eHealth Council
March 5, 2010
1:30 PM CT – 4:00 PM CT

**Lincoln: Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor
Omaha: UNMC, McGoogan Library Room #8016A**

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

Tentative Agenda

1:30	Roll Call Notice of Posting of Agenda Notice of Nebraska Open Meetings Act Posting **Approval of August 14, 2009 minutes*** **Approval of October 12, 2009 minutes*** Public Comment

1:35	Membership
	
	- **New Members***
	
	    o Steve Urosevich, Department of Corrections
	    o Lianne Stevens, The Nebraska Medical Center
	    o Sue Medinger, Department of Health and Human Services, Division of Public Health
	    o Joel Dougherty, OneWorld Community Health Centers
	    o CIMRO of Nebraska/Wide River Technology Center
	
	- **Membership Renewals***
	
	    o Joni Cover, Nebraska Pharmacists Association
	    o Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
	    o Wende Baker, SNBHIN
	    o Kay Oestmann, Southeast District Health Department
	    o Susan Courtney, Blue Cross Blue Shield of Nebraska
	    o Alice Henneman, University of Nebraska-Lincoln Extension
	    o Kimberly Galt, Creighton University School of Pharmacy and Health Professions
	
	- **Election of Co-Chair**

1:40	State HIE Cooperative Agreement Update

1:45	Wide River Health IT Regional Extension Center
2:15	**Operational Plan** **Updates** • Updates on WNHIE, SNBHIN, SENHIE and NeHII • Privacy and Security Meeting • LB 702 Update • Meaningful Use • Connecting NeHII to Public Health **Plan Sections** • Introduction • Privacy and Security • Meaningful Use • Finance • Coordination with ARRA-funded Programs **Discussion** • Meeting the needs of rural providers • Next steps
4:00	**Adjourn**

Meeting notice posted to the NITC and Public Meeting Website on Feb. 18, 2010. The agenda was posted on March 1, 2010.

* Indicates action items.

EHEALTH COUNCIL
August 14, 2009 1:30–4:00 p.m. (CT)
Technology Park Auditorium
4701 Innovation Drive, Lincoln, Nebraska
PROPOSED MINUTES

MEMBERS PRESENT
Dennis Berens, Dept. of Health and Human Services, Office of Rural Health
Dan Griess, Box Butte General Hospital
Donna Hammack, St. Elizabeth Foundation
Steve Henderson, Office of the Chief Information Officer
Alice Henneman, University of Nebraska-Lincoln Extension
C.J. Johnson, Alt. for Wende Baker
Jeff Kuhr, Three Rivers Public Health Department
Ken Lawonn, NeHII and Alegent Health
David Lawton, Dept. of Health and Human Services, Public Health Assurance
Jennifer Roberts Johnson, Alt. for Vivian Chaumont
Nancy Shank, Public Policy Center
September Stone, Nebraska Health Care Association
Dr. Delane Wycoff, Pathology Services, P.C.

MEMBERS ABSENT:
Susan Courtney, Joni Cover, Senator Annette Dubas, Marie Woodhead, Kimberly Galt, Ron Hoffman, Harold Krueger, Keith Mueller, Kay Oestmann, and John Roberts

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

Co-Chair, Dan Greiss called the meeting to order at 1:30 p.m. There were 13 members at the time of roll call. A quorum existed to conduct official business. It was stated that the meeting notice posted to the NITC and Public Meeting Website on August 4, 2009 and the agenda was posted August 6, 2009.

APPROVAL OF MAY 29, 2009 MINUTES

Ms. Stone moved to approve the May 29, 2009 minutes as presented. Mr. Berens seconded. Roll call vote: Berens-Yes, Griess-Yes, Hammack-Yes, Henderson-Yes, Henneman-Yes, Johnson-Abstain, Kuhr-Abstain, Lawonn-Abstain, Lawton-Yes, Roberts Johnson-Abstain, Shank-Yes, Stone-Yes, and Wycoff-Yes. Results: Yes-8, No-0, Abstain-4. Motion carried.

PUBLIC COMMENT

There was no public comment.

UPDATES AND REPORTS - HIE GROUPS

Western Nebraska Health Information Exchange (WNHIE), Nancy Shank. Negotiations are underway with a vendor. The first vendor did not meet the RFP requirements and needs of the project.

Nebraska Health Information Initiative (NeHII), Ken Lawonn. The board held elections in July. Mary Lanning Hospital in Hastings has signed on to participate in NeHII. The State of Nebraska is being looked at as a national model and has been receiving national attention.

Southeast Nebraska Behavioral Health Information Network (SNBHIN), C. J. Johnson. An RFP was issued. Vendor presentations are occurring to narrowed down the selection. They will be doing presentations on the behavioral health component.

There were no other reports.

UPDATES AND REPORTS - HISPC

David Lawton reported that HISPC III, a 10 state collaborate effort, was completed on July 31st. The program had been extended. The extension required that develop consumer and provider educational materials. A [Brochure](#) and a [Website](#) have been developed. Council members received these documents electronically prior to the meeting. A review of state laws in relation to genetic testing has been conducted.

Ms. Byers will be in contact with the council members regarding the number of printed copies that will be available. Council members were impressed with the brochure and website.

UPDATES AND REPORTS - TELEHEALTH MEETING

On July 21st, a delegation of Telehealth Committee representatives met with eHealth Council representatives. Some of the issues discussed included reimbursement and the Universal Service Fund. Ray Golden from AET Medical and Dr. Lusk from Boys Town representative were also in attendance. Boys Town wants to use telehealth to do adjustment for cochlear implants, but is having problems with reimbursement from Medicare. Joyce Beck invited Dr. Lusk to do a demo when Medicare representatives visit Thayer County Health Services.

UPDATES AND REPORTS - PUBLIC HEALTH WORK GROUP

Jeff Kuhr gave an update on the Public Health Work Group. A written report was distributed to council members. The Work Group explored and reviewed what was currently available and then began to develop a staged approach strategy between public health and electronic medical record systems based on maturity of the public health system, immediate benefit to physical provide practice and the federal priorities related to meaningful use and types of exchange.

Stage one includes the Nebraska Immunization Registry, Reportable Diseases and Syndromic Surveillance.

Stage two includes the Birth Registry, Death Registry, Cancer Registry, Trauma Registry, Nebraska Ambulance Rescue Service Information System, and Smaller disease specific registries: Parkinson's; Head, Brain and Spinal Injury Registry; Human Immunodeficiency Virus Registry. The second phase would include the various other well-establish public health registries that are mature and are capable or potentially capable of receiving information electronically for example hospitals. This group of registries target specific types of providers or specific populations. They are less likely to be applicable to the majority of ambulatory care physical providers.

The third stage would be the development of a chronic disease registry through the collaboration of public and provide health care entities. The registry will provide information critical to community chronic diseases prevention initiatives focused.

UPDATES (IF ANY) FROM THE OFFICE OF THE NATIONAL COORDINATOR

There was no report.

EHEALTH PLAN
Anne Byers, I.T. Community Manager

Ms. Byers commended the Work Group for all the work it has accomplished in such a short timeframe. Phase I of the plan is a great starting point that covers the mission and goals. If approved by the Council today, it will be posted for public comment. After which time, it will go to the NITC for final approval. The term "patient" versus "consumer" was discussed. Council members were asked to send their input and recommendation to Ms. Byers.

Since there are a lot of issues to discuss and address, some member felt the word "Draft" should remain on the document. Rather than keeping "Draft" on the document, Ms. Byers suggested including wording such as Version 2, Version 2, etc. It was recommended that a comment be included about this document being a living document, and to include a chart of the historical changes since it is inception or possibly use updated dates. After discussion, the group agreed to the following:
- To included wording in the Executive Summary that the plan is a living document, as well as in first inside page, and
- To include a historical update of the changes

State Designated Entity. Ms. Byers stated that Governor Heineman announced his intent for NeHII to be the state designate entity. If the state were to receive funding, NeHII would be the grantee. Henderson stated that that a Memorandum of Understanding between the parties regarding responsibilities will need to be developed.

Some council members had concerns regarding the designation of NeHII as the state's designated entity. Ms. Shank stated that the Work Group met with the Lt. Governor. After this meeting, the members felt that their issues were heard.

Mr. Lawonn moved to approve the eHealth Plan with the recommended changes. Dr. Wycoff seconded. Roll call vote: Berens-Yes, Griess-Yes, Hammack-Yes, Henderson-Yes, Henneman-Yes, Johnson- Yes, Kuhr-Yes, Lawonn-Yes, Lawton-Yes, Roberts Johnson-Yes, Shank-Yes, Stone-Yes, and Wycoff-Yes. Results: Yes-13, No-0, Abstain-4. Motion carried.

The Work Group will be meeting on Wednesday to finalize the wording.

Next Steps: Developing Phase II of the Plan and Application for Funding
Nancy Shanks, Public Policy Center

The Office of the National Coordinator has not release the federal road map regarding what components or requirements need to be included in the state eHealth plan. The guidelines should be out this summer. The Work Group has decided to forge forward in hopes the State of Nebraska's eHealth Plan meets federal guidelines.

The Work Group is focusing on:
- Prioritization of Goals
- Eligibility requirements for end recipients of state health IT funds
- Timeline
- Application form
- Review process

These are very broad guidelines per the stimulus monies information received so far. The work group conducted a group activity where each member got to spend $100 on what they would like prioritize and

focus. To assist with the development of state's eHealth plan and to get council members input, the Work Group would the whole Council to do this activity.   An e-mail will be sent to Council members asking them to prioritize goals.

The Work Group has been meeting weekly. If council members are interested in learning more about what the Work Group has done, the minutes from the August 6 and July 31 meetings were included in the meeting materials.

MEMBERSHIP

The Council has several vacant positions. Jim Krieger from Gallup has resigned. Kimberly Galt has resigned as co-chair but still wants to be on the Council. Members were asked to send Ms. Byers names of interested persons.

NEXT MEETING DATE AND ADJOURNMENT

With no further business, Mr. Griess 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.

Nebraska Information Technology Commission
October 12, 2009 9:30 AM CT – 12:00 noon CT
Nebraska Educational Telecommunications
1800 N. 33rd, Board Rm., 1st Floor
Lincoln, Nebraska
PROPOSED MINUTES

MEMBERS PRESENT:
Wende Baker, Executive Director, Southeast Nebraska Behavioral Health Information Network
Dennis Berens, Dept. of Health and Human Services, Office of Rural Health
Vivianne Chaumont, Dept. of Health and Human Services, Division of Medicaid and Long Term Care
Kim Galt, Creighton University of Pharmacy and Health Professions
Dan Griess, Box Butte General Hospital
Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
Steve Henderson, Office of the Chief Information Officer, State of Nebraska
David Lawton, Dept. of Health and Human Services, Public Health Assurance
John Roberts, Nebraska Rural Health Assocation
Bill Bivin, Alt. for September Stone, Nebraska Health Care Association

MEMBERS ABSENT:
Joyce Beck; Susan Courtney; Joni Cover; Senator Annette Dubas; Marie Whitehead; Alice Henneman; Ron Hoffman; Jeff Kuhr; Ken Lawonn; Keith Mueller; Kay Oestmann; Nancy Shank; and Delane Wycoff

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

Co-Chair, Dan Griess, called the meeting to order at 9:30 a.m. Nine voting members were present at the time of roll call. A quorum was not present to conduct official business. The meeting proceeded with informational items. The meeting notice was posted to the NITC and Public Meeting Websites on September 1, 2009. The meeting agenda was posted on October 8, 2009.

APPROVAL OF AUGUST 14, 2009 MINUTES

The approval of the **August 14, 2009 minutes** was tabled until the next meeting due to lack of a quorum.

PUBLIC COMMENT

There was no public comment.

UPDATES AND REPORTS

Public Health/eHealth Work Group Report. Kathy Cook stated that the report has been organized around "meaningful use" as it relates to ambulatory care settings since there has not been an effort to have electronic health records access in this area. The definition of "meaningful use" is still being discussed at the federal level. The excerpt below in italics is taken from the written report. More detailed information and charts are available via the link above.

Key Considerations and Recommendations

Business and technical operations - Staged approach to interoperability between public health and electronic medical record systems can be established based on maturity of the public health system, immediate benefit to physician provider practice and the federal priorities related to meaningful use. (Tables 3 and 4 in the appendix provide more detail about the stages and readiness of the public health system.)

- ***First stage,*** *the concentration would be on the three types of health information exchange that will meet the most urgent legal requirements, bring the most immediate benefit to public health and to the provider and is applicable to the largest number of ambulatory care providers. This stage would include the exchange of immunization, reportable disease and syndrome surveillance information.*
- ***Second stage*** *would include the various other well-established public health registries that are mature and are capable or potentially capable of receiving information electronically. These systems currently obtain information from hospitals, through reviews of records and voluntary reporting by key providers. Reports are sent electronically, on paper or entered directly into the registry by the provider. This group of registries target specific types of providers or specific populations. They are less likely to be applicable to the majority of ambulatory care physician providers. The National HIT Policy Committee endorsed the use of disease registries, "specifically as a way for specialists to report quality data and demonstrate meaningful use".*
- ***Third stage*** *will be the development of a chronic disease registry through the collaboration of public and private health care entities. The leading causes of death in Nebraska are associated with chronic diseases. Currently, most of the information about incidence and quality are based on measures derived from death and hospital data. The lack of information about incidence in early stages of chronic disease seriously limit the ability of medical providers and the community to measure the impact of risk reduction, early screening and treatment. Through the use of EMR-S by medical providers and health information exchange organizations information could be shared regarding the incidence and characteristics of diseases at onset or early in the life cycle. The registry will provide information critical to community chronic diseases prevention initiatives focused.*
- ***Fourth stage*** *would be the evolution of knowledge, understanding and ability to measure the incidence of chronic disease and the impact of community and provider interventions. Electronic medical records do not necessarily articulate and track outcomes. Current analysis and reporting is based on hospital discharge and mortality data. Most rates of disease incidence are based on hospital data. This would include the identification / development of relevant and meaningful measures and rates based on incidence information from ambulatory settings. This is needed to improve the capacity to assess the health status of the community and to evaluate the quality and effectiveness of the health care system and community ability to improve the health of their residents. Unlike communicable diseases, immunizations and vital statistics, understanding chronic disease in a population will require developing strategies for bundling information. This will require us to develop both methodologies and relevant parameters for interpretation.*

Governance - Public Health Stakeholders

Stakeholders representing public health interests need to include both state and local perspectives. For efficiencies and economies of scale, the major public health data systems that interface EMRs and Health information exchanges will be managed at the state level. Local public health represents the entities who work directly with their local health care providers to use the data to improve the health status of their populations.

*Public Health stakeholders need to partner with the larger effort to meaningful use of electronic health information. This includes both information coming **to** public health for population health and knowledge support that can come **from** public health to the health care provider to support decision-making.*

Ms. Galt stated that as the State of Nebraska moves forward that personal information such as phone numbers should not be exposed to the general public.

UPDATES ON RECOVERY ACT FUNDING FOR HEALTH IT

Health Information Technology Extension Program. The HITECH Act authorizes a Health Information Technology Extension Program. The extension program consists of Regional Extension Centers and a national Health Information Technology Research Center (HITRC). This funding opportunity announcement seeks applications from qualified entities to serve as regional centers within the extension

program. The regional centers will offer technical assistance, guidance, and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs). The extension program will establish an estimated 70 (or more) regional centers, each serving a defined geographic area. The regional centers will support at least 100,000 primary care providers, through participating non-profit organizations, in achieving meaningful use of EHRs and enabling nationwide health information exchange. The Extension Program will also establish a HITRC, funded separately, to gather relevant information on effective practices and help the regional centers collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption, effective use, and provider support.

The State of Nebraska submitted an initial pre-application and was invited to submit a full application. If awarded, grantees should be notified in December. If funded, the eHealth Council will need to determine how to collaborate and formalize these relationships.

State Health Information Exchange Cooperative Agreement Program. The HITECH Act authorizes the establishment of the State Health Information Exchange Cooperative Agreement Program to advance appropriate and secure health information exchange (HIE) across the health care system. The purpose of this program is to continuously improve and expand HIE services to reach all health care providers in an effort to improve the quality and efficiency of health care. Cooperative agreement recipients will evolve and advance the necessary governance, policies, technical services, business operations, and financing mechanisms for HIE over a four-year performance period. This program will build from existing efforts to advance regional and state level HIE while moving toward nationwide interoperability. Over the next several months, cooperative agreements will be awarded through the State Health Information Exchange Cooperative Agreement Program to states and qualified State Designated Entities (SDEs) to develop and advance mechanisms for information sharing across the health care system.

Approximately six million dollars is available for State efforts. One of the requirements is that states must submit a strategic eHealth plan along with an operational plan. The state has developed a strategic eHealth Plan. The goal is to get the operational plan done by the end of the year. If this deadline can be accomplished, then no match is required between January to September, 2010. Lt. Governor Sheehy is Nebraska's Health Information Exchange Coordinator. The application is still under development.

Mr. Lawton stated that other states are not as far along as Nebraska. Other states may have difficulty with their eHealth and operational plan, as well as to coordinate the involvement of providers.

Mr. Berens stated that the State of Nebraska must also address the issue of the Health I.T. Workforce and suggested that the Council invite higher education institutions that provide licensing and/or training for the Health I.T. workforce for a discussion. Ms. Byers stated that there will be federal funding available to deal with Health I.T. workforce.

NEBRASKA STRATEGIC EHEALTH PLAN

A few Council members expressed the following concerns regarding the Nebraska Strategic eHealth Plans:
- Toll-gating and proprietary concerns
- Issues of "conflict of interest" and stake holders. A clear distinction of the integrator and the exchange would be beneficial.
- There is no mention of "standards" that will be developed to determine the performance of the integrator and the exchange.
- It is unclear as to NeHII's role in connecting with NHIN.
- Although there is a general statement about working with the Attorney General, "disclosure of fraud" is not explicit in the plan.

Ms. Galt suggested the following word changes in red to the following sections of the eHealth plan:

Executive Summary *(Nebraska Strategic eHealth Plan Page 5)*

Health information technology (Health IT), often referred to as eHealth, promises to improve the quality of patient care and consumer safety as well as enhance public health efforts. Over the past several years, significant progress has been made in addressing many of the barriers which have limited the adoption of health IT. Additionally, the American Recovery and Reinvestment Act provides significant funding for health IT. The time is right to build upon the investments in health IT being made in Nebraska by health care providers, public health, and third party payers.

Nebraska is poised to become a leader in health information exchange. Significant progress is being made in the development of health information exchange in the state. The private sector has taken the lead in developing health information exchange. Nebraska has established a fully operational and sustainable health information exchange, the Nebraska Health Information Initiative (NeHII). As the State Designated Entity for Nebraska, NeHII will serve two functions: (a) as an integrator for health providers, health organizations and health information exchanges requesting facilitation to connect to the NHIN and/or with each other, and (b) as a health information exchange offering services in its own right. NeHII will provide technical infrastructure for the sharing of health information throughout the state. NeHII will work with the state's other regional and specialty health information exchanges in various stages of implementation to leverage their success in ensuring a complete and sustainable business model. Nebraska's regional and specialty health information exchanges are the Southeast Nebraska Health Information Exchange (SENHIE), Southeast Nebraska Behavioral Health Information Exchange (SNBHIN), and Western Nebraska Health Information Exchange (WNHIE).

Coordination of eHealth activities in the state is facilitated by the Nebraska Information Technology Commission's eHealth Council. The Nebraska Information Technology Commission's eHealth Council has taken the lead in developing the state's eHealth Plan. NeHII-- in coordination with the state's regional and specialty exchanges and the eHealth Council--has developed both the stakeholder support and sustainable business plan necessary for statewide health information exchange.

This plan lays out the state's vision, goals, and objectives, and strategies for implementing statewide health information exchange and supporting the meaningful use of health information technology. The plan focuses on the domains of adoption, governance, finance, technical infrastructure, business and technical operations. Key considerations and recommendations are also included. This plan has been designed with explicit recognition that it will change; responsive to the dynamic healthcare and HIT environment, consumer health care interests, and emerging improvements in health information management.

Key Considerations and Recommendations: *(Nebraska Strategic eHealth Plan Page 71)*

- *Privacy and security are key requirements for the exchange of health information exchange.*
- *Privacy and security policies and practices will continue to evolve in response to changes in the legal environment and technological changes.*
- *Nebraska's privacy and security laws may need to be further reviewed in light of the HITECH ACT. Compliance may require ongoing monitoring and policy changes.*
- *Although consumers are generally supportive of the use of health information technology, efforts should be made to educate consumers on how their health information is used, how it is protected, and what privacy rights they have.*
- *Providers may also need information and training on privacy and security laws and practices.*
- *A mechanism for consumers to confidentially report concerns about the handling of personal health information and their health data will be established independently from the State Designated Entity. Information for consumers about this mechanism will be widely disseminated by the state and publicly accessible.*

Members recommended reinforcing that the eHealth plan is a living document in the Executive Summary. Mr. Henderson stated the State's eHealth Operational Plan should address many of the concerns.

There was not a quorum present in order to approve the plan. The Council could approve this at their next meeting. The NITC will also need to approve the eHealth Plan.

Council members were thanked for their input and recommendations on the plan.

ADJOURNMENT AND NEXT MEETING DATE/TIME

With no further business, Mr. Greiss adjourned the meeting at 10:53 a.m.

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

eHealth Council Members

- **The State of Nebraska/Federal Government**
  - **Steve Henderson**, Office of the CIO (term ends Dec. 2011)
  - **Senator Annette Dubas**, Nebraska Legislature (term ends Dec. 2010, renew every 2 years)
  - **Steve Urosevich (nominated—term would end Dec. 2009)**
  - **Congressman Jeff Fortenberry**, represented by Marie Woodhead (term ends Dec. 2010, renew every 2 years)

- **Health Care Providers**
  - **NHA recommendation**, (nominated—term would end Dec. 2010)
  - **Dr. Delane Wycoff**, Pathology Services, PC (term ends Dec. 2011)
    - **Dr. Harris A. Frankel** (alternate)
  - **Joni Cover,** Nebraska Pharmacists Association (up for renewal—new term would end Dec. 2012)
  - **September Stone**, Nebraska Health Care Association (term ends Dec. 2010)
  - **John Roberts**, Nebraska Rural Health Association (term ends Dec. 2011)

- **eHealth Initiatives**
  - **Donna Hammack**, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation (up for renewal—new term would end Dec. 2012)
  - **Ken Lawonn**, NeHII and Alegent Health (term ends Dec. 2010)
  - **Harold Krueger**, Western Nebraska Health Information Exchange and Chadron Community Hospital (term ends Dec. 2011)
  - **Wende Baker**, Southeast Nebraska Behavioral Health Information Network and Region V Systems (up for renewal—new term would end Dec. 2012)
  - **Joyce Beck**, Thayer County Health Services (term ends Dec. 2011)

- **Public Health**
  - **Sue Medinger**, Department of Health and Human Services, Division of Public Health (nominated—term would end Dec. 2010)
  - **Jeff Kuhr**, Three Rivers Public Health Department, Fremont (term ends Dec. 2011)
    - **Rita Parris**, Public Health Association of Nebraska, alternate
  - **Kay Oestmann**, Southeast District Health Department (up for renewal—new term would end Dec. 2012)
  - **Dr. Keith Mueller**, UNMC College of Public Health (term ends Dec. 2010)
  - **Joel Dougherty**, OneWorld Community Health Centers (nominated—term would end Dec. 2011)

- **Payers and Employers**
  - **Susan Courtney**, Blue Cross Blue Shield (up for renewal—new term would end Dec. 2012)
  - **Vivianne Chaumont**, Department of Health And Human Services, Division of Medicaid and Long Term Care (term ends Dec. 2010)

- **Consumers**
  - **Nancy Shank**, Public Policy Center (term ends Dec. 2011)
  - **Alice Henneman**, University of Nebraska-Lincoln Extension in Lancaster County (up for renewal—new term would end Dec. 2012))

- **Resource Providers, Experts, and Others**
  - **Kimberly Galt**, Creighton University School of Pharmacy and Health Professions (up for renewal—new term would end Dec. 2012).
  - **CIMRO of Nebraska/Wide River Technology Center** (nominated--term would end Dec. 2010)

Steve Urosevich

I have been a health Care Administrator for 40 years serving as CEO of both large and small healthcare systems, from rural Nebraska to Chicago. I have been the Chief Operating Officer of the Health Services Division of the Department of Corrections for just over one year. We are currently in discussions to implement the VHR and EMR products through NEHII, we have been working with Bass and Associates over the last 4 months. I was born and raised in Nebraska, after graduating from UNO I pursued my healthcare career outside the state and returned to Omaha 2 years ago from Chicago.
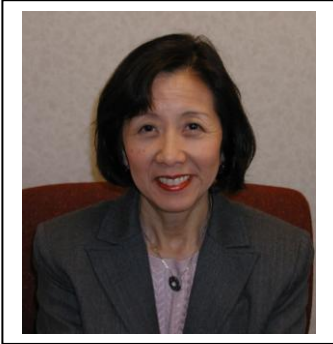
LIANNE STEVENS, M.S., B.S., CPHIMS

Lianne Stevens is a senior level information technology professional with over 20 years of service in the healthcare industry. She has served in an IT management capacity in both community and academic hospital settings.   Currently she serves as Vice President of Information Technology/CIO for The Nebraska Medical Center, one of the region's premier health systems serving 25 percent of the Omaha area market with its 689 licensed beds. She is responsible for the provision of information technology application and technical services for the organization. She provides guidance and support for the organization's Information Management (IM) Governance process through leadership of the Project Management Office structure. She is responsible for IT strategic planning in alignment with the organization's strategic priorities.   She serves as chair of the hospital's IM Infrastructure Committee and The Joint Commission IM Committee.

Lianne holds a Master of Science degree in Information Systems from Roosevelt University in Chicago, Illinois. She is a member of CHIME-HIMSS and the Project Management Institute and holds CPHIMS certification. She is also an ASCP registered medical technologist.

Sue Medinger

402-471-0191; **sue.medinger@Nebraska.gov**

PROFESSIONAL EXPERIENCE

Administrator   **8/2008-Current**
Community Health Planning & Protection Unit
Nebraska Department of Health & Human Services (DHHS)

- Oversee administration of the Offices of: Community Health Development; Developmental Disabilities Planning Council; Emergency Medical Services; Health Disparities and Health Equity; Public Health Emergency Response; and Rural Health.
- Supervise administrators in planning and policy formulation including decisions involving staffing, grants, sub-grants, budgets and contracts.
- Discuss and resolve administrative problems.
- Review legislation, statutes, rules, policies and procedures to respond to changes in needs, objectives, and priorities and improve the effectiveness of assigned areas.
- Direct the work activities of staff to reach goals and ensure consistent application of policies, procedures and guidelines.

Health Management Systems Administrator   **2000 – 8/2008**
Community Health Development
Nebraska Department of Health & Human Services

Bioterrorism & Emergency Response
- Serve as the liaison with the local health departments to define emergency preparation and response activities for local public health; write and oversee the contracts with public health; ensure performance according to the contracts; ensure compliance with federal grant requirements; focus local health departments' activities to build relationships with other community responders, schools, businesses, government, etc.; develop links between state and local public health staff; organize committees with representation from local public health, DHHS and other state and local agencies to build consensus and define policies and procedures; initiate the development and completion of exercises; establish financial reporting monitor fiscal accountability; and other activities as needed.
- Write contracts for various entities such as behavioral health, the Public Health Association of Nebraska, Medical Response Systems, Federally Qualified Health Centers, speaker contracts, etc.
- Become familiar and assist with the development of regulations and state statutes to facilitate public health emergency response.
- Work with the Nebraska Emergency Management Agency (NEMA) to clarify local public health's role in local response with revisions to the Local Emergency Response Plan (LEOP) template and encourage local health department staff participation in Homeland Security training and to interact with county emergency management.

Local Health Department Relations

- Promote linkages between state and local staff to encourage program development and working relationships, i.e., methamphetamine clean up regulations; minority health contacts; health promotion activities; surveillance and epidemiology; public water systems; and risk communications among other programs within the DHHS.
- Develop and update the spreadsheet that distributes Tobacco Settlement Funds (LB692) and other state funds to local health departments.
- Worked with DHHS Legal staff and three local health department directors to develop a guide for local health department directors to establish local regulations.

Other Public Health Activities
- Turning Point Committee - participated on the committee to develop Nebraska's Plan to Strengthen and Transform Public Health in our State published in 1999 and currently on the committee to update the plan.
- DHHS Public Health Law Committee – participate on this committee to discuss changes and new state statutes and regulations.
- Participate on the committee to develop the Nebraska Physical Activity & Nutrition State Plan for the period 2005 – 2010.
- Worked with Office of Public Health staff to: update the Request for Applications for the Nebraska Health Care Cash Grants for community programs; develop and provide training for applicants; review applications; write abstracts; develop the evaluation tool; recruit reviewers, reviewer training, tallying and summarizing scoring results and financial information and presenting this information to the oversight Council for selection; notifying applicants; monitoring grantee reports and make site visits.

Health Services Management Systems Administrator 1995 - 2000
Community Development and Office of the Director
Nebraska Department of Health and Human Services

- Participated on the committee to develop the requirements for a consultant to advise DHHS on system requirements for a statewide information system to convert paper food stamps to debit cards. Subsequently participated on the committee to develop the RFP for the statewide Electronic Benefits Transfer (EBT) system. Collected ideas from committee members and drafted the Request for Proposals in accordance with state procurement requirements. Participated in the proposal reviews and selection process and final contract notification. Contract payments were based on the completion of defined deliverables.
- Project Manager for the implementation of the Woman, Infant & Children's (WIC) Supplemental Food Program statewide computer system having a budget of $2.4 million. This project was in the implementation process when the large reorganization of five agencies occurred.   Although through the reorganization I was transferred to another area, I remained as project manager until full implementation of the statewide computer system was completed.
- Purchase of services and equipment via request for proposals and state contracts.
- Form and direct teams to assure integration of state and program policy into grant activities.
- Develop, monitor and update budgets.
- Monitor contracts and facilitate communication between state and local state staff and contractors.

- Work with legal, accounting, purchasing and computer and communications to acquire expertise and needed services.
- Review technology to ensure optimum methods for data processing, telecommunications and records management
- Encourage and provide opportunities for staff development.
- Facilitate contracting for nutrition services for children with special needs.

Nutrition Division Director   **October 1988 – April 1995**
Nebraska Department of Health
- Provide administrative oversight for large federal and state funded programs.
- Work with staff to develop and monitor $23 million budget.
- Coordinate efforts among area of responsibility, the department as a whole and other organizations to promote effective use of resources.
- Develop and submit applications for federal funding.
- Plan, implement and evaluate program plans and federal grants,
- Form and direct various teams to accomplish goals and set policy for funding distribution to sub-grantees, strategic planning for statewide public nutrition efforts; and new method to coordinate service delivery and reduce paperwork.
- Track federal and state legislation and respond pro-actively.
- Write and present testimony.
- Develop and implement policies and procedures.
- Supervise professional and support staff.

Interim Director of Maternal and Child Health (MCH) Division   **1989 & 1990**
Nebraska Department of Health
- Provide oversight for the MCH Block Grant state plan.
- Supervise staff in the development and issuance of request for applications to distribute block grant funds; application review teams, notice to applicants, and monitor program and fiscal performance of sub-grantees.
- Oversight for the newborn screening and genetics program.
- Division budget development and monitoring.
- Supervised professional and support staff.
- Provided mentoring and training to the incoming MCH Director.
- Successfully responded to the first comprehensive state plan requirement.
- Initiated subgrantee on-site evaluations
- Initiated development of a computer application to improve the handling of metabolic screening results and notification.

Health Program Administrator   **January 1987 – October 1988**
Nebraska Department of Health
- Responsible for administration of the statewide Commodity Supplemental Food Program.
- State plan development and oversight.
- Development of local agency annual plan guidance.

- Review of local plans.
- Budget development and monitoring.
- Allocation of funds.
- Cost containment.
- Order, delivery, and inventory control of $2 million of commodity foods warehoused across the Nebraska.
- Develop and monitor sub-grantee and warehousing contracts.
- Development of first sub-grantee procedure manual.
- Policy development and implementation; planning; monitoring; evaluation; and staff supervision.

Nutritionist II & III   **March 1979 -December 1986**
Nebraska Department of Health
- Responsible for sub-grantee training; technical assistance; program monitoring; plan development; policy development and implementation; contract oversight; and grant preparation.
- Established the role of the State Vendor Liaison for the WIC Program.
- Prepared pamphlets, newsletters and articles for use by professional staff and the general public using current scientific evidence.

SIGNIFICANT ACTIVITIES AND PROJECTS

Request For Proposals (RFPs/RFAs) – Developed numerous RFPs/RFAs in accordance with state and federal requirements including establishing evaluation criteria, overseeing the review and selection process and in most cases implementing the contract for the:
- WIC Program statewide computer system
- WIC banking services
- WIC infant formula rebates
- Food Stamp Electronic Benefits Program
- Consultant services
- Grants to community organizations

Contract Management
- Local Health Department emergency response contracts (20 renewed each year).
- Public Health Association of Nebraska (renewed each year).
- Information technology contracts (WIC, MCH, Immunizations).
- Nutrition Consultant to develop guide books for schools on Eating Disorders.
- Many individual and project specific contracts.

Project Management
- Project Manager for the implementation of the WIC Program statewide computer system.

Policies and Procedure Development
- Developed the template for the local health departments' all-hazards emergency response plan with annual updates. This provides coordination among state and local staff in the areas of command and control, surveillance and epidemiology, response and notification, disease containment (quarantine & isolation), mass dispensing of vaccine and medications, cache and

stockpile request and delivery, exercises, staff roles, vulnerable and hard to reach populations, response to natural disasters.

- Wrote the state plan for Community Disease Containment in accordance with CDC recommendations.
- Worked with three local health department Directors, Darrell Klein and Sarah Helming to develop the Directed Health Measures Handbook which provides guidance to local health departments on adoption of local regulations, working with municipalities and other community members for a common goal.

<u>Established numerous work groups and committees to accomplish long and short term goals</u>

EDUCATION

<u>University of Nebraska at Lincoln</u>
Bachelor of Science Degree in Food and Nutrition   August 1973 – December 1976

Math and Computer Courses   1980 - 1994

<u>Barnes Hosptial, St. Louis, Missouri</u>   February – October 1977
Dietetic Internship

<u>College of Saint Mary, Lincoln Campus</u>   January 1996 - 1997
Telecommunications Certificate

Certificate required the completion of the following courses: Introduction to Computers; Principles of Telecommunications I & II; Digital Transmission Systems; Networks; Telecommunications Systems Management; Information Resource Planning and Management; and Hardware/Software Concepts.

<u>Great Plains Public Health Leadership Institute</u>
Graduate   September 2006

<u>Workshops and Conferences</u>
Ongoing participation in professional workshops, conferences and training opportunities.

PROFESSIONAL REGISTRATION

Registered Dietitian, American Dietetic Association #478227

Joel Dougherty, Chief Operating Officer (OneWorld Community Health Centers, Inc.: 2005 to Present)

Mr. Dougherty has been the Chief Operating Officer (CIO and Facilities Director) for OneWorld Community Health Centers, Inc. (OneWorld) since 2005.

Mr. Dougherty successfully led the implementation of OneWorld's electronic practice management (EPM) and electronic health record (EHR) systems, implemented the Dentrix electronic dental record (EDR) system, was the project director and designer for OneWorld's first satellite clinic location, managed the construction of a new 40,000 square foot health clinic and the logistics of moving the health center into the new location in 2005. He was responsible for implementing new ultrasound and radiology services and manages all aspects of the Information Technology department including the EPM system, EHR, EDR, server farm and desktop support. As COO, he supervises medical records, appointment scheduling, front desk, billing, IT, facilities, financial counseling, HR, WIC, and patient support departments. He created and implemented disaster response and business continuity plans and led the transition from an in-house billing department to an outsourced billing company. His prior experience includes:

- 1997–2005   Director of Operations for Personal PC Consultants in Omaha where he led a Practice Management selection and implementation team for OneWorld Community Health Centers as a consultant, was team leader for an implementation of a new database system to manage the credentialing process for the Nebraska Credentials Verification Organization with over 1,000 users, provided outsourced IT services including network management, security, purchasing, network design, desktop support, training and disaster recovery planning for clients in health care, finance, construction, insurance, accounting and real estate, team leader on a web-based database to manage specialty referrals for three Heartland Community Health Network clinics and over 700 private doctors offices

- Designed and implemented a WAN and server farm for a medium sized international hedge fund. Learned Securities and Exchange Commission regulations for data security including new provisions for security and archiving under the Sarbanes-Oxley Act of 2002, created custom database applications for both non-profit and for-profit corporations. Applications developed include warranty tracking applications, membership databases, quality control applications for ISO 9000 certified corporations, and HIPAA compliant health information databases. Managed large database design projects for clients in health care, banking, manufacturing, food processing, financial services and law, expanded services offered and added management contracts to offset the cyclical nature of the computer services business.

Introduction

Health information technology (Health IT), often referred to as eHealth, promises to improve the quality of patient care and consumer safety, as well as enhance public health efforts. Over the past several years, progress has been made in addressing many of the barriers which have limited the adoption of health IT. Additionally, the American Recovery and Reinvestment Act provides significant funding for health IT. The State Health Information Exchange Cooperative Agreement through the Office of the National Coordinator will provide approximately $6.8 million to Nebraska for the development of statewide health information exchange.

Coordination of eHealth activities in the state is facilitated by the Nebraska Information Technology Commission's eHealth Council. The strategic plan, developed by the eHealth Council and published in October 2009, lays out the state's vision, goals, and objectives, and strategies for implementing statewide health information exchange and supporting the meaningful use of health information technology. This operational plan provides more detailed information on how Nebraska plans to develop statewide health information exchange and work toward the achievement of meaningful use of electronic medical records.

Vision

The vision for eHealth in Nebraska, as stated by the eHealth Council in the state's strategic eHealth plan, is presented below:

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

Goals

The eHealth Council identified the following goals in the state's strategic eHealth Plan. These goals will be achieved while ensuring the privacy and security of health information, which is an essential requirement in successfully implementing health information technology and exchanging health information:

- Using information technology to continuously improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information.

- Improve patient care and consumer safety;

- Encourage greater consumer involvement in personal health care decisions;

- Enhance public health and disease surveillance efforts;

- Improve consumer access to health care;

- Improve consumer outcomes using evidence-based practices.

Scope

The implementation of health information exchange and the achievement of meaningful use in Nebraska is an extremely complex endeavor. In order to simplify planning, this operational plan focuses primarily on the first two years of Nebraska's State HIE Cooperative Agreement Program and on those activities necessary for implementing the agreement. The eHealth Council recognizes that the full implementation of health information exchange and the achievement of meaningful use is broader and will take more than two years. It is anticipated that future plans will cover years three and four of the cooperative agreement. Due to rapid developments in health information technology and policies, this plan will likely need to be updated frequently. The state's strategic plan will continue to take a broader view of eHealth and will also likely require frequent updating.

Meaningful Use

Demonstrating "meaningful use" of certified electronic health records is central to ARRA-funded programs, including the State HIE Cooperative Agreement program. Criteria for demonstrating meaningful use are being developed by the Centers for Medicare and Medicaid Services (CMS). The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who demonstrate "meaningful use" of certified electronic health records. Meaningful use will be phased in three stages. Nebraska's statewide health information exchange is committed to providing the applications necessary for eligible providers and hospitals to meet Stage One requirements in year one. All providers, regardless of their ability to qualify for Medicaid or Medicare incentives, will be able to utilize the expanded services available through NeHII.

HIE Development in Nebraska

Nebraska is poised to be a leader in health information exchange. The development of health information exchange in Nebraska has been driven primarily by private sector funding and leadership with coordination by the NITC eHealth Council. Other key components in Nebraska's efforts include the development of a regional health IT extension center as well as public sector investments in public health and Medicaid.

eHealth Council

Lt. Governor Rick Sheehy and the Nebraska Information Technology Commission formed the eHealth Council in 2007 to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska. The eHealth Council is responsible for developing the state's eHealth plan, coordinating stakeholders, and providing oversight and accountability. The eHealth Council will also be directly involved in making recommendations regarding privacy and security, interoperability, fiscal integrity, business and technical operations, and universal access for Nebraska's statewide health information exchange.

Statewide Health Information Exchange Integrator

The Nebraska Health Information Initiative (NeHII) is the state's largest, active health information exchange. NeHII successfully completed a pilot project in the spring of 2009, exchanging health information among participants in the Omaha area. Alegent Health, Children's Hospital and Medical Center, Methodist Health System, The Nebraska Medical Center, and BlueCross BlueShield of Nebraska participated in the pilot project. Since then NeHII has continued to add physicians and hospitals. In January 2010, Mary Lanning Memorial Hospital in Hastings began exchanging health information through NeHII. As of Feb. 2010, over 400 physicians and staff are using NeHII's EMR or Virtual Health Record. Over 1.5 million patients in Nebraska and neighboring states of Iowa and Missouri have health information available through NeHII.

NeHII has been named Nebraska's State Designated Entity by Governor Dave Heineman. As the State Designated Entity for Nebraska, NeHII will be responsible for implementing statewide health information exchange through the federally funded State Health Information Exchange Cooperative Agreement program. NeHII will serve two functions: (a) as an integrator for health providers, health organizations and health information exchanges requesting facilitation to connect to the NHIN and/or with each other, and (b) as a health information exchange offering services in its own right. NeHII will provide the technical infrastructure for the sharing of health information throughout the state.

Regional and Specialty Exchanges

Additionally, two regional and specialty exchanges will enhance the development of statewide health information exchange in the state.

The **Southeast Nebraska Behavioral Health Information Exchange (SNBHIN)** will connect behavioral health providers in the 16-county Region V service area, with future plans to offer the applications to other Regions in the state as time and resources allow. SNBHIN will participate in statewide health information exchange by connecting to NeHII. Participants include Blue Valley Behavioral Health Center, BryanLGH Medical Center, CenterPointe, Child Guidance Center, Community Mental Health Center, Cornhusker Place, Family Services, Heartland Health Alliance, Houses of Hope, Lincoln Council on Alcoholism and Drugs, Lincoln Medical Education Partnership, Lutheran Family Services, Mental Health Association, Region V Systems, and St. Monica's Home. SNBHIN partners have received several grants including a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004, an AHRQ Ambulatory Care Grant in 2008, a three-year Rural Health Network Development Grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration in 2008, Region V Systems, and a grant from the Nebraska Information Technology Commission.

The **Nebraska Statewide Telehealth Network** connects the state's hospitals, providing two way-interactive video for patient consultations, continuing medical education, and administrative meetings. Additionally, the telehealth network provides access to teleradiology services. The Nebraska Statewide Telehealth Network is an important component in Nebraska's efforts to expand access to specialist services in rural areas of the state. The telehealth network in itself does not operate a data set. The network is complementary to the State's efforts to implement health information exchange, because through health information exchange, electronic health records can be made available in the treatment setting to enhance the remote care provided.

Regional Health IT Extension Center

CIMRO of Nebraska was awarded a grant from the Office of the National Coordinator to provide technical assistance to providers in adopting electronic medical records. CIMRO of Nebraska doing business as the Wide River Regional Technology Center will be a key player in the state's health IT efforts. NeHII and the eHealth Council will work with Wide River Technology Center to coordinate efforts.

Public Sector Investments in Public Health and Medicaid

Public Health. Additionally, the Nebraska Department of Health and Human Services has several systems which will interface with health information exchanges. Nebraska was one of the beta sites for the National Electronic Disease Surveillance System development and currently receives 90% of all reportable diseases through electronic information exchange. Nebraska has developed a centralized immunization registry and collects syndromic surveillance data.

The Public Health/eHealth Work Group identified opportunities to develop interfaces between health information exchanges and public health data systems. The Stage One public health objectives which are included in the current definition of Meaningful Use were identified as the highest priority. Those objectives are listed below:

- **Requirements for Professionals and Hospitals:**
  - Capability to submit electronic data to immunization registries and actual submission where required and accepted
  - Capability to provider electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice
  - Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received (hospitals only)

Discussions with public health representatives are underway to determine public health requirements and to develop a solution that meets those requirements.

Medicaid. The Nebraska Medicaid Program (Medicaid) is a member of the statewide e-Health Council. The Director of Medicaid holds a seat on the NeHII Board of Directors. Medicaid is undertaking a significant planning effort related to system support that places it in an ideal position to design the development and ultimate adoption of a system suite to accommodate the various components of the e-health objectives and to enhance its contributions to the state-wide HIE effort. In that regard, Medicaid has submitted a HIT Planning APD (Advanced Planning Document) to the Centers for Medicare and Medicaid Services (CMS) to initiate the process to access funds available only through state Medicaid agencies. In the short term, these planning funds will allow Medicaid to plan the approach to development of the Medicaid role in both supporting the state-designated HIE in achievement of their stated goals, and to explore the possibilities for Medicaid in reaching its goals to fully adopt electronic capabilities commensurate with national HIT/HIE objectives. In the longer term, additional HIT/HIE funds are available through CMS to Medicaid agencies that will considerably further the development and implementation of e-health capabilities.

Guiding Principles

Nebraska's operational plan to create statewide health information exchange is based on the following principles:

Leveraging existing eHealth initiatives and investments in Nebraska. The private sector has made investments in health information technology and health information exchange. Every effort is being made to leverage these investments. Nebraska will leverage NeHII's expertise as the state's largest active health information exchange to serve as the integrator for the state's regional and specialty exchanges. NeHII will also expand the services operated in order to meet meaningful use requirements and will expand operations to directly connect providers across the state. The investments and expertise of the state's regional and specialty exchanges will also be leveraged.

Achieving a critical mass of participants by initially focusing on hospitals and physician practices most ready to participate in health information exchange. Larger hospitals and physician practices have initially demonstrated greater readiness and interest in participating in health information exchange and have been among the first to join NeHII. Wide River Technology Extension Center will play a key role in working with providers who need assistance in adopting electronic medical records.

Recognizing that participation is voluntary. Providers and health information exchanges are not required to participate in statewide health information exchange. However, funding from the State HIE Cooperative Agreement Program will only be provided to regional and specialty exchanges which participate in statewide health information exchange through NeHII. (An exception is made for the Nebraska Statewide Telehealth Network which doesn't have a database of patient health information.)

Offering value to stakeholders. Health information exchange must offer value to consumers, providers, payers, public health, and other stakeholders. Offering value is the only way to achieve a critical mass of users and to develop a sustainable revenue stream.

Utilizing a sustainable business model for both the development of infrastructure and operations. Recipients of funding from the State HIE Cooperative Agreement program must demonstrate sustainability. Nebraska's integrator, NeHII, has been operational since the Spring of 2009 and has a sustainable business model. Future growth will solidify NeHII's sustainability. Although not yet operational, SNBHIN has developed a business plan showing sustainability.

Supporting the work processes of providers. Wide River Technology Extension Center will play a key role in providing assistance to providers and ensuring that health information exchange in Nebraska supports the work processes of providers.

Measuring and reporting goal- and consumer-centered outcomes of investments of public dollars. An evaluation plan will be developed to measure and report goal- and consumer-centered outcomes. Additionally, meaningful use criteria includes reporting ambulatory and hospital quality measures to CMS or the States.

Utilizing national standards and certification to facilitate meaningful use and interoperability. NeHII and the state's regional and specialty exchanges are committed to the utilization of national standards and certification. NeHII is committed to exceeding HHS-adopted interoperability standards. In its current production state, NeHII requires communication using standard transactions sets such as X12, HL7, NCPDP, and HITSP.

NeHII also plans to actively pursue HIE certification through CCHIT as soon as standards are released. The EMR product currently offered by NeHII and its vendor Axolotl is CCHIT certified for ambulatory care. Finally, NeHII will work with Axolotl to achieve EHNAC certification in 2010, and will continue to work with national organizations to review, refine, and meets standard privacy and security requirements.

Utilizing solutions which are cost-effective and provide the greatest return on investment. NeHII's business model is based on the development of solutions which are cost-effective and provide the greatest return on investment. The criteria for achieving meaningful use will likely expand the number of services which are cost-effective.

Supporting consumer engagement and ensuring the privacy of health information. Health information exchanges in Nebraska have carefully developed privacy and security policies which are compliant with HIPAA, the HI TECH Act, and other applicable federal and state laws and regulations. Additionally, the Nebraska Department of Health and Human Services' Licensure Unit, the Nebraska Attorney General's Office, and the U. S. Department of Health and Human Services' Office of Civil Rights provide a framework for health information security and privacy enforcement.

Nebraska has laid the groundwork for consumer and provider education efforts. The Nebraska Health Information Security and Privacy Work Group has developed a consumer brochure and content for a website with information on health information security and privacy. Funds from the State HIE Cooperative Agreement Program will be used to develop the website and to print brochures. NeHII has also developed marketing materials for consumers. The NeHII website (www.nehii.org) contains a consumer brochure, online opt-out form, and a list of participating providers. NeHII has also designed a marketing campaign to inform consumers about NeHII as NeHII rolls out across the state.

NeHII, the state's regional and specialty exchanges, and the eHealth Council will work together to provide information to consumers and to support consumer engagement. The draft definition of meaningful use included in the Notice of Proposed Rule Making which was published in December 2009 includes several objectives related to the engagement of patients and families:

- **Requirements for Hospitals**
    - Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, and upon request
    - Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request

- **Requirements for Health Care Professionals**
    - Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request
    - Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible provider
    - Provide clinical summaries for patients for each office visit

These objectives are being incorporated into the business and technical operations of NeHII and SNBHIN. Changes may be need to be made to Nebraska's plans as the definition of meaningful use is further revised and finalized,

Encouraging transparency and accountability. NeHII as the State Designated Entity and the NITC eHealth Council will share governance responsibilities and will work together to ensure transparency and accountability.

Encouraging ongoing stakeholder engagement and participation in development of the state plan and throughout all stages of implementation. The eHealth Council is the primary vehicle through which stakeholders have been engaged. Key stakeholders are represented on the eHealth Council and its work groups. All meetings of the eHealth Council are public meetings. Meeting materials are posted online to encourage stakeholder participation. Additionally, the eHealth Council publishes a newsletter to keep stakeholders informed.

Highlights

- As of Feb. 2010, eight hospitals with a total of 2, 370 beds are participating in statewide health information exchange. These hospitals account for approximately 36% of the hospital beds in Nebraska.

- As of Feb. 2010, over 1.5 million patients have health information available through NeHII. Although some patients may reside in neighboring states, it is clear that a significant proportion of the state's 1.8 million residents is already participating in NeHII.

- As of Feb. 2010, 415 physicians and staff are using NeHII's Electronic Medical Record or Virtual Health Record.

- As of Feb. 2010, over 3,000 prescriptions have been sent electronically, faxed or printed through NeHII.

- By the end of the third quarter of 2010, at least four additional hospitals are expected to be participating in NeHII, bringing the percentage of hospital beds in participating hospitals to 45%.

- Early in year 1 of the grant, NeHII will have the capability to connect to the NHIN.

- By the end of 2011, at least 25 of Nebraska's 95 hospitals are expected to be participating in NeHII. The remaining hospitals will likely be small critical access hospitals.

- By October 2010, SNBHIN is expected to launch and begin piloting. By the end of 2011, SNBHIN will be connected to NeHII, creating a statewide health information exchange.

- Public health officials have been meeting to define requirements and will work with NeHII and NeHII's vendor to develop a public health application.

- By the end of year one of the grant, 10 labs and imaging facilities are expected to be connected to NeHII.

- State HIE and Medicaid planning efforts will be coordinated. Nebraska is expected to complete its State Medicaid HIT Plan for Medicaid by December 2010.

Privacy and Security and Enforcement Framework

Health information security and privacy policies and enforcement are shaped by federal and state laws and regulations as well as consumer concerns and privacy rights.

Legal Environment

HIPAA and the HI TECH Act

HIPAA is central to the development of health information security and privacy policies and enforcement.   The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities (health care providers, health plans, and health care clearinghouses) and details patient rights concerning health information. The Privacy Rule also permits the disclosure of personal health information needed for patient care, payment, and operations. The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information. The HI TECH Act found within the American Recovery and Reinvestment Act extends the HIPAA privacy and security provisions to business associates of covered entities. Health information exchanges, as business associates, are now bound by these provisions and subject to the same penalties as covered entities.

The HI TECH Act requires covered entities to inform individuals affected by a breach. Business associates (including health information exchanges) are required to notify covered entities. Media notice must be provided if a breach affects more than 500 individuals. The Secretary of the Department of Health and Human Services must also be notified through an online submission form made available through the Office of Civil Rights if a breach affects more than 500 individuals. Breaches affecting more than 500 individuals will be posted to the U.S. Department of Health and Human Services' website. Breaches affecting fewer than 500 individuals can be logged and reported annually.

Nebraska Laws

The Nebraska Health Information Security and Privacy Work Group examined Nebraska's laws in 2008 to determine if any laws were more restrictive than HIPAA and would impede the exchange of health information. Nebraska's laws were generally permissive. The Legal Work Group found one Nebraska law which was more stringent than HIPAA. Neb. Rev. Stat. 71-8403 stipulates that authorizations for release of medical records are valid for a maximum period of 180 days. The group recommended deleting the 180-day restriction. HIPAA requirements would then apply, allowing patients to state an expiration date or expiration event. LB 702, which was introduced by Senator Gloor in 2010, would remove the 180-day restriction.

The eHealth Council and E-Prescribing Work Group also identified a potential barrier to e-prescribing in a Nebraska statute that requires pharmacists to keep paper copies of prescriptions. A change to this statute which would allow pharmacists to keep copies of prescriptions in a readily retrievable format was enacted in 2009.

The Nebraska Department of Health and Human Services' Licensure Unit has the authority to censure health care providers and facilities for the improper disclosure of health information. The Licensure Unit has also pointed out the importance of ensuring

that necessary information from electronic medical records can be obtained to determine compliance with licensure and certification regulations. Statutes related to licensing can be found at http://www.dhhs.ne.gov/crl/statutes/statutes.htm.

Continuing work on health information security and privacy will be addressed by the Health Information Security and Privacy Work Group of the eHealth Council.

Privacy and Security Policies of Health Information Exchanges

Health information exchanges in Nebraska have carefully developed privacy and security policies which are compliant with HIPAA, the HI TECH Act, and other applicable federal and state laws and regulations.   Most health information exchanges use either opt-in or opt-out policies for consumer consent. The opt-in approach is one where consumers are required to sign an authorization acknowledging they are permitting their data to be released to other providers in the HIE. An opt-out policy for consumer consent simply stated means the health information is in the HIE unless the consumer takes a signature-required action to have their information excluded from the HIE. The default is set to include the information in the system unless the consumer takes action to opt-out of the health information exchange.

NeHII has developed extensive privacy and security policies with broad stakeholder representation using nationally recognized legal health IT experts to support the statewide health information exchange. NeHII uses an opt-out approach. In order to foster collaboration and innovation, NeHII is offering its privacy and security policies, as well as its managed services business model, in an open source model to other non-profit HIEs. The only requirement is that participating HIEs sign a license agreement that stipulates they share any changes or enhancements to the policies/manuals/business plans with NeHII in order to foster continued improvement of the documents. It is hoped that this approach will accomplish a number of things, including:

1) Creating collaboration amongst all the state efforts to share information;

2) Offering a beginning base of standard operations documents and policies that will foster effectiveness and efficiency when the individual HIEs work to connect to the NHIN;

3) Helping the current leaders in HIE continue to improve what they currently have in place; and

4) Moving to the NHIN sooner than later.

SNBHIN has also developed privacy and security policies. SNBHIN uses an opt-in approach. This policy is based on Title 42 of the Code of Federal Regulations which stipulates the requirement that an authorization for release of information be obtained for substance abuse treatment records. The differences in approaches used by SNBHIN and NeHII can be addressed through a trust agreement between the two exchanges.

In order to receive funding from the State HIE Cooperative Agreement program, health information exchanges must have privacy and security officers and must develop privacy and security policies which are compliant with HIPAA, the HI TECH Act, and all other applicable federal and state laws and regulations. In order to exchange health information through NeHII or the NHIN, health information exchanges also must have trust agreements in place outlining responsibilities for maintaining health information security and privacy.

Certification of Health Information Exchanges

Currently there is no national certification process for health information exchanges. The Certification Commission for Health Information Technology has convened a work group on health information exchange certification.   National certification of health information exchanges would provide additional assurances that health information exchanges meet minimum requirements for interoperability, security, and privacy.

Consumer Views of Health IT

Nebraska consumers are generally receptive toward health IT and health information exchange. Research by the University of Nebraska Public Policy Center indicates that Nebraskans have positive views about sharing health information electronically, but do have some privacy and security concerns. Most participants in the deliberative discussion felt that the State of Nebraska had a role in ensuring the privacy and security of health information (100%), providing information to consumers about health information security and privacy (94%), regulating health information networks (91%), and facilitating public-private partnerships to exchange health information (88%).[1]

The support of Nebraska consumers toward health information exchange is also borne out by the high rate of consumers deciding to have their health information included in Nebraska's largest active health information exchange, the Nebraska Health Information Initiative (NeHII). Less than two percent of consumers have opted out of participating in NeHII. NeHII is also processing requests from consumers who initially opted out of the HIE and have now reconsidered and want to have their health information included in the HIE.

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[1] Abdel-Monem, Tarik, and Herian, Mitchel, Sharing Health Records Electronically: The Views of Nebraskans, University of Nebraska Public Policy Center, December 11, 2008,

http://ppc.unl.edu/userfiles/file/Documents/projects/eHealth/Sharing_Health_Records_Electronically_Final_Report.pdf, accessed on June 25, 2009.

Consumers are extremely satisfied with telehealth services provided through the Nebraska Statewide Telehealth Network. Virtually all consumers indicated they would recommend its use to a family member. Use of the system saved consumers attending meetings and conferences over $1 million in mileage costs alone.

Enforcement of Health Information Security and Privacy

Currently, there are three mechanisms for enforcing health information security and privacy laws and regulations:

- The Licensing Unit can censure providers and facilities for improper disclosure of personal health information.

- The Office of Civil Rights with the U.S. Department of Health and Human Services can enforce violations of HIPAA and the HI TECH ACT by covered entities and business associates.

- The HI TECH Act also authorized the Attorney General to bring a civil action on behalf of residents in a district court in cases in which the Attorney General has reason to believe that one or more residents has been threatened or adversely affected by a health information security and privacy violation.

Enforcement Body	Entities Covered
Nebraska Dept. of Health and Human Services, Licensing Unit	Health Care Providers Health Care Facilities
Attorney General's Office	Health Care Providers Health Care Facilities Health Information Exchanges Business Associates
U.S. Department of Health and Human Services, Office of Civil Rights	Health Care Providers Health Care Facilities Health Information Exchanges Business Associates

These mechanisms are sufficient at the present time. As health information exchange continues to mature, other mechanisms may need to be explored. Other states, including Minnesota, are exploring certification of health information exchanges. Nationally, work has also begun on developing a certification process for health information exchanges. Certification with oversight by the Department of Health and Human Services' Licensure Unit is one possible option that could be considered in the future.

Consumer Complaints and Concerns

Consumers who feel that a violation has occurred should first contact their provider. The provider may be able to resolve the issue. If the alleged violation involved a health information exchange, the provider may contact the relevant health information exchange

or provide the consumer with contact information. Consumers may also contact the relevant health information exchange directly without first contacting their providers. If the issue is still not resolved satisfactorily, consumers may contact the U. S. Department of Health and Human Services, Office of Civil Rights; the Nebraska Department of Health and Human Services, Licensure Unit (in cases involving health care providers or facilities); and/or the Nebraska Attorney General's Office.

Consumer Initiation of Health Information Security and Privacy Violation Investigation	
Stage	**Contact**
Initial Inquiry	Health Care Provider
Inquiry (initial or after contacting a provider)	Health Information Exchange
Investigation and Enforcement	Nebraska Dept. of Health and Human Services, Licensing Unit U.S. Department of Health and Human Services, Office of Civil Rights Nebraska Attorney General's Office

Consumer and Provider Education

Nebraska has laid the groundwork for consumer and provider education efforts. The Nebraska Health Information Security and Privacy Work Group has developed a consumer brochure (http://www.nitc.ne.gov/eHc/clearing/Consumerhealthsecuritybrochurepg1and2.pdf) and content for a website with information on health information security and privacy. Funds from the State HIE Cooperative Agreement Program will be used to develop the website and to print brochures.

NeHII has also developed marketing materials for consumers. The NeHII website (www.nehii.org) contains a consumer brochure, online opt-out form, and a list of participating providers. NeHII has also designed a marketing campaign to inform consumers about NeHII as NeHII rolls out across the state.

Provider education is also being addressed. Face to face meetings with groups of providers has been one of the primary means of communication. Provider education and marketing efforts will intensify as implementation efforts accelerate. The Regional Health IT Extension Center will play a key role in informing providers. NeHII and SNBHIN will partner with the Extension Center, Medicaid, the Nebraska Hospital Association, the Nebraska Medical Association, and other stakeholders to communicate with providers.

Meaningful Use

The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who demonstrate "meaningful use" of certified electronic health records. On December 30, 2009, CMS released a notice of proposed rulemaking (NPRM) which outlines provisions governing the EHR incentive programs, including defining the "meaningful use" of EHR technology. The definition of meaningful use also impacts other federally-funded health IT programs, including the State HIE Cooperative Agreement Program and the Regional Health IT Extension Centers.

Hospitals can begin qualifying for meaningful use incentives starting in fiscal year 2011 which starts Oct. 1, 2010. Eligible providers can begin qualifying for meaningful use incentives starting in calendar year 2011. For the first payment year, the EHR reporting period is any continuous 90-day period within the first payment year. So the latest date that hospitals can start their 90 day reporting period and qualify is roughly late June/very early July 2011. The latest date that eligible providers can start their 90 day reporting period and qualify is roughly late September/very early October 2011.

The following table summarizes the start dates by provider type.

Provider Type	Incentives Begin	Latest Approximate Start Date for Year 1 Incentives
Hospitals	FY 2011—Oct. 2010	Late June/Very Early July 2011
Eligible Providers	CY 2011—Jan. 2011	Late September/Very Early October 2011

Meaningful use will be phased in three stages. Only Stage One is defined in the NPRM. Future NPRMs will define later stages. Eligible providers and hospitals starting in year one (2011) have two years to implement a stage before moving to the next stage. Eligible providers and hospitals can start after 2011 but will have a compressed implementation timeline with the goal of having all eligible providers and hospitals achieving meaningful use by 2015. The following table from the NPRM summarizes the stage of meaningful use required for payment years 2011-2015.

Stage of Meaningful Use Criteria by Payment Year

First Payment Year	Payment Year				
	2011	2012	2013	2014	2015 +**
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015+*					Stage 3

Stage One Meaningful Use requirements include both the actual exchange of certain types of health information and the ability to exchange other types of health information.

State health information exchanges will be challenged to implement all applications required to achieve meaningful use by early to mid 2011. Nebraska's statewide health information exchange is committed to providing the applications necessary for eligible providers and hospitals to meet Stage One requirements in year one. All providers, regardless of their ability to qualify for Medicaid or Medicare incentives, will be able to utilize the expanded services available through NeHII.

NeHII already offers some of the applications required for meaningful use. These applications include:

- E-prescribing
- Electronically exchanging key clinical information
- Electronically checking insurance eligibility information

Other applications can be easily implemented. NeHII's vendor is a leader in the HIE industry, and is instrumental in helping the ONC develop the criteria. NeHII's vendor has committed to developing additional models to meet all meaningful use criteria.

SNBHIN also plans to implement applications which would support meaningful use. Many of the meaningful use capacities will be delivered through the Central Data Repository and EMR applications utilized by SNBHIN participants.   SNBHIN will provide lab results and e-prescribing through a web portal.

The following table lists the Meaningful Use Stage 1 objectives and measures included in the Notice Of Proposed Rule Making as well as the expected availability through NeHII and SNBHIN.

Stage 1 Objectives		Stage 1 Measures	
Eligible Professionals	**Hospitals**		**Status/ Expected Availability**
Generate and transmit permissible prescriptions electronically (eRx)		At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	Currently available through NeHII

Will be available through the SNBHIN agency EHR |
| Report ambulatory quality measures to CMS or the States | Report hospital quality measures to CMS or the States | For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule | Will be available through NeHII through the Reporting Hub

SNBHIN—N/A |
| Send reminders to patients per patient preference for preventive/ follow up care | | Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over | Will be available through NeHII through the Patient Portal

Will be available |

			through the SNBHIN EPM scheduling module
Check insurance eligibility electronically from public and private payers	Check insurance eligibility electronically from public and private payers	Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital	Currently available through NeHII Will be available through the SNBHIN EPM billing module
Submit claims electronically to public and private payers.	Submit claims electronically to public and private payers.	At least 80% of all claims filed electronically by the EP or the eligible hospital	Will be available through NeHII Will be available through the SNBHIN EPM billing module
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours	Could be available through NeHII through the Patient Portal Could be made available through access to a patient portal in to the SNBHIN CDR.
	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it	Could be available through NeHII through the Patient Portal SNBHIN—N/A
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP		At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information	Could be available through NeHII through the Patient Portal Could be made available through access to a patient portal in to the SNBHIN CDR
Provide clinical summaries for patients for each office visit		Clinical summaries are provided for at least 80% of all office visits	Could be available through NeHII through the patient portal Will be available

			through the SNBHIN agency EHR
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	Currently available through NeHII Will be available through the CDR to all providers participating in the SNBHIN network. Available as a pilot by Oct. 1, 2010
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Capability to submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries	Will be available through NeHII through the Disease Registries and Syndromic Surveillance Module SNBHIN—N/A
	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)	Will be available through NeHII through the Disease Registries and Syndromic Surveillance Module Will be available through the CDR to all providers participating in SNBHIN. Will be available as a pilot by Oct. 1 for all SNBHIN providers
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the	Will be available through NeHII through the Disease Registries and Syndromic Surveillance Module

		capacity to receive the information electronically)	Data elements can be added to the CDR as needed to capture and provide this information

Financing

Financing for health information exchange and health information technology will be provided by a number of funding sources, including federal funding and private sector investments. Medicaid will also play a role in administering incentives to eligible providers for the meaningful use of electronic health records.

ARRA Funded Programs

ARRA-funded programs include Medicaid and Medicare incentive programs for eligible providers and hospitals that demonstrate the meaningful use of electronic health records. The Office of the National Coordinator is also providing funding through a number of grant programs. A brief description of ONC grant programs can be found below:

Health Information Technology Extension Program will establish Health Information Technology Regional Extension Centers that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs).

Beacon Community Cooperative Agreement Program. This program will provide funding to communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities to demonstrate the vision of meaningful health IT.

Curriculum Development Centers program will provide $10 million in grants to institutions of higher education (or consortia thereof) to support health information technology (health IT) curriculum development.

Community College Consortia to Educate Health Information Technology Professionals will rapidly create health IT education and training programs at Community Colleges or expand existing programs.

Program of Assistance for University-Based Training will rapidly increase the availability of individuals qualified to serve in specific health information technology professional roles requiring university-level training.

Competency Examination for Individuals Completing Non-Degree Training will provide $6 million in grants to an institution of higher education (or consortia thereof) to support the development and initial administration of a set of health IT competency examinations.

Strategic Health IT Advanced Research Projects (SHARP) Program will fund research focused on achieving breakthrough advances to address Security of Health Information Technology, Patient-Centered Cognitive Support, Healthcare Application and Network Platform Architectures, and Secondary Use of EHR Data.

State Health Information Exchange Cooperative Agreement Program support states and/or State Designated Entities (SDEs) in establishing health information exchange (HIE) capacity among health care providers and hospitals in their jurisdictions.

The State HIE Cooperative Agreement Program

Nebraska will try to leverage all of these sources of ARRA funding.   However, the operational plan is focused on implementation of the State HIE Cooperative Agreement Program. Funding from the State HIE Cooperative Agreement program will be used to accelerate the development of health information exchange across Nebraska.   In order to encourage sustainability grant funds will be primarily targeted toward hardware, software, and other implementation cost rather than operational expenses. Nebraska health information exchanges were required to demonstrate sustainability in order to receive funding from Nebraska's State HIE Cooperative Agreement program.

The State of Nebraska was allocated $6,837,180 in funding through the State HIE Cooperative Agreement Program. Lt. Governor Sheehy worked with a work group of the eHealth Council to allocate funds from the grant program.   Funds were set aside for State of Nebraska costs related to administering the grant and participating in statewide HIE, costs for statewide interoperability, evaluation, travel to national meetings, and telehealth.   The remaining funds were allocated among the state's two participating health information exchanges (NeHII and SNBHIN),

A general breakdown of the State HIE Cooperative Agreement Program allocation can be found below.

State HIE Cooperative Agreement Allocations

	Amount
NeHII	$4,285,345
SNBHIN	$1,077,615
Statewide interoperability	$915,000
State Costs	$194,000
Travel--national meetings	$18,000
Evaluation	$273,600
Telehealth	$73,620
Total	**$6,837,180**

The State HIE Cooperative Agreement program is a four-year grant program. Most of the grant funds will be expended in year one of the grant. Contractual expenses related to HIE implementation and equipment are expected to be the largest cost categories. Budgets have been prepared and submitted to the Office of the National Coordinator. Revisions and adjustments will likely be made to the budget over the course of the grant. The following tables summarize the budget submitted to ONC on Feb. 25, 2010:

Budget Summary—Total Federal Request and Match

Category	Federal Request	Non-Federal Match	Total
Personnel	$85,000	$85,000	$170,000
Fringe	0	0	0
Travel	$104,045	0	$104,045
Equipment	$2,526,710	0	$2,526,710
Supplies	$70,000	0	$70,000
Contractual	$4,041,425	$7,876,100	$11,917,525
Other	$10,000	0	$10,000
Total Direct Costs*	$6,837,180	$7,961,100	$14,798,280
Indirect Costs	0	0	0
Total Project Costs	**$6,837,180**	**$7,961,100**	**$14,798,280**

Budget Summary- Federal Request by Year

Category	Year 1	Year 2	Year 3	Year 4	Total
Personnel	$42,500	$42,500			$85,000
Fringe					
Travel	$31,400	$31,400	$27,245	$14,000	$104,045
Equipment	$2,526,710				$2,526,710
Supplies	$70,000				$70,000
Contractual	$2,918,225	$644,400	$374,400	$104,400	$4,041,425
Other	$10,000				$10,000
Total Direct Costs	**$5,598,835**	**$718,300**	**$401,645**	**$118,400**	**$6,837,180**

Personnel

Personnel costs include a portion of the NITC eHealth Manager's salary for two years. In the last two years, this will be funded by the State of Nebraska as part of the match.

Travel

Travel costs include travel to national conferences, local travel, and eHealth Council travel expenses.

Equipment

Equipment costs include additional modules and equipment required for NeHII to provide services required for meaningful use. These include:

- An advanced interoperability hub to allow connections to the NHIN and with other HIEs
- Physician order entry module
- Account level access enhancement
- Image sharing functionality
- PHR gateway
- Patient portal
- Reporting hub
- and radiology/lab gateway.

Costs for developing a public health application and connectivity for State of Nebraska Division of Public health are also included.

SNBHIN equipment costs include:

- a Central Database Repository (CDR) Database Server
- back-up server
- IIS server
- RSA server
- media and mounting equipment
- third-party software, installation and configuration
- core HL7 Order/Distribution interfaces to export demographics documents, lab results, lab orders,
- CDR Core HL7 Order/Interface installation, training, and testing
- NextGen Technical Service for Magellan interface development activities
- Magellan Configuring Services for automated upload configuration

Telehealth Peripherals were also included to expand the use of the Nebraska Statewide Telehealth Network for patient consultations. These peripherals include ENT scopes, stethoscopes, and wound cameras.

Supplies

Supplies include printing NeHII and privacy and security brochures.

Contractual

Contractual Costs were included for:

- SNBHIN—Technology Consulting
- SNBHIN—Sustainability Planning
- NeHII—Technical Operations including support of privacy and security, technical infrastructure, HIT adoption, and clinical priorities
- NeHII—Set-up costs for implementing gateways
- NeHII—Project management (first quarter of year one only)
- NeHII—Resource costs for adding hospitals and labs,
- State Lab Connectivity—Annual license fee for connecting to NeHII (year one only)
- NeHII—Annual interoperability hub license
- Evaluation

NeHII is also providing a significant match in contractual services funded through revenue by licensing fees. These include management of the statewide health information exchange, interoperability hub licensing in years 2-4, technical operations. NeHII's match is estimated at $7,876,100 over the four-year period.

The following tables summarize the budget by year.

TABLE 1: BUDGET SUMMARY—YEAR 1

Category	Federal Request	Non-Federal Match	Total
Personnel	$42,500		$42,500
Fringe			
Travel	$31,400		$31,400
Equipment	$2,526,710		$2,526,710
Supplies	$70,000		$70,000
Contractual	$2,918,225	$488,600	$3,406,825
Other	$10,000		$10,000
Total Direct Costs*	**$5,598,835**	$488,600	$6,087,435
Indirect Costs	0		
Total Project Costs	**$5,598,835**	$488,600	$6,087,435

TABLE 2: BUDGET SUMMARY—YEAR 2

Category	Federal Request	Non-Federal Match	Total
Personnel	$42,500		$42,500
Fringe			
Travel	$31,400		$31,400
Equipment			
Supplies			
Contractual	$644,400	**$2,462,500**	$3,106,900
Other			
Total Direct Costs*	**$718,300**	**$2,462,500**	$3,180,800
Indirect Costs	0		
Total Project Costs	**$718,300**	**$2,462,500**	$3,180,800

TABLE 3: BUDGET SUMMARY—YEAR 3

Category	Federal Request	Non-Federal Match	Total
Personnel		$42,500	$42,500
Fringe			
Travel	$27,245		$27,245
Equipment			
Supplies			
Contractual	$374,400	$2,462,500	$2,836,900
Other			
Total Direct Costs*	$401,645	$2,505,000	$2,906,645
Indirect Costs	0		
Total Project Costs	$401,645	$2,505,000	$2,906,645

TABLE 4: BUDGET SUMMARY—YEAR 4

Category	Federal Request	Non-Federal Match	Total
Personnel		$42,500	$42,500
Fringe			
Travel	$14,000		$14,000
Equipment			
Supplies			
Contractual	$104,400	$2,462,500	$2,566,900
Other			
Total Direct Costs*	$118,400	$2,505,000	$2,623,400
Indirect Costs	0		
Total Project Costs	$118,400	$2,505,000	$2,623,400

Sustainability Model

NeHII has built a sustainable business model based upon service fees. Federal funding from the State HIE Cooperative Agreement program will be used to expand services available and to accelerate the expansion of NeHII.

NeHII provides a statewide integration engine to connect Electronic Medical Record ("EMR") gateways throughout Nebraska. The costs for gateway licenses are listed below. The costs for these gateway and physician licenses are below:

License Costs - Per Month	101 – 150 Beds	151 – 300 Beds	301 – 500 Beds	>500 Beds	Uni-directional Servers	Bi-directional Servers
Gateway Licenses	$2,500	$4,000	$8,000	$12,000	$2,000	$3,000

NeHII has revised their pricing for rural hospitals, from a standard $30,000 annual fee to the tiered pricing represented in the table below.

Hospital Size (# of beds)	Cost per month	Annual fee
1-25 beds	$1,500	$18,000
26-50 beds	$2,000	$24,000
51-100 beds	$2,500	$30,000

BlueCross BlueShield of Nebraska is offering to subsidize the license fees for Nebraska's critical access hospitals, addressing the financial barrier to participation faced by critical access hospitals for a period of two years and a two-year commitment to participate in NeHII.

In addition, BCBSNE would like to further support participation in NeHII by Critical Access Hospitals by adjusting reimbursement for a one-year period to offset the annual NeHII fee. BlueCross BlueShield of Nebraska will adjust the current discount up to the equivalent of $15,000 for a 12-month claim period.

In order to qualify for the reimbursement adjustment, the following criteria need to be met:

1. Must be a Critical Access Hospital
2. Must agree to participate as a NeHII data provider for a minimum of two years
3. Must initiate all tasks necessary to set established connection with NeHII

NeHII provides user licenses to physicians across the state to access clinical information at the point of patient care. Physician license costs are as follows:

License Costs - Per Month	Physician
Physician Connection	$10
VHR License	$10
eRx Only	$10
EMRLite	$20
EMRLite w/ eRx	$31.66

In addition, participating Health Plans with access to the system will be required to pay license fees of $25,000 per year, plus $1.00 per member per year.

As NeHII develops additional revenue streams, licensing fees may be reduced.

Federal funding from the State HIE Cooperative Agreement program will be used to expand services available and to accelerate the expansion of NeHII.   Funding from other federal programs will also be leveraged.

Coordination with Related ARRA Programs

The State of Nebraska will coordinate health IT ARRA- funded activities through the Nebraska Information Technology Commission's eHealth Council and the State HIT Coordinator. As the State Designated Entity, NeHII will also be involved in coordination activities.

Coordination with Regional Extension Center

The eHealth Council and NeHII will work closely with the Regional Extension Center for Nebraska.   Discussions with CIMRO of Nebraska/Wide River Technology Extension Center began with CIMRO's submission of a pre-application and have continued.

Roles of Partners

eHealth Council. The eHealth Council will facilitate coordination with NeHII, the state's regional and specialty exchanges, and Wide River Technology Center.   The eHealth Council will also provide oversight for the implementation of the State HIE Cooperative Agreement Program. In that role, the eHealth Council may be involved in identifying and resolving any issues identified and sharing feedback as part of formative evaluation.

NeHII. As the State Designated Entity, NeHII will have responsibility for implementation of the State HIE Cooperative Agreement Program.   NeHII will be involved in all phases of provider implementation of health information exchange.   NeHII and Wide River Technology Extension Center will be jointly responsible for coordination of implementation activities.

Regional and Specialty Exchanges. Efforts will be made to involve the regional and specialty exchanges in all phases of implementation. SNBHIN is represented on Wide River Technology Extension center and will likely also be involved. SENHIE is already operational and can serve as a model for other critical access hospitals and rural communities.

Wide River Technology Extension Center. Wide River Technology Extension Center will be actively involved in all phases of provider implementation of Electronic Health Records.   NeHII and Wide River Technology Extension Center will be jointly responsible for coordination of implementation activities.

Division of Medicaid and Long-Term Care. The Division of Medicaid and Long-Term care will partner in outreach efforts to providers.

Points of Coordination and Time Line

Planning and Start Up Phase (Dec 2009-Feb. 2010)

- **Overlapping Partnerships.**   The NeHII Board of Directors, the NITC eHealth Council, and Wide River Technology Extension Center Advisory Board have several overlapping members and member organizations.   All but one of the members of the Wide River Technology Extension Center's Proposed Advisory

Board are represented on the NeHII Board of Directors and/or the NITC eHealth Council.   This should facilitate communication and coordination.   A chart at the end of this section shows the overlapping membership of the NeHII Board of Directors, the eHealth Council, and the Wide River Technology Extension Center Advisory Board.

- **Coordination of Activities by Staff and Advisory Boards.**   Staff and advisory boards will work to coordinate activities and planning.

- **Cross Training of Staff.** Staff of NeHII and Wide River Technology Extension Center will be cross-trained so that they can better coordinate activities and answer questions of providers. Staff of the state's regional and specialty exchanges will also be invited to participate in cross training.

- **Alignment of Strategic Initiatives.**   The eHealth Council, Wide River Technology Extension Center, and NeHII will work together to prioritize activities and align strategic initiatives.

Marketing and Educational Activities (March 2010-2011+)

- **Cross Referrals and Cooperative Marketing Efforts.**   Wide River Technology Extension Center will work with NeHII and the state's regional and specialty exchanges on cooperative marketing efforts and cross-referrals. The Division of Medicaid and Long-Term Care, the Nebraska Hospital Association, and the Nebraska Medical Association have also expressed interest in participating in cooperative marketing efforts.

- **Regional Education Meetings.** Wide River Technology Extension Center, NeHII, and the state's regional and specialty exchanges will partner to host regional education meetings. The Division of Medicaid and Long-Term Care, the Nebraska Hospital Association, and the Nebraska Medical Association have also expressed interest in facilitating regional education meetings.

Provider Implementation (April 2010-2011+)

(NeHII, Regional and Specialty Exchanges, Wide River Technology Extension Center)

- **Coordination of Provider Training and Implementation Activities.** Wide River Technology Extension Center, NeHII and the state's regional and specialty exchanges will coordinate provider training and implementation activities.

- **Identification and Resolution of Issues.** Wide River Technology Extension Center, NeHII, and the state's regional and specialty exchanges will cooperatively identify any issues providers may have and work together to resolve those issues.

- **Sharing of Best Practices and Lessons Learned.**   Wide River Technology Extension Center, NeHII, and the state's regional and specialty exchanges will share best practices and lessons learned.   The eHealth Council will assist partners in disseminating best practices and lessons learned.

Provider Post Implementation (June 2010-2011+)

- **Sharing Feedback.** Wide River Technology Extension Center, NeHII and the state's regional and specialty exchanges will share feedback as part of formative evaluation.
- **Sharing Success Stories.** Wide River Technology Extension Center, NeHII, and the state's regional and specialty exchanges will share best practices and lessons learned. The eHealth Council will assist partners in disseminating best practices and lessons learned.

Membership

The following table illustrates the overlapping membership of the NeHII Board of Directors, eHealth Council, and Wide River Technology Extension Center.

NeHII Board of Directors	NITC eHealth Council	Wide River Technology Extension Center-Proposed Advisory Board Membership
NeHII Elected Directors - **President:** Harris Frankel, MD, *Goldner, Cooper, Cotton, Sundell, Frankel, Franco Neurologists, Omaha, NE* - **Vice President:** Ken Lawonn, *Alegent Health System*, Omaha, NE - **Secretary:** George Sullivan, Mary Lanning Memorial Hospital, Hastings, NE - **Treasurer:** Steve Martin, *Blue Cross and Blue Shield of Nebraska* - Delane Wycoff, MD - *Pathology Services PC, North Platte, NE* - Michael Westcott, MD - Alegent Health System, Omaha, NE - Lisa Bewley - Regional West Medical Center, Scottsbluff, NE - Dan Griess - *Box Butte General Hospital, Alliance, NE* - Roger Hertz - Methodist Health System, Omaha, NE - Bill Dinsmoor - The	**The State of Nebraska/Federal Government** - Steve Henderson, Office of the CIO - Senator Annette Dubas, Nebraska Legislature - Dennis Berens, Department of Health and Human Services, Office of Rural Health - Congressman Jeff Fortenberry, represented by Marie Woodhead **Health Care Providers** - Daniel Griess, *Box Butte General Hospital, Alliance* and *Nebraska Hospital Association* - Dr. Delane Wycoff, Pathology Services, PC and *Nebraska Medical Association* - Dr. Harris A. Frankel, *Goldner, Cooper, Cotton, Sundell, Frankel, Franco Neurologists, Omaha, NE and Nebraska Medical Association* (alternate) - Joni Cover, *Nebraska Pharmacists Association*	- *Nebraska Medical Association* - *Nebraska Hospital Association* - *Nebraska Pharmacists Association* - *Nebraska Rural Health Association* - *Nebraska Health Information Initiative* - COPIC - *University of Nebraska Medical Center, Center for Rural Health Research* - *Southeast Nebraska Behavioral Health Information Network* - *State of Nebraska Department of Health and Human Services, Medicaid Office* - *Nebraska Information Technology Commission e-Health Council*

Nebraska Medical Center, Omaha, NE
- Ken Foster – BryanLGH Health System, Lincoln, NE
- Gary Perkins – Children's Hospital & Medical Center, Omaha, NE
- Vivianne Chaumont, *Director of Medicaid and Long-Term Care, Lincoln, NE*

NeHII Appointed Directors

- Lt. Gov. Rick Sheehy, *Chair, NITC*
- Kevin Conway - Professional Organizations, *Nebraska Hospital Association*, Lincoln, NE

- Deb Bass - Executive Director, Bass & Associates Inc., Omaha, NE
- Sandy Johnson, Consumer Representative

- **September Stone, Nebraska Health Care Association**
- John Roberts, *Nebraska Rural Health Association*

eHealth Initiatives

- Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
- Ken Lawonn, *NeHII* and *Alegent Health*
- Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital
- Wende Baker, *Southeast Nebraska Behavioral Health Information Network* and Region V Systems

Public Health

- David Lawton, Department of Health and Human Services, Public Health Assurance
- Jeff Kuhr, Three Rivers Public Health Department, Fremont
  - Rita Parris, Public Health Association of Nebraska, alternate
- Kay Oestmann, Southeast District Health Department
  - Shirleen Smith, West Central District Health Department, North Platte, alternate
- Dr. Keith Mueller, *UNMC College of Public Health and Center for Rural Health Research*

Payers and Employers

- Susan Courtney, *Blue Cross Blue Shield*
- Vacant
- Vivianne Chaumont, Department of Health And Human Services, *Division of*

	Medicaid and Long-Term Care	
	Consumers o Nancy Shank, Public Policy Center o Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County **Resource Providers, Experts, and Others** o Joyce Beck, Thayer County Health System o Kimberly Galt, Creighton University School of Pharmacy and Health Professions o *Wide River Technology Center (pending approval by the eHealth Council and NITC)* *Lt. Governor Rick Sheehy, Chair, NITC* *Anne Byers, NITC and eHealth Council Staff*	

Additionally, Wide River Technology Extension Center and the NITC eHealth Council are both represented on the NeHII Consumer Advisory Council.

Coordination with Workforce Development Initiatives

The eHealth Council and NeHII welcome the opportunity to coordinate with developing workforce development initiatives. Partnerships and roles of partners will become better defined as workforce development initiatives are funded.

Nebraska Information Technology Commission and eHealth Council. The eHealth Council includes representatives of the University of Nebraska, University of Nebraska Medical Center, and Creighton University. Additionally, eHealth Council work group members have included representatives of the University of Nebraska Medical Center,

Creighton University, and Bellevue University.   In addition to the eHealth Council, the Nebraska Information Technology Commission also has an Education Council with representatives of K-12 and higher education. These contacts will facilitate coordination with educational institutions participating in workforce development initiatives, providers, and health information exchanges.   The eHealth Council will serve as a convener and facilitator.

NeHII. As the State Designated Entity, NeHII has been contacted by a number of institutions interested in the Community College Consortia to Educate Health Information Technology Professionals program. NeHII will play a key role in working both with providers and educational institutions to place graduates.   As curriculum development initiatives unfold, NeHII will play a role in working with educational institutions on curriculum development.

Regional and Specialty Health Information Exchanges. The State's regional health information exchanges will serve as an important connection between providers. WNHIE has a close working relationship with Western Nebraska Community College. Training sessions with nationally recognized trainers for becoming a Certified Professional in Health Information Technology (CPHIT) and Certified Professional in Electronic Health Records (CPEHR) have been held in the state's sparsely populated Panhandle. As a result, the Panhandle has the highest number of certified professionals in health information technology (HIT) and electronic health records (EHR) per capita in the United States. Training has also been offered in project management, vendor selection, process mapping, and skill training. A training academy developed in partnership with Western Nebraska Community College now offers training for college credit at participating hospitals.

Participating Educational Institutions. Nebraska has six community colleges which offer medical technology programs.   Bellevue University offers a management program in health informatics. Nebraska also has two medical schools: Creighton University and the University of Nebraska Medical Center.

Broadband Mapping and Access

The Nebraska Public Service Commission received funding from the National Telecommunications and Information Administration (NTIA) for a broadband mapping project in early 2010.   The project includes a broadband planning component which will identify barriers to the adoption of broadband and IT services, create and facilitate local technology planning teams, and collaborate with broadband service providers to encourage broadband deployment. Issues related to broadband access for health care providers will be addressed through local technology planning teams. Nebraska successfully demonstrated the effectiveness of local technology planning teams in 2002-2005. The planning component will utilize the following approaches:

1. Regional planning teams will be formed to conduct regional assessments, prioritize needs, and develop strategies to address needs.
2. Nebraskans will be surveyed about their computer and Internet usage, challenges and desires for the future.
3. Regional forums will be conducted to present broadband mapping and mail survey results, to solicit feedback, and to kick off regional planning efforts.

4. Businesses will be surveyed through the Business Retention and Expansion process to identify the strengths and challenges they face in utilizing technology.
5. Seven to 10 focus groups will be held with anchor institutions and utility providers as well as populations with low usage rates to gain understanding into the barriers from their perspective.
6. Use of the Internet and computers will be encouraged through demonstration workshops and training in collaboration with the broadband service providers and information technology companies.
7. Regional technology plans as well as a statewide report and recommendations will be developed and presented to the Nebraska Information Technology Commission, Nebraska Public Service Commission, Department of Economic Development and University of Nebraska Lincoln. These plans will be made publicly available through the project website.

Roles of Partners

Nebraska Public Service Commission – The Nebraska Public Service Commission is spearheading the state's broadband mapping initiative and will be involved in an advisory role in the broadband planning component. The Nebraska Public Service Commission is represented on the project's advisory group, the NITC Community Council. Reports and recommendations from the project will be shared with the Nebraska Public Service Commission.

Nebraska Information Technology Commission (NITC) - The mission of the Nebraska Information Technology Commission is to make the State of Nebraska's investment in information technology infrastructure more accessible and responsive to the needs of its citizens regardless of location while making government, education, health care and other services more efficient and cost effective. The Nebraska Information Technology Commission has advisory groups on state government, education, communities, eHealth, GIS as well as a Technical Panel. The Nebraska Information Technology Commission (NITC) Community Council will act as the state's advisory group on broadband planning. Other NITC advisory groups may also be consulted. Members of the Community Council represent libraries, economic development, workforce development, telecommunications providers, and the Nebraska Public Service Commission.

University of Nebraska Lincoln Extension (UNL Extension) - University of Nebraska Lincoln is the land grant institution for the State of Nebraska. Extension Educators have facilitated technology planning, visioning, and taught information technology sessions ranging the basics of using the Internet to teaching businesses e-commerce strategies. In addition, educators have created curriculum to help communities and businesses create online presences. University of Nebraska–Lincoln Extension's mission is to help Nebraskans enhance their lives through research-based information. Local extension offices are located in 87 counties serving all 93 counties of the state.

State of Nebraska Department of Economic Department (DED) - The Nebraska Department of Economic Development (DED) is the official lead economic development agency for Nebraska with approximately 70 staff to support all 93 counties. Created by the Legislature in 1967, DED's emphasis is growing and diversifying the state's "economic base." DED provides quality leadership and services that enable Nebraska communities, businesses, and people to succeed in a global economy. The Department believes that broadband and information technology are the foundation for competing in

the global economy and thus, support the utilization of broadband for a variety of efforts ranging from entrepreneurship to business recruitment.

The strategic partners have split responsibilities for carrying out this project in such a way that the strengths of each are fully maximized, and all partners have pledged significant resources to support this project. The partners will be responsible for recruitment of participants, volunteer coordination, technical assistance, and the hiring of a project manager. The project manager will be responsible for leadership of the project under the guidance of the Strategic Partners. This person will report to the Community Council - submitting reports to the PSC, NITC, UNL Extension and DED.

The strategic partners have a proven track record of promoting technology development in communities. The Nebraska Information Technology Commission Community Council, University of Nebraska, and Nebraska Department of Economic Development have partnered with other entities in the state including the Nebraska Public Service Commission to help communities and regions develop technology plans. From 2002-2005, project partners under the umbrella of Technologies Across Nebraska, helped 21 of 435 communities develop local plans to utilize technology to enhance development opportunities.   Through the program, participating communities and regional groups receive a $2,500 mini grant and assistance from the University of Nebraska Extension and the Nebraska Information Technology Commission.   A detailed workbook helped simplify the assessment and planning process for communities.   The impact of the program was significant in improving access to broadband services, identifying technology training needs, and jumpstarting community technology projects.   Since then project partners have collaborated on several projects. Through the Podcasting Across Nebraska project, partners helped communities develop video and audio content to promote local attractions and events.   More recently, partners have worked with Nebraska communities to develop websites as a tool for enhancing community growth.

Coordination with Other States

Nebraska has engaged in discussions with other states and is committed to continuing efforts at coordination with other states. Some of the activities in which representatives of Nebraska have participated include:

- Health Information Security and Privacy Collaborative
- State Level HIE
- Axolotl Users Group
- National Standards Advisory Groups (CCHIT HIE Certification, Public Health Data Standards