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Nebraska News

NeHII is progress

The Nebraska Health Information Initiative (NeHII) was on the move in May.

May 2 marked a major milestone for NeHII – holding its first board meeting after creating and filing its articles of incorporations and electing its officers and directors. Consistent with NeHII’s mission to stay engaged with health care stakeholders from across the State, the next board meeting is set for June 6th at Mary Lanning Memorial Hospital in Hastings, NE.

The NeHII Board welcomes three new Directors – Dan Griess, Lisa Bewley, and Sandy Johnson.

Elected:

- Dan Griess, CEO of Box Butte General Hospital in Alliance, NE.
- Lisa Bewley, CIO at Regional West Medical Center in Scottsbluff, NE.

Appointed:

- Sandy Johnson, former Executive Director of the Nebraska Medical Association will represent Nebraska consumers.

The Board met another major milestone in May by starting contract negotiations with a market-leading vendor, whose name will be disclosed upon contract completion. Vendor executives flew into Omaha to meet with NeHII finance committee members May 12-13.

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As a follow-up to the Omaha meeting, NeHII members will travel to the vendor's corporate headquarters where final negotiations are planned.

The NeHII Business Plan is expected to be a fluid document - to change and adapt as details evolve. Recent project progress has resulted in the business plan being updated. A solid and viable business plan becomes critically important as work to secure grants and stakeholder investments shifts into high gear. The latest version of the business plan is slated for Board review at the June meeting.

Much activity is expected for June - vendor selection, signing of contracts, approval of a pilot plan, and more grassroots campaigning for the betterment of health care through NeHII's future Exchange.

Nebraska health information exchanges meet

On May 13, the NITC eHealth Council convened a meeting of representatives of the state's health information exchanges to discuss matching client data across exchanges. Representatives of NeHII, the Southeast Nebraska Behavioral Health Information Network (SNBHIN), the Southeast Nebraska Health Information Exchange (SNHIE), the Western Nebraska Health Information Exchange (WNHIE), and the Nebraska Statewide Telehealth Network participated. Although representatives felt that it was too early to focus on the exchange of information across initiatives, the meeting laid the foundation for future discussions.

National News

ONC develops plan for advancing HIT

The Office of the National Coordinator for Health Information Technology (ONC), part of the U.S. Department of Health and Human Services (HHS), released a comprehensive plan for advancing health information technology (IT). The plan will serve as a guide to coordinate the federal government's health IT efforts, which seek to achieve nationwide implementation of an interoperable health IT infrastructure throughout both the public and private sector.

The ONC-Coordinated Federal Health IT Strategic Plan focuses efforts along two primary goals: patient-focused health care and population health. The first goal envisions a transformation to higher quality, more-cost efficient care, meeting patients' needs, through electronic health information access and use. The second goal, related to population health, envisions the appropriate, authorized, and timely access and use of electronic health information to benefit public health, biomedical research, quality improvement, and emergency preparedness.

"Significant work has been completed to date to advance the nationwide health IT agenda. The plan provides an extensive documentation of the work completed by ONC and other federal partners over the past five years," stated Dr. Robert Kolodner, national coordinator for health information technology. "It also establishes the next generation of health IT milestones to harness the power of information technology to help transform health and care in this country."

Objectives, strategies, and milestones have been established for each goal. They portray the totality of what must be done across the federal government to

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address privacy and security concerns, achieve an interoperable health IT architecture to ensure reliable data exchange, accelerate IT adoption, and foster collaborative governance.

The plan was developed by ONC, working in collaboration with 12 agencies and staff divisions within HHS, the Departments of Commerce, Defense, and Veterans Affairs, and the Federal Communications Commission. Two federal advisory bodies, the National Committee on Vital and Health Statistics and the American Health Information Community, also contributed to some of the strategies and milestones that are cited in the plan.

A copy of the complete plan as well as a plan synopsis can be found at www.hhs.gov/healthit.

UTMB releases telehealth report

The University of Texas Medical Branch (UTMB) has released a report titled, ["The Telehealth Promise: Better Health Care and Cost Savings for the 21st Century"](#). UTMB teamed up with the Center for Information Technology Leadership (CITL) to analyze how telemedicine, on a national level, could produce substantial cost savings. The study examines cost-benefit analysis as well as challenges and policy recommendations. UTMB has seen telehealth provide enhanced quality of life, allow access to quality health care, and allow dependable communication between and patients and care providers.

UTMB is using telehealth to provide quality care to patients in remote locations. UTMB has reduced costs for payers, providers, and patients by limiting the amount of face-to-face consultations. UTMB has created several telemedicine stations which allow for over 200 medical exams to be completed each day.

Telemedicine has also served Texas state prisons. Inmates receive quality care without expense or security risks. For over 18 years UTMB has provided 250,000 consultations for inmates, which equals a \$780 million savings for taxpayers.

The report is available at <http://attcenter.utmb.edu>.

CBO report examines HIT costs, benefits

The Congressional Budget Office of the United States examines costs, benefits of HIT in a report titled, ["Evidence on the Costs and Benefits of Health Information Technology"](#). Managing and productively using generated information for physicians and hospitals is a challenge because of the diverse nature of the U.S. health care sector. This report reflects the proper use of medical information being an important component of providing quality health care to patients. CBO expresses the benefits for health IT and full implementation of Electronic Health Records (HER) being key factors in managing information, health care efficiency, and cost savings.

The report's contents include:

- Evidence on the Adoption of HIT
- Evidence on the Benefits of Adopting HIT
- The Costs of Implementing HIT
- Possible Factors to Explain the Low Rates of adoption of HIT
- The Federal Role in Implementing HIT

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CCHIT creates PHR advisory group

The Certification Commission for Health Information Technology (CCHIT) has created a 17 member advisory group to develop a PHR certification program. The group will start scanning, publishing, and testing necessary criteria for the program in July 2008. The certification program hopes to be officially in place by July 2009. Co-chairs of the advisory group are Mark Leavitt, M.D., chair of CCHIT; and Paul Tang, M.D., vice president and CIO, Palo Alto Medical Foundation.

The Alliance identifies HIT definitions

The National Alliance for Health Information Technology (Alliance) released its final report, "[Defining Key Health Information Technology Terms](#)". This report reflects consensus work completed over the last several months on definitions for six important health information technology (IT) terms.

Funded by the Office of the National Coordinator for Health Information Technology (ONC) this project was initiated in response to a growing need to address ambiguous and divergent definitions impeding health IT progress. The lack of clear terminology can lead to unintentional consequences for regulation, other forms of healthcare policy, contract and purchasing decisions and other health IT initiatives. The problem was highlighted by the Alliance's literature review, which identified between 18 and 63 definitions for each of five key health IT terms: electronic medical record (EMR), electronic health record (HER), personal health record (PHR), health information exchange (HIE) and regional health information organization (RHIO).

The Alliance convened two work groups of experts to develop consensus definitions for these five

terms. Because of dual interpretations of HIE as both a process and an organization, it became necessary to clarify the difference between the process of information exchange (HIE) and the oversight and accountability functions necessary to support that process. The project's Network Work Group therefore added and defined a sixth term, health information organization (HIO).

The report is available at www.nahit.org.

Health IT assessment contract awarded

The Office of the National Coordinator for Health Information Technology, part of the U.S. Department of Health and Human Services (HHS), announced today the award of approximately \$450,000 to Booz Allen Hamilton to assess and evaluate the scope of the medical identity theft problem in the United States.

Ensuring that electronic health information exchange is secure and protected is fundamental to building consumer and stakeholder trust. The purpose of this project is to consider the intersection of health IT and medical identity theft, including examining how health information technology can be used to detect and prevent medical identity theft.

The first phase of this project includes the development of an environmental scan to assess the scope of the problem and to serve as the baseline for developing prevention, detection, and remediation strategies. A one-day town hall meeting will be held in October 2008 in the Washington, DC, area, during the second phase of the project, and will be open to the public.

The town hall will bring together public and private health care stakeholders to share knowledge and experience with experts from other economic sectors that deal with medical identity theft. It will explore

how medical identity theft should be considered and addressed in a health IT environment.

The third phase of the project will result in a final report and roadmap, summarizing key issues and possible next steps. Medical identity theft is a specific type of identity theft which occurs when someone uses another person's identifiable health information, such as insurance information or medical records, without the individual's knowledge or consent, to obtain medical goods or services, or to submit false claims for medical services. A limited number of studies are available about the scope, depth, and breadth of medical identity theft.

For more information about this program and other ONC initiatives, visit www.hhs.gov/healthit.

eHI report touts e-prescribing benefits, makes recommendations

A new report indicates more than 35 million prescription transactions were sent electronically in 2007, a 170 percent increase over the previous year. The report, "[Electronic Prescribing: Becoming Mainstream Practice](#)," offers a detailed examination of the progress made, obstacles that remain, and recommendations for helping the nation's prescribers migrate from paper-based prescriptions to an electronic system.

The report, developed collaboratively by the eHealth Initiative (eHI) and The Center for Improving Medication Management (The Center) with guidance and leadership from a diverse Steering Group of health care stakeholders, summarizes the national experience with e-prescribing over the past four years - from its pilot phase in several states such as California, Massachusetts, Michigan and Rhode Island, to its present day use in all 50 states and Washington, D.C. It outlines additional steps that should be taken to realize optimal results in health care improvement. The report includes corresponding guides that offer practical information for health care payers to

support effective adoption, and for consumers to better understand e-prescribing's benefits and use. A third guide for prescribers is under development now, in collaboration with leading medical societies.

At the end of 2007, at least 35,000 prescribers were actively e-prescribing. By the end of 2008, estimates indicate there will be at least 85,000 active users of e-prescribing. While e-prescribing is growing rapidly, the adoption level at the end of 2007 represents only about six percent of physicians. As a result: only two percent (2%) of the prescriptions eligible for electronic routing in 2007 were transmitted electronically.

The report is available at www.ehealthinitiative.org.

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Check out the eHealth Clearinghouse at www.nitc.ne.gov/eHc/clearing/.

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