

## **EHEALTH COUNCIL**

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

### **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 Association  
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.