eHealth Council
Sept. 13, 2010
1:30-4:00
Nebraska Educational Telecommunications, Board Room, 1800 N. 33rd St., Lincoln

Agenda

All meeting documents (excludes strategic and operational plans)

1:30	**Opening Business—Dr. Wycoff** Roll Call Notice of Posting of Agenda Notice of Nebraska Open Meetings Act Posting Approval of May 13, 2010 minutes* Public Comment
1:40	**Membership—Dr. Wycoff** • **Election of Co-Chair*** • **New Member Nomination*** o Marsha Morien

1:55	**Updates**
	• eHealth Plans—Anne Byers
	  • Nebraska Strategic eHealth Plan (Sept. 2010)
	  • Nebraska Operational eHealth Plan (Sept. 2010)
	  • Index to Plan Revisions (Sept. 2010)
	• NeHII
	• eBHIN
	• Medicaid
	• Wide River TEC
	• Metro Community College
	• OneWorld Community Health Center
	• Telehealth Network
	• Broadband Grants—NebraskaLink and Nebraska Library Commission—Anne Byers
	• Broadband Mapping and Planning—Anne Byers

2:30	**ONC/Nebraska Priority Areas—Anne Byers**
	• Lab reporting
	• E-prescribing
	  o **Formation of a work group***
	• Summary Care Document
	  o **Formation of a work group***
	• Provider Directory
	• Public Health

3:15	**Process for Updating the Strategic and Operational eHealth Plans—Anne Byers** --Updated plans are due March 15, 2011
3:30	Adjourn

* Action items

Meeting notice was posted to the Nebraska Public Meeting Website and the NITC Website on August 16, 2010.
The agenda was posted on Sept. 8, 2010.

eHealth Council
May 13, 2010
9:00 AM CT to 12:00 noon CT
University of Nebraska Technology Park
4701 Innovation Drive, Lincoln, NE

Proposed Minutes

Members Present
Wende Baker
Joyce Beck
Vivianne Chaumont
Susan Courtney
Joel Dougherty
Senator Annette Dubas
Donna Hammack
Steve Henderson
Harold Krueger
Roger Mertz (alternate for Ken Lawonn)
Sue Medinger
Keith Mueller
Lianne Stevens
September Stone
Steve Urosevich
Delane Wycoff
Greg Schieke

Guests and Staff
Anne Byers, Chris Henkenius, Deb Bass, Tom Pensabene, David Lawton, Lorelei Schieferdecker, Anna Turman, Kevin Conway, Todd Searls, Linda Stanley, Carey Peterson, Eric Henrichsen, Pat Darnell

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

The meeting was called to order by eHealth Council co-chair, Keith Mueller. The meeting notice was posted to the Nebraska Public Meeting Website and the NITC website on March 26, 2010. The agenda was posted on May 5, 2010. A copy of the Nebraska Public Meeting Act was available. Fifteen members were present at roll call.

Approval of March 5, 2010 Minutes
Dr. Wycoff moved to approve the March 5, 2010 minutes. Steve Henderson approved. All were in favor. Motion was carried by unanimous voice vote.

Public Comments

Quests introduced themselves and were given the opportunity to provide public comment. There was no public comment.

Updates

NeHII--Chris Henkenius and Deb Bass provided an update on NeHII's activities. A recent fact sheet was distributed. Over 1.5 million patients have information in the system. Over 500 physicians are participating in NeHII. The number of physicians participating continues to grow. Eighty-three requests for new user IDs were received last week. Creighton and Great Plains Regional Medical Center are in the process of connecting to NeHII. Five critical access hospitals intend to connect to NeHII this summer. Deb Bass mentioned that NeHII is working with other states to privacy policies with other states. NeHII's annual meeting will be held July 29 in Hastings.

SNBHIN—Wende Baker reported that SNBHIN has been working with vendors and providers to plan SNBHIN's implementation.

SENHIE—Joyce Beck reported that SENHIE has many projects underway, including working with BryanLGH on teletrauma, working with St. Elizabeth and telestroke, working with September Stone on connecting to long term care facilities, and working with Dean Cole on providing video from ambulances to the emergency room.

Rural Health Care Network/WNHIE—Harold Krueger shared information on the Rural Nebraska Healthcare Network (RNHN) fiber network. Utilizing federal funding under the Rural Health Care Pilot Program of the Federal Communications Commission, in conjunction with funding provided by Zayo Group, the RNHN will connect 9 primary care hospitals and dozens of affiliated clinics. The network has a planned completion date of fall 2011.

Wide River Technology Extension Center—Greg Schieke reported that Wide River TEC is staffing up. 18 staff members have been hired, including Todd Searls who will be the director. Dr. Bob Rauner will also assist Wide River TEC. Additional funding is available to provide services to critical access hospitals. Recipients of additional funding will be announced in June.

State Medicaid HIT Plan—Vivianne Chaumont reported that eight vendors submitted proposals to develop the State Medicaid HIT Plan. A vendor is expected to be on board by July. The plan should be submitted by Jan. 2011.

State HIE Cooperative Agreement- Anne Byers reported that much has been done on the State HIE Cooperative Agreement, including working on contracts, submitting ARRA reports, submitting a plan to complete the plan, and developing strategic and operational plans.

State Health Policy Consortium—Anne Byers and Deb Bass reported that the Office of the National Coordinator is sponsoring a program to help multi-state collaborative groups address privacy and security concerns. NeHII is interested in submitting a proposal to continue its work on sharing privacy and security policies.

LB 849—Anne Byers shared information on legislation to remove the 180 day limit on authorizations for the release of health information. Senator Gloor introduced LB 702 to remove this barrier. The language was amended to address concerns by the Nebraska Association of Trial Attorneys. LB 702 was amended into LB 849 and signed into law this year.

Metro Community College's Participation in the Community College Consortium Program—Tom Pensabene

Tom Pensabene shared information on Metro Community College's new specialist diploma for incumbent employees. Twenty modules will be developed by another organization which received a grant for curriculum development. Courses will begin to roll out in August. Courses will be offered completely online. Instructor training will take place in August.

Training will be provided for the following:
- Practice workflow and information management redesign specialists;
- Clinician/practitioner consultants;
- Implementation support specialists;
- Implementation managers;
- Technical/software support staff; and
- Trainers.

Members interested in serving on an advisory group for the program were encouraged to contact Tom Pensabene.

Office of the National Coordinator—David Lawton

David Lawton gave an overview of the Office of the National Coordinator's efforts to develop health information exchange. Members were invited to ask questions. David Lawton explained that NHIN Direct is a set of policies and procedures which can be used to exchange health information. State health information exchanges will likely offer additional value and services.

Lt. Governor Sheehy arrived and spoke to the group. He thanked members for their work and encouraged them to continue to work together to develop statewide health information exchange. He stressed the importance of ensuring health information security and privacy.

Strategic eHealth Plan

Anne Byers stated that she had received two comments on the plans. Donna Hammack had asked about whether SENHIE and other eHealth initiatives which are not receiving funding from the State HIE Cooperative Agreement should be included in the operational plan. Anne Byers and Joyce Beck explained that the operational plan is focused on the implementation of the State HIE Cooperative Agreement. SENHIE and other efforts are included in the strategic plan. As the plan is revised annually, additional initiatives could be added to the strategic plan.

Anne Byers also passed out additional language on quality improvement suggested by Paul Plofchan, the Director of Government Relations and Public Affairs for Pfizer, Inc. The language could be inserted into page 14. The suggested section follows:

> **Quality**
>
> Effective health information exchange will utilize the underlying technology to improve the health of all Nebraskan's while transforming health care delivery through the meaningful use of health information. The overall purpose is to provide quality outcomes as efficiently as possible. In its role as a facilitator of improved health care quality, the health information exchange enhances the use, effectiveness and, therefore, the *value* of the information. All investments in it must ultimately be linked to quality improvement and success of the endeavor determined by clear advancements in the safety, quality, efficiency and effectiveness of care.
>
> As Nebraska's health information exchange evolves to support meaningful use it shall promote adherence to evidence-based care through the use of clinical decision support tools that are consensus-based, developed by expert entities, such as leading professional societies, and which target quality measures endorsed through a stakeholder consensus process, e.g. National Quality Forum (NQF).

Keith Mueller asked Council members to consider making a motion to adopt the strategic plan as written and with any subsequent revisions made to satisfy requirements of the Office of the National Coordinator. **Steve Henderson made a motion to adopt the strategic plan as written with any subsequent revisions made to satisfy requirements of the Office of the National Coordinator.**

Dr. Wycoff seconded the motion.

There was no further discussion. The motion was approved 17-0. (Baker-yes; Beck-yes; Chaumont-yes; Courtney-yes; Dougherty-yes; Dubas-yes; Hammack-yes; Henderson-yes; Krueger-yes; Hertz (for Lawonn)-yes; Medinger-yes; Mueller-yes; Stevens-yes; Stone-yes; Urosevich-yes; Wycoff-yes; Schieke-yes.)

Keith Mueller asked Council members to consider making a motion to adopt the operational plan as written and with any subsequent revisions made to satisfy requirements of the Office of the National Coordinator.

Steve Henderson made a motion to adopt the operational plan as written with any subsequent revisions made to satisfy requirements of the Office of the National Coordinator.

Dr. Wycoff seconded the motion.

Members discussed the operational plan. It was suggested to include language in the executive summary clarifying that the operational plan's focus is the implementation of the State HIE Cooperative Agreement program. Sue Medinger asked about information on NeHII's sustainability.   Members recommended changing the headings in the second part of the table on page 63 from "Server Type" to "Non-Hospital Participants." Members also recommended that information on Blue Cross Blue Shield of Nebraska's program to subsidize the annual fee for critical access hospitals be reworded.

Members discussed including the quality information suggested by Paul Plofchen. Members felt it could be included as an element in Nebraska's approach to establishing statewide HIE. The section begins on page 14. Members felt it should be placed after information on Integrating with Medicaid.

Dr. Wycoff suggested including version numbers in the footers of the plans.

Keith Mueller asked Steve Henderson and Dr. Wycoff if they were willing to accept a friendly amendment to incorporate these changes into the operational plan. Both Steve Henderson and Dr. Wycoff agreed. **The motion was amended to adopt the operational plan incorporating changes discussed by the eHealth Council as well any subsequent revisions made to satisfy requirements of the Office of the National Coordinator.**

Discussion ended.

The motion passed 16-0 with one member abstaining. (Baker-yes; Beck-yes; Chaumont-yes; Courtney-yes; Dougherty-yes; Dubas-yes; Hammack-yes; Henderson-yes; Krueger-yes; Hertz (for Lawonn)-yes; Medinger-yes; Mueller-yes; Stevens-yes; Stone-abstaining; Urosevich-yes; Wycoff-yes; Schieke-yes.)

The meeting was adjourned.

Minutes taken by Anne Byers, Nebraska Information Technology Commission/Office of the CIO

University of Nebraska Medical Center

NEBRASKA'S HEALTH SCIENCE CENTER

OFFICE OF THE CHANCELLOR

July 23, 2010

The Honorable Rick Sheehy
Lieutenant Governor of Nebraska
State Capitol, Room 2315
P.O. Box 94863
Lincoln NE 68509

RE: Marsha Morien

Dear Lt. Governor Sheehy:

I support Marsha Morien's application to serve on Nebraska's eHealth Council. Ms. Morien would be a tremendous asset to the Council, based on her expertise and contributions in this area.

For over three decades, Ms. Morien has served in various capacities at the University of Nebraska Medical Center. She has been a leader in the implementation of several electronic health-related initiatives, including an early indicator surveillance model, and personal health records for UNMC students. Additionally, her familiarity with the eHealth Council, evidenced by her representation as an alternate from 2007-2009, would prove beneficial.

Thank you for your consideration of Ms. Morien for appointment to the eHealthCouncil. She is an asset to UNMC and the Council would be well served by her membership.

Sincerely,

Robert D. Bartee
Vice Chancellor for External Affairs

ec: Anne Byers

986605 Nebraska Medical Center / Omaha, NE 68198-6605
402-559-4200 / FAX: 402-559-4396 / www.unmc.edu

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Morien, Marsha	POSITION TITLE Chief Administrative Officer
eRA COMMONS USER NAME (credential, e.g., agency login) MORIEN.MARSHA	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
Alfred University, Alfred, NY	BA	06/69	Economics, Bus. Admin.
Indiana University, Fort Wayne, IN	MSBA	05/74	Business Admin.
Healthcare Financial Management Association	Fellow	1984	Healthcare Finance
American College of Healthcare Executives	Fellow	1999	Healthcare Admin.
American Medical Informatics Assoc.	Certificate	2008	Public Health Informatics

A. Personal Statement

The widespread adoption of eHealth technologies is a goal that I share with the eHealth Council. I have provided leadership for the adoption of electronic health records and health data exchange throughout my career in healthcare administration and in advancing research at UNMC. In public health, I coordinated the development of a prototype Early Indicator Surveillance Model and a personal health record implementation for students at UNMC. I have demonstrated successful working relationships with the eHealth Council by serving as an alternate representative, membership in the personal health records workgroup, and by reviewing proposals.

B. Positions and Honors

Positions and Employment
1999 – Chief Administrative Officer, Computer Assisted Medicine and Surgery, University of Nebraska Medical Center (UNMC), Omaha NE
2005 - Admin. Dir., Minimally Invasive Surgery Center, The Nebraska Medical Center, Omaha NE
2005 - Exec. Dir., Center for Advanced Surgical Technology, UNMC, Omaha NE
2007 - Instructor, Department Health Services Research and Admin., College of Public Health, UNMC
2008 - Administrative Director, Advanced Clinical Applications Program, UNMC, Omaha NE

Honors
2008 – American College of Healthcare Executives Regent's Award
2010 - American College of Healthcare Executives Service Award

C. Selected Peer-reviewed Publications

Morien, M. Sambol A. Hinrichs, S. "Developing Effective Partnerships with State Government," CDC Public Health Preparedness 2005 Abstract.

Kingston A, Morien M, Hinrichs, S. "Bioterrorism Preparedness: The Challenge of Disparate Populations, in Satcher D. Pamies RJ (eds): Multicultural Medicine and Health Disparities. New York, McGraw Hill, 2005.

D. Research Support

Ongoing Research Support
W81XWH-08-2-0043 (Department of Defense), Oleynikov/Farritor, Co-PI's, 3/10/2008 - 9/9/2010
W81SWH-09-2-0185 (Department of Defense), Oleynikov/Farritor, Co-PI's, 9/29/2009 – 9/28/2011
Robotic Telesurgery Research: Goal of these projects is to develop prototype miniature robots that have the capability to provide basic diagnosis and triage of internal injuries in military environments.

Broadband Mapping Planning

The Nebraska Information Technology Commission Community Council (NITC), University of Nebraska - Lincoln (UNL), and Nebraska Department of Economic Development (DED) will cooperatively address the broadband planning needs of Nebraska's communities. This opportunity is part of the NTIA Broadband Planning and Mapping AARA funds awarded to the Nebraska Public Service Commission.

Project Goal: By increasing broadband access and adoption through better data collection and broadband planning, we will create economic opportunities and attract new residents to rural areas and address economic inequalities amongst population groups.

Approach and Status Update
Project partners 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 and use through the following approaches:

- **Nebraskans will be surveyed** about their computer and Internet usage, challenges and desires for the future. *Status: 6600 Nebraskans surveyed in February 2010 – 47% response rate. Results presented to the Public Service Commission the end of June 2010.*

- **Businesses will be surveyed** through the Business Retention and Expansion process to identify the strengths and challenges they face in utilizing technology. *Status: 16 of the 27 communities have been identified.*

- **Regional planning teams** will be formed to conduct regional assessments, prioritize needs, and develop strategies to address needs. *Status: Initial presentations have been held in all regional groups except North Central. Beginning to build relationships in Omaha (i.e., AIM) and on the tribal lands.*

- **Regional forums** will be conducted to present broadband mapping and mail survey results, to solicit feedback, and to kick off regional planning efforts. *Anticipate beginning regional forums in Fall 2010.*

- 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.

- **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.

Team Members
Anne Byers, Nebraska Information Technology Manager, anne.byers@nebraska.gov
Connie Hancock, UNL Extension – Cheyenne County, chancock1@unl.edu
Tim O'Brien, Nebraska Department of Economic Development, tim.obrien@nebraska.gov
Charlotte Narjes, UNL Center for Applied Rural Innovation, cnarjes@unl.edu
Becky Vogt, UNL Center for Applied Rural Innovation. rvogt2@unl.edu

Leveraging Technology for the Future of Nebraska – Supplemental Request

In June, NTIA informed the PSC that it was accepting both amended and supplemental applications to support additional funding for broadband mapping and planning. Three planning program purposes were addressed which are:

Capacity Building - $712,247
This project will benchmark technology use across relevant community sectors; set goals for improved technology use within each sector; and develop a plan for achieving its goals, with specific recommendations for web-based application development and demand creation. Projects include:

- Inventory of Broadband and Digital Literacy Programs
- Focused Surveys – including in underserved areas including reservations, North and South Omaha, North Central Nebraska.
- Expanded Business Survey (through Department of Economic Development)
- Government and Economic Developer Survey
- Follow-up Statewide Household Survey

Technical Training - $1,535,736
The Nebraska Broadband Technical Assistance Program will provide technical assistance on supporting entrepreneurs through technology, and other topics to local governments, chambers of commerce, and economic developers especially in areas with lower than average broadband subscribership. Projects include:

- Cross training for economic development, telecommunications industry, University, state government, and others through statewide and regional workshops and conferences.
- Best practice videos
- Technical assistance to local economic development personnel supporting entrepreneurs through the use of broadband technologies.
- Central broadband web presence

Local Planning - $307,734
The Nebraska Broadband Local/Regional Technology Planning Teams program will augment regional planning approaches identified in the initial grant application with community planning, business and entrepreneurial discussions, government discussions, and agricultural discussions. Activities include:

- Regional Group Efforts – regional and cultural coaches
- Community/regional teams in underserved areas
- Focus Groups
- Community Sector Discussion with businesses, entrepreneurs, government and agriculture.

E-Prescribing, Receipt of Structured Lab Results, Patient Care Summaries
Information from Program Information Notice and Meaningful Use Final Rule
Draft August 25, 2010

The Program Information Notice (PIN) issued by ONC in July requires States to have a concrete and operationally feasible plan to enable three HIE capabilities in the next year:
- e-Prescribing
- Receipt of structured lab results
- Sharing patient care summaries across unaffiliated organizations

eHealth Plans should include an analysis of state capacity and gaps in supporting key meaningful use requirements:
- % pharmacies accepting electronic prescribing and refill requests
- % clinical laboratories sending results electronically
- % health plans supporting electronic eligibility and claims transactions
- % health departments receiving immunizations, syndromic surveillance, and notifiable laboratory results

E-prescribing

E-Prescribing: What is required to meet 2011 MU Core and Menu Requirements?
- A certified EHR (or eRx module) must be able, at a minimum, to generate and transmit permissible prescriptions electronically (core requirement).
  - In order for an eligible provider (EP) to meet the eRx core objective for meaningful use, more than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
  - Note that "permissible prescriptions" still exclude controlled substances.
- Eligible providers/eligible hospital/Critical Access Hospitals must implement drug-drug and drug allergy interaction checks (core requirement).
  - The EP/eligible hospital/CAH must enable this functionality.
- Eligible providers/eligible hospital/Critical Access Hospitals must implement drug-formulary checks (menu set).
  - The EP/eligible hospital/CAH must enable this functionality and must have access to at least one internal or external drug formulary.
- Eligible providers/eligible hospital/Critical Access Hospitals must maintain an active medication list (core requirement).
  - More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
- Eligible providers/eligible hospital/Critical Access Hospitals must maintain an active medication allergy list (core requirement).
  - More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

- The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believe an encounter is relevant should perform medication reconciliation (menu set).
    - The EP, eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department.

Possible Charges to an E-Prescribing Work Group
- Working with stakeholders to develop a plan for communicating Meaningful Use requirements to pharmacists and physicians;
- Discussing how pharmacists can support statewide health information exchange;
- Identifying issues related to e-prescribing Schedule II drugs and making recommendations.

Patient Care Summaries: What is required to meet 2011 MU Menu Set Requirements?
- Eligible providers must provide clinical summaries for patients for each office visit (core requirement).
    - Clinical summaries must be provided to patients for more than 50 percent of all office visits within 3 business days.
- The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care should provide a summary of care record for each transition of care or referral (menu set).
    - The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care must provide a summary of care record for more than 50 percent of transitions of care and referrals.

Possible Charges to a Patient Care Summary Work Group
- Recommend required elements to be included in a patient care summary
- Identify critical elements in various health care environments

Lab Interoperability: What is Required to Meet 2011 MU Core and Menu Set Requirements?
- Eligible providers must be able to incorporate clinical lab test results into EHR as structured data (core requirement).
    - For an EP, eligible hospital or CAH to meet Stage 1 meaningful use requirements, more than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data .
- Hospitals must be capable to submit electronic data on reportable lab results to public health agencies and actual submission in accordance with applicable law and practice (menu set).
    - This can be demonstrated by a successful test.