

**Project Title:** Nebraska Health Information Initiative (NeHII) Health Information Exchange

**Submitting Entity:** NeHII, Inc in association with the University of Nebraska at Omaha

**Grant Amount Requested:** \$100,000

### **Executive Summary**

In 2006, healthcare professionals from across Nebraska gathered to conduct a strategic planning session - the goal, to create a statewide health information exchange (HIE) for the betterment of patient care in the state. Once implemented, the system would enable physicians statewide to view consolidated patient medical history at the point of care, improving safety and care delivery while reducing duplicate or redundant procedures. Since that session, the progress of NeHII has outpaced all similar activities. NeHII hopes to begin exchanging data in the next six months, making it one of the first statewide HIEs in the country. The most significant aspect to the project is the innovative ideas used to fund the project and make it sustainable for future generations. Based on projected adoption rates, NeHII is expected to generate sufficient margins to not only fund operations, but also subsidize rural providers and decrease the financial impacts across the state. A proven sustainable business model ensures adequate project funding will be available when needed. The funds being sought with this grant application will be applied to fund a proof of concept pilot project and demonstrate the validity of exchanging medical information including clinical messaging, e-prescribing and physician referral.

NeHII's progress is due to its success at engaging and securing assistance from stakeholders across the state. Existing participants donated their time and money to make the initiative successful. As the project moves forward, discussions have moved from participant/stakeholder support to major employers, governmental officials and foundations to support the project implementation costs. All these activities and more led NeHII to a pilot phase that will begin live production use in fourth quarter 2008.

**Comments/History:** NeHII originally submitted a proposal in the spring of 2008. Council members were very supportive of NeHII's vision and goals. However, Council members expressed concern about the lack of funding commitment from other project partners and a lack of specificity in the original proposal. Members were also unclear about the relationship between NeHII and the Scott Center at UNO. The Community Council recommended inviting NeHII to reapply. Members of the Technical Panel determined that the NeHII proposal was technically feasible and used appropriate technology, but that the funding requested was insufficient without the commitment of other funds. At their meeting in June, the NITC asked NeHII to reapply when the project presented a more positive business case.

**Community Council and Staff Comments:** Community Council Members expressed their support for the revised NeHII proposal. Members felt that the revised proposal better defined the relationship between NeHII and UNO and presented a more positive business case. One minor area of concern mentioned was the difficulty in rolling out full implementation immediately after the conclusion of the pilot. Deb Bass, Interim Executive Director of NeHI, later responded to this comment by clarifying that NeHII intended to evaluate the pilot and make modifications if necessary before rolling out full implementation. Dr. Delane Wycoff expressed his approval of the chosen vendor, commenting that Grand Junction, Colorado has utilized the same vendor and has had notable results. The Idaho Health Data Exchange recently announced it will also be working with Axolotl. Other health information exchanges using Axolotl include HealthBridge in the greater Cincinnati area and the Rochester Regional Health Information Organization. An update on NeHII's activities is included with the meeting materials.

**Project Title:** Public Input on Sharing Electronic Health Records: The Views of Nebraskans

**Submitting Entity:** Board of Regents, University of Nebraska on behalf of the University of Nebraska Public Policy Center

**Grant Amount Requested:** \$20,800.00

### **Executive Summary**

The overall goal of the proposed project is to obtain perspectives of Nebraskans about electronic sharing of health information, and in particular, perspectives about legal and policy issues currently under consideration by the NITC, HISPC, e-Health council, and other state policymakers and advisory groups. The funds provided by the grant will support our activities to document Nebraskans' knowledge of and attitudes towards these issues by preparing for and convening two surveys and a Deliberative Poll®. Randomly selected residents of Nebraska from three communities across the state will be invited to participate in an online survey. Twenty-five to thirty residents of Lincoln/Lancaster County will be invited to participate in the Deliberative Poll and take a second survey. The Public Policy Center will work closely with a stakeholders' working group composed of members of the NITC, HISPC, e-Health council, and others, to identify priority questions of interest that are either currently – or will soon be – under consideration by state policymakers, and which public input and commentary could shed light on. This project will simultaneously achieve three outcomes: It will 1) engage a sample of Nebraskans about important legal and policy issues surrounding e-sharing of health information; 2) increase knowledge and understanding of these issues among a sub-sample of Nebraskans; and 3) provide state policymakers and stakeholders with perspectives from the public about these important issues. The project completion date is December 2008, and all findings will be disseminated publicly prior to the January 2009 legislative session.

**Comments/History:** The University of Nebraska originally submitted a proposal in the spring of 2008 requesting \$39,777. Reviews of the original proposal, while generally positive, were mixed with a few more critical reviews. Several members and reviewers felt that the proposed project would yield significant benefits. Others questioned if the cost of the proposal was too high and if the project would yield information that is already available have from other sources. eHealth Council members felt that if funded, the Public Input, Health Information Security and Privacy Consumer Education, and Health Information Security and Privacy Web Site projects should coordinate efforts. The eHealth Council recommended funding the initial proposal at less than the amount requested. The Technical Panel determined that the original project was technically feasible, used appropriate technology, and could be completed on time and within budget. At their June meeting, the NITC asked the University of Nebraska to resubmit a proposal. Ms. Byers met with staff of the Public Policy Center and suggested that a revised proposal would have a greater chance of being funded if the budget was reduced and if the research was tied to possible policy actions. The proposed project was revised to address these concerns. Staff of the Public Policy Center will be attending the September meeting of the Nebraska Health Information Security and Privacy Committee to facilitate the coordination of efforts.

**eHealth Council Comments:** Concern was expressed about the possible overlap between the Nebraska Public Policy Center proposal and work currently being done by the Creighton Health Services Research Program. The Council recommended approving the proposal with the stipulation that the Public Policy Center coordinate with the Creighton Health Services Research Program to avoid overlap and that the projects survey different communities.



## Nebraska Information Technology Commission Community Technology Fund

### Standard Application Form

For projects which meet all of the following characteristics:

- Moderate to high budget (over \$40,000)
- Moderately difficult to complex implementation of technology
- Moderate to high risk
- Type of projects: Projects Involving Health IT

**Project Title:** Nebraska Health Information Initiative (NeHII) Health Information Exchange

**Submitting Entity:** NeHII, Inc in association with the University of Nebraska at Omaha

**Grant Amount Requested:** \$100,000

**Project Contact Information (Name, address, telephone, fax, and e-mail address):**

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### Executive Summary

Provide a one or two paragraph summary of the proposed project, clearly and succinctly describing the project goals, expected outcomes, the information technology required, and what the grant will fund.

In 2006, healthcare professionals from across Nebraska gathered to conduct a strategic planning session - the goal, to create a statewide health information exchange (HIE) for the betterment of patient care in the state. Once implemented, the system would enable physicians statewide to view consolidated patient medical history at the point of care, improving safety and care delivery while reducing duplicate or redundant procedures. Since that session, the progress of NeHII has outpaced all similar activities. NeHII hopes to begin exchanging data in the next six months, making it one of the first statewide HIEs in the country. The most significant aspect to the project is the innovative ideas used to fund the project and make it sustainable for future generations. Based on projected adoption rates, NeHII is expected to generate sufficient margins to not only fund operations, but also subsidize rural providers and decrease the financial impacts across the state. A proven sustainable business model ensures adequate project funding will be available when needed. The funds being sought with this grant application will be applied to fund a proof of concept pilot project and demonstrate the validity of exchanging medical information including clinical messaging, e-prescribing and physician referral.



NeHII's progress is due to its success at engaging and securing assistance from stakeholders across the state. Existing participants donated their time and money to make the initiative successful. As the project moves forward, discussions have moved from participant/stakeholder support to major employers, governmental officials and foundations to support the project implementation costs. All these activities and more led NeHII to a pilot phase that will begin live production use in fourth quarter 2008.

**Goals, Objectives, and Projected Outcomes (15 points)**

- 1. Describe the project, including:
  - Specific goals and objectives;
  - Expected beneficiaries of the project; and
  - Expected outcomes.

The goals of this initiative are to provide better patient care by

- Sharing timely and accurate patient healthcare information including clinical messaging, e-prescribing and physician referral in a secure environment among providers
- Allowing all providers the option to participate in this health information exchange
- Providing a patient focused interoperable online resource for medical information

The objectives of this initiative are

- Implement proof of concept pilot
- Install software
- Identify participants
- Determine success criteria
- Conduct pilot
- Complete evaluation scorecard
- Determine next steps for statewide implementation

The expected beneficiaries for this initiative

- Consumers
- Physicians
- Healthcare Providers
- Employers
- Health Plans
- Labs
- Pharmacies
- Public Health Agencies

At a recent site visit to a physician's office in Santa Cruz, California, Dr. Karl Johsens shared with us how he met with a patient that morning and discussed the improvement in her lab results for blood glucose and cholesterol levels after he had verified that she had filled prescriptions and was following her healthcare delivery plan. He verified prescriptions had been filled and conducted an online trend analysis using the vendor supplied software.

- 2. Describe the measurement and assessment methods that will verify that the project outcomes have been achieved.

The purpose of the pilot program is to evaluate the software to determine if the three goals previously cited are met. As we monitor the pilot's progress, we will readily know if the system provides the sharing



of timely and accurate patient healthcare information. A designated individual representing each participating healthcare agency will discuss how they are using clinical messaging and physician referrals and if they are getting the results they expected. The participants who use e-prescribing functionality should experience a reduced amount of time spent determining which drug to prescribe since the system will alert them to drug interactions.

Once the pilot is complete and planning begins for the statewide implementation, the rate of participation should increase. All providers will have the option to participate in this health information exchange and as the number of participants continue to increase we will have the ability to measure participation rates.

Qualitative measurements will be put in place to ensure the quality of care and patient safety has a positive effect due to this initiative.

### **Project Justification / Business Case (25 points)**

3. Provide the project justification in terms of tangible benefits (i.e. economic return on investment) and/or intangible benefits (e.g. additional services for customers)

NeHII is preparing to engage in a pilot evaluation using the selected software to create a HIE. The pilot participants will be specifically evaluating clinical messaging, e-prescribing and physician referral functionality as well as impact to workflow efficiency and patient safety.

**Return on Investment (ROI) / Intangible Benefits to Nebraska's Citizens.** By developing a health information exchange (HIE) that will link physicians, hospitals, pharmacies, laboratories and imaging centers through technologies and processes that protect patient privacy, NeHII anticipates improved outcomes for individual consumers as well as for the state at large, and better use of the dollars spent for healthcare in the state.

The business and financial model proposed for NeHII is realistic and sustainable for the foreseeable future, assuming adoption rates meet conservative estimates. Excess revenues are also expected, and will be used to subsidize participants and further increase the value to Nebraska consumers. The funds being sought with this grant application will be used to fund pilot project setup expenses.

In October a Request for Proposal with detailed functional requirements was released to the list of seven vendor candidates from the RFI process. The product selection was made in April and currently NeHII is in the process of vendor negotiations.

**Principles.** The NeHII principles were defined at the outset of the strategic planning process and have naturally evolved throughout the business planning process as a result of input from many participants. They are meant to create a framework for working together collaboratively and include:

- Statewide approach
- Patient-centric
- Collaboration and consensus
- Open and transparent process
- Neutrality
- Shared resources, shared burden, shared planning
- Investments should reflect benefit flow
- Economically self-sustaining
- Inclusion of those with less resources
- Keep it simple
- Incremental implementation with early victories



- Build on what is available
- Support quality improvement
- Ensure interoperability

4. Describe other solutions that were evaluated, including their strengths and weaknesses, and why they were rejected. Explain the implications of doing nothing and why this option is not acceptable.

**Evaluated Solutions and Implications of Doing Nothing.** The core of the NeHII system is a centrally-managed, enterprise-level, commercial-off-the-shelf (COTS) IT solution to securely control patient information and verifies that patient data gets exchanged with other agencies for the sole purpose to improve the delivery of healthcare to a specific patient. The web-based ASP model software securely brings together the specific data (clinical message, e-prescribing and physician referral) required to sustain a patient's medical condition while protecting privacy and gathering the critical data a hospital, pharmacy, clinic or doctor needs to make a medically-required assessment, diagnosis and treatment plan.

NeHII evaluated many vendors to find the right solution. Out of the "Request for Information" stage, seven vendors were identified that could meet the above requirements. Those seven were then given the opportunity to respond to the "Request for Proposal". Following this phase, a vendor was selected, and vendor negotiations are currently ongoing.

**Other Solutions Evaluated – Strengths and Weaknesses.** At a minimum, the following options with a brief description of their strengths and weaknesses were thoroughly analyzed and discussed by the NeHII Steering Committee. The ideal solution was integrating a solution, centrally managed, to provide the needed healthcare patient data to improve the care and treatment of the citizens of Nebraska.

- Perform little to no changes to the IT infrastructure as it exists for Nebraska's health providers:
  - Strength – IT systems at health providers' agencies are operational and with regularly scheduled maintenance would work for several years. Dollars already have been invested into these systems and IT, staff and managers are familiar with the current systems.
  - Weakness – The current IT systems have no connectivity, do not permit a rapid exchange of patient healthcare information, lack collaboration options, and continue to cost dollars to maintain as these IT systems become legacy labyrinths.
- Develop a new enterprise system locally which would interact with existing agency-based systems providing the required connectivity and interoperability:
  - Strength – A customized IT system would allow agencies to maintain their IT systems, thus promoting familiarity while minimizing the attitude associated with change and eliminating the need for training.
  - Weakness – Some continuity and interoperability may be lost. Errors in patient healthcare data may increase due to incompatibility of IT systems. Coordinating upgrades and version changes across the State would require dollars invested into maintenance as well as the development of enhancements which are time intensive and expensive.
- Identify and implement a statewide HIE system COTS solution:
  - Strength – The main strength is a tried and tested already operational system that could be implemented with the vendor carrying the costs of system development and maintenance. Healthcare provider agencies would serve a centralized master with several options in providing the required healthcare data. The barrier would be alleviated for the smaller hospitals.
  - Weakness – Beyond the necessity to assist some healthcare providers in making a decision to join with NeHII, funding the project along with long term project monitoring may be a concern for the agency.
- No Action Taken
  - Strength – None



- Weakness – Inaction has existed as the norm; yet can no longer be accepted. Minimal sharing of healthcare information results in diagnosis delays, a reduction in healthcare quality and adverse drug events. **Healthcare Transformation calls all stakeholders to take action.**

### Technical Impact (20 Points)

5. Describe how the project enhances, changes or replaces present technology systems, or implements a new technology system. Describe the technical elements of the project, including hardware, software, and communications requirements. Describe the strengths and weaknesses of the proposed solution.

**Technological Impact of NeHII Project** The identified vendor for the NeHII solution was chosen because of their delivering broad functionality to all stakeholders with minimal disruptions to the IT infrastructure.

**Hardware, Software and Communication Requirements** Most participants will access the system via the web, with no additional hardware or software requirements. Large healthcare systems will require the installation of an EdgeServer, installed and hosted at the vendor's facility. To access the system, all that is required is internet access for individual participants, or VPN access to the vendor's data center for institutions.

6. Address the following issues with respect to the proposed technology:
  - Describe the reliability, security and scalability (future needs for growth or adaptation) of the technology.
  - Address conformity with applicable NITC technical standards and guidelines (available at <http://www.nitc.state.ne.us/standards/>) and generally accepted industry standards.
  - Address the compatibility with existing institutional and/or statewide infrastructure.

**Reliability, Security and Scalability** The solution to be implemented is an ASP model, utilizing web service capabilities. These features offer a safe, secure, reliable, and scalable environment for the healthcare providers of Nebraska. The software ensures HIPAA guidelines are followed and data is exchanged using secure and encrypted messaging. Vendor service-level agreements will require 24 hour a day access, 7 days a week for 99% of the time, barring pre-scheduled maintenance time. Participants can only be activated by the system administrator, following intensive identity verification. Finally, the web-based ASP model does not limit the number of participants. The more participants included, the lower the cost to each participant. Participant agreements for pilot participants as well as patient consent forms are currently being reviewed.

**Technical Standards and Guidelines** NeHII has accessed the <http://www.nitc.state.ne.us/standards/> website. The NeHII project team understands, uses, and intends to follow the full intent of the standards and guidelines. IT personnel associated with the project are process savvy having implemented IT process improvement approaches using CMM, ITIL, PMP, ISO 9000 and local agency quality programs.

**Compatibility with Existing Systems** A critical factor in selecting an enterprise IT system is to ensure compatibility and interoperability with the many technologies and systems already operational in multiple organizations and agencies across the State of Nebraska. This includes other EMRs and systems installed at healthcare delivery agencies and RHIOs across the state. The vendor and NeHII project team are responsible for addressing and resolving reasonable compatibility issues and problems. The selected product will serve as an umbrella between practices with existing electronic medical records (EMRs) and the practices that opt-in to use EMR-Lite, a vendor offering for practices without electronic medical records.



## Preliminary Plan for Implementation (10 Points)

7. Describe the preliminary plans for implementing the project. Identify project sponsor(s) and examine stakeholder acceptance. Describe the project team, including their roles, responsibilities, and experience.

**Preliminary Plan for Implementation** NeHII will begin exchanging data in fourth quarter 2008. Participants that have agreed to participate are Alegen Health, The Nebraska Medical Center, Methodist Health System, Children's Hospital, Creighton Medical Associates, Blue Cross Blue Shield of Nebraska, and UnitedHealthcare. This pilot will last for three months, resolving implementation issues and validating processes. We are projecting the statewide health information exchange to occur in 2009. This project includes and invites all Nebraska's healthcare delivery agencies and stakeholders.

**Preliminary Project Plan** Sponsors, roles and responsibilities for the NeHII effort include those defined in Appendix A. Additionally, the NeHII Project includes healthcare agency types defined earlier in this proposal.

In preparation for the statewide rollout, there are ongoing efforts to make this system affordable to rural providers. With that in mind, NeHII, in partnership with the University of Nebraska at Omaha (UNO) will implement shared servers for use by multiple rural institutions. Not only will shared servers be provided, but Dean Hesham Ali from the College of Information Science and Technology located at The Peter Kiewit Institute is extremely interested and engaged in the development of the next generation of medical IT professionals in collaboration with their partners. They host undergraduate and graduate programs in Bioinformatics, a graduate specialization in health informatics, and are taking a leadership role in working collaboratively with University of Nebraska Medical Center and local firms in areas such as HL-7 and other clinical data exchange standards, public health informatics and related research and development activities. Their focus on this initiative will be two-fold:

- Develop a training program for HL-7 interface and integration needs for this initiative
- Maintain a pool of student developers to offer HL-7 integration support to NeHII participants while also providing real world experience to PKI/IS&T students.

NeHII is working with several public health initiatives and initial communications are ongoing with Dr. Ann Fruhling, Associate Professor, Information Systems and Quantitative Analysis at the University of Nebraska – Omaha, Peter Kiewit Institute College of Information Science and Technology.

Following a ninety day pilot phase, NeHII plans to provide functionality to all Nebraska providers that will:

- Allow real-time lookup of patient information, such as drug allergies or history
- Obtain lab or radiology reports quickly and electronically
- Allow members of RHIOs to exchange information with providers not in that RHIO
- Match patient records in different systems, ensuring the information is only shared in appropriate ways
- Ensure all information is transmitted and stored in a secure fashion
- Patient safety is maximized
- Provider costs are minimized
- And many, many more.

NeHII is a Nebraska corporation organized under the Nebraska Nonprofit Corporation Act. It was formed by a collaboration of not-for-profit Nebraska hospitals, private entities, state associations, healthcare providers, independent labs, imaging centers and pharmacies. Representatives of these entities and the Lt. Governor sit on the Board of Directors of NeHII.



NeHII was formed to:

- Provide Nebraska with a system for the secure exchange and use of health information;
- Be a leader in the secure exchange of health information enabling a healthier Nebraska;
- Enable the sharing of timely and accurate patient healthcare information in a secure environment to improve patient care;
- Provide a seamless, electronic patient-centric health information exchange allowing authorized access to health information;
- Improve the health status of the residents of Nebraska;
- Improve quality and safety in the delivery of healthcare throughout the state by facilitating the sharing of health information;
- Support state and federal initiatives to improve healthcare quality and safety and to reduce cost through shared access to health information;
- Establish the basis for development of statewide and regional electronic health records in Nebraska as a means to improve quality, reduce errors, and control healthcare costs;
- Conduct and support healthcare education for students, graduate students, providers, and other healthcare workers in Nebraska;
- Monitor and recommend strategies to assist Nebraska providers to comply with state and federal technology standards and mandates in the healthcare field.
- NeHII hopes to receive a 501(c)(3) designation under the Internal Revenue Code.

The NeHII Board is responsible for the activities of this collaborative. The entire board is listed at the end of this proposal; however, the executive committee consists of the following individuals

- President: Dr. Harris Frankel, MD
- Vice President: Ken Lawonn - Senior Vice President and CIO of Alegent Health
- Secretary: George Sullivan - Director of Information Technology Services at Mary Lanning Memorial Hospital
- Treasurer: Steve Martin - Chief Executive Officer of Blue Cross Blue Shield of Nebraska

**Dr. Harris Frankel, MD** is a native of Omaha, Nebraska. He obtained his BA in animal physiology from the University of California, San Diego, in 1982. He then attended the University of Nebraska, College of Medicine and received his MD degree in 1986. Thereafter he did a one year internship in general internal medicine at Creighton University and its affiliated hospitals in Omaha. He then completed a neurology residency at the University of Texas Southwestern Medical Center at Dallas in 1990. During the last year of training he served as chief resident for the Department of Neurology at Parkland Memorial Hospital and the Dallas VA Medical Center. Upon completion of his residency training, Dr. Frankel returned to Omaha, Nebraska and has since remained in the private practice of Neurology with Drs. Goldner, Cooper, Cotton, Sundell, Franco and Diesing. Dr. Frankel is board certified in the specialty of Neurology. He is a member of the active staff at the Nebraska Methodist Hospital, Alegent Immanuel Medical Center and the Nebraska Medical Center. He also serves as a volunteer clinical assistant professor in the Department of Neurosciences at the University of Nebraska Medical Center.

Dr. Frankel is a member of a number of professional organizations. He currently serves as President of the Metropolitan Omaha Medical Society and also the Nebraska Health Information Initiative (NeHII, Inc.). He chairs the committees on Medicare as well as the Electronic Health Records Task Force for the Nebraska Medical Association. He has also chaired the Professional Advisory Committee of the Midlands Chapter of the National Multiple Sclerosis Society with whom he has also been a member of the National Medical Advisory Board. He also serves on the medical advisory board of SimplyWell, a population-based, integrated health management solution.



**Kenneth E. Lawonn** is the Senior Vice President and Chief Information Officer of Alegant Health. As senior vice president and chief information officer, Kenneth Lawonn brings 30 years of information technology and over 22 years of management experience to Alegant Health. He is responsible for the information technology, telecommunications, construction, property management, planning, innovation management, retail, sustainability, security and biomedical functions throughout the enterprise. Lawonn has nurtured Alegant Health's relationship with Siemens Strategic Alliance, negotiating a 10-year agreement for medical, building and information technology. He has successfully completed a Strategic Systems Plan, calling for implementation of advanced clinical systems, and has helped Alegant Health to be named one of the Most Integrated Health Systems. In January of 2008 Lawonn received an Innovator Award from Healthcare Informatics Magazine.

Prior to joining Alegant, Lawonn served as the first corporate vice president of information technology for Banner Health System/Lutheran Health Systems, Fargo, North Dakota, for a year. Banner Health System was created in 1999 as the result of a merger between Lutheran Health Systems, Fargo, and Samaritan Health Systems, Phoenix, Arizona. Lawonn began his career at Lutheran Health Systems and served in a variety of technical and management roles. He was named corporate systems and programming manager in 1984 and corporate director of information systems in 1987. He led the system as vice president and chief information officer from 1992 until the merger with Samaritan Health Systems in 1999.

Lawonn received a BS in Computer Information Systems at Moorhead State University. Lawonn is a current member of the College of Health Information Management Executives, and the Healthcare Information Management and Systems Society.

**George Sullivan's** biographical information is unavailable at this time.

**Steven S. Martin** serves as president and chief executive officer for Blue Cross and Blue Shield of Nebraska, and is a member of the board of directors.

Martin joined Blue Cross and Blue Shield of Nebraska in March 2002 and currently serves on the board of directors of Blue Cross and Blue Shield Association (BCBSA) in Chicago, Illinois and serves as Chairman of the BCBSA Federal Employee Program Board of Managers. Martin also serves as vice chair and board director of the Wellness Councils of America.

Prior to joining Blue Cross and Blue Shield of Nebraska, Martin was the founding president, CEO of and a board director for Prime Therapeutics, Inc., a comprehensive pharmacy benefits solutions company. Martin spent 12 years with Blue Cross and Blue Shield of Nebraska before joining Prime Therapeutics. His previous positions included vice president of health services research and reimbursement and senior vice president for ProPar services.

He has also held management positions at American HomeCare, Inc, the Upjohn Company, HealthCheck, Inc. and the Menninger Foundation.

Martin earned his Bachelor of Science degree from Washburn University and his Master of Arts degree from the University of Nebraska.

### **The University of Nebraska at Omaha**

The University of Nebraska at Omaha (UNO) is a public institution and is one of the four campuses of the University of Nebraska System. UNO is located in the heart of Nebraska's largest metropolitan area. UNO is a comprehensive university with over 100 undergraduate majors and 50 graduate majors, including several Ph.D. programs. Situated on 160 acres, the handsomely landscaped campus is

surrounded by beautiful parks and residential areas. A full-time faculty of more than 450 serves a student population in excess of 14,000. UNO is accredited at the doctoral level by the North Central Association of Colleges and Schools.

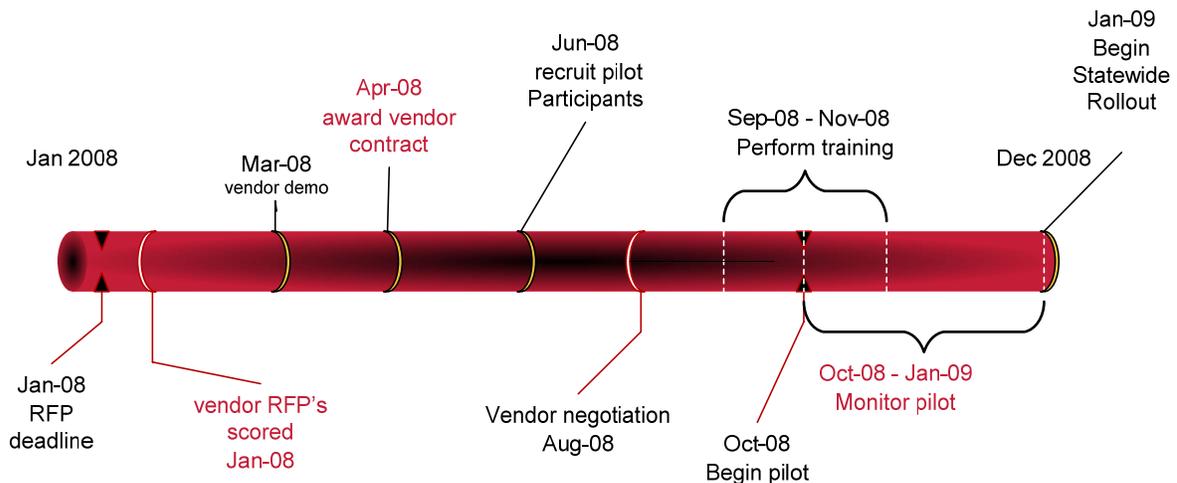
The College of Public Affairs and Community Service (CPACS) was created amidst the social and racial turbulence occurring in Omaha in the early 1970s to ensure the university was responsive to the critical social needs and concerns of our community and state.

Central to the new college's mission was the provision of educational and training programs of the highest caliber that would prepare students for careers and leadership in the public service. Today, the College remains one of the only such institutions in the United States to include "Community Service" in its title.

From those days 30 years ago the College has grown into a nationally recognized leader in public affairs research. Its faculty ranks among the finest in their disciplines. Faculty, staff, and students have become integral to the community and the state through applied research, service learning and various extensive outreach activities harkening back to our responsibility to address critical social needs and concerns.

8. List the major milestones and/or deliverables and provide a timeline for completing each.

**Major Milestones**



**Milestones -**

- January, 2008 – RFP responses due
- March, 2008 – vendor presentations
- June, 2008 – software vendor selected, negotiations begin
- June, 2008 through August, 2008 – pilot participants selected and organizational agreements executed  
Pilot participants – Alegent Health Systems, Children’s Hospital, Methodist Health System, The Nebraska Medical Center, multiple physician practices, two medical labs including imaging facilities, Blue Cross and Blue Shield of Nebraska, and UnitedHealthcare.
- September, 2008 through October, 2008 – perform on-site training
- Fourth Quarter 2008 – 90 day pilot and evaluation period
- End of Pilot – Evaluate next steps to implement statewide rollout



9. Describe the training and staff development requirements.

**Training and Staff Development** NeHII will administer training utilizing proven vendor-supplied materials. These training sessions will take place at participant sites throughout the state, via a full-time trainer utilizing train-the-trainer approaches.

10. Describe the ongoing support requirements.

**Ongoing Support Requirements** While negotiations are ongoing with the selected vendor, the base features of the proposed web-based ASP model minimizes the ongoing maintenance requirements for NeHII. In addition, NeHII has budgeted for operational management of the system using local resources not affiliated with the vendor. The exact size and scope of those resources will depend largely on statewide implementation specifics.

### **Risk Assessment (10 Points)**

11. Describe possible barriers and risks related to the project and the relative importance of each.

#### **Risk Assessment**

The following issues have been identified as potential risks and consequently will be monitored

- Lack of adequate participation may result in insufficient volume-discounts to sustain operations
- Lack of complete participation may result in insufficient data for effective patient care and inhibit physician participation
- Lack of user functionality may inhibit physician participation
- Lack of physician acquisition and acceptance of technology
- Lack of a proactive patient engagement strategy may limit physician adoption success
- Public perception issues and legal risk regarding privacy may create barriers to success

12. Identify strategies which have been developed to minimize risks

#### **Risk Mitigation Plan**

A Risk Mitigation Plan has been implemented to address principle risks that have been identified which could affect the success of this effort. The following items will help alleviate potential risks

- Constant monitoring of participants' rates will allow NeHII to work with non-participating physicians to better educate and help relate the importance of utilizing the software
- User functionality will be measured during the pilot evaluation period
- Create an information packet to educate the public and reduce inaccurate perception issues
- Gallup has offered to conduct participant surveys to validate ROI and justify effectiveness



**Financial Analysis and Budget (20 Points)**

13. Financial Information

	GTCF Grant Funds	Other Sources / Match	Total
1. Personnel Costs			
2. Contractual Services			
2.1 Design			
2.2 Programming			
2.3 Project Management			
2.4 Other			
3. Supplies and Materials			
4. Telecommunications			
5. Training	\$25,000		
6. Travel			
7. Other Operating Costs			
8. Capital Expenditures			
8.1 Hardware			
8.2 Software			
8.3 Network			
8.4 Other (including Pilot Implementation)	\$75,000		
<b>TOTAL COSTS</b>	<b>\$100,000</b>		

14. Provide a detailed description of the budget items listed above. Include an itemized list of hardware and software.

NeHII is currently in discussions with major foundations within the state to fund implementation costs. Meetings are currently set or in progress for the Hawks Foundation, Scott Foundation, Peter Kiewit Foundation and the Yanney Foundation. In addition, Alegent Health and Blue Cross Blue Shield of Nebraska have funded operations to this point, a total of more than \$500,000 in the last year.

Other funding to support the HIE over the next three years is projected to include:

- \$ 11,337,000 subscription and usage fees
- \$ 3,400,000 contributions
- \$ 500,000 grant money

15. Describe how any ongoing costs will be sustained after the grant funds are expended.

**Sustainability:** NeHII is not reliant on grant or external funding sources for sustainability. NeHII will purchase user licenses from the vendor at volume-discount prices, and provide them to participants on a cost-plus basis. The margin generated will be sufficient to fund operations, while providing a positive return for participants. A copy of the income statement can be made available pending vendor negotiations and board approval.



**NeHII Board Membership & Officers  
(Approved March 28, 2008)**

**Board Officers**

President: Harris Frankel, MD - Goldner, Cooper, Cotton, Sundell, Frankel, Franco Neurologists, Omaha, NE  
Vice President: Ken Lawonn - Alegent Health System, Omaha, NE  
Secretary: George Sullivan - Mary Lanning Memorial Hospital, Hastings, NE  
Treasurer: Steve Martin - Blue Cross Blue Shield of Nebraska, Omaha, NE

**Board Membership**

**Elected Directors**

Delane Wycoff, MD - Pathology Services PC, North Platte, NE  
Harris Frankel, MD  
Steve Martin  
Ken Lawonn  
Michael Westcott, MD - Alegent Health System, Omaha, NE  
George Sullivan  
Lisa Bewley - Regional West Medical Center, Scottsbluff, NE  
Dan Griess - Box Butte General Hospital, Alliance, NE  
Roger Hertz - Methodist Health System, Omaha, NE  
Bill Dinsmoor - The Nebraska Medical Center, Omaha, NE

**Appointed Directors**

Lt. Gov. Rick Sheehy  
Kevin Conway - Professional Organizations, Nebraska Hospital Association, Lincoln, NE  
Deb Bass - Executive Director (interim appointment until a permanent Executive Director hired), Bass & Associates Inc., Omaha, NE  
Nancy Shank, Associate Director for the University of Nebraska Public Policy Center

**Committee Structures**

**Executive Committee:**

Harris Frankel, MD - Chair  
Steve Martin  
Ken Lawonn  
George Sullivan

**Governance:**

Steve Martin - Chair  
George Sullivan  
Steve Martin  
Dale Mahlman - Nebraska Medical Association, Lincoln, NE  
Nancy Shank  
Michael Westcott, MD  
Lisa Bewley

**Finance:**

Steve Martin - Chair  
Ken Lawonn  
Kevin Conway  
Bill Dinsmoor



Lisa Bewley  
Roger Hertz

**Business Plan:**

Kevin Conway - Chair  
George Sullivan  
Lt. Gov. Rick Sheehy  
Todd Sorenson, MD - Regional West Medical Center, Scottsbluff, NE  
Joni Cover - Nebraska Pharmacist Association, Lincoln, NE  
Delane Wycoff, MD  
Bill Dinsmoor  
Michael Westcott, MD  
Dan Griess

**Pilot/Phase Development Committee:**

Harris Frankel, MD - Chair  
Tom Haley - Creighton Medical Associates, Omaha, NE  
Roger Hertz  
Ken Lawonn  
Tim Mergens - United Health Care, Omaha, NE  
Kevin Ordway – Soteria Imaging Services, LLC, Omaha, NE  
Lianne Stevens - The Nebraska Medical Center, Omaha, NE  
Clint Williams - Blue Cross Blue Shield of Nebraska, Omaha, NE  
Allana Cummings - Children’s Hospital, Omaha, NE

**Marketing:**

Lt. Gov. Rick Sheehy  
George Sullivan  
Harris Frankel, MD

## **NeHII Leads Nebraska Healthcare Transformation September 2008**

NeHII debuts latest success - its website: [www.NeHII.org](http://www.NeHII.org) . On August 25<sup>th</sup>, NeHII announced the launch of its website designed to inform, educate, and facilitate communication for one of the first statewide health information exchanges in the country. Visitors to the website will gain an understanding of how the NeHII initiative is leading the way for *healthcare transformation through community betterment*.

Axolotl HIE hardware and software has been installed and is ready for pilot participant exchange of test data. The pilot will run for 3 months beginning the fourth quarter of 2008. Current pilot participants include: Alegent Health, BlueCross BlueShield of Nebraska, Children's Hospital, Creighton Medical Associates, Methodist Health System, Nebraska Health Imaging, The Nebraska Medical Center, UnitedHealthcare, and several private practice physicians.

NeHII momentum is sweeping the state as active participation becomes critically important. Throughout the month several presentations were given to Foundations as well as the Nebraska eHealth Council in Lincoln. NeHII recently received national attention with an online article on NHINWatch.com. This web site coverings news articles specific to the creation of a Nationwide Health Information Network in the United States. The article can be viewed at:  
<http://www.nhinwatch.com/news.cms?newsId=3747>.

The NeHII executive committee met with Governor Heineman, Lt. Governor Sheehy, and several key state employees on August 26<sup>th</sup> to promote the benefits and funding potential in support of NeHII. A request was made to include a line item for NeHII in future state budgets. Governor Heineman indicated he would visit the pilot in Omaha once it's been successfully operational for 45 days.

"The great automobile trip across Nebraska" was kicked off by Deb Bass and Chris Henkenius on August 26<sup>th</sup> and 27<sup>th</sup>. Deb and Chris conducted discussions regarding NeHII project status updates and community betterment strategy with multiple stakeholders from Lincoln, North Platte, Scottsbluff, Alliance and Hastings.

The month of September is filled with vendor negotiations, presentations and exhibitions promoting NeHII benefits, executive committee meetings, and a site visit to a Rochester NY RHIO which has implemented an HIE using Axolotl software. Plans are also being finalized to represent NeHII at the Axolotl Users Conference in New York City.

August 5, 2008

via email

Re: letter of committment

Nebraska Information Technology Commission  
501 South 14<sup>th</sup> Street, 4<sup>th</sup> Floor  
Lincoln, NE 68509-5045

To Whom It May Concern:

The Board of Regents of the University of Nebraska, for the University of Nebraska-Lincoln (UNL) is pleased to submit a proposal to your organization on behalf of Tarik Abdel-Monem of the Public Policy Center, entitled "Public Input on Sharing Electronic Health Records: The Views of Nebraskans".

The total request is for \$20,800 for the proposed period October 1, 2008 thru February 28, 2009. Our EIN # 47-0049123 and our DUNS # is 55-545-6995. Our participation is administratively approved on behalf of the Board of Regents by the appropriate University officials, as evidenced by my signature as an authorized official on this letter of transmittal.

Questions regarding the technical aspects of this project should be directed to Dr. Abdel-Monem at (402)472-3147. Administrative questions should be directed to Nancy Becker, Grants Coordinator, at (402)472-3601 or nbecker1@unl.edu. We look forward to participating in this project.

Sincerely,



Suzan G. Lund  
Associate Director

SL/nb

**Nebraska Information Technology Commission  
Community Technology Fund**

**Simple Application Form**

For projects which meet all of the following characteristics:

- Low budget (under \$40,000)
- No or simple implementation of technology (By simple implementation of technology, we mean standard, plug and play technology.)
- Very low risk
- Type of projects: Training projects, HISPC legal review

**Project Title:** Public Input on Sharing Electronic Health Records: The Views of Nebraskans

**Submitting Entity (Must be a public entity):** Board of Regents, University of Nebraska on behalf of the University of Nebraska Public Policy Center

**Grant Amount Requested:** \$20,800.00

**Project Contact Information (Name, address, telephone, and e-mail address):**

Tarik Abdel-Monem  
University of Nebraska Public Policy Center  
215 Centennial Mall South, Suite 401  
Lincoln, NE 68588-0228  
ph: 402.472.5678  
fax: 402.472.5679  
[tarik@unl.edu](mailto:tarik@unl.edu)

## **Executive Summary**

Provide a one or two paragraph summary of the proposed project, clearly and succinctly describing the project goals, expected outcomes, the information technology required, and what the grant will fund.

The overall goal of the proposed project is to obtain perspectives of Nebraskans about electronic sharing of health information, and in particular, perspectives about legal and policy issues currently under consideration by the NITC, HISPC, e-Health council, and other state policymakers and advisory groups. The funds provided by the grant will support our activities to document Nebraskans' knowledge of and attitudes towards these issues by preparing for and convening two surveys and a Deliberative Poll®. Randomly selected residents of Nebraska from three communities across the state will be invited to participate in an online survey. Twenty five to thirty residents of Lincoln/Lancaster County will be invited to participate in the Deliberative Poll and take a second survey. The Public Policy Center will work closely with a stakeholders' working group composed of members of the NITC, HISPC, e-Health council, and others, to identify priority questions of interest that are either currently – or will soon be – under consideration by state policymakers, and which public input and commentary could shed light on. This project will simultaneously achieve three outcomes: It will 1) engage a sample of Nebraskans about important legal and policy issues surrounding e-sharing of health information; 2) increase knowledge and understanding of these issues among a sub-sample of Nebraskans; and 3) provide state policymakers and stakeholders with perspectives from the public about these important issues. The project completion date is December 2008, and all findings will be disseminated publicly prior to the January 2009 legislative session.

## **1. Describe the project and project goals. (10 points)**

**We propose to engage randomly selected Nebraskans about their perceptions of electronic sharing of personal health information.** Specifically, we will gather both **quantitative and qualitative** data from residents through a public consultation process gauging their attitudes towards **current questions of legal and policy relevance** about e-sharing of health information. Working with a **stakeholders group**: members of the Nebraska Information Technology Commission (NITC), Nebraska Health Information Security and Privacy Committee (HISPC), e-Health council, and policymakers, our engagement activity will be designed to specifically solicit information from area residents that would be of benefit for state lawmakers.

Our public input process will be composed of two stages. **First**, we will administer an **online survey** to measure public knowledge of and attitudes towards e-sharing of health information, with an emphasis on gauging public perceptions about issues that may be considered by the state legislature or other administrative, consultative, or policymaking bodies. Participants will be selected from randomly generated lists of residents drawn from the Lincoln/Lancaster County area, Omaha, and a six county area surrounding Kearney.<sup>1</sup> **The survey questions will be developed with close consultation from our stakeholders group**, and in particular, the legal subcommittee of the HISPC. **Possible topics of interest might include** changing restrictions on releases of health information, handling of sensitive information such as HIV or mental health status, defining the acceptable parameters of exchanging personal health information between Regional Health Information Organizations, storage of health information records by private companies (i.e. Microsoft or Google), and other areas implicating possible changes in laws or regulations, as well as general questions assessing the public's current knowledge of and attitudes towards health information sharing. **Second**, we will convene a forum utilizing the **Deliberative Polling®** model to gather further input on legal and policy issues related to e-sharing of health data from Lincoln/Lancaster County respondents of the online survey. The Deliberative Poll will provide an opportunity for participants to discuss and deliberate these issues amongst themselves and with **a panel of experts** composed of representatives from the stakeholders group. The Deliberative Poll will provide an opportunity for the stakeholders group to **educate** participants about the issues, **present** them with the difficult policy questions they face, and **seek their input**.

Deliberative Polling is a novel method that has been employed in recent years by government entities to much success.<sup>2</sup> Unlike traditional notice and comment proceedings, public hearings, or telephone surveys standing alone, Deliberative Polling combines random sampling with deliberative discussions as a means to measure attitudes and knowledge about policy issues among an informed and representative sample of participants. Deliberative Polls were first conducted in the United States in 1996, but have since been convened in Australia, Britain, China, Denmark, Greece, Italy, Northern Ireland, and various other nations.<sup>3</sup>

In the Deliberative Polling model, a **survey** (survey 1) is conducted of a **random sample** of individuals about the public policy issue(s) of interest. That sample is then provided with educational **background materials** about the issues of interest, and then invited to participate in small group deliberations and engage a panel of experts in a question-and-answer period. A **follow-up survey** (survey 2) of the sample is then conducted which measures the extent to which the deliberative process altered opinions or knowledge of the issue(s) of interest. Deliberative Polling provides an opportunity for participants to discuss their viewpoints with others and learn

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<sup>1</sup> We will invite up to 450 randomly selected residents of Nebraska to participate in the survey. We expect a response rate of anywhere from 15%-25%.

<sup>2</sup> See James F. Fishkin, Center for Deliberative Democracy, Stanford University, *Deliberative Polling®: Toward a Better-Informed Democracy*, available at <http://cdd.stanford.edu/polls/docs/summary/>.

<sup>3</sup> See Center for Deliberative Democracy, Stanford University, <http://cdd.stanford.edu/>.

more about the topic(s) of interest. A Deliberative Poll thus **measures changes in knowledge and attitudes** towards the topic(s) of interest among a random sample of individuals who have become more informed about an issue. Because participants are drawn from a random sample of the public, a Deliberative Poll indicates what the general population would conclude (within a margin of error) about an issue if it were to learn more about the issue and had a chance to discuss it. More information about Deliberative Polling can be found at the website of the Center for Deliberative Democracy at Stanford University (<http://cdd.stanford.edu/>).

We will convene one Deliberative Poll in Lincoln, with 25-30 randomly selected residents of the **Lincoln/Lancaster County** area. Although the small size of this sample will place constraints on generalizing any results from the discussion to other communities, it will serve to provide insight into what ordinary individuals know of and think about these issues. **We will invite members of the NITC, HISPC, the e-Health council, and policymakers to serve as expert panelists and observers** at the deliberation itself, as well as provide guidance as to the content of the discussion and overall project development. In addition to surveys, qualitative data will be gathered from the deliberative discussions through audio-recordings, which will be transcribed and analyzed. Working with this stakeholders group, we will generate a **background document** about current legal and policy issues facing the state that will be disseminated to the participants prior to the Deliberative Poll. We will also make this document available on our website as an **educational tool** for wider consumption by the public.

<b>Public Input Process</b>
<b>Step 1.</b> Randomly selected residents will be invited to participate in an online survey (survey 1). Hard copies will be available upon request. Residents will be from Lincoln/Lancaster County, Omaha, and a six county area surrounding Kearney.
<b>Step 2.</b> 25-30 Lincoln/Lancaster County area respondents from survey 1 will be invited to attend the Deliberative Poll in Lincoln. Deliberative Poll discussions will be audio-taped.
<b>Step 3.</b> Survey 2 will be administered following the Deliberative Poll.

The project specific goals we will accomplish include:

- **Documenting knowledge of and attitudes towards** e-sharing of health records among members of the public using both surveys and discussions;
- **Engaging stakeholder partners** such as the NITC, HISPC, the e-Health council, and policymakers, in an interactive discussion with members of the public through a Deliberative Poll;
- **Analyzing perceptions of important legal and policy questions** related to e-sharing of health records from the public's perspective.

**2. Describe the project team and project activities. (10 points)**

The Public Policy Center is well-equipped to implement this assessment of public opinion and knowledge. **Public participation is one of the Policy Center's five strategic areas of research.** Since 2004, the Center has convened eight deliberative discussions – primarily in partnership with NETV and PBS's McNeil/Lehrer Productions – in communities across Nebraska on topics ranging from public perceptions of genetically modified foods to K-12 public education in rural areas. Most recently, the Center coordinated the City of Lincoln's five-prong public

participation initiative regarding budget priorities for 2008-09 that involved collecting a variety of input from Lincoln residents: 1) a telephone survey of 600+ randomly-selected sample of residents; 2) a deliberative discussion involving 51 residents; 3) a non-random sample survey, available online and in hard copy, that was taken by over 1,500 residents; 4) four town hall meetings (convened and coordinated by Leadership Lincoln); and, 5) a focus group discussion.

The Policy Center will identify a **stakeholders group** of representatives from the NITC, HISPC, the e-Health council, and policymakers to serve as project consultants, as well as expert panelists at the Deliberative Poll. Development of our survey instruments and background educational document will be facilitated by active consultation with this stakeholders group.

**Tarik Abdel-Monem** is the PI for the project. He will be responsible for daily management of the project and specific project tasks including development of survey materials and the background document, recruitment of participants, and management of the Deliberative Poll. He also will be the project's liaison with the working group. Abdel-Monem has coordinated or co-coordinated eight deliberative discussions in Nebraska on a wide range of topics, including foreign policy (2004), globalization (2004), future community development of Lincoln (2005), consumption and labeling of genetically modified foods (2005), K-12 education in Nebraska (2005), water management in Nebraska (2006), immigration issues (2007), and outcomes-based budgeting for the City of Lincoln (2008). Abdel-Monem's responsibilities have included managing recruitment of participants, training project staff, developing educational materials and survey tools, administering deliberative activities, coordinating with community and academic partners, and serving as a liaison with affiliated media partners.

**Alan Tomkins** will work with PI Abdel-Monem. Tomkins will assist Abdel-Monem with project visioning and will serve as the described above. He has directed the University of Nebraska Public Policy Center for 10 years. Prior to being selected as the Center's founding director in 1998, Tomkins was a professor in the Law-Psychology Program at the University of Nebraska-Lincoln. From August 2005-July 2006, he was one of two inaugural William J. Clinton Distinguished Fellows at the University of Arkansas School of Public Service. He is a Fellow of the American-Psychology Law Society (Division 41 of the American Psychological Association) and the Society for the Psychological Study of Social Issues (Division 9 of the American Psychological Association). Tomkins serves as Co-Editor of *Court Review: The Journal of the American Judges Association*, working with Editor Judge Steve Leben of the Kansas Court of Appeals. Tomkins is the first non-judge to serve as an editor of *Court Review*. His primary research interests include public participation and its implications for democracy in policymaking, and public trust and confidence in government and other institutions.

Both Abdel-Monem and Tomkins were part of the Center's team that evaluated the CDC's Public Engagement Pilot Project on Pandemic Influenza that included public input from residents in four cities in four different states across the country (see [http://ppc.nebraska.edu/publications/documents/PEPPPI\\_FINALREPORT\\_DEC\\_2005.pdf](http://ppc.nebraska.edu/publications/documents/PEPPPI_FINALREPORT_DEC_2005.pdf)). The triangulation of quantitative and qualitative data revealed that the public felt pleased about their involvement and increased their knowledge about pandemics and vaccination policies during the process. As one stakeholder noted, "I still have the same opinions, but it clarified them a bit about why I feel this way." Anecdotal evidence indicates that US HHS Secretary Leavitt was aware of the project and its results, and used the information from the project as part of his input when President G.W. Bush held a table-top exercise on pandemic influenza for his Cabinet.

### **3. Describe the expected outcomes and benefits. (30 points)**

As technology continues to evolve, e-sharing of health data has enormous potential for improving health care and reducing health care costs. For the general public, however, the notion that their individual health records be shared electronically raises a number of concerns – some

unfounded, some not—about privacy, accuracy, employer-employee relations, and other issues.<sup>4</sup> Many lay members of the public know little about the current state of electronic health data sharing, and what its potential advantages, and potential disadvantages, are. This dearth in public understanding could alter or delay industry and/or government efforts to expand electronic sharing of health data. **For these reasons, it is important that policymakers engage members of the public and understand what their knowledge and attitudes are of electronic health data sharing.**<sup>5</sup>

Public participation in policymaking is important for a number of interrelated reasons. Understanding the public's views can help in **fashioning effective policies and practices** that are compatible with public beliefs and expectations. Understanding public views can also provide guidance about **developing educational strategies** if it is found there are public misunderstandings that can be addressed via appropriate information. Additionally, ordinary people have **opportunities to learn what challenges and trade-offs** policymakers face when it comes to important issues. Moreover, public participation comports with people's sense of **fairness and procedural justice**. Research has clearly shown that when people feel they have been treated fairly, they are more likely to report feeling positive about decision-making processes and outcomes, even if those outcomes are adverse to their own interests.<sup>6</sup> In other words, they are more likely to support government actions in which they have had an opportunity to provide input. In short, **public participation enables policymakers to make informed decisions with input from people their policies might impact.**

This project will achieve the **following outcomes** - We will:

- 1) **Engage a randomly selected group of Nebraskans** about e-sharing of health information vis-à-vis a survey(s) and Deliberative Poll;
- 2) **Increase knowledge and understanding** of the issues surrounding e-sharing of health data, and the key legal and policy questions currently facing state policymakers;
- 3) **Provide Nebraska's policymakers with meaningful quantitative and qualitative input** from a segment of the public about these issues.

Essentially, this project is intended to **enhance the state's capacity to adequately address questions of legal and policy relevance surrounding e-sharing of health data** by providing a sample of Nebraskans with an opportunity to consider these issues, and inform **policymakers about their perspectives.**

We expect that at baseline, our sample of residents may not know much about the mechanics of e-sharing of health data, nor have well-informed opinions about some of the legal and policy relevant questions of interest to stakeholder groups like the NITC or HISPC. We also expect that many of these Nebraskans may share the same reservations about privacy and security implications that Americans in general have about electronic data sharing of personal information.

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<sup>4</sup> E.g., Shreema Mehta. (2006, July 25). Electronic patient data system raises privacy concerns. *The New Standard*. Available on –line at <http://newstandardnews.net/content/index.cfm/items/3456>; Alan F. Westin. (2005, February). Public attitudes toward electronic health records. *Privacy and American Business*, 12(2), pp. 1-5.

<sup>5</sup> E.g., Remarks of Dan Rode, vice president of policy and government relations, American Health Information Management Association, at the 2003 meeting of the National Health Information Infrastructure, US Health & Human Services, Privacy Track, Slide 14. Available at <http://aspe.hhs.gov/sp/NHII/Conference03/PrivacyAB.pdf>.

<sup>6</sup> See Amy Gangl, *Procedural Justice Theory and Evaluations of the Lawmaking Process*, 25 *Political Behavior* 119-149 (2003); Jeffery Mondak, *Institutional Legitimacy and Procedural Justice: Reexamining the Question of Causality*, 27 *Law & Society Review* 599-608 (1993); Tom Tyler, *Governing Amid Diversity: The Effect of Fair Decision Making Procedures on the Legitimacy of Government*, 28 *Law & Society Review* 809–831 (1994).

However, we also expect to see a gain in knowledge and change in attitudes toward the legal and policy issues surrounding e-sharing. In our experience with other deliberative discussions, there have been significant changes in knowledge and attitudes about a variety of public policy issues after members of the public have an opportunity to learn about and discuss them.<sup>7</sup>

The **primary product** from the project will be a Final Report that synthesizes the results from the Deliberative Poll, both the quantitative data (surveys 1 and 2) and qualitative data (transcriptions of audio-recorded deliberations). The Final Report will be issued to the funders, and made available to policymakers and the public via the Public Policy Center's website. **The Final Report will be written prior to the beginning of the legislative session in January 2009.** The **beneficiaries** of the project will be those with interests in electronic health records, and particularly questions of legal and policy relevance currently under consideration: I.E. the public; policymakers; policymaking or consultative bodies like the NITC, HISPC, and e-Health council; and health care and information technology professionals in general.

#### **4. List the major activities (or milestones) and a timeline for completing each activity or milestone. (10 points)**

- Week 1: Preparation (identification of working group and other stakeholders)
- NITC and PPC agree on working group membership
  - Invitations issued to working group membership
- Weeks 1-4: Development of survey instruments and briefing document
- Meetings established with working group
  - Surveys and briefing document approved by working group
  - Date for deliberation determined
  - Expert panelists identified
- Weeks 5-6: Recruitment of participants and Implementation of survey 1
- Final plans for deliberation approved
- Weeks 6-7: Hold deliberation discussions and implement survey 2
- Hold debriefing session with working group after deliberation and finalize dissemination strategies
- Weeks 7-8: Analyze findings
- Review results and implications with working group
- Week 10: Issue final report
- Implement report distribution plan and other dissemination strategies

#### **5. Describe how the project will be sustained. (10 points)**

This project is a one-time set of activities intended to gather information from the public that will provide insight about current issues of legal and policy relevance related to e-sharing of health data. We will synthesize all quantitative and qualitative data into the Final Report, which will be issued to the NITC and other stakeholders prior to the opening of the 2009 legislative session.

It is nonetheless the case that the public participation processes used in the proposed project will be useful for the NITC when it confronts policy questions in the future that benefit from the public's input. In that sense, the proposed project can be seen as a proof of concept, and once the benefits of the public input approaches proposed here are demonstrated to the NITC, these

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<sup>7</sup> To access reports of deliberative discussions previously convened or co-convened by the Public Policy Center, see PRIORITY LINCOLN FINAL REPORT (2008), *available at* [http://ppc.nebraska.edu/program\\_areas/documents/Mayor%27sDeliberation.htm](http://ppc.nebraska.edu/program_areas/documents/Mayor%27sDeliberation.htm); BY THE PEOPLE IMMIGRATION REPORT (2007), *available at* <http://ppc.nebraska.edu/ByThePeople/10-07event.htm>; BY THE PEOPLE: A CITIZEN DISCUSSION ON EDUCATION POLICY, *available at* <http://ppc.nebraska.edu/ByThePeople/10-05event.htm>.

techniques can be used – either by the Commission itself or by a group hired by the Commission – whenever the need arises.

**6. Describe the project's evaluation plan, including measurement and assessment methods that will verify project outcomes. (10 points)**

Evaluation and assessment of project objectives are tied to execution and completion of the project activities. A Final Report will be issued to the project funders and other stakeholders prior to the Nebraska legislative session in January of 2009.

Objective	Measurement and Assessment
<p><b>Engage a randomly selected group of Nebraskans</b> about e-sharing of health information vis-à-vis a survey(s) and Deliberative Poll.</p>	<ul style="list-style-type: none"> <li>• Lists of randomly selected residents of Nebraska will be used to identify and recruit participants to complete surveys and participate in a Deliberative Poll.</li> <li>• Stakeholders working group composed of members of the NITC, HSPC, the legal team, e-Health council, and others will provide guidance in identifying topics of interest for both the surveys and the Deliberative Poll, and be invited to attend as expert panelists and observers.</li> </ul>
<p><b>Increase knowledge and understanding</b> of the issues surrounding e-sharing of health data, and the key legal and policy questions currently facing state policymakers.</p>	<ul style="list-style-type: none"> <li>• Survey 1 will measure participants' baseline knowledge and attitudes about current legal and policy issues related to e-sharing of health data currently facing the state.</li> <li>• Survey 2 will measure participants' knowledge and attitudes about those same items following the Deliberative Poll. Survey 2 will also measure overall participant satisfaction with the event.</li> <li>• Portions of the Deliberative Poll will be audio-taped to capture qualitative data from the process.</li> </ul>
<p><b>Provide Nebraska's policymakers with meaningful quantitative and qualitative input</b> from a sample of the public about these issues.</p>	<ul style="list-style-type: none"> <li>• The Policy Center will issue a Final Report synthesizing findings from this engagement project to the project funders and other stakeholders, as well as make it publicly available online. The Final Report will be written prior to the beginning of the legislative session in January 2009.</li> </ul>

**7. Describe the hardware, software, and communications needed for this project and explain why these choices were made. (10 points)**

No specialty computer hardware or software, or communications equipment, will be needed for this project.

**Financial Analysis and Budget (10 points)**

The budget will be scored on reasonableness (up to 5 points) and mathematical accuracy (up to 5 points).

Provide the following financial information:

<b>Category</b>	<b>Description</b>	<b>Request for FY2008-09</b>
<b>1. Personnel Costs</b>		
PI Abdel-Monem	175 hours project mgmt. and survey/delib development	\$8,539
PPC Director Tomkins	19 hours project consultation	\$2,161
Research Specialists	14 hours for survey development and data analysis	\$683
Administrative Assistance	31 hours for logistics and deliberation support	\$1,332
Undergrad Research Assistants	159 hours for briefing docs, delib. support, data entry	\$3,907
	<i>Personnel Subtotal</i>	<b>\$16,623</b>
<b>2. Contractual Services</b>	N/A	\$0
<b>3. Supplies &amp; Materials</b>	paper, envelopes, labels, nametags, signage, etc.	\$366
<b>4. Telecommunications</b>	N/A	\$0
<b>5. Training</b>	N/A	\$0
<b>6. Travel</b>	N/A	\$0
<b>7. Other Costs</b>		
Moderator Stipends	\$100 for MC, \$25 x 3 for group moderators	\$175
Copying/Printing	postcards, surveys, briefing docs, correspondence, etc.	\$1,245
Postage	postcards, surveys, briefing docs, correspondence, etc.	\$893
Facilities	deliberation meeting rooms, A/V equipment, etc.	\$300
Catering	catering \$30/person x 40 people	\$1,200
	<i>Other Costs subtotal</i>	<b>\$3,812</b>
<b>8. Capital Expenditures</b>	N/A	\$0
<b>TOTAL COSTS</b>		<b>\$20,800</b>
General Funds		\$0
Cash Funds		\$0
Federal Funds		\$0
Revolving Funds		\$0
Other Funds		\$0
<b>TOTAL FUNDS</b>		<b>\$0</b>

\*Personnel costs are included at the expected hourly rate for the project period, inclusive of salary and benefits. If additional time is needed to complete the project, it will be provided.

## Financial Narrative Notes and Instructions

Several categories (see below) **require** further itemization.

1. Please include estimated number of hours or full-time equivalent (FTE) by position. Include separate totals for salary and fringe benefits. If it is necessary to itemize on a separate sheet, include only the subtotal in this table.
2. Please itemize other contractual expenses on separate sheet.
3. Please itemize capital expenditures by categories (hardware, software, network, and other) on a separate sheet.
4. Please itemize other operating expenses on a separate sheet.
5. Please indicate the source of any cash match.
6. Please indicate the source of any in-kind match and how it will be documented.
7. Please provide a breakdown of any other external funding sources. Sources of external funds may include grants from federal agencies or private foundations.

Please keep supporting documentation to a minimum. For example, rather than including a printout of a quotation from Dell for a new computer, include all relevant information in the budget narrative.

Personnel costs are included at the Center's expected hourly rate for the project period, inclusive of salary and benefits. Rates are established using University of Nebraska-Lincoln service center costing guidelines. No new FTE positions are anticipated for this project. If additional time is needed to complete the project, it will be provided and funded by general Public Policy Center operating funds.

Costs are included to conduct a survey of up to 450 people and convene deliberative discussion in Lincoln, Nebraska with approximately 25 participants. We expect up to 80-100 individuals will complete the survey. While the survey will be conducted on-line, it is anticipated that hardcopy surveys will be printed and mailed to 20% of participants, on their request. Supplies and materials for the project, such as paper, envelopes, postcards, mailing labels, name tags, etc. will cost approximately \$366. Printing costs totaling \$1,245 are included for postcards (\$90), hardcopy surveys (\$50), briefing documents (\$1,000), and correspondence/other project copying (\$105). Postage costs of \$893 is budgeted to mail postcards to invite 450 people to participate in the on-line survey; mailing hardcopy surveys and providing pre-paid return postage envelopes; and mailing briefing documents and correspondence to deliberation participants. Costs for hosting a half-day Deliberation also include facilities for meeting room and A/V costs (\$300) and catering to provide a meal for participants (\$1,200).

No hardware or software will be purchased for the project. No on-going operation or replacement costs are anticipated for the project.