

EHEALTH COUNCIL

Nebraska Information Technology Commission
Oct. 12, 2017 9:30 A.M. CT – 11:30 P.M. CT
Varner Hall, Board Room, 3835 Holdrege St., Lincoln, NE
(Public Participation Video Connections Upon Request)

Members Present:

Marsha Morien, Co-Chair
Marty Fattig, Co-Chair
Jim McClay
Kevin Conway
Kathy Cook
Marty Fattig
Cindy Kadavy
Jenifer Roberts-Johnson
Brian Sterud

Public participation video connections (non-voting): Kevin Borchert, Max Thacker, Anna Turman (Video)

Members Absent: Joel Dougherty, Kimberly Galt, Rama Kolli, Dave Palm, Dr. Shawn Murdock, June Ryan, Todd Searls, Robin Szwaneck; Linda Wittmuss, Delane Wycoff, and Bridget Young

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

Co-Chair Marty Fattig called the meeting to order. Roll call was taken. There were 8 voting members present and three members at the public participation video connections who could participate but not vote. A quorum was not present to conduct official business.

Meeting notices were posted on the Public Meeting and NITC websites on September 19, 2017. The meeting agenda was posted on October 3, 2017.

APPROVAL OF APRIL 5, 2017 MINUTES*

The April meeting minutes were tabled until a quorum was present.

PUBLIC COMMENT

There was no public comment.

UPDATES

Nebraska Statewide Telehealth Network - Max Thacker

Mr. Thacker reported that the Nebraska Statewide Telehealth Network (NSTN) is in need of a major upgrade of its infrastructure and technical support. The network design has not been refreshed since 2004 with many of the rural hospitals still connecting to the network with T1 lines. Representatives of the Nebraska Statewide Telehealth Network have been in discussions with Ms. Byers and Mr. Rolfes to explore other options to support the network. Network Nebraska supports educational entities but could potentially be expanded to also support telehealth. For the telehealth network to become part of Network Nebraska, it will take a change in statute and there would need to be strong stakeholders support.

PDMP Update - Felicia Quintana-Zinn and Kevin Borchert

Ms. Quintana-Zinn shared important dates regarding the Nebraska Prescription Drug Overdose prevention efforts:

- January 1, 2017- Mandatory dispenser reporting of *dispensed controlled substances*
- January 1, 2018- Mandatory dispenser reporting of *all dispensed prescription drugs*
- July 1, 2018- Mandatory *veterinarian* reporting of *dispensed controlled substances*

The Harold Rogers, DOJ Bureau of Justice Assistance grant has been completed. The grant funded trainings PDMP trainings conducted through live webinars, on-demand webinars, and in-person sessions. Even though the grant has concluded, trainings are still be conducted. Training information is available on the PDMP website at www.dhhs.ne.gov/PDMP .

The Prescription Drug Overdose Prevention for States Grant (PDO-PfS) awarded by the CDC is still in progress. The purpose was to enhance and maximize the Nebraska PDMP system. Currently 3,987 prescribers (22.1% of those currently licensed in NE), 1514 dispensers(24.4% of those currently licensed in NE), and 120 designees (0.18% of those currently licensed/registered eligible individuals identified by the Uniform Credentialing Act in NE) are registered users of the PDMP. 100% of total eligible Nebraska Dispensers registered to report to the PDMP or noted as an exempted pharmacy for the 2017 year. A total of 2,040,451 dispensed records on 534,309 unique patients have been reported.

Two enhancements went live on Sept. 14, 2017: enhanced patient search and filter and sorting. In October through December 2017, three alerts will be implemented. The morphine milligram equivalents (MME) alert will place a notification alert banner on the patient's dispensed medication history page when a patient has received over 90 MME in the past 30 days. The 5/5/6 (Multiple Provider Episodes) Alert will place a notification alert banner on the patient's dispensed medication history page when a patient has dispensed opioid prescriptions from 5 or more prescribers and 5 or more dispensers over 6 month time period. The Overlapping Prescriptions Alert will place a notification alert banner on the patient's dispensed medication history page when a patient has overlapping dispensed opioids.

It is planned to have a public data dash board as well with different levels of information. DHHS has a grant to research mortality. The council suggested utilizing graduate research students to assist with the project's research and data trends. Council members were given an opportunity to ask questions.

ONC Grant Update - Anne Byers and Rachel Houseman

Ms. Byers reported that the ONC Advance Interoperable Health IT Services to Support HIE grant supported the adoption of health information exchange through NeHII in 47 facilities and health systems—including 21 Critical Access Hospitals (CAHs)—in 31 counties in Nebraska and in Montgomery County, Iowa. Through the grant, the number of hospitals and providers sharing data with NeHII increased from 28 to 53. Over 700 providers and clinical staff were added as users. New functionality implemented included population health analytics, the use of C-CDA exchange to provide information to NeHII, and an HIE to HIE gateway with the Missouri Health Exchange. Two Critical Access Hospitals were also successfully implemented to share syndromic surveillance data with the State's syndromic surveillance system. Council members were given an opportunity to ask questions.

NeHII Update - Rachel Houseman and Tony Troester

Mr. Troester just recently joined the NeHII team. He distributed a FAQ sheet regarding the Transforming Clinical Practice Initiative (TCPI), a federal contract by the Centers for Medicare and Medicaid Services

(CMS) to help clinicians achieve practice transformation and succeed in pay-for-performance funding models, providing better quality for more efficient costs. In October 2017, NeHII became the Nebraska state partner for TCPI services. Eligible clinicians for TCPI included: doctors-all specialties, podiatrists, optometrists, oral surgeons, dentist, chiropractors, physicians assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, anesthesiologist assistants, certified nurse midwives, clinical social workers, clinical psychologists, registered dieticians, nutrition professionals, audiologists, physical therapists, occupational therapists, and qualified speech-language therapists. The goal of the TCPI is to recruit 150,000 clinicians across the country. Council members were given an opportunity to ask questions.

PUBLIC HEALTH DATA - Kathy Cook

Public health is responsible for:

- Assessment and continuous monitoring of health status in communities served and convening the community to identify and prioritize issues/conditions that must be addressed
- Collaborating with stakeholders and partners to design and implement policies and programs to positively impact health of the community
- Continuing to assess and monitor health status to evaluate the impact of the policies and programs

None of this can be done without data about the community and the people who live in it. Almost any information about the population of the community or the environment of the community can be public health data.

Monitoring the health of the population is a core responsibility of public health – one of the three core functions of public health. All local health departments in Nebraska have or are completing a formal Community Health Assessment (CHA). The assessments are done every 3 to 5 years. Timely information is needed in order evaluate the effectiveness of the interventions/initiatives.

The advent of e-health data at the point of service, mechanisms for health data exchange, and creation of population health use cases for the use of aggregated data can potentially lead to:

- The opportunity to create measures that are more sensitive indicators of changes in overall community health.
- Significantly improved surveillance and early detection of diseases and events that threaten the health of the public.

Ms. Cook said that she is excited about the potential of NeHII to provide data in near real time to evaluate the effectiveness of interventions. Council members were given an opportunity to ask questions.

HIE AND PUBLIC HEALTH DISCUSSION

The Nebraska Department of Health and Human Services Division of Public Health is working with NeHII on several projects including the PDMP and syndromic surveillance. Other projects planned include a bidirectional interface with the immunization registry and electronic lab reporting through NeHII.

ACTION ITEMS FOR STATEWIDE TECHNOLOGY PLAN*

Suggestions made by the council included the following:

- Support efforts to modernize the Nebraska Statewide Telehealth Network
- Learn more about data governance and discuss follow-up steps including possibly forming a Data Governance Work Group

- Learn more about how health IT can support public health, including the priorities identified in the 2017-2021 Nebraska State Health Improvement Plan, and discuss follow-up steps.

Ms. Roberts-Johnson will send Ms. Byers the DHHS 5-year State Health Plan to share with members.

Ms. Byers will draft the action items and send to members for input.

ADJOURN

With no further business, Mr. Fattig adjourned the meeting at 11:28 a.m.

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