

EHEALTH COUNCIL

October 9, 2007, 1:30 p.m. - 4:30 p.m.
Governor's Residence, 1425 H Street
Lincoln, Nebraska

MINUTES

MEMBERS PRESENT:

Susan Courtney, Blue Cross Blue Shield
Daniel Griess, Box Butte General Hospital, Alliance
Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
Steve Henderson, Office of the CIO
Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County
Ron Hoffman, Jr., Mutual of Omaha
C.J. Johnson, Southeast Nebraska Behavioral Health Information Network and Region V Systems
Jeff Kuhr, Three Rivers Public Health Department, Fremont
David Lawton, HHSS, Public Health Assurance
Dr. Keith Mueller, UNMC College of Public Health
Kay Oestmann, Southeast District Health Department
Mary Steiner, Dept of Health and Human Services, Finance and Support, Medicaid
September Stone, Nebraska Health Care Association
Elizabeth Willborn, Alternate for Nancy Shank
Dr. Delane Wycoff, Pathology Services, PC

MEMBERS ABSENT: Dennis Berens, HHSS, Office of Rural Health; Joni Cover, Nebraska Pharmacists Association; Dr. Kimberly Galt, Creighton University School of Pharmacy and Health Professions; Jim Krieger, Gallup; Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital; Ken Lawonn, NeHII and Alegent Health; Senator Mick Mines, Nebraska Legislature; John Roberts, Nebraska Rural Health Association; Marie Woodhead (representative for Congressman Jeff Fortenberry); and Henry Zach, HDC 4Point Dynamics

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

Dr. Keith Mueller, co-chair, called the meeting to order. There were 15 members present at the time of roll call. A quorum existed to conduct official business. It was stated that the meeting announcement was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on August 20, 2007. The agenda was posted on October 2, 2007.

APPROVAL OF AUGUST 6, 2007 MINUTES

Dr. Wycoff moved to approve the [August 6, 2007 minutes](#) as presented. Mr. Griess seconded.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

RELATIONSHIPS WITH VENDORS-- Dan Griess

Co-chairs have been discussing how to handle requests from vendors to share information on their products or services with the council. Mr. Griess asked the members for their ideas to address this issue. After discussion, it was agreed to collect information from vendors for the time being.

IDEAS FOR FURTHER ACTION

Dr. Galt sent an e-mail to members in August requesting their input regarding the Council's goals, mission, and responsibilities. Members were asked to give consideration to this topic.

NATIONAL RTI HISPC MEETING AND PROJECTS-- David Lawton

Mr. Lawton informed the Council that he presented information on Nebraska's eHealth activities, including the work of the Health Information Security and Privacy Committee, at the national HISPC meeting in September. Attendees were impressed with the progress Nebraska is making. Nebraska is participating in a 9-state project focusing on standards development and implementation as it relates to security and privacy concerns. A grant will be submitted in November.

NEBRASKA HISPC, Dennis Berens. Mr. Berens was not available to provide a report. Ms. Byers stated that the group is reorganizing. Their first meeting is scheduled for Oct. 10 3 p.m.

SOUTHEAST NEBRASKA BEHAVIORAL HEALTH INFORMATION NETWORK--C.J. Johnson

Mr. Johnson's presentation on the Southeast Nebraska Behavioral Health Information Network (SNBHIN) included the following information:

Vision: To promote quality care through efficient, secure, and confidential handling of data and patient information in order to provide seamless patient care and access from multiple locations.

Goals:

- Create a standardized system for patient placements that can be effectively and efficiently referred between facilities.
- Create an electronic health environment for patient information and processes that allow for real-time viewing of patient information, facility tracking, reporting on clinical indicators, performance indicators, and quality assurance activities.
- Establish a behavioral health information technology consortium with decision-making capabilities regarding problem identification, intervention, implementation, and evaluation of behavioral health information services in Southeast Nebraska.

Service Delivery Environment - As a primarily rural region, Southeast Nebraska experiences a unique challenge, when addressing behavioral health needs. Approximately 40 percent of the population is located throughout 15 rural counties, with the remaining 60 percent residing in Lancaster County.

SNBHIN is incorporated as a 501(c) in the State of Nebraska and has applied for federal funding.

Council members were given an opportunity to ask questions or provide feedback.

WESTERN NEBRASKA HEALTH INFORMATION EXCHANGE--Dan Griess

Mr. Griess's presentation on the Western Nebraska Health Information Exchange included the following information:

Vision: A sustainable system of healthcare for the region developed through collaboration and cooperation which respects the autonomy of partners.

Mission: Enhance patient safety quality of care through the effective exchange of health information among all providers and partners.

Priorities:

- Portal access
- Global Patient Index

- Electronic Health Records information
- Labs and integrated results management
- e-Prescribing/CPOE
- Syndromic surveillance

Rural Nebraska Healthcare Network and its members include Box Butte General Hospital; Chadron Community Hospital; Garden County Health Services; Gordon Memorial Hospital; Kimball Health Services; Memorial Health Center; Morrill County Community Hospital; Perkins County Health Services; Regional West Medical Center; Panhandle Community Services Health Clinic; Panhandle Mental Health Center; and the Panhandle Public Health District.

Financial – Rural Issues Rural Issues

- Lack of access to capital for investment
- Inability to access high-quality IT services at affordable prices
- Evidence for return on investment not clear

Each organization needed to understand and embrace and execute the possibilities of health information exchange:

- Independent, autonomous organizations
- Commitment of scarce resources (e.g., funds and staff)
- Changes in workflows, policies & procedures
- Inevitable problems
- Long-term commitment
- Build TRUST among participants

Progress

- Released RFP for the technology that will match patients and interoperate between organizations' EMRs and other data sources on July 23 to 8 vendors
- Created an LLC with the RNHN as the single member to be the legal entity
- Hybrid moving to centralized architecture
- Opt-out option for patient privacy requests
- Vendor Selection Team formed
- Vendor Procurement Agreement
- User Agreements to access data

Council members were given an opportunity to ask questions or provide feedback.

EHRNEBRASKA--Dale Mahlman and Dawn Anderson

The Nebraska Medical Association, through funding by the Physicians Foundation for Health Systems Excellence, has developed and implemented EHRNebraska. The purpose of EHRNebraska is to provide expert resources, tools, and education to physicians and practice management staff to assist in the adoption and successful implementation of an electronic health records (EHR) system. The project includes several important components:

1. A series of surveys designed to assess initial interest and adoption administered by Creighton University. Surveys will be used to quantify the current state of EHR adoption and the success of the project.
2. A series of town meetings designed to introduce EHRNebraska, guide participants through the change management tools and provide a forum for discussion.
3. The EHRNebraska Web site (<http://www.ehrnebraska.org>) is a repository for the change management tools, information updates and an on line discussion forum.
4. Change management tools. Tools are resources to help physicians decide if they are ready for an EHR, determine their needs, understand the true costs, and complete internal workflow assessments.

5. A final "vendor fair" and selection support program. EHRNebraska will coordinate vendor fairs to provide an opportunity to review systems.

Council members were given an opportunity to ask questions or provide feedback.

RURAL COMPREHENSIVE CARE NETWORK--Jolene TenHulzen Huneke

The Rural Comprehensive Network, a quality initiative program, was created in 1997 by the collaboration of the Blue River Valley Healthcare Network (BRVN) which consists of 19 rural hospitals and the South East Rural Physicians Alliance (SERPA) which consists of 67 rural providers.

An Electronic Health Record or Health Information Technology Grant was funded for the period of May 1, 2006-April 30, 2009. The purpose of the grant is to implement electronic health records into the network's rural facilities. The target population of this grant will be rural physician clinics, rural hospitals, and rural pharmacies. The ultimate goal is to decrease medical errors and improve patient safety. The partners in this grant are BRVN, SERPA and CIMRO of Nebraska. UNMC was contracted to determine the return on investment.

Goals of the grant include the following:

- Develop partnerships to collaborate on adoption of electronic health records.
- Collaborate in the adoption of the EHR by local health care providers.
- Conduct pilot projects in 25% of the communities by providing a portion of funding for EHR.
- Build a regional data repository

There are three possible opportunities from this grant.

Grant Opportunity 1:

- All network members would purchase from the same vendor
- Creating a centralized datacenter –Master patient index
- Would have RCCN technical staff available to help hospital and clinic staff
- Leverage funds from more than one health care system to purchase Electronic health record

Grant Opportunity 2:

- There would be 3-4 vendors selected for the clinic and 3-4 vendors selected for the hospital.
- RCCN: would, could, should provide support for the vendors selected.
- Some financial savings could be realized if several clinics and hospitals chose the same vendor. Leverage the dollar.
- Possible shared master patient index.

Grant Opportunity 3:

- RCCN will help provide resources for hospitals and clinics to make good decisions about the appropriate vendor for them.
- RCCN will look at ways to leverage funds if there is knowledge about other network members purchasing the same system.
- No master patient index.

RCCN expects that network members will select opportunity 2 or 3 by the end of the grant, that there will be 12 subgrants that will be promoting the integration of the hospital and clinic record, and that the network of RCCN will be stronger by working with CIMRO of Nebraska and UNMC.

Council members were given an opportunity to ask questions or provide feedback.

NEBRASKA ELECTRONIC DISEASE SURVEILLANCE SYSTEM --John Hall

Mr. Hall's presentation on the Nebraska Electronic Disease Surveillance System (NEDSS) included the following information:

NEDSS Purpose:

- Monitor status of communicable disease within the state and nation.
- Use Internet based technology to enhance the transmission, speed, quality and availability of information related to tracking of communicable diseases.

NEDSS Expected Outcomes:

- Monitor status of communicable disease in a more timely manner.
- Enhance the transmission, quality, speed and availability of disease related information to public health.

NEDSS Actual Outcomes Positive:

- Communicable disease laboratory reports now moved electronically from laboratories to the NEDSS system within hours (and sometimes minutes) not days or weeks.
- Public Health workers start investigations much sooner.
- Cases immediately available for analysis at state level and within hours at the national level.
- Electronically transmitted data does not need to be re entered by public health professionals.
- Transcription errors are reduced.
- Data is available statewide for analysis and action as soon as entered.
- Disease investigation activity is easily extendable to additional public health entities.
- Greater year to year continuity data.

Challenges:

- Adding ELR hospitals and laboratories
- Integrating STD, Lead Poisoning, TB and HIV
- Improving data reports and analysis
- Improving data quality

How NEDSS can contribute to the eHealth Council's charge:

- Provide public health professionals exposure to concepts and practice of information exchange and standardization.
- Establish electronic data interface with hospitals and laboratories.
- Provide sample nascent health record and information exchange medium.
- Provide communicable disease reporting expertise.

How the eHealth Council can facilitate NEDSS:

- Encourage physician, hospital and laboratory participation in ELR of reportable disease data.
- Support policies which aid the transition to paperless electronic reporting.
- Emphasize the use of standards.
- Ensure public health needs are considered in development of electronic health records.

CONCLUDING COMMENTS

Presenters were thanked for providing presentations on their initiatives.

NEXT MEETING AND ADJOURN

Ms. Byers will ask members to indicate their availability for an early December meeting using video conferencing. With no further business, Mr. Griess adjourned the meeting at 4:22 p.m.

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