MEMBERS PRESENT
Wende Baker
Rama Kalli, Alt. for Susan Courtney
Donna Hammack
Alice Henneman
Sue Medinger
Marsha Morien
Patrick Werner, Alt. for Steve Urosevich
Delane Wycoff

MEMBERS ABSENT: Joni Cover, Vivianne Chaumont, Joel Dougherty; Senator Annette Dubas, Congressman Jeff Fortenberry, Kimberly Galt, Harold Krueger, Ken Lawonn, Laura Meyers, Kay Oestmann, Rita Parris, John Roberts, Greg Schieke, Nancy Shank, Lianne Stevens, and September Stone

Guests and Staff: Anne Byers, Lori Lopez Urdiales, Sarah Briggs and Deb Bass

ROLL CALL, NOTICE OF POSTING, NOTICE OF OPEN MEETING

Ms. Morien called the meeting to order at 1:35 p.m. Roll call was taken. Six voting members were present. A quorum was not present to conduct official business. The meeting proceeded with informational items.

APPROVAL OF FEBRUARY 29, 2012 MINUTES

Approval of the February 29, 2012 minutes was tabled until the next meeting due to lack of a quorum.

EVALUATION ACTIVITIES, Dr. Don Klepser, UNMC

Nebraska Hospital and Independent Lab Census. The University of Nebraska Medical Center opted to do a phone survey rather and a survey mailing to conduct a census of the Nebraska hospital and independent labs. The primary objective of the census was to determine the number of labs sending electronic lab results to ambulatory providers outside of their organization in a structured format in calendar year 2011. In addition, the ONC required that each lab be asked if they were following the LOINC (Logical Observation Identifier Names and Codes) standard.

116 Hospital labs were identified using the CMS OSCAR database
    4 Hospitals reported that they did not have a lab
    3 Labs had disconnected phones
    16 Of the identified labs were duplicated (had same phone number) or reported to be serviced by another lab

93 Unique, operating, hospital laboratories were contacted
    9 Labs (9.7%) were considered non-responders
    84 Labs (90.3%) completed the survey

Of the 84 completed responses. Labs sending results to ambulatory providers outside of their organization electronically in a structure format in calendar year 2011:
    Yes - 17 (20.23%)
    No - 66 (78.57%)
    Did not know – 2 (2.38%)

Of the 84 completed responses. Labs following LOINC standards for test results send to ambulatory providers outside of their organization in calendar year 2012:
    Yes – 13 (15.48%)
    No – 63 (75%)
    Did not know – 8 (9.52%)

Of those submitting structured electronic results, 5 out of 17 (29.41%) followed the LOINC standards on at least some of the results sent during 2011.

Barriers to Electronic Prescribing: Nebraska's Pharmacists Perspective. The objectives of this study were to identify the barriers to adoption of e-prescribing among all non-participating Nebraska pharmacies and to describe how the lack of pharmacy participation impacts the ability of physicians to meet meaningful use criteria. Of the 23 participants, 10 (43%) reported planning to implement e-prescribing sometime in the future. Nine participants (39%) reported no intention to e-prescribe in the future citing startup costs for implementing e-prescribing, transaction fees and maintenance costs, happiness with the current system, and the lack of understanding about e-prescribing's benefits and how to implement e-prescribing. The barriers to e-prescribing identified by both late adopters and those not willing to accept e-prescriptions were similar and were mainly initial costs and transaction fees associated with each new prescription. For some rural pharmacies, not participating in e-prescribing may be a rational business decision. To increase participation, waiving or reimbursing the transaction fees, based on demographic or financial characteristics of the pharmacy, may be warranted.

A number of pharmacies included in the Surescripts list of Nebraska community pharmacies were closed, duplicates or compounding pharmacies. Cleaning up the list increased the percent of pharmacies accepting e-prescriptions by several percentage points. The cleaned up March Surescripts data indicated that approximately 94% of Nebraska pharmacies accept e-prescriptions.

NEW MEMBER

Sharon Metcalf has been nominated to serve on the NITC eHealth Council dependent upon approval by the NITC.

PLAN UPDATE AND UPDATED/NEW SECTIONS

Ms. Byers reviewed the guidance information for the new sections are required for the plan update as indicated in the Program Information Notices. (Program Information Notice 2 and Program Information Notice 3).

Sustainability: Sustainability continues to be an issue for health information exchanges across the country. The sustainability section has been updated with information on how NeHII and eBHIN are approaching sustainability.

Program Evaluation: The aim of the evaluation plan is to determine if Nebraska has achieved a functioning eHealth environment with widespread participation by providers and consumers and if investments in eHealth have led to improvements in health care quality and efficiency in Nebraska.

Key evaluation questions are listed below:

Has Nebraska achieved a functioning eHealth environment with widespread participation by providers and consumers?
- Did participation in health information exchange by hospitals, physicians, and other providers increase?
- Did the exchange of structured lab results increase?
- Did care summary exchange increase?
- Did pharmacy and prescriber participation in e-prescribing increase?
- Did utilization of Direct increase?
- Has usage of eBHIN's medication reconciliation module increased?
- Has the number of providers electronically submitting data to the immunization registry increased?
- Has the number of labs submitting data electronically to the Nebraska Electronic Disease Surveillance System (NEDSS) increased?
- Has the number of hospital emergency departments submitting syndromic surveillance data increased?
- Are most consumers willing to have their health information available through NeHII?
- Are behavioral health consumers willing to have their information available through eBHIN?

Have investments in eHealth led to improvements in health care quality and efficiency in Nebraska?

- How satisfied are the providers with HIE?
- What are the consumer concerns surrounding health information security and privacy?

- What are the levels of awareness and expectations of health information technology among consumers?
- What is the discrepancy rate between what the physician intended to prescribe and what is dispensed at the pharmacy? What are the common causes of medication errors that reach the patient?

- Does access to the results of diagnostic laboratory and radiology tests through the health information exchange reduce rate of redundant testing?
- Does access to formulary and eligibility information improve medication adherence and generic utilization rates by making that information available at the time of prescribing?
- What HIE data elements would be useful in the ER setting?
- What information not currently available in the HIE would be useful?
- What are the barriers to using HIE?
- Would changes in equipment, personnel, or care delivery be necessary to access HIE data in the emergency room setting?

Tracking Program Progress. Council members recommended the following goals for 2012:
- 95% - % of pharmacies participating in e-prescribing
- 25% - % of labs sending electronic lab results in a structured format
- 20% - % of labs sending electronic lab results to providers using LOINC
- 35% - % of hospitals sharing electronic care summaries with unaffiliated hospitals and providers
- 31% - % of ambulatory provider electronically sharing care summaries with other providers

Members recommended including a goal of 60% of hospital beds participating in query-based exchange through NeHII be included as an additional goal.

Privacy and Security Framework. The privacy and security framework focuses on seven domains:

- Individual Access
- Correction
- Individual Choice
- Collection, Use and Disclosure Limitation
- Data Quality and Integrity
- Safeguards
- Accountability

The Privacy and Security PIN issued by ONC includes recommendations for each domain. For the most part, the privacy and security policies of NeHII and eBHIN meet these recommendations. There are gaps in fully meeting the recommendations included in the PIN for the Individual Choice and Individual Access domains.

Individual Choice. The PIN recommends:
Individuals should have choice about which providers can access their information. In addition, recipients are encouraged to develop policies and technical approaches that offer individuals more granular choice than having all or none of their information exchanged.

Allowing patients to choose which providers can view their medical records is not possible today with NEHII. The only option patients have right now is to opt out.

Individual Access The PIN recommends:
Where HIE entities store, assemble or aggregate IIHI, such as longitudinal patient records with data from multiple providers, HIE entities should make concrete plans to give patients electronic access to their compiled IIHI and develop clearly defined processes (1) for individuals to request corrections to their IIHI and (2) to resolve disputes about information accuracy and document when requests are denied.

Making information available to patients is technically feasible, but involves additional costs. NeHII is working on a pilot with SimplyWell to make information available to patients. Ms. Baker informed the council that there is a Nebraska law relating to behavioral health records stating that the decision to provide the patient their private record is up to the provider due to information may cause more damage to the patient. Robert Wood Johnson has done a lot of work bringing providers and patients together to manage their health care. They continue to push new directions. ONC indicated in a conference call discussing the PIN that the recommendation would not apply to behavioral health information.

Members were asked to provide Ms. Byers their feedback. Ms. Byers suggested that Council members read the PIN on Privacy and Security Frameworks for future discussion.

Ms. Hammack left the meeting.

UPDATES

NEHII, Deb Bass. On July 24, 2012 NEHII will hold their annual meeting at the Gering Civic Center in Gering, Nebraska. Sustainability discussions have been occurring. Over 2,000 users are participating in NEHII. The Prescription Drug Monitoring Program(PDMP) functionality is proving to be a physician satisfier. NeHII is getting requests from other states for information on the PDMP functionality. Phase 2 of the immunization registry is underway.

e**BHIN, Wende Baker.** The project is in the process of going live with info exchange. The anticipated go live date is June 2012. Region 6 (Omaha) and Region 1 (Panhandle) will hopefully be up in 2013. There is a planning grant to look at feasibility of getting Regions 2, 3, and 4 into the eBHIN. eBHIN is participating in an ONC behavioral health consortium. The concept is to have a platform for interstate exchange of behavioral health records.

DHHS, Sarah Briggs. On May 7th the Medicaid Electronic Health Record Incentive Program will go live!

[CIMRO of Nebraska/Wide River Technology Extension Center,](#). The project has reached its goal of enrolling providers. More detailed information available via the above link.

ADJOURN

With no further business, Ms. Morien adjourned the meeting at 3:39 p.m.

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