPC
   ♦   Telehealth
   ♦   PHR Work Group
   ♦   E-Prescribing
   ♦   Public Health Work Group

10:45   Action Plan Development*

♦ [Statewide eHealth Plan](#)
♦ Continuing Health Information Security and Privacy Efforts
♦ Others

12:00   Adjourn

The meeting announcement and agenda were posted to the NITC and Public Meeting websites on March 9, 2009.

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 data 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 COUNCIL
Nebraska Information Technology Commission
Tuesday, December 2, 2008, 1:30 p.m.
Video Conference Sites:
Lincoln: Nebraska Educational Telecommunications, 1800 North 33rd Street, 1st Floor
Chadron: Chadron State College, Burkheiser Building-Room 109, 10th & Main Street
North Platte: Educational Service Unite 16, 1221 West 17th Street, Distance Learning Room
Omaha: UNMC, University Hospital-Room 3227
PROPOSED MINUTES

MEMBERS PRESENT:
Wende Baker (alternate for C.J. Johnson), Southeast Nebraska Behavioral Health Information Network
Dennis Berens, Department of Health and Human Services, Office of Rural Health
Bill Biven, Alt. for September Stone, Nebraska Health Care Association
Joni Cover, Nebraska Pharmacists Association
Kimberly Galt, Creighton University School of Pharmacy and Health Professions
Dan Griess, Box Butte General Hospital—Alliance
Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
Steve Henderson, Office of the CIO
Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County
David Lawton, Department of Health and Human Services, Public Health Assurance
Dr. Delane Wycoff, Pathology Services, PC

Members Absent:
Vivianne Chaumont, Department of Health and Human Services, Division of Medicaid and Long Term Care; Susan Courtney, Blue Cross/Blue Shield; Senator Annette Dubas, Nebraska Legislature; Congressman Jeff Fortenberry; Ron Hoffman, Jr., Mutual of Omaha; Jim Krieger, Gallup; Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital; Jeff Kuhr, Three Rivers Public Health Department-Fremont; Ken Lawonn, NeHII and Alegent Health; Dr. Keith Mueller, UNMC College of Public Health; Kay Oestmann, Southeast District Health Department; John Roberts, Nebraska Rural Health Association; Nancy Shank, Public Policy Center; and Henry Zach

ROLL CALL NOTICE OF POSTING OF AGENDA NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING

Ms. Galt called the meeting to order at 1:32 p.m. Eleven (11) voting members were present at the time of roll. A quorum was not present to conduct official business. The meeting proceeded with informational items. The meeting announcement was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on November 20, 2008. The agenda was posted on November 20, 2008.

APPROVAL OF AUGUST 12, 2008 AND OCTOBER 2, 2008 MINUTES*

Approval of the August 13, 2008 and the October 2, 2008 minutes were tabled.

PUBLIC COMMENT

There was no public comment.

NET'S RESOURCES
Rod Bates, General Manager, NET

The Nebraska Educational Telecommunications Commission's responsibility is to maintain all the telecommunications infrastructure across the state –- transmitters, satellites, etc.— purchased with state funds. The Commission works with two non-profit organizations to do fundraising to purchase programming rights. Mr. Bates provided maps indicating equipment locations and uplinks across the state. NET has already completed the transition to digital transmission. The most current project for the Commission is the NET Public Media project. The purpose of this project is to archive historic information on Nebraska so that anyone can access the information from the NET server. The information can be used in classrooms or for research.

In 2011, NET's satellite contract will be expiring. A budget request has been submitted to hire a consultant to conduct an infrastructure study. It was recommended that an eHealth Council representative be invited to participate in these discussions and/or in the study. Mr. Bates entertained questions from Council members.

Ms. Galt announced that Dennis Berens was elected to serve as President of National Rural Health Association.

Due to time conflicts and members' need to leave early, the updates for e-Prescribing, Telehealth, HISPC, and PHR were moved up in the agenda.

UPDATE – HISPC
Dennis Berens

The Health Information Security and Privacy Committee (HISPC) has Education and Legal work groups. The Legal work group is completing a review of Nebraska's laws.   A HISPC Web site is still under development. When it is operational, the web site will contain updated information from the small work groups.   The national HISPC project will not be funded after March.

UPDATE – *TELEHEALTH*
Donna Hammack

A new policy on the appropriate use of the Nebraska Statewide Telehealth Network has been developed. Donna Hammack recommended that council members review the usage document and provide any input, suggestions or recommendations.   The Public Service Commission has released a docket addressing timely reporting to get funding. Ms. Byers asked Ms. Hammack to inform her of any other dockets that would be pertinent to the Council.

UPDATE - PHR WORK GROUP
David L and Anne Byers

At the November PHR work group meeting, presentations on NeHII and the state's immunization registry were given.   Much of the meeting focused on public health.   It was suggested that another work group addressing public health may be needed. Mr. Lawton will develop a draft charge for the new work group.

UPDATE - E-PRESCRIBING. The E-Prescribing Work Group has had two meetings. Topics of discussion have included barriers, start up costs, and initial focus of the work group. In Nebraska, only 5% of health care providers are utilizing e-Prescribing. The next meeting of the Work Group is scheduled for December 17th.

ACTION PLAN - REVIEW OF CURRENT ACTION PLAN AND DISCUSSION OF NEW ACTION ITEMS

Ms. Galt asked members to send their input and ideas to Ms. Byers. Kim Galt, Joni Cover, Donna Hammack left the meeting. The remainder of the meeting was conducted by Ms. Byers.

NEHII - Community Betterment through HIE- Engaging Community Stakeholders to Create a Sustainable, Large-Scale HIE
Deb Bass and Chris Henkenius, Bass and Associates, Inc.

NeHII is a community betterment project. Significant milestones achieved thus far:
- June 2007: Project plan and charter
- Oct. 2007: RFP released
- Jan. 2008: RFP responses received
- March 2008: Vendor demos
- April 2008: Articles of Incorporation filed with election of officers
- June 2008: Santa Cruz site visit
- July 2008: LOI with Axolotl
- August 2008: www.nehii.org released
- Sept. 2008: CEO site visit to Rochester, NY RHIO
- Oct. 2008: Axolotl User Group presentation, business plan version 3.1

- Nov. 2008: Executed agreement with Axolotl & security/privacy policies finalized

Future milestones planned by NEHII:
- Exchange of test data – November 2008
- Ninety day pilot Omaha area – January to March 2009
- Pilot evaluation – April 2009
- State wide rollout – May 2009

Nebraska has taken the lead in this effort and has been recognized nationally. A short demonstration on the Axolotl software was provided.

UPDATE - PUBLIC POLICY CENTER DELIBERATIVE DISCUSSION
Tarik Abdel-Monem and Mitch Herrian, University of Nebraska Public Policy Center

The purpose of the online surveys and deliberative discussion was to document Nebraskans' knowledge of and attitudes towards electronic sharing of health information and, in particular, perspectives about legal and policy issues. Results are still being finalized.   Preliminary results reflected a strong need for consumer education.   The Deliberative Discussion and survey found:

- Respondents are fairly comfortable with EMR's and the electronic sharing of health records

- Respondents do have concerns about technology and security

- Respondents seem to favor an indirect role for government

- Perceptions of the government's role appears to be somewhat dependent upon experience with the health care industry

- Respondents tend to feel that EMR and electronic health exchange can make service more efficient

- Clear majority understand benefits of coordinated information sharing

- Concerns with technical issues include hackers and communication outages

ADJOURN AND NEXT MEETING DATE

Ms. Byers will poll members as to their availability. With no further business, Ms. Byers adjourned the meeting at 4:00 p.m.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by Anne Byers, Office of the CIO/NITC.

American Recovery and Reinvestment Act of 2009
Key Health IT Funding Opportunities for the State of Nebraska

State Grants to Promote Health IT
[A.VIII; A.XIII]

The ARRA allocates $2 billion to the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology for efforts relating to health information technology. Of this allocation, $300 million is to support "regional or sub-national efforts toward health information exchange." Section 13301 (amending Section 3013 of the Public Health Service Act) requires the Secretary of Health And Human Services to establish a program to facilitate and expand the exchange of health information in states.

Federal Agency: Health and Human Services

Amount: $300 million

Type of Program: Grant

Time Frame: Grants would be awarded in 2010. State plans may need to be submitted in 2009.

Requirements:

The grants can be for planning or implementation. Funds can be used for:

- o   Enhancing participation in the exchange of health information
- o   Identifying state or local resources available to promote health IT
- o   Complementing other Federal grants, programs, and efforts towards the promotion of health IT
- o   Providing technical assistance to address barriers to the exchange of health IT
- o   Promoting effective strategies to utilize health IT in medically underserved communities
- o   Encouraging clinicians to work with HIT regional extension centers
- o   Supporting public health agencies use of electronic health information
- o   Promoting the use of electronic health records for quality improvement

States must submit a plan to facilitate and expand the exchange of health information. States must consult with health care providers, health plans, patient or consumer organizations, health IT vendors, health care purchasers and employers, public health agencies, health professions schools, clinical researchers in carrying out their activities funded through this program.

Match:

- o   For FY 2010, no match is specified.
- o   For FY 2011, a match of $1 for each $10 of Federal funds provided is required
- o   For FY 2012, a match of $1 for each $7 of Federal funds provided is required
- o   For FY 2013 and each subsequent fiscal year, a match of $1 for each $3 of Federal funds is required.

The match can be from any non-federal funds and can include in-kind matches.

Eligible Entities: States or qualified state-designated entities are eligible to apply. A qualified state-designated entity must be a not-for-profit, be designated by the state, and have the goal of using health IT to improve quality of care.

Grants to States or Indian Tribes to Establish State Loan Programs for EHRS
[A.VIII; A.XIII]

Section 13301 (amending Section 3014 of the Public Health Service Act) authorizes the National Coordinator to award competitive grants to states or Indian tribes to establish loan programs for health care providers to purchase EHRs, enhance utilization of EHRs, train personnel, and improve the secure electronic exchange of health information.

Federal Agency: Office of the National Coordinator

Type of Program: Grant

Time Frame: Awards are not permitted before January 1, 2010.

Requirements: Grantees must establish a qualified HIT loan fund and submit a strategic plan, updated annually. Providers receiving loans must submit reports on quality measures, demonstrate that EHRs are being used to exchange health information to improve quality of care, and provide a plan for maintaining EHRs.

Match: A match of $1 for every $5 of federal funding is required.

Eligible Entities: States and Indian Tribes

Implications: A match is required.

Medicaid HIT-related Funding
[B.IV]

Section 4201 authorizes states to reimburse eligible Medicaid providers for the cost of purchasing and implementing qualified electronic health records. The federal financial participation rate is 100% for provider reimbursement and 90% for certain administrative expenses. Reimbursement payments to providers would likely have a significant impact on provider adoption of health IT.

Additional Programs through which Nebraska Entities Could Receive Funding

o **Immediate Funding to Strengthen the Health Information Technology Infrastructure.** Section 13301 charges the Secretary of Health and Human Services with distributing immediate funding for activities which will strengthen the health information technology infrastructure.

o **Health Information Technology Implementation Assistance.** Section 13301 requires the creation of a Health Information Technology Research Center and regional health information technology centers.

o **Demonstration Program to Integrate Information Technology into Clinical Education.** Section 13301 authorized the Secretary of Health and Human Services to award grants for demonstration projects to develop academic curricula integrating EHR technology in the clinical education of health professionals

o **Information Technology Professionals in Health Care.** Section 13301 also authorizes the Secretary of Health and Human Services to provide assistance to higher education institutions to establish or expand health informatics education programs.

American Recovery and Reinvestment Act of 2009
Key Broadband Funding Opportunities for the State of Nebraska

Broadband Technology Opportunities Program
[A.II; B.VI]

Section 6001 creates the Broadband Technology Opportunities Program (BTOP) which offers competitive grants for broadband deployment efforts.

Federal Agency: National Telecommunications and Information Administration (NTIA), Department of Commerce

Amount: $4.35 billion

Type of Program: Grant

Time Frame: Grants to be awarded by the end of FY 2010.

Requirements:

Grants may be awarded to:
- Acquire equipment, instrumentation, networking capability, hardware and software, digital network technology, and infrastructure for broadband services
- Construct and deploy broadband infrastructure
- Ensure access to broadband service by community anchor institutions
- Facilitate access to broadband service by low-income, unemployed, aged, or vulnerable population to provide educational and employment opportunities
- Construct and deploy broadband facilities that improve public safety broadband communications services

States may be consulted with respect to identifying unserved and underserved areas, and regarding "the allocation of grant funds within that State for projects in or affecting the State." NTIA will award at least one grant in each state.

Match: A 20% match is required. The match may be waived.

Eligible Entities: States and political subdivisions, nonprofit organizations, and other entities, including broadband service or infrastructure providers.

Broadband Data Improvement Act Funding
[A.II and Broadband Data Improvement Act (47 U.S.C. 1301 et seq.)]

Federal Agency: NTIA, Department of Commerce

Amount: $350 million

Type of Program: Grant

Time Frame: Not specified

Requirements:

Funding is available to:
- o Create a statewide broadband availability map to identify unserved areas
- o Conduct extensive market research to understand the barriers to broadband adoption
- o Create and facilitate local technology planning teams to produce tactical business plans for improved technology use
- o Generate collaboration between the public and private sectors to encourage broadband deployment and adoption
- o Create programs for improved computer ownership and Internet use in low-adoption areas

Match: A 20% match is required.

Eligible Entities: Not specified

USDA – Rural Utilities Service
[A.I]

Loans, grants, and loan guarantees are available for open access broadband infrastructure projects that serve rural areas primarily.

Federal Agency: USDA

Amount: $2.5 billion

Type of Program: Loans, Grants, and Loan Guarantees

Time Frame: Not specified. Priority will be given to project that can commence quickly.

Requirements: At least 75% of the area to be served shall be in a rural area without sufficient access to broadband service. Priority will be given to open access projects, to projects providing access to the highest number of unserved rural residents, and to current or former USDA borrowers. Priority will also be given to projects that can commence quickly. Projects funded through this program cannot also be funded through the Broadband Technology Opportunities Program.

Eligible Entities: Not specified

Match: Not specified

Additional Programs through which Nebraska Entities Could Receive Funding

- o **BTOP Funding for Public Computer Center Capacity and Grants for Innovative Programs for Adoption of Broadband Service.** *[A.II; B.VI]*   The BTOP funding language provides that "not less than $200,000,000 shall be available for competitive grants for expanding public computer center capacity, including at community colleges and public libraries; not less than $250,000,000 shall be available for competitive grants for innovative programs to encourage sustainable adoption of broadband service…"

- o **State Fiscal Stabilization Fund.** *[A.XIV]*   The ARRA provides $53.6 billion to the State Fiscal Stabilization Fund to be administered by the Department of Education. Section 14002(b)(1) states that "[t]he Governor shall use 18.2 percent of the State's allocation under section 14001 for public safety and other government services…"

eHealth Council Membership
March 9, 2009

- **The State of Nebraska/Federal Government**
  - **Steve Henderson**, Office of the CIO **(term ends Dec. 2008)**
  - **Senator Annette Dubas**, Nebraska Legislature **(term ends Dec. 2008, renew every 2 years afterwards)**
  - **Dennis Berens**, HHSS, Office of Rural Health **(term ends Dec. 2009)**
  - **Congressman Jeff Fortenberry**, represented by Marie Woodhead **(term ends Dec. 2008, renew every 2 years afterward)**

- **Health Care Providers**
  - **Daniel Griess**, Box Butte General Hospital, Alliance **(term ends Dec. 2010)**
  - **Dr. Delane Wycoff**, Pathology Services, PC **(term ends Dec. 2008)**
    - **Dr. Harris A. Frankel** (alternate)
  - **Joni Cover,** Nebraska Pharmacists Association **(term ends Dec. 2009)**
  - **September Stone**, Nebraska Health Care Association **(term ends Dec. 2010)**
    - **Bill Bivin**, Nebraska Health Care Association (alternate)
  - **John Roberts**, Nebraska Rural Health Association **(term ends Dec. 2008)**

- **eHealth Initiatives**
  - **Donna Hammack,** Nebraska Statewide Telehealth Network and St. Elizabeth Foundation **(term ends Dec. 2009)**
  - **Ken Lawonn**, NeHII and Alegent Health **(term ends Dec. 2010)**
  - **Harold Krueger**, Western Nebraska Health Information Exchange and Chadron Community Hospital **(term ends Dec. 2008)**
  - **C.J. Johnson**, Southeast Nebraska Behavioral Health Information Network and Region V Systems **(term ends Dec. 2009)**

- **Public Health**
  - **David Lawton**, HHSS, Public Health Assurance **(term ends Dec. 2010)**
  - **Jeff Kuhr**, Three Rivers Public Health Department, Fremont **(term ends Dec. 2008)**
    - **Rita Parris**, Public Health Association of Nebraska, alternate
  - **Kay Oestmann**, Southeast District Health Department **(term ends Dec. 2009)**
    - **Shirleen Smith**, West Central District Health Department, North Platte, alternate
  - **Dr. Keith Mueller**, UNMC College of Public Health **(term ends Dec. 2010)**

- **Payers and Employers**
  - **Steve Grandfield or Susan Courtney**, Blue Cross Blue Shield **(term ends Dec. 2009)**
  - **Ron Hoffman, Jr.**, Mutual of Omaha **(term ends Dec. 2008)**
  - **Vivianne Chaumont**, HHSS Finance and Support, Medicaid **(term ends Dec. 2010)**

- **Consumers**
  - **Nancy Shank**, Public Policy Center **(term ends Dec. 2008)**
  - **Alice Henneman**, University of Nebraska-Lincoln Extension in Lancaster County **(term ends Dec. 2009)**
  - **Jim Krieger**, Gallup **(term ends Dec. 2010)**

- **Resource Providers, Experts, and Others**
  - **Henry Zach**, HDC 4Point Dynamics **(term ends Dec. 2008)**
    - **Marsha Morien,** Center for Biosecurity (alternate for Henry Zach)
  - **Kimberly Galt**, Creighton University School of Pharmacy and Health Professions **(term ends Dec. 2009)**

HISPC II

The Nebraska Health Information Security and Privacy Committee II Workgroup

Phase Two

**Summary Report
January 1 to December 31, 2008**

February 2009

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HISPC II WORKGROUP MEMBERS

The HISPC II workgroup of the eHealth Council (as directed by the Nebraska Information Technology Commission (NITC)) is made up of individuals who have an interest in health information security and privacy. This diverse group brings many backgrounds and points of view together to review, discuss important issues related to this topic, and provide guidance to the public of the State of Nebraska.

Joseph Acierno, M.D.
Deputy Chief Medical Officer
NE Department of Health & Human Services

Jackie Miller
Chief Administrator
Community Health Planning & Protection
Division of Public Health – NE DHHS

Karen Paschal, PT, DPT, MS
Associate Professor
Creighton University – Physical Therapy Dept.

Sheila A. Wrobel
Chief Compliance/Privacy Officer
UNMC

Bill Bivin
Nebraska Health Care Association

Roger Brink
Legal Counsel
NE Department of Health & Human Services

Anne Byers
Manager
Community Information Technology Office
Nebraska Information Technology Commission

Joni Cover
Executive Vice President
Nebraska Pharmacists Association

Charlene Dunbar, MBA, RHIA
Director of Health Information
Nebraska Heart Institute Hospital

David H. Filipi, M.D.
Vice President
Medical Affairs, Physicians Clinic
Nebraska Methodist Health Systems

Kimberly A. Galt, PharmD, PhD (c)
Associate. Dean for Research
Creighton University – SPAHP

James L. Harper, M.D.
Director, Continuing Medical Education
Children's Hospital and Medical Center

Steven W. Hartman
Security Officer
Community Information Technology Office
Nebraska Information Technology Commission

Kim Hazelton, MA, RHIA
President-Elect
NE Health Information Management Association

Steven H. Hinrichs, M.D.
Professor/Director
UNMC – Dept. of Pathology/Microbiology

Ron Hoffman, RHU
Enterprise Privacy Office
Mutual of Omaha Insurance Company

David Lawton, RN, PhD
eHealth Coordinator
Public Health Informatics/Comm. Health Planning
NE Department of Health & Human Services

Christy A. Rentmeester, PhD
Assistant Professor
Center for Health Policy & Ethics
Creighton University Medical Center

Renee' A. Rowell, MS, RHIA
Program Director
Health Information Management Services
College of Professional Studies
Bellevue University

September Stone, R.N.
Nebraska Health Care Association

Dennis Berens (Facilitator)
Director
Nebraska Office of Rural Health
NE Department of Health & Human Services

EXECUTIVE SUMMARY

The Nebraska Health Information Security and Privacy Committee II Workgroup (HISPC II) was originally formed by Lieutenant Governor Rick Sheehy in 2005. The HISPC II Workgroup became a workgroup of the Nebraska Information Technology Commission (NITC) eHealth Council in January 2007. The workgroup is made up of a diverse group of individuals with an interest in health information security and privacy. The HISPC II workgroup realized the need for cross-collaboration and learning from the wide range of experts participating in studies completed by the original HISPC. Specific concepts were developed by the workgroup and used to guide the interactions and action item development.

Vision Statement – Workgroup is a Learning Community

> The workgroup will function as a learning community about health information technology and its uses; created and nurtured by a broad collaboration that shares knowledge widely, focused on creating a health information flow that is visible and understandable to all citizens, research-based and community appropriate, credible and focused on essentials, and provides a blueprint for improvement.

Guiding Values

♦ We believe that each citizen owns his or her own personal health information and should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information beyond that permitted by law for treatment, payment, operations and public health reporting purposes.

♦ We believe that citizens should be involved in and partner with the designers of all health models, electronic health models, and with the devised distribution plans for these models.

♦ We believe in citizen involvement with the HISPC workgroup, their committees, and with other key stakeholders in the work to design a process for the creation of a health information exchange structure that maintains security and privacy of their health records.

♦ We believe that citizens, their health care providers, and other stakeholder organizations should be working in partnership/collaboration to ensure a statewide, interoperable, health care environment.

Activities of the HISPC II Workgroup

Consumer involvement is commonly identified as a key element in the development of health information exchange. The National eHealth Initiative identified focusing on consumers as one of six common principles for effective health information exchanges. The eHealth Initiative recommends that health information exchanges enable consumers to make informed choices and address health information security and privacy needs of consumers. It is this concept that governs the two key work areas: consumer education and issues in security and privacy.

During 2008 the HISPC II workgroup formed the legal committee to complete an in-depth study of existing laws and regulations and an education committee to address the need for health information security and privacy education. As part of this work two projects were funded through the Nebraska Information Technology Council (NITC) in June of 2008. These projects included:

♦ Health Information Security and Privacy Consumer Education
♦ Health Information Privacy and Security Website.

Additionally, Nebraska participated in a multi-state collaborative project to address authentication and audit requirements as part of the national Health Information Security and Privacy Collaborative.

By focusing on consumer education as a priority this workgroup continues to move forward in developing educational materials for consumers regarding health information exchange as well as related privacy and security concerns. To aid in consumer education the HISPC II Workgroup Education Committee identified a list of references for consumers and providers (Appendix A – HISPC II Education Resources). Several members of the HISPC II Work Group were also involved in a Deliberative Discussion on Sharing Health Information Electronically.   The Deliberative Discussion, facilitated by the University of Nebraska Public Policy Center, found that Nebraska consumers generally have positive views toward sharing health information electronically, although they do have some concerns about health information security and privacy.

In addition to the consumer education component, the HISPC II Workgroup Legal Committee completed an in-depth study of existing laws and regulations, with the guidance from representatives from health professions, health educators and health organizations to develop solutions on how to overcome barriers. The committee also assessed areas where confusion may exist about whether health information disclosure is permissible. The committee offers several recommendations to facilitate electronic health information exchange across the state of Nebraska:

Recommendations and Actions

Education Committee

Recommendations and future actions of the Education Committee include:

♦ Completion and sustainability of the Health Information Privacy and Security website
♦ Development of consumer materials
♦ Continued work to add education materials to the website which will be operational by late spring 2009
♦ Identify and/or create mechanisms for consumer engagement statewide with use of these materials. Two major foci are to assist consumers with
   o Personal health management
   o Involvement in ongoing public policy development

Legal Committee

Recommendations and future actions of the Legal Committee include:

Neb. Rev. Stat. 71-8401: Authorizations for Release of Information are valid for a maximum period of 180 days after date of execution. Health Insurance Portability and Accountability Act (HIPAA) permits the individual to state an expiration date or expiration event, providing the individual with greater access and disclosure rights over their protected health information.

1. Recommendation: Delete the 180-day restriction from Nebraska statute, so statute is silent, permitting the individual to determine the length of the time the authorization is valid. This change in law would eliminate the necessity for individuals to sign authorizations multiple times for continued release of information.

   Action: HISPC II representatives met with staff of the Governor's Policy Research Office to discuss the 180-day restriction. Initial discussions were held with the Nebraska Medical Association (NMA) Executive Vice President and legal counsel about the potential for including the proposed revision to the authorization statute in legislation NMA planned to sponsor. However, the Department of Health and Human Services clean up bill (LB288) was deemed to be a better fit. An amendment was proposed at the hearing before the Health and Human Services Committee on Jan. 28, 2009.

2. Recommendation: Obtain feedback from the Nebraska Psychiatric Association about recommending a change to Nebraska law to be consistent with HIPAA standards. Since HIPAA provides the individual with greater rights of access, it preempts Nebraska law. Changing Nebraska law would eliminate confusion and reduce HIPAA violations when access is denied for improper reasons.

3. Recommendation: Create a model authorization, similar to the Nebraska Strategic National Implementation Process (NE SNIP) authorization contained in the Nebraska Health Information Management Association (NHIMA) Guide, to facilitate disclosure of health information. If Nebraska Department of Health and Human Services (NE DHHS) identified the form as meeting relevant regulations, then the form may be widely used and accepted. The model authorization could be placed on the eHealth Health Information Security and Privacy Committee website being developed. The model authorization could be amended if the 180 day restriction is subsequently eliminated through legislation.

   Action: At the 2008 NHIMA conference on September 11, 2008 attendees were asked if a written model authorization form, supported by the eHealth Council, similar to the authorization created by the NE SNIP group and contained in the NHIMA Guide would be helpful. Sixteen attendees responded. Fifteen participants thought a standard form would be helpful. One respondent was not sure.

4. Recommendation: Identify additional ways this change can be publicized to health care professionals, such as placement on the eHealth Health Information Security and Privacy Committee website as an Frequently Asked Questions (FAQ), and communication to Nebraska health care professional associations.

5. Recommendation: The HISPC II committee will obtain a legal opinion describing how sensitive information may be used and disclosed. The HISPC II will use the legal opinion to create educational materials for Nebraska providers.

BACKGROUND

The Nebraska Health Information Security and Privacy Workgroup Phase 2 (HISPC II) was formed by the eHealth Council based on recommendations from the original 2006-2007 Health Information Security and Privacy Committee (HISPC). These recommendations were from studies completed during 2007 by surveying Nebraska:

♦ Health/Licensure/Certification and Facilities Oversight Board Managers
♦ Health Professions Organizations Leadership
♦ Consumers

The *Security and Privacy Barriers to Health Information Interoperability* Reports generated by the first Health Information Security and Privacy Committee (HISPC) can be found on the Creighton Health Services Research Program (CHRP) website: http://chrp.creighton.edu.

The HIPSC II Workgroup was tasked with completing an in-depth study of existing laws and regulations, with the guidance from representatives from health professions, health educators and health organizations to develop solutions on how to overcome the barriers determined in finding 5 of the *Security and Privacy Barriers to Health Information Interoperability Recommendations and Summary: Final Report for the state of Nebraska June 2007* report:

> **Finding 5:** Our HISPC study of security and privacy issues is consistent with the same concerns and areas of work needing to be addressed within our state and its communities as a most recent cross-sectional study of the nation revealed.[1] The issues are embedded in complexity and confusion associated with state and federal level inconsistencies, conflicting business practices, and varying consent policies and approaches. These issues must be untangled and addressed. This will require a sustained commitment to achieve.
>
> **Recommendation**:
>
> ♦ **The e-Health Council should explore the development of a sustainable system for monitoring our progress in studying and addressing the security and privacy issues within the state of Nebraska.**
>
> ♦ **An in-depth study of existing laws and regulations, with guidance from representatives from health professions, health educators and health organizations is needed to develop solutions on how to overcome these barriers.[2]**

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[1]Dimitropoulos, L.L. Interim assessment of variation: privacy and security solutions for interoperable health information exchange. December 29, 2006. RTI Project No. 0209825.000.004.002. RTI International, Chicago, Illinois. (ref. 16)

[2] Health Information Security and Privacy Committee State of Nebraska. Security and Privacy Barriers to Health Information Interoperability Recommendations and Summary: Final Report for the state of Nebraska June 2007: pp 4-5.

The workgroup was also tasked to address the need for health information security and privacy education determined in finding 6 of the *Security and Privacy Barriers to Health Information Interoperability Recommendations and Summary: Final Report for the state of Nebraska June 2007* report:

> **Finding 6:** Based on the three research reports from this committee and our discussions, we believe there is a need for further research needed about implications to consumers, health professionals, health systems, educators, private and public care providers, and payers. Examples of important research questions that the committee has thought about, but are not limited to include:
>
> ♦ How are consumer's health and safety outcomes affected by the sharing of health information?
> ♦ What processes are necessary for consumers to participate in the sharing of health information?
> ♦ How will consumers concerns about the risks they perceive with health information sharing be "stewarded" as the processes emerge, and who will "steward" them?
> ♦ How are small business health care providers, health systems and large health care organizations, affected by the impact of sharing health information: What is the impact on workload? What is the impact on workforce considerations?
> ♦ How will the educational needs of the young, middle age, young-old and old-old adults be met as these processes develop?
> ♦ What is the impact of a partial adoption of health information sharing on patient security and privacy?
>
> **Recommendation:**
>
> ♦ **The NHHS should pursue further research in the area of how to obtain needed technical information and employ effective processes of applying this information to assist health boards and facility boards with the ongoing process of staying current in and facilitating adoption of future rules and regulations that advance secure, private health information and interoperability approaches.**
>
> ♦ **Further research should be conducted by professional organizations about the on-going impact of health information and exchange and interoperability on provider and patient security and privacy issues.**
>
> ♦ **Further research should be conducted to better understand consumer viewpoints and needs.[3]**

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[3] Health Information Security and Privacy Committee State of Nebraska. Security and Privacy Barriers to Health Information Interoperability Recommendations and Summary: Final Report for the state of Nebraska June 2007: p 5.

2008 – 2009 HISPC II WORKGROUP DEVELOPMENT

During 2008 the workgroup developed:

- ♦ Process – Organizational Principles to guide the workgroup
- ♦ Vision and Mission Statement Concepts for the HIT Learning Community
- ♦ Values to guide the workgroup
- ♦ Action Items

Two committees were formed to accomplish the tasks given the workgroup:

- ♦ Legal
- ♦ Education

Two funded projects were developed by the HISPC II Workgroup to facilitate the workgroup actions, gaining approval from the Nebraska Information Technology Council (NITC) in June of 2008.

- ♦ Health Information Security and Privacy Consumer Education
- ♦ Health Information Privacy and Security Website

As a direct result of the HISPC II workgroup a health information security and privacy website is being developed which will include resources for both consumers and providers. An extensive list of health information security and privacy resources has been compiled. Links to many of these resources will be available from the website. The website will be operational by late spring or early summer 2009. The development of the website is being funded by a grant from the Nebraska Information Technology Commission Community Technology fund.

For additional information on the process see pages 17 to 30 of this report.

LEGAL COMMITTEE FINAL REPORT

The Nebraska Health Information Security & Privacy (HISPC) II Legal committee conducted a review of Nebraska laws related to health information disclosure to identify laws that may be a barrier to electronic health exchange.   The committee also assessed areas where confusion may exist about whether health information disclosure is permissible. The committee offers several recommendations to facilitate electronic health information exchange across the state of Nebraska.

The committee utilized the 2006 Nebraska Health Information Management Association "Guide for Privacy, Retention and Disclosure of Health Information in Nebraska" as a resource to analyze laws related to health information disclosure. Committee members identified Nebraska laws requiring written individual authorization for disclosure of information when federal Health Insurance Portability and Accountability Act (HIPAA) laws do not.   The committee also identified areas where confusion about disclosure rules exists.   Additional education and clarification of disclosure rules to the health care community may facilitate electronic health information exchange in these areas.

The following Nebraska laws create potential barriers to electronic health exchange in Nebraska and should be considered for amendment.

Access to Medical Records

Neb. Rev. Stat. 71-8401: Authorizations for Release of Information are valid for a maximum period of 180 days after date of execution.   HIPAA permits the individual to state an expiration date or expiration event, providing the individual with greater access and disclosure rights over their protected health information.

> Recommendation: Delete the 180-day restriction from Nebraska statute, so statute is silent, permitting the individual to determine the length of the time the authorization is valid.   This change in law would eliminate the necessity for individuals to sign authorizations multiple times for continued release of information.

> Action: HISPC II representatives met with staff of the Governor's Policy Research Office to discuss the 180-day restriction.   Initial discussions were held with the Nebraska Medical Association (NMA) Executive Vice President and legal counsel about the potential for including the proposed revision to the authorization statute in legislation NMA planned to sponsor.   However, the Department of Health and Human Services clean up bill (LB288) was deemed to be a better fit.   An amendment was proposed at the hearing before the Health and Human Services Committee on Jan. 28, 2009.

Neb. Rev. Stat. 71-8403: Designated mental health professionals may deny access to medical records if the provider determines it is not in the best interests of the patient. Under HIPAA, access can be denied only if the access requested is reasonably likely to endanger the life or physical safety of the individual or another person. (45 CFR 164.524(b)(2))

> Recommendation: Obtain feedback from the Nebraska Psychiatric Association about recommending a change to Nebraska law to be consistent with HIPAA standards. Since HIPAA provides the individual with greater rights of access, it preempts Nebraska law.

Changing Nebraska law would eliminate confusion and reduce HIPAA violations when access is denied for improper reasons.

Model Authorization form.   HIPAA contains several required elements for a valid authorization. As a result, some authorizations received by covered entities are not complete and must be returned. Also, some covered entities will not accept authorizations from other organizations.

Recommendation: Create a model authorization, similar to the Nebraska Strategic National Implementation Process (NE SNIP) authorization contained in the Nebraska Health Information Management Association (NHIMA) Guide, to facilitate disclosure of health information. If Nebraska Department of Health and Human Services (NE DHHS) identified the form as meeting relevant regulations, then the form may be widely used and accepted.   The model authorization could be placed on the eHealth Health Information Security and Privacy Committee website being developed.   The model authorization could be amended if the 180 day restriction is subsequently eliminated through legislation.

At the 2008 NHIMA conference on September 11, 2008 attendees were asked if a written model authorization form, supported by the eHealth Council, similar to the authorization created by the NE SNIP group and contained in the NHIMA Guide would be helpful. Sixteen attendees responded. Fifteen participants thought a standard form would be helpful. One respondent was not sure.

Professional Licensing Statutes

Current Nebraska professional licensing statutes at Neb. Rev. Stat. 38-179(8) contain a definition of "unprofessional conduct" with several
examples. One of the examples is "knowingly disclosing confidential information except as otherwise required by law." Effective December 1, 2008, the language will be changed to read "knowing disclosing confidential information except as otherwise permitted by law." This licensing statute change should facilitate health information exchange because several categories of disclosure of confidential information are permissible under HIPAA, but not required. Health care professionals will no longer be concerned that they could be engaging in unprofessional conduct if they disclose confidential information for permissible purposes (for example, to another health care provider treating the patient without written patient authorization).

Recommendation: Identify additional ways this change can be publicized to health care professionals, such as placement on the eHealth Health Information Security and Privacy Committee website as an Frequently Asked Questions (FAQ), and communication to Nebraska health care professional associations.

Disclosures Mandated for Public Health/Health Care Oversight Purposes

The committee reviewed Nebraska laws related to disclosure of protected health information for public health and health care oversight purposes, including but not limited to disclosures to disease registries, reporting of health screening results, health care licensure laws, abuse reporting, and vital records.   The Nebraska statutes clearly state reporting requirements, and often provide immunity to reporters of information against specific claims.   These statutes facilitate health information exchange and the committee does not have any recommendations for change.

Areas Where Confusion May Exist

The committee identified areas where confusion may exist among health care providers about whether or not protected health information may be disclosed, and under what circumstances. While the committee does not believe proposed amendments to state laws are needed, additional education to the health care community would be beneficial to facilitate health care exchange in these areas.

Personal Representatives

HIPAA permits personal representatives of the individual to have access to the individuals protected health information.   Health care providers often have questions about who is the personal representative, and under what circumstances. Questions arise about who is the guardian of minor patients, especially in divorce and foster care situations; durable power of attorney for health care; and access to deceased patient information.

> *Release of "sensitive information" such as HIV and mental health information.* There are differing standards among health care providers and facilities about release of sensitive information.   For example, Nebraska HIV testing statutes limit information disclosure, but the statutes do not extend to any HIV information. Inpatient behavioral health records have a heightened privacy requirements for disclosure but outpatient behavioral health records do not under state law.

> *Minors.* Clarify circumstances under which minors can consent on their own behalf for treatment. Under these circumstances, the minor's personal representative does not have access to the minor's Personal Health Information (PHI) related to the care received within the scope of the minor's consent.   Under Nebraska law, minors can consent on their own behalf for sexually transmitted diseases (STD) testing and treatment only. Prior to 2006, minors could consent on their own behalf for substance abuse testing and treatment, but the law was changed. Minors cannot consent on their own behalf for pregnancy testing and pregnancy-related care.

> *Disclosures for law enforcement purposes.* HIPAA provides several categories of disclosures to law enforcement, when Nebraska law is silent.   Health care providers should generally follow HIPAA. The committee has no recommendations for statutory changes in this area, but believes additional education to the health care community would be beneficial.

> Recommendation: The HISPC II committee will obtain a legal opinion describing how sensitive information may be used and disclosed. The HISPC II will use the legal opinion to create educational materials for Nebraska providers.

Additional Research on Special Health Records

A legal review specific to mental health, behavioral health and genetic information on electronic medical records was requested. This review would help determine any state laws, regulations or statutes that address those specific areas. This is an area that was not specifically covered in previous legal reviews, and it is an area of national concern related to privacy and security of electronic medical records. We hope to learn of barriers, on no barriers, and recommendations to make Nebraska laws, regulations and statutes consistent with other states yet protect Nebraska's citizens. The findings will be reported out as part of our final work with HISPC III and passed to

the standing HISPC committee and the eHealth Council for disposition. We anticipate a short contract and short work period due to limited focus. We expect to complete this work before March 31, 2009.

Members of the HISPC II Legal Committee

♦ Sheila A. Wrobel, Chief Compliance/Privacy Officer, UNMC; Chair
♦ Charlene Dunbar, MBA, RHIA, Director of Health Information, Nebraska Heart Institute Hospital
♦ David Lawton, eHealth Coordinator, Public Health Informatics/Community Health Planning, Nebraska Department of Health and Human Services
♦ Dennis Berens, Director, Nebraska Office of Rural Health, Nebraska Department of Health and Human Services
♦ Joseph Acierno, M.D., Deputy Chief Medical Officer, Nebraska Department of Health and Human Services
♦ Kimberly A. Galt, PharmD., Associate Dean, Creighton University SPAHP
♦ Joni Cover, Executive Vice President, Nebraska Pharmacists Association
♦ Roger Brink, Legal Counsel, Nebraska Department of Health and Human Services
♦ Ron Hoffman, RHU, Enterprise Privacy Office, Mutual of Omaha Insurance Company
♦ Kim Hazelton, MA, RHIA, President, Nebraska Health Information Management Association

EDUCATION COMMITTEE FINAL REPORT

The Nebraska Health Information Security and Privacy Education Committee was formed to respond to finding six (6) of the *Security and Privacy Barriers to Health Information Interoperability Recommendations and Summary: Final Report for the state of* Nebraska Report published in June, 2007 (Available at: http://chrp.creighton.edu/Documents/Final_HISPC_Report_Recommendations_Summary.pdf.) Specifically, the Education Committee was charged to address the need for health information security and privacy education.

The HISPC II Education Committee reviewed educational resources available from federal, state and private organizations. These resources included documents, toolkits and videos, all of which were available on the World Wide Web. Topic areas included personal health records, e-prescribing, privacy and security, and health information exchange. An evaluation of each of these resources resulted in a listing, HISPC II Educational Resources - 2009.

Outcomes

- ♦ Created a list of security and privacy references for consumers and providers
  - o **Appendix A: HISPC II Educational Resources - 2009**
- ♦ Secured funding from the Nebraska Information Technology Commission (NITC) Community Technology Fund to develop educational resources which will be included on the Health Information Privacy and Security Committee website. In addition, the project will includes funding for a brochure and a card promoting the Health Information Privacy and Security Committee website.
- ♦ Collaborated with the University of Nebraska Public Policy Center on a Deliberative Discussion on Electronic Health Records which was funded by the NITC upon recommendation of the eHealth Council.
  - o **Appendix B: Sharing Health Records Electronically: The Views of Nebraskans - 2009**

Future Actions

- ♦ Completion and sustainability of the Health Information Privacy and Security website
- ♦ Development of consumer materials
- ♦ Continued work to add education materials to the website which will be in the spring of 2009
- ♦ Identify and/or create mechanisms for consumer engagement statewide with use of these materials. Two major foci are to assist consumers with
  - o Personal health management
  - o Involvement in ongoing public policy development

Members of the HISPC II Education Committee

- Karen A. Paschal, PT, DPT, MS, Associate Professor of Physical Therapy and Faculty Creighton Health Services Research Program, Creighton University; Chair
- Anne Byers, Community Information Technology Manager, Nebraska Information Technology Commission; Co-chair
- David H. Filipi, MD, Vice President, Medical Affairs, Physicians Clinic
- James Harper, MD
- Ellen Jacobs, College of St. Mary
- Renee Rowell, MS, RHIA, CCS, Program Director, Management of Health Informatics Bellevue University
- September Stone, RN, Nebraska Health Care Association

PROCESS – ORGANIZATIONAL PRINCIPLES

The HISPC II workgroup identified two committees to address goals, issues, and opportunities. The committees selected a coordinator to facilitate tasks work and report(s). The workgroup coordinates the work of each committee and approves proposals/action steps that are sent to the eHealth Council for their review and action.

All materials prepared are available to the citizen, health care providers, the Governor, the Legislature, and agencies.   The following principles and organizational model guide the workgroup and the two committees:

Principles:

1. Citizen Focused process/model(s) drove the workgroup discussions

2. The prioritization of HISPC #1 recommendations

3. Continued work on a sustainable action plan

4. Identify and utilization of non-workgroup member expertise

5. The workgroup's operational value(s) were explicitly identified and guided the workgroup's effort

Organization Model:

Governor ←→ Legislature
↑
↓
NITC
eHealth Council
↑
↓
HISPC Workgroup
↗   ↖
↙   ↘
Education Committee   Legal Committee
↘   ↙
Citizens

Background from meetings:

January 4, 2008

The workgroup discussed their role, opportunities and challenges. They also discussed the values and beliefs guiding their work/process and the need for a new type of "map" to show their efforts. Listed below is a brief summary of the comments:

a. The organizational process model should have arrows moving in both directions

b. The Learning Community vision and mission model is important for all of our work

c. We will need to identify strong public and private partnerships for our work

d. Do we connect with the citizen or the citizen as a member of a community?

e. People with a need are aware and interested. How do we capture them and their ideas for our work?

f. What can we expect from government as we develop recommendations?

g. What are the "upstream" issues that we must consider as we identify priorities?

h. Our model will go from bottom up. The issue of opening communication lines will be most important.

i. Should our model be inter-connected circles?

j. Our first assumption is that we want a totally interoperable infrastructure. Or is it to remove barriers to interoperability. How do we prevent "mission creep"?

k. What is our core set of values that we will use to create our priorities?

l. What is the KEY privacy issue that we should address?

m. Should our focus be in the context of Government priorities/DHHS or should it be the citizen?

n. Conceptual approaches are fine for our group but government wants specifics.

o. We must do scenarios if we are to be successful with our recommendations.

p. We need to put our end goal up front for everyone to know

q. We need to consider the real and perceived issues/costs of our recommendations.

r. There are political and cost issues. We will need capital for both.

February 22, 2008

> Members reviewed the revised Process-Organizational principles, vision and mission document and value statements. It was noted that the issues are constantly changing and that some general statements may be appropriate in the document to give some flexibility. Minor revisions were suggested and recorded for the vision and mission statements. Most of the time was spent reworking the VALUES draft from the January meeting. Members worked hard to clarify terminology, roles and work intent in the revision.

April 22, 2008

> Members reviewed the changes to this document after the last meeting. No comments were received. Members discussed the interoperability issue found under Values (F).

> The group discussed whether the issue of advocating for an ongoing operational committee that addresses interoperability at the state level. This is part of what the NITC is charged to do. Ongoing monitoring will be a need as will be the educational components of this effort. The HISPC II want to recommend to the eHealth Council and the NITC that an ongoing focus and operational work be done that focuses on identifying the many health interoperability issues that arise each year in Nebraska and share that information with all stakeholders.

> This draft organization plan will stay in that form until the group makes it permanent.

HISPC II WORKGROUP AS A HEALTH INFORMATION TECHNOLOGY (HIT) LEARNING COMMUNITY

The HISPC II workgroup realized the need for cross-collaboration and learning from the wide range of experts participating. Mission concepts were developed by the workgroup and used to guide the interactions and action item development.

Vision Statement Concepts for the HIT Learning Community:

> The workgroup will function as a learning community; created and nurtured by a broad collaboration that shares knowledge widely, focused on creating a health information flow that is visible and understandable to all citizens, research-based and community appropriate, credible and focused on essentials, and provides a blueprint for improvement.

Background from meetings:

April 22, 2008

> Members reviewed the changes to this document after the last meeting. No comments were received. Members discussed the interoperability issue found under Values (F).

> The group discussed whether the issue of advocating for an ongoing operational committee that addresses interoperability at the state level. This is part of what the NITC is charged to do. Ongoing monitoring will be a need as will be the educational components of this effort. The HISPC II want to recommend to the eHealth Council and the NITC that an ongoing focus and operational work be done that focuses on identifying the many health interoperability issues that arise each year in Nebraska and share that information with all stakeholders.

> This draft organization plan will stay in that form until the group makes it permanent.

July 23, 2008

> The group reviewed the mission and vision (with goals) document to begin the committee work and recommendations. It was determined that the work should reflect the agreed upon principles and values. In addition, the workgroup reviewed the HISPC#1 set of recommendations. It is important to continue reminding the eHealth Council and NITC about the recommendations from the past and present.

> The workgroup suggested the following plan for our work in 2008:

> a. Complete a legal review, a consumer education project and a website.

> b. Unsure how to address the training of boards at DHHS. If provider associations are educated will that information then flow into the boards?

c. The legal review is geared to identify gaps and recommend needed changes this year

d. Need to help the health associations gain knowledge of health information security and privacy (HISP)

e. Need to review the HISPC#1 recommendations and identify the next steps.

Mission Statement Concepts for the HIT Learning Community:

This mission statement assumes the different levels of citizen understanding of HISPC II issues. We strive to identify a level of privacy and security for all citizens as we work to identify regulator barriers and solutions to these barriers.

The workgroup mission

1. Clarify what learners will need to learn.

2. Clarifies how we will know if learners have learned.

3. Clarifies how programs, "educators," and trainers define and implement programs to meet the educational needs of all stakeholders.

4. Clarifies the linkage between community knowledge needs and sources/trainers of that knowledge.

Background from meetings:

July 23, 2008

The group reviewed the mission and vision (with goals) document to begin the committee work and recommendations. It was determined that the work should reflect the agreed upon principles and values. In addition, the workgroup reviewed the HISPC#1 set of recommendations. It is important to continue reminding the eHealth Council and NITC about the recommendations from the past and present.

The workgroup suggested the following plan for our work in 2008:

a. Complete a legal review, a consumer education project and a website.

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c. The legal review is geared to identify gaps and recommend needed changes this year

d. Need to help the health associations gain knowledge of health information security and privacy (HISP)

e. Need to review the HISPC#1 recommendations and identify the next steps.

Values

A. We believe that each citizen owns his or her own personal health information and should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information beyond that permitted by law for treatment, payment, operations and public health reporting purposes.

B. We believe that citizens should be involved in and partner with the designers of all health models, electronic health models, and with the devised distribution plans for these models.

C. We believe in citizen involvement with the HISPC II workgroup, their committees, and with other key stakeholders (insurance companies, information technology companies, all health provider associations, all community development organizations), in the work to design a process for the creation of a health information exchange structure that maintains security and privacy of their health records.

D. We believe that citizens, their health care providers, and other stakeholder organizations should be working in partnership/collaboration to ensure a statewide, interoperable, health care environment.

Background from meetings:

January 4, 2008

VALUES: What do we want to be our core set of values?

a. Do we value education of our citizens?

b. Should that education be in real time or handed out by professionals incrementally?

c. Should citizens design the system or be educated to understand a system?

d. Will our value be shaped by a focus on the desire to improve the quality of care or to reduce the cost of care?

e. Is our goal tied to a vision of sustainability?

f. Will our goals be tied to a belief in the need for strong collaboration and cooperation or to individualism?

February 22, 2008

Members reviewed the revised Process-Organizational principles, vision and mission document and value statements. It was noted that the issues are constantly changing and that some general statements may be appropriate in the document to give some flexibility. Minor revisions were suggested and recorded for the vision and mission statements. Most of the time was spent reworking the VALUES draft from the January meeting. Members worked hard to clarify terminology, roles and work intent in the revision.

Members reviewed the changes to this document after the last meeting. No comments were received. Members discussed the interoperability issue found under Values (F).

The group discussed whether the issue of advocating for an ongoing operational committee that addresses interoperability at the state level. This is part of what the NITC is charged to do. Ongoing monitoring will be a need as will be the educational components of this effort. The HISPC II want to recommend to the eHealth Council and the NITC that an ongoing focus and operational work be done that focuses on identifying the many health interoperability issues that arise each year in Nebraska and share that information with all stakeholders.

This draft organization plan will stay in that form until the group makes it permanent.

Action Items

Action: 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.

Rationale: The complexity of the rules and regulations creates confusion in the arena of privacy. Because HIPAA preemption rules are complex, individuals in a position to potentially disclose protected health information sometimes are unsure if the Personal Health Information (PHI) may be disclosed without written individual authorization. Health care providers and payers who are faced with potential civil and criminal HIPAA fines and penalties, state law causes of action for invasion of privacy, and reporting to licensure board for breach of confidentiality, may often decide not to disclose PHI, when it is otherwise permissible to disclose.   Variations in interpreting HIPAA and other laws may impede the exchange of health information.   Currently work is being done by states, federal entities, health care providers, eHealth initiatives, and other stakeholders to address privacy and security issues.   A process needs to be developed to monitor and respond to developments in this area to ensure the private and secure exchange of health information.

Lead: Health Information Security and Privacy Committee (HISPC)

Participants: eHealth Council, Nebraska HISPC II Workgroup, the Department of Health and Human Services (DHHS) legal department, the Attorney General's Office, the Office of the CIO, other state agencies that would become involved with PHI, and other stakeholders

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

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

Action: Develop a plan and resources to inform stakeholders—particularly consumers and health professional associations—about issues related to health information security and privacy and involve them in policy discussions.

Rationale: In order to effectively address health information security and privacy issues, key stakeholders need to be informed and engaged in policy discussions. The first Nebraska Health Information Security and Privacy Committee surveyed consumers and health professional associations in year one of the initiative. The surveys found that these stakeholders are not well informed about health information security and privacy issues, but are generally supportive of health information exchange efforts. Citizen viewpoints and purchasing choices are critical to the design and use of health information technology (HIT) systems in the community, region, state and nation. A larger and broader representation of community and citizen viewpoints and needs is needed to help in the creation of a Nebraska model of HIT and its deployment and use. A model for understanding the needs of the community and its citizenry is needed to enable government, health providers, information technology (IT) providers and health product vendors to appropriately respond to identified needs. The unique knowledge and expertise of health care practitioners, facilities in which health care is provided, organizations involved with health issues at the societal level and educators of health professions students are needed to address how current laws, rules and regulations related to their disciplines affect and are affected by the electronic exchange of health information. Associations play a key role in seeking additional information and helping their members to become involved in these processes.

Lead: HISPC II Education Committee

Participants: HISPC II Education Committee, eHealth Council, Department of Health and Human Services (DHHS), health professional associations, DHHS health/licensure/certification board managers, and other stakeholders—possibly including University of Nebraska Extension, American Association of Retired Persons (AARP), the League of Municipalities, the Nebraska Association of County Governments, and service organizations

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

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

Action: 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 and solve electronic health privacy and security issues.

Rationale: Past Nebraska Health Information Security and Privacy Coalition research on state privacy and security issues has begun to reveal issues that are unique to Nebraska and those that are similar to other states. The issues are embedded in complexity and confusion associated with state and federal inconsistencies, conflicting business practices and varying consent policies and approaches. These issues must be untangled and addressed. This will require sustained commitment to achieve.

Lead: HISPC II Legal Committee.

Partners: eHealth Council, HISPC II Legal Committee, Department of Health and Human Services (DHHS) legal staff, professions and facility managers, health care associations and citizens.

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

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

Background from meetings:

April 22, 2008

The eHealth Council has approved 7 action plans submitted by council members and committees. The Council has around $250,000 available for grants to work on some of these action plans. Three of them are from the HISPC II workgroup.   A formal application is due by May 12 and approved grants will need to be completed by June 2009. The group reviewed our group's three proposals and decided that we should work on Action Plan #3 and #4 (education/legal ideas). Members expressed the need to have a central location (website) with information and quality assurance about privacy/security issues. It should include most often asked questions and it should be available to both providers and citizens. The use of scenarios with good legal review would be helpful. This project must plan for sustainability. It should also be able to handle a broad range of issues for citizens and providers. The group pondered if privacy agencies could be lined together and what the role of the eHealth Council and DHHS is?

Members believe that interoperability issues will continue as providers and patients identify the ways and means of delivering patient health information. It may be valuable to create a single site where questions could be listed and "qualified" answers given and shared with everyone. The liability of the purveyor of this information/website provider needs to be explored. Members reach agreement that we should try to link action plans 3 and 4 because we need to provide reviewed answers to questions asked. Members also suggested that we model this after the SNIP model housed at the NHA to address past issues thru a list serve type of model. This may necessitate a "2nd" review by an outside legal entity of our work which can be then be posted on the site. Members are asked to review our discussions and submit model ideas to Dennis for incorporation in the application for funding. It was also brought up that Newborn Screening Board is addressing our state consent law that addressed the saving of blood from Newborns for a hearing issue that could develop past the 90 day disposal law. This proposed website model could help educate, inform and support knowledge transfer and appropriate actions.

FUNDED PROJECTS

Two projects were developed that initiate the consumer information education effort of the HISPC II. The first project is centered on the design of consumer education materials about health information security, privacy and exchange. The second project provides a web-based mechanism for dissemination and sustained public access to consumer information developed or vetted by the HISPC II workgroup.

For additional information on the projects please contact:

       eHealth Council
       C/O: Anne Byers
       Anne.Byers@nebraska.gov

For additional information on the projects see pages 27 to 30 of this report.

Project 1: Health Information Security and Privacy Consumer Education

The project will develop educational materials for consumers regarding health information exchange as well as related privacy and security concerns. Consumer involvement is commonly identified as a key element in the development of health information exchange. The eHealth Initiative has identified focusing on consumers as one of six common principles for effective health information exchanges. The eHealth Initiative recommends that health information exchanges enable consumers to make informed choices and address health information security and privacy needs of consumers. The Nebraska eHealth Council has also identified consumer education as one of it's priorities.

Goals:
♦ To facilitate the exchange of health information by addressing the educational needs of consumers related to health information exchange and security and privacy issues.
♦ To increase consumer knowledge of health information exchange.
♦ To increase consumer support of health information exchange.

Project activities:
♦ Identifying and prioritizing one or two educational pieces that should be developed.*
♦ Providing input into the design of a health information security and privacy website.
♦ Identifying educational pieces and resources from Nebraska eHealth initiatives, other states, and national organizations that could be used.
♦ Evaluating existing educational pieces and resources.*
♦ Developing a resource library of educational materials which will be made available from the Health Information Security and Privacy website.
♦ Drafting educational pieces.
♦ Reviewing and evaluating educational pieces.*
♦ Finalizing educational pieces.
♦ Developing preliminary consumer marking plan.*
♦ Distributing educational pieces to consumers.*

*Indicates activities in which health information exchange representatives will be involved. Representatives are welcome to participate in other activities. However, since many representatives of the health information exchanges have limited time, their participation is not expected.

Accomplished:

♦ Created a list of security and privacy references for consumers and providers
♦ Collaborated with the University of Nebraska Public Policy Center on a Deliberative Discussion on Electronic Health Records which was funded by the NITC upon recommendation of the eHealth Council

Project 2: Health Information Privacy and Security Website

The initial design of the website will link to the present eHealth Council website found inside the Nebraska Information Technology Commission (NITC) webpage: http://www.nitc.state.ne.us/init/ehealth.html. This governmental site is desired because this information will need to be vetted, liability issues will be easier to address and because the underlying focus of this proposal is to have a sustainable delivery model.

Goals:
♦ The initial information on the site will come from the research done by and collected by the HISPC I and II Workgroups. The information on state laws and regulations about health information privacy and security will have been vetted by the workgroup and most likely by an outside legal review.
♦ Funding will be needed to develop a user friendly website, gather all pertinent information, enter it in the site, create a management and vetting model, create an information transfer model, and develop a sustainability plan for this website these funds will be needed to cover labor, consultant help, capacity support and website promotional modeling.
♦ The site will allow the blending of the legal research that has presently been completed and the need to clarify what is state privacy and security issues and what are HIPAA/federal issues that citizens and professionals need to be aware of and to address. It can provide access to educational materials for citizens and professionals as well as a place to ask questions that need to be answered.

Project activities:

♦ Working with the CIO personnel and the web designers to get quotes for this website model.
♦ Collect vetted health privacy and security information that can be placed on the website.
♦ Complete the review of Nebraska state laws and regulations affecting electronic transfer of information and place that vetted information on the website.
♦ Collect HIPAA/Federal information pertinent to our website development goals.
♦ Work with health provider stakeholders and consumer stakeholder groups to identify health privacy and security information questions to be placed on the website.

Accomplished:

♦ The health information security and privacy website is under development and will be operational by late spring 2009.
♦ Created a list of security and privacy references for consumers and providers.
♦ The HISPC II Legal Committee utilized the 2006 Nebraska Health Information Management Association "Guide for Privacy, Retention and Disclosure of Health Information in Nebraska" as a resource to analyze laws related to health information disclosure.
♦ Committee members identified Nebraska laws requiring written individual authorization for disclosure of information when federal Health Insurance Portability and Accountability Act (HIPAA) laws do not.
♦ The committee also identified areas where confusion about disclosure rules exists. Additional education and clarification of disclosure rules to the health care community may facilitate electronic health information exchange in these areas.

Background from meetings:

May 30, 2008

> The eHealth Council had received $388,000 worth of applications for the $277,000 fund. The Council will do a voting process to reach the allowed amount. Two proposals from our Workgroup were included at this point in time. A) Education for the consumer using a website. The members would collect vetted educational materials and position it on the site for education and Q/A. It was also noted that in the reviews this proposal questions were raised as to why consumers needed this amount of attention; and B) The workgroup proposed the creation of a state government website that would allow the legal committee to place vetted privacy and security information on this site and also be the location for the educational materials listed above. This would also have a quality assurance potential. The NITC Tech Panel will meet on June 10 to review the Council's applications and the NITC will approve them on June 18, 2008 at their regular meeting.

July 23, 2008

> Both of our proposals were accepted by the eHealth Council. The approved proposal include: A) Creation of a website that HISPC II materials and education efforts can be displayed and utilized. The legal team's review and other vetted material will be placed on this site; and B) Consumer materials will be found or created to be shared with consumers and providers. The website being created (and web hosting supported for 2 years under this grant) will be utilized. The collection of educational materials is being placed in an inventory model and reviewed.

September 19, 2008

> It was proposed that a public engagement model be completed in two phases. A survey of (randomly selected) citizens in one or more counties which will determine what citizens know about HIT. The second phase would be a Deliberative Model discussion with citizens. Members suggested using a non metro county vs. Lancaster county. Members also asked about the types of questions to be used because of survey concerns of past models.

November 10, 2008

> Website development is underway. The Education Committee pulled together a list of educational resources for consumers and providers and divided them into types and topics. Members are asked to review these resources.

December 16, 2008

> A report was given on the Deliberative Discussion model. The involved citizens expressed some concerns about privacy and security but felt that with more information/education that could be overcome. The citizens wanted the state to address privacy and security issue on their behalf. This process provided our workgroup some affirmation on our focuses: education and legal reviews. It was noted the ideas presented matched some of the ideas Sec. Leavitt presented yesterday in a conference. The toolkit list can be found at: www.hhs.gov/healthit/privacy. The present focus is on the consumers and what they want. This will require a very flexible model and more of an

immediate focus on the PHR model. It was noted that consumers seem to really want access to their medical records. There is resistance to having insurance companies having all available information. It is believed that citizens want coordination of care. We lack good info on the wants, needs and knowledge of our rural citizens. Research should help fill in some of that gap, along with the Policy Center's work.

STATE LEVEL RESEARCH TO INFORM THE HISPC II

Recent projects that study consumer knowledge and viewpoints about health information exchange, security and privacy issues have been used to inform the HISPC II and eHealth Council of the current status.

2008

The article entitled *"Privacy, Security and the National Health Information Network: A Mixed Methods Case Study of State-Level Stakeholder Awareness"* conducted by the Creighton Health Services Research Program (CHRP). "This study examines the knowledge, understanding, and awareness of 25 health board/facility oversight managers and 20 health professional association directors about privacy and security issues important to achieving health information exchange (HIE) in the state of Nebraska."[4] The article can be found in Advances in Health Care Management, Volume 7, pp 165-189.

March 2007

The article entitled *"Privacy, Security and the National Health Information Network: A Mixed Methods Case Study of State-Level Stakeholder Awareness"* used findings from the *Security and Privacy Barriers to Health Information Interoperability* Reports generated by the first Health Information Security and Privacy Committee State of Nebraska. The specific reports include:

♦   Report 1: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers
♦   Report 2: Survey of Health Professions Organizations Leadership

These reports can be found on the CHRP website: http://chrp.creighton.edu

February 2009

The report entitled "*Exploring the Interactions of Nebraska Community Infrastructures, Health Professionals and Organizations, and Consumers about Personal Health Data and Health Information"* conducted by the Creighton Health Services Research Program (CHRP). "This project is designed to study the consumers point of view about how they keep track and seek health information via the availability and use of their local community infrastructure including religious affiliations, health information technologies, health professions, organizations; and their viewpoints about privacy needs regarding their own personal and sensitive health information. There are powerful contrasts between what patients know and experience, what health professions and health organizations offer, and what community infrastructure provides."[5] The report can be found on the CHRP website: http://chrp.creighton.edu on February 15, 2009.

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[4] Galt, K.A., Paschal, K.A., Abbott, A., Drincic, A., Siracuse, M.V., Bramble, J.D., and Rule, A.M. (2008). Privacy, security and the national health information network: a mixed methods case study of state-level stakeholder awareness. *Advances in Health Care Management, 7,* 165-189
[5] Creighton Health Services Research Program (CHRP): Exploring the Interactions of Nebraska Community Infrastructures, Health Professionals and Organizations, and Consumers about Personal Health Data and Health Information February 2009: p 1.

December 11, 2008

    The report entitled "*Sharing Health Records Electronically: The Views of Nebraskans*" conducted by the University of Nebraska Public Policy Center. "The overall goal of the project was to learn about consumers' attitudes towards electronic sharing of medical information; related concerns about privacy, access, and security; and opinions about what the policy role of the State of Nebraska should be in the development of electronic health information exchange in the state."[6] The report can be found in Appendix B of this report.

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[6] University of Nebraska Public Policy Center: Sharing Health Records Electronically: The Views of Nebraskans December 11, 2008: p 2.

APPENDIX A – HISPC II EDUCATION RESOURCES

Personal Health Records

AHRQ Personal Health Record Video
http://www.ahrq.gov/consumer/phrvid.htm
Agency for Health Care Research and Quality

My PHR
www.myphr.com

Florida Personal Health Record Toolkit
http://www.fhin.net/PHR/index.shtml

Arizona PHR Info
http://www.azhec.org/personalHealth.jsp

Project Health Design
http://www.projecthealthdesign.org

e-Prescribing

Arizona e-Prescribing Info
http://www.azhec.org/ePrescribing.jsp

Florida e-Prescribing Clearinghouse
http://www.fhin.net/eprescribe/

Learnabouteprescriptions.com
www.learnabouteprescriptions.com

Privacy and Security

My PHR
http://www.myphr.com/rights/your_privacy_rights.asp
American Health Information Management Association (AHIMA)

The Center for Democracy and Technology
http://www.cdt.org/healthprivacy/

Myths and Facts about the HIPAA Privacy Rule from Health Privacy Project (5 pages)
http://www.cdt.org/healthprivacy/20080311mythsfacts.pdf
http://www.healthprivacy.org/usr_doc/Myths_and_Facts.pdf

Health Privacy: Know Your Rights from Health Privacy Project (2 page flyer)
http://www.cdt.org/healthprivacy/2008_KnowYourRights.pdf

http://www.healthprivacy.org/usr_doc/KnowYourRights.pdf

How to File a Health Information Privacy Complaint from Health Privacy Project (2 page flyer)
http://www.healthprivacy.org/usr_doc/Privacy_Complaint_Form.pdf
http://www.cdt.org/healthprivacy/2008_Privacy_Complaint_Form.pdf

What you can do to protect your privacy
http://www.healthprivacy.org/usr_doc/WhattoDo.pdf

Key Health Privacy Issues
http://www.healthprivacy.org/usr_doc/34225.pdf

eHealth: Putting Patients First
http://www.healthprivacy.org/usr_doc/hpp-chcf-ehealth.pdf

Health Privacy Project:
http://www.healthprivacy.org/

Health Privacy Project--CONSUMERS & E-HEALTH: A GUIDE
http://www.healthprivacy.org/content2310/content.htm

Secure Electronic Health Information Exchange: A Guide for Consumers
http://toolkit.ehealthinitiative.org/assets/Documents/eHIGuideforConsumersonHealthInformationExchangeJan2007.pdf

Arizona Privacy and Security Info
http://www.azhec.org/privacySecurity.jsp

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

A PATIENT'S GUIDE TO THE HIPAA PRIVACY RULE: When Health Care Providers May Communicate About You with Your Family, Friends, or Others Involved In Your Care
http://www.hhs.gov/ocr/hipaa/consumer_ffg.pdf

A HEALTH CARE PROVIDER'S GUIDE TO THE HIPAA PRIVACY RULE: Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care
http://www.hhs.gov/ocr/hipaa/provider_ffg.pdf

Your Health Information Privacy Rights
http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf

Privacy and Your Health Information
http://www.hhs.gov/ocr/hipaa/consumer_summary.pdf

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

EHR Today Consumer Brochure
http://www.ehrtoday.org/CMSuploads/LHCR-ConsumerBroch-sm-09843.pdf

EHR Today Provider Brochure
http://www.ehrtoday.org/CMSuploads/LHCR-ProviderBroch-sm-09881.pdf

Health Information Technology--Consumer Principles
National Partnership for Women and Families
http://www.nationalpartnership.org/site/DocServer/HIT_20-
_20Consumer_20Principles_20FINAL_20March_202006.pdf?docID=990

Your Health Information Privacy Rights
http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf

Privacy Rights Clearinghouse
http://www.privacyrights.org/medical.htm

Patient Privacy Rights
http://www.patientprivacyrights.org/

WYHIR—Wyoming's Health Information Resource
http://wyhir.org/Browse.aspx?S=4

Health Information Exchange

Greater Rochester RHIO Brochure
http://grrhio.org/pdf/patient_trifold.pdf

Louisville Health Information Exchange
http://www.louhie.org/

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

Videos

AHRQ Personal Health Record Video
http://www.ahrq.gov/consumer/phrvid.htm

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

National Medical Report: AHIMA American Health Information Management
Association Video – Added on April 8, 2008.
http://www.youtube.com/watch?v=TZzIw6RpQVg

Louisville Health Information Exchange
http://www.louhie.org/

Frequently Asked Questions

AHIMA MyPHR.com FAQs
http://www.myphr.com/faqs/index.asp

Greater Rochester RHIO
http://grrhio.org/pat_faq.shtml

EHR Today Consumers FAQ
http://www.ehrtoday.org/home/section/1-5/faq-consumers

EHR Today Providers FAQ
http://www.ehrtoday.org/home/section/1-25/faq-providers

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

Patient Privacy Rights FAQs
http://www.patientprivacyrights.org/site/PageServer?pagename=FAQs

Patient Educational Fact Sheets/Brochures

http://bhix.org/Downloads/BHIX_EducationalFactSheet_ENGLISH.pdf
(Available in 18 languages)

Secure Electronic Health Information Exchange: A Guide for Consumers
http://toolkit.ehealthinitiative.org/assets/Documents/eHIGuideforConsumersonHealthInformationExchangeJan2007.pdf

Greater Rochester RHIO Brochure
http://grrhio.org/pdf/patient_trifold.pdf

Health Privacy Project--CONSUMERS & E-HEALTH: A GUIDE
http://www.healthprivacy.org/content2310/content.htm

What you can do to protect your privacy
http://www.healthprivacy.org/usr_doc/WhattoDo.pdf

Key Health Privacy Issues
http://www.healthprivacy.org/usr_doc/34225.pdf

eHealth: Putting Patients First
http://www.healthprivacy.org/usr_doc/hpp-chcf-ehealth.pdf

A PATIENT'S GUIDE TO THE HIPAA PRIVACY RULE: When Health Care Providers May Communicate About You with Your Family, Friends, or Others Involved In Your Care
http://www.hhs.gov/ocr/hipaa/consumer_ffg.pdf

A HEALTH CARE PROVIDER'S GUIDE TO THE HIPAA PRIVACY RULE:
Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care
http://www.hhs.gov/ocr/hipaa/provider_ffg.pdf

Your Health Information Privacy Rights
http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf

Privacy and Your Health Information
http://www.hhs.gov/ocr/hipaa/consumer_summary.pdf

EHR Today Consumer Brochure
http://www.ehrtoday.org/CMSuploads/LHCR-ConsumerBroch-sm-09843.pdf

EHR Today Provider Brochure
http://www.ehrtoday.org/CMSuploads/LHCR-ProviderBroch-sm-09881.pdf

PSAs and Advertisements

InformationSTAT™ Public Education tools
http://www.ehealthinitiative.org/toolkit/getOrg/InfoSTAT.mspx

Reports/Surveys

Creighton Health Services Research Program
Report 3: Consumer Views about Privacy and Electronic Health Information Exchange
http://chrp.creighton.edu/Documents/HISPC_Report_3.pdf

eHealth Initiative Releases Results of 2007 Survey on Health Information Exchange
December 19, 2007
 http://www.ehealthinitiative.org/2007HIESurvey/

Attitude and Opinion Research – Executive Summary
Supported by the eHealth Initiative Foundation
Released May 2, 2007

http://toolkit.ehealthinitiative.org/assets/Documents/eHISummaryofResearchonHealthInformationExchange05.01.07Final001.pdf

Harris Interactive Survey—Feb. 2007
http://www.harrisinteractive.com/NEWS/allnewsbydate.asp?NewsID=1174

The 2008 Health Confidence Survey: Rising Costs Continue to Change the Way
Americans Use the Health Care System--October 2008
http://www.ebri.org/publications/notes/index.cfm?fa=notesDisp&content_id=3987

Fixing Health care: What Women Want—March 2008
http://www.aafp.org/online/etc/medialib/aafp_org/documents/press/fixhealthwomen/fixhealthwomendoc.Par.0001.File.tmp/Executive%20Summary%20-%20Fixing%20Health%20Care%20-%200408.pdf

Consumer Use of the Internet to Manage Care, Harris Interactive, May 2008
http://www.chcf.org/topics/view.cfm?itemID=133641

Greater Louisville eHealth Research Report--2007
http://www.louhie.org/Downloads/LouHIE%20research%20report%20v9%20Final%20Exec%20Summ.pdf

Harris Interactive Survey—Sept. 2006
http://www.harrisi.org/news/allnewsbydate.asp?NewsID=1096
Kansas Rural Consumers Health Information Technology (HIT) Needs and Preference Summary Report
http://www2.kumc.edu/healthinformatics/HISPC/KSSummaryReport.doc

National Consumer Health Privacy Survey 2005, Forrester Research, Inc., November 2005
http://www.chcf.org/topics/view.cfm?itemID=115694

The State of Health IT in California: Consumer Perspective, California Health care Foundation, 2008
http://www.chcf.org/documents/chronicdisease/HITConsumerSnapshot08.pdf

CareSpark Survey 2006
http://carespark.com/images/stories/Documents/General%20Survey%20of%20Patient%20Attitudes.pdf

Toolkits

Toolkit for Consumers in Rural Kansas
http://www2.kumc.edu/healthinformatics/HISPC/Toolkit.htm

**APPENDIX B – SHARING HEALTH RECORDS
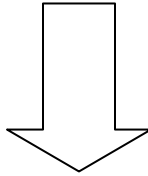ELECTRONICALLY: THE VIEWS OF NEBRASKANS**

APPENDIX C – BACKGROUND

Telehealth Committee

The Telehealth Committee was created in 2000 by the Nebraska Information Technology Commission (NITC) to identify issues affecting the deployment of the teleheath/HIT services in Nebraska, especially rural areas of the state. This committee was instrumental in the creation of the Nebraska Statewide Telehealth Network which was the first statewide telehealth network in the nation (88 hospitals, 19 public health departments). When the NITC created the eHealth Council, the committee's role and focuses became a part of the work of the Council. Some of the founding members became members of the Council upon it's creation.
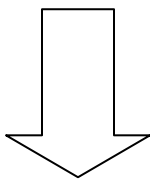
First Health Information Security and Privacy Committee (HISPC)

The first HISPC was created in 2006 by the Lt. Governor for the State of Nebraska and reviewed key documents related to the state statutes that address, movement of personalized health information to assist in the treatment and care of a patient. They also conducted surveys of three stakeholder groups in Nebraska. The surveys assessed stakeholder security and privacy issues as they relate to stakeholder knowledge and perception about health information exchange, technology, and quality and safety of patient care.
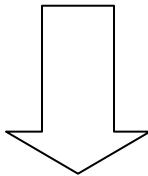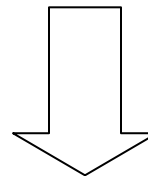
eHealth Council

The eHealth Council was created on February 22, 2007 by the Nebraska Information Technology Commission (NITC) 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 eHealth Council formed workgroups (three are listed below).

HISPC 2 Workgroup   PHR Workgroup   e-Prescribing Workgroup

♦   Legal Committee
♦   Education Committee

APPENDIX D - FINDINGS FROM THE FIRST HISPC COMMITTEE

Security and Privacy Barriers to Health Information Interoperability Reports generated by the Health Information Security and Privacy Committee State of Nebraska

- ♦ Report 1: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers
- ♦ Report 2: Survey of Health Professions Organizations Leadership
- ♦ Report 3: Consumer Views about Privacy and Electronic Health Information Exchange
- ♦ Final Report for the state of Nebraska: June 2007
- ♦ Recommendations and Summary: Final Report for the state of Nebraska: June 2007

These reports are available at the following website:
CHRP website: http://chrp.creighton.edu

APPENDIX E – HISPC II WORKGROUP SHARED MATERIALS

Members of the workgroup have identified important materials and articles related to health care privacy and security. Those materials are cited below.

Date information provided:	Information provided by:	Item
01/24/08	Dennis Berens	HITSP Standards approval
02/01/08	Dennis Berens	HRSA to offer $4.5 million in rural hospital technology grants
02/21/08	Dr. James Harper	Google to Store Patients' Health Records, Raising Concerns
02/25/08	Sheila Wrobel	NAHIT Draft Report on Defining Key Health IT Terms
02/26/08	Sheila Wrobel	HIE in the News
02/28/08	Dennis Berens	eHealth narrative and action items
03/05/08	Dennis Berens	Massachusetts – State wants universal e-medical records
03/14/08	Dennis Berens	Virtually all U.S. states now use IT-based e-health strategies
03/25/08	Dennis Berens	VA's mobile pharmacies hit the road
03/26/08	Dennis Berens	Health IT Executives Call for PHR Policies to Ease Privacy Concerns
04/03/08	Dennis Berens	E-Prescribing Final Rule
04/08/08	Dennis Berens	A National Web Conference on Practical Solutions for Engaging Consumers in the Design and Use of PHRs
04/22/08	Dennis Berens	Information and communication technology to revolutionize telemedicine's future
04/24/08	Dennis Berens	Individual Control of Sensitive Health Information Accessible Via the Nationwide Health Information Network for Purposes of Treatment (National Committee on Vital and Health Statistics)
04/28/08	Dennis Berens	Microsoft Explains HealthVault Strategy
04/29/08	Dennis Berens	CMS awards $50 million in IT grants to aid Medicaid access
05/06/08	Dennis Berens	Kaiser completes nationwide installation of system for outpatient electronic medical records
05/08/08	Ron Hoffman	Benefits of PHRs will eclipse privacy concerns
05/09/08	Dennis Berens	More Who Need Major Surgery Are Going Overseas Audio: Insurers Eye Savings from Treatment Overseas
05/13/08	Dennis Berens	New Report: Home Telehealth and Remote Patient Monitoring
05/15/08	Dennis Berens	Leahy, HELP Leaders Reach Deal on IT Privacy Accords
05/19/08	Dennis Berens	Interesting HIPAA Privacy Development
05/20/08	Dennis Berens	Nation's uninsured embrace online prescription services
05/22/08	Dr. James Harper Dennis Berens	EHR grand rounds topic
05/22/08	Dennis Berens	CBO Report: Evidence on the Costs and Benefits of Health Information Technology

Date information provided:	Information provided by:	Item
06/02/08	Dennis Berens	UNMC Internal Medicine Grand Rounds
06/03/08	Dennis Berens	ONCHIT's strategic plan 2008-2012
06/09/08	Dennis Berens	Oklahoma Senate Bill 1420
06/10/08	Dennis Berens	Kaiser, Microsoft to launch PHR pilot program
06/13/08	Dennis Berens	E-prescribing by doctors skyrockets, but more barriers must be overcome
07/01/08	Dennis Berens	Health care, technology and insurance firms approve PHR privacy framework
07/09/08	Dennis Berens	Markle Foundation
07/17/08	Dennis Berens	Ohio Supreme Court Creates New Tort for Attorney's Unauthorized Disclosure of Medical Records
07/18/08	Dennis Berens	More IT in hospitals mean happier patients, better quality of care
07/23/08	Dennis Berens	NAHIT Key Health IT Terms 022108
07/23/08	Dennis Berens	Top Line Changes Between H.R. 6357 and the Amendment in the Nature of a Substitute to H.R. 6357
07/24/08	Sheila Wrobel	PRO(TECH)T Act Update
07/28/08	Dennis Berens	GHIT – CCHIT will focus on privacy in certifying PHRs
08/28/08	Kim Hazelton	www.ehnac.org Electronic Health care Network Accreditation Commission
09/02/08	Dr. Kimberly Galt	New Inventory of Colorado health care workforce programs and initiatives
09/24/08	Dennis Berens	State Alliance Issues Inaugural Report
09/29/08	Dennis Berens	GAO Report on HIT Privacy
10/07/08	Dennis Berens	HIT Digest: October 6, 2008
10/10/08	Dennis Berens	Press Release: Health care Compliance with New FTC Red Flag Rules (Corrected)
10/21/08	Dennis Berens	Wall Street Journal Article on HIT
10/23/08	Dennis Berens	FTC Will Grant Six-Month Delay of Enforcement of 'Red Flags' Rule: Baird Holm LLP Health Law Alert & FTC Release
10/24/08	Dennis Berens	Electronic Medical Records in Nebraska Security, Privacy, and Health Care Quality
10/30/08	Dennis Berens	Considerations on information and systems protections
11/04/08	Dennis Berens	Use of health IT could go long way toward preventing infectious disease outbreaks in U.S.
12/02/08	Dennis Berens	PQRT: FYI: Oklahoma: Standardized medical authorization from
12/08/08	Karen Paschal Dennis Berens	Electronic Medical Records: The Views of Nebraskans
12/10/08	Dennis Berens	Summary of State HIT laws (NCSL)
12/15/08	Dennis Berens	Deliberative Discussion on Electronic Health Records – Sharing Health Records Electronically: The Views of Nebraskans
12/16/08	Dennis Berens	Leavitt's Comments at yesterday's Keynote address

Date information provided:	Information provided by:	Item
01/30/09	Kimberly Galt	Privacy, Security and the National Health Information Network: A Mixed Methods Case Study of State-Level Stakeholder Awareness
01/30/09	Dennis Berens	Joint Commission HIT
01/30/09	Anne Byers	Pritts State Medical Record Access Report
01/30/09	Dennis Berens	Rethinking the Role of Consent in Protecting Health Information Privacy – January 2009
02/10/09	Dennis Berens	VA Secretary Shinseki vows departmental switch to EMR-based claims system by 2012
02/10/09	Dennis Berens	Stimulus Plan DRAFT

PHR Work Group
Draft Conclusions and Recommendations

Charge

♦ 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.

Invited Members

♦ Henry Zach, HDC 4Point Dynamics
♦ Marsha Morien, UNMC
♦ Ellen Jacobs, College of St. Mary
♦ Anne Skinner, UNMC
♦ Dan Griess, Box Butte General Hospital
♦ Clint Williams, Blue Cross Blue Shield of Nebraska
♦ Lisa Fisher, Blue Cross Blue Shield of Nebraska (alternate)
♦ Dr. James Canedy, Simply Well
♦ Michelle Hood, Nebraska Department of Health and Human Services, Immunization Registry
♦ TBA, Nebraska Department of Health And Human Services, Medicaid
♦ Kevin Fuji, Creighton University
♦ Roger Wilson, State of Nebraska, Human Resources
♦ David Lawton, Nebraska Department of Health and Human Services
♦ Karen Paschal, Creighton University

Conclusions

• Significant progress is being made in PHR interoperability standards and in the development of privacy and security protections.

• PHRs which are interoperable with other types of electronic medical records offer more value and convenience to consumers by reducing the need to personally enter data and by improving the timeliness, availability and accuracy of data.

• PHRs with financial management functions may offer further value to consumers by providing cost and benefit information to support decision making.

• PHRs which are interoperable may offer more value to health care providers. PHRs populated by data from providers may be viewed as being more reliable by health care providers.

• PHR adoption will require consumer education and incentives. Consumers may be more receptive to PHR adoption in conjunction with certain events such as the birth of a child, enrollment in college, the diagnosis of a chronic disease, or the need to manage care of a parent.

- Health care providers may also require education in incorporating PHRs into patient care and assistance in making adjustments in the practice workflow.

- PHRs as part of a broader health management program can help consumers reduce their health risks, better manage their health, and reduce their health care expenditures.

- PHRs as part of a broader health management program can help employers reduce their health care related costs.

Recommendations

o The State of Nebraska should explore making immunization data from the state's new immunization registry available to consumers through PHRs.

o Efforts should be made to encourage Nebraska's health information exchanges to offer PHRs or to make patient data available through third-party PHRs in the future.

o The utilization of PHRs in conjunction with a broader health management program for State employees should be periodically evaluated as a potential way to reduce health care costs. Continued developments in PHRs may reduce implementation costs and increase the ROI.

o The utilization of PHRs in conjunction with a broader health management program for Medicaid recipients should be periodically evaluated as a potential way to reduce health care costs. Continued developments in PHRs may reduce implementation costs and increase the ROI.

o The eHealth Council should look for opportunities to partner with other organizations in educational efforts targeting consumers and providers on the use of PHRs.

o Continued research on the benefits of PHRs and the ROI for PHRs should be done.

e-Health Public Health Workgroup
Charge and Membership

Charge

Time-Frame: Begin ASAP, meet bi-monthly or monthly for, perhaps, 6 months, or as required to accomplish the mission.

Overarching goal is to position Public Health for e-Health development so that all key stakeholders can:
- (1) plan, act, and collaborate strategically and
- (2) communicate efficiently, effectively, and in a timely manner so as to
- (3) act in concert with local, state, and national public health and e-Health developments.

To accomplish this goal, we will:

1. Develop a shared vision for the integrated and secure exchange of public health data among public health entities, health information exchanges, personal health record systems, and private providers.

2. Gain a better understanding of public health information systems and health information exchanges in Nebraska, personal health record systems, electronic medical record systems, and how these systems could interact.

3. Identify and prioritize opportunities for exchanging public health data among public health entities, health information exchanges, personal health record systems, and private providers.

4. Identify barriers to the exchange of public health information. Prioritize barriers into several categories, those that are outside state control, those that may be affected by state initiatives, and those that can be addressed locally. Use this prioritization to develop next steps (see #5 below).

5. Recommend next steps for achieving the integrated and secure exchange of public health data among public health entities, health information exchanges, personal health record systems, and private providers.

6. Recommend a process for continuing development of the integrated and secure exchange of public health data among public health entities, health information exchanges, personal health record systems, and private providers.

Membership

Nebraska Department of Health and Human Services
- o Public Health Informatics & Biosecurity: David Lawton
- o Administration: Dr. JoAnn Schaefer or Jackie Miller
- o Public Health Data: Dave Palm or Colleen Svoboda
- o Immunization Registry: Michelle Hood
- o Epidemiology: Ask Chris Newlan or Tom Safranek for recommendations.

e-Health Council
- o e-Health Council co-Chair: Anne Byers, Nebraska Information Technology Commission

Local Health Departments or Districts
- o Douglas County Health Department: TBD
- o Lincoln-Lancaster County Health Department: Kathy Cook or Steve Frederick,
- o Panhandle Public Health District: Kim Engel
- o Three Rivers Public Health Department: Jeff Kuhr

Health Information Organizations
- o NeHII (Nebraska Health Information Initiative): Chris Henkenius or other representative
- o SNBHIN (Southeast Nebraska Behavioral Health Information Network): Wende Baker
- o WNHIE (Western Nebraska Health Information Exchange): TBD

UNMC College of Public Health
- o Chair: Keith Mueller
- o HISPC: Ann Fetrick

Other Key e-Health Public Health Entities with Decision-making Authority
- o Peoples Health Center: TBD
- o Public Health Association of Nebraska: Rita Parris

eHealth Plan Principles and Strategies

Role of Public and Private Sectors

In Nebraska, the private sector is taking the lead in the development of health information exchange.   The role of the State of Nebraska is playing the role of facilitator and convener. Nebraska's eHealth Plan will build on existing initiatives and investments.

Principles

In developing a statewide eHealth plan, the eHealth Council has identified guiding principles for the development of health information exchange in the state. The development of health information exchange in Nebraska will:

- o   Improve quality of care and performance of health care providers.
- o   Ensure privacy and security.
- o   Enhance public health and disease surveillance efforts.
- o   Utilize national standards and certification to facilitate interoperability.
- o   Utilize solutions which are cost-effective and provide the greatest return on investment.
- o   Utilize a sustainable business model
- o   Leverage existing eHealth initiatives and investments in Nebraska.
- o   Reduce health care costs by reducing medical errors, reducing duplicate tests, increasing use of preferred drug formularies.
- o   Encourage greater patient involvement in personal health care decisions.

Strategies

- o   Encourage and support health IT adoption by providers.
- o   Encourage and support e-prescribing.
- o   Encourage and support the adoption of personal health records.
- o   Support and expand health information exchange initiatives in Nebraska.
- o   Encourage free electronic exchange of health data to state and local public health entities.
- o   Leverage the state's role as a payer to support health information exchange.
- o   Continue to address health information security and privacy concerns of providers and consumers.
- o   Address issues related to governance, oversight, and financing of health information exchange.