

# eHealth News from the NITC eHealth Council

February 2008

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## Nebraska News

### eHealth Council sponsors CCHIT call

Individuals who are interested in learning more about the Certification Commission for Healthcare Information Technology (CCHIT) are invited to participate in a conference call presentation and question and answer session on CCHIT's certification of EMR products and networks. The conference call is scheduled for 11:00 AM CT on Feb. 8. Contact Anne Byers ([anne.byers@nebraska.gov](mailto:anne.byers@nebraska.gov)) to receive call-in information and materials.

### eHealth Council meets Feb. 11

The eHealth Council will meet Feb. 11 from 9:00 AM CT to 12:00 noon. The main meeting location will be at Nebraska Educational Telecommunications, 1800 N. 33<sup>rd</sup>, Board Rm., 1<sup>st</sup> Floor, Lincoln. Video sites will be available in Chadron, North Platte and Omaha (UNMC). The agenda and meeting information are posted on the Nebraska Information Technology Commission Web site ([www.nitc.ne.gov](http://www.nitc.ne.gov)).

### Nebraska HISPC meets Feb. 22

The next meeting of the Nebraska HISPC is Feb. 22 from 10:00 AM CT to 12:00 noon CT. If you are interested in participating, please contact Anne Byers ([anne.byers@nebraska.gov](mailto:anne.byers@nebraska.gov)) or Dennis Berens ([dennis.berens@dhhs.ne.gov](mailto:dennis.berens@dhhs.ne.gov)).

## National News

### Rural Quality Grant Program opens

The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)'s Office of Rural Health Policy plans to award \$4.5 million in grants through the Small Health Care Provider Quality Improvement (Rural Quality) Grant Program. The Rural Quality Grant Program will focus on quality improvement for two chronic diseases, i.e., diabetes and cardiovascular disease (CVD).

The goal of the program is to improve health outcomes through enhanced chronic disease management in rural primary care settings by implementing and using an electronic patient registry system; tracking and reporting specific health indicators by using nationally-accepted performance measures; assessing the need for and implementing additional quality improvement activities; and participating in technical assistance through monthly conference calls and peer-learning workshops with fellow Rural Quality grantees, facilitated by a quality improvement specialist.

The program will provide up to \$75,000 in annual funding for fiscal years 2008 and 2009. The deadline for a letter of intent is Feb. 8. The application deadline is March 20. For details, see <http://ruralhealth.hrsa.gov/funding/SHCPQI.asp>.

## Report notes lack of health IT adoption

In order to assess progress in health IT adoption, the California Health Care Foundation interviewed nearly two dozen government and business leaders. The report, "Gauging the Progress of the National Health Information Technology Initiative: Perspectives from the Field" is available at <http://www.chcf.org/topics/view.cfm?itemid=133553>

The report includes the following findings:

- ◆ The President's HIT adoption agenda has raised consciousness about HIT and EHRs. Beyond the laying of a conceptual foundation, however, there is as yet no measurable increase in HIT or EHR adoption.
  - ◆ The four cornerstones of the federal health IT strategy (harmonizing health IT standards, certifying health IT products; addressing privacy and security; and developing a national health information network) are of more symbolic value than strategic value, with pilot projects failing to evoke a coherent vision.
  - ◆ Though it represents a worthy goal, the National Health Information Network is impractical and cannot be implemented.
  - ◆ Creating HIT interoperability standards is a slow process and implementing them is difficult.
  - ◆ Certification of EHRs, which was expected to be the hardest step, has turned out to be the easiest.
  - ◆ State and federal health privacy laws need to be harmonized, possibly requiring a new federal standard that balances ensuring privacy and easing data portability.
  - ◆ The federal government should exert more influence as a purchaser in encouraging adoption of HIT.
- ◆ Smaller physician practices lag behind larger providers and payers in making HIT investments, given that cost remains a significant impediment.
  - ◆ The lack of a standard business model and shifting levels of leadership at the state level mean that data exchanges and regional health information organizations must evolve within new and uncertain frontiers.
  - ◆ Despite exceptionally strong bipartisan support, Congress has yet to produce enabling legislation.
  - ◆ The national coordinator should be drumming for more federal involvement, more federal funding and economic incentives, and more federal guidance in developing standards that protect privacy.
  - ◆ The goal of most Americans having electronic health records by 2014 would be achievable with the right purchasing incentives and regulatory conditions in place. However, this has yet to occur.

## Study examines EHR adoption

Researchers from the Institute for Health Policy at Massachusetts General Hospital, the Harvard School of Public Health, George Washington University and RTI are studying physician adoption of EHRs. The preliminary [survey results](#) were presented to the American Health Information Community in January.

The preliminary results indicated that 14% of physicians have minimally functional EHRs and 4% have functional EHRs. Lack of capital and difficulty in finding a system to meet needs were the barriers most often reported. Approximately 80 percent of respondents indicated that additional payments for the use of EHRs and monetary incentives for purchase would have an impact on EHR adoption.

The preliminary survey results are available at <http://www.hhs.gov/healthit/documents/m20080115/04-blumenthal.html>.

## AHIMA launches PHR campaign

The American Health Information Management Association (AHIMA) has launched the “It’s HI Time, America!” campaign to heighten awareness and educate healthcare consumers on the importance of improving the management of their health information by developing personal health records (PHR).

This campaign encourages Americans—especially caregivers, maturing adults, parents raising children and individuals managing chronic conditions—to create and maintain comprehensive PHRs that contain the information needed to make important medical decisions.

AHIMA is using various elements to raise consumer awareness about the collection and organization of personal health records. The [myPHR.com](http://myPHR.com) web site has new features and improved, streamlined resources designed to more effectively engage visitors interested either in learning more about PHRs or creating a PHR for themselves or for a loved one.

There will be national radio and television [public service announcements](#) (PSAs) featuring veteran network television personality John Walsh, himself a survivor of a serious back injury. A [documentary](#) with real-life stories is also available to help healthcare consumers relate to the every-day necessity of managing their own PHRs.

## AHIC transition team named

Secretary Michael O. Leavitt announced at a meeting of the American Health Information Community (AHIC) on January 22, 2008, that LMI, teaming with the Brookings Institution, will lead the effort to design and establish AHIC 2.0. Funds of up to \$13 million will be available to the awardee over a two-year period. This award will consist of two phases with a full transition expected by late 2008.

## Certification Commission certifies additional EHRs for hospitals

The Certification Commission for Healthcare Information Technology announced that three additional electronic health record (EHR) products designed for use in acute care hospitals have received CCHIT Inpatient EHR 2007 certification status, bringing the total number of certified inpatient products to nine, or an estimated 36 percent of inpatient EHR vendors. The Commission’s focus for this first year of inpatient product testing is clinician order entry (often called CPOE or “Computerized Physician Order Entry”) and medication administration capabilities (often called eMAR or “Electronic Medication Administration Record”), because this area has the lowest rate of adoption in hospitals but has been shown to offer the highest value for improvement of care.

The new CCHIT certified products are:

- [Cerner Millennium PowerChart 2007 by Cerner Corporation](#)
- [Advanced Clinical Systems, MAGIC 5.6 by MEDITECH](#)
- [INVISION Clinicals Version 27.0 with Siemens Pharmacy and Med Administration Check \(MAK\), Version 24.0 by Siemens Medical Solutions USA, Inc.](#) (pre-market conditional)

## CCHIT public comment period open

On January 17, the Certification Commission published the second draft of its certification criteria and the first draft of its test scripts for the 2008 certification year. In order to continue to refine and improve the proposed criteria and test steps, the Certification Commission has opened a 30-day public comment period, closing February 16, 2008. The criteria are available for review and comment at <http://cchit.org/participate/public-comment/>.

## **HITSP standards recognized**

HHS Secretary Michael Leavitt recognized the HITSP Interoperability Specifications (IS01, IS02, IS03) and related constructs. This was announced at the AHIC meeting on Jan. 22, 2008 and was posted in the Federal Register on Jan. 23, 2008.

Here is the link to the Federal Register item:

<http://a257.g.akamaitech.net/7/257/2422/01jan20081800/edocket.access.gpo.gov/2008/08-234.htm>

Information on these standards and the value they have toward the EHR process may be located here:

<http://www.hhs.gov/healthit/standards/activities/>

## **Connecting for Health examines consumer authentication for health IT**

The critical challenge of validating each person's identity online can be addressed through a mix of established and emerging techniques to help stimulate the growth of new electronic health services and personal health records, according to a new report released by Connecting for Health, a public-private collaborative group operated by the Markle Foundation.

To make rapid progress toward enabling consumers to access their personal health information accurately and securely, the group recommends widespread adoption of several common practices for managing the identities of online consumers. Reliable means of verifying and validating consumers' identities would significantly improve the ability of consumers to access and consolidate all of their electronic health information – such as test results, medication lists, treatment histories and other critical health information. The paper also recommends a federal commitment to research on the reliability of different forms of in-person and online identity management methods.

The report contains the recommendations of 38 health and technology leaders in health care, technology companies, government, consumer groups, and others. It is the latest addition to the

Connecting for Health Common Framework – a set of policy and technical resources for private and secure electronic health information exchange.

The report recommends that in-person proofing - checking government-issued identification documents in a face-to-face setting - continue to be one of the commonly used approaches, especially for organizations that lack an established relationship with the consumer. But it also encourages greater use of "knowledge-based authentication" - a set of methods that confirm a person's identity through an electronic dialogue about facts that only the proper user should know. The group also recommended new efforts at "bootstrapping," by allowing health care organizations to make use of confirmed identities managed by other reliable parties, such as financial institutions.

A copy of the full paper can be accessed at [http://www.connectingforhealth.org/commonframework/docs/T7\\_consumer\\_authen.pdf](http://www.connectingforhealth.org/commonframework/docs/T7_consumer_authen.pdf).

## **IOM recommends evaluating effectiveness of health care services**

Solutions to some of the nation's most pressing health problems hinge on the ability to identify which diagnostic, treatment, and prevention services work best for various patients and circumstances. Spending on ineffective care contributes to rising health costs and insurance premiums. Variations in how health care providers treat the same conditions reflect uncertainty and disagreement about what the standards for clinical practice should be. Patients and insurers cannot always be confident that health professionals are delivering the most effective care.

A new report from the Institute of Medicine offers a blueprint for a national program to assess the effectiveness of clinical services and to provide credible, unbiased information about what really works in health care. The report recommends that Congress direct the U.S. Department of Health and Human Services to establish a program with the authority, expertise, and resources necessary to set priorities for evaluating clinical services and to conduct systematic reviews of the evidence. This program would also be responsible for

developing and promoting rigorous standards for clinical practice guidelines, which could help minimize the use of questionable services and target services to the patients most likely to benefit, said the committee that wrote the report.

Copies of [Knowing What Works in Health Care: A Roadmap for the Nation](#) are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or at <http://www.nap.edu> or <http://national-academies.org>.

## Web conference gives update on privacy and security solutions

Hear a report on the progress of the Health Information Security and Privacy Collaborative (HISPC) on Feb. 21, 2008 from 12:00 noon CT to 1:30 pm CT. This teleconference will describe the project's impact on reducing variations among states around privacy and security practices, policies and state laws focusing on the Phase II work (conducted June to December 2007), and on key issues identified by the state teams as focus areas for the future. In addition, leaders of two multi-state work groups—on consumer engagement and education and harmonizing state privacy law—will discuss the focus of their collaborative work. The initiative is funded by the Agency for Healthcare Research and Quality (AHRQ) and the Office of the National Coordinator for Health Information Technology (ONC).

The web conference is free and open to the public, but space is extremely limited, so register today. To register for the Web conference, visit <https://nrc.webex.com/nrc/onstage/g.php?t=a&d=577670454>

## Report finds look-alike/sound-alike drugs lead to medication errors

The 8<sup>th</sup> annual national MEDMARX<sup>®</sup> Data Report released by the U.S. Pharmacopeia (USP) revealed that more than 1,400 commonly used drugs are involved in errors linked to drug names that look alike or sound alike. According to findings in the MEDMARX report, 1.4% of the errors resulted in patient harm, including seven errors that may have caused or contributed to patient deaths. However, due to widespread underreporting of incidents, the study's authors

believe that the number of adverse events resulting from look-alike/sound-alike errors is actually understated.

For this year's report, USP reviewed more than 26,000 records submitted to the MEDMARX database from 2003 to 2006. These records revealed that 1,470 different drugs are implicated in medication errors due to brand and/or generic names that looked or sounded alike. From this data, USP compiled a list of 3,170 pairs of names that look and/or sound alike. This result is nearly double the 1,750 pairs that were identified in USP's previous report on this topic in 2004.

In response to the findings, USP is calling on prescribers and pharmacists to include an "indication for use" on prescriptions. Indication for use is a phrase that signals why the patient is taking the drug (e.g. cough, infection, rash). To prevent medication errors, USP recommends that this powerful piece of information be conveyed at several points along the health care continuum. Additionally, prescribers should use trustworthy decision-support tools to help ensure accuracy. More information on the report is available at <http://www.usp.org/>.

## NGA State Alliance for e-Health seeks members for new task forces

Following the completion of its inaugural year, the State Alliance will form two new taskforces, the Taskforce on Privacy, Security and Health Care Practice Issues and the Taskforce on States' Roles in Electronic Health Information Exchange.

Taskforce members are required to attend in-person taskforce meetings, most of which will be in Washington, D.C. At least two taskforce meetings are tentatively scheduled for April and June 2008. Appropriate travel and accommodations expenses shall be reimbursed by the National Governors Association. Taskforce members also will be expected to participate in conference calls in addition to attendance at in-person meetings.

**Taskforce on Privacy, Security and Health Care Practice Issues.** The National Governors Association is seeking nominations for membership on a taskforce of the State Alliance



for e-Health that will examine regulatory and legal issues relative to maintaining appropriate privacy and security protections while facilitating appropriate interoperable exchange of electronic health information and the impact of these issues on health care practices.

Participation in this taskforce will be a one-year term beginning in March 2008, unless otherwise determined. Candidates should have one or more of the following qualifications:

- Have expertise and experience in state-level and/or national-level privacy and/or security issues related to health information exchange (preferably both), specifically from a regulatory or legal environment focused on consumer privacy and data security matters impacting health care practice.
- Have broad knowledge of healthcare and health information technology issues
- Have expertise or experience in one of the following areas:
  - State government regulatory health or health information technology issues and health-related public programs;
  - Health information technology systems and architecture models;
  - Health care market characteristics and issues; and
  - Participant or major contributor to health information exchange effort.

Candidates also should be willing to commit the time to work on issues and attend taskforce meetings and be a consensus-builder and team player.

All nominations should include the candidate's complete contact information and a brief biography (maximum one page). Nomination materials must be received by February, 20, 2008. Send nominations to Teresa Cagnolatti ([tcagnolatti@nga.org](mailto:tcagnolatti@nga.org)).

**Taskforce on States' Roles in Electronic Health Information Exchange.** The National Governors Association is seeking nominations for membership on a taskforce of the State Alliance for e-Health that will examine issues regarding state government roles in the exchange of electronic health information,

including options and best practices related to purchasing health care, funding initiatives, regulating industry, and protecting consumers. The taskforce also may provide input on implementation mechanisms for state government actions to further the exchange of electronic health information.

Participation in this taskforce will be a one-year term beginning in March 2008, unless otherwise determined. Candidates should have one or more of the following qualifications:

- Have broad knowledge of healthcare and health information technology issues
- Have expertise or experience in one of the following areas:
  - State government regulatory health or health information technology issues and health-related public programs;
  - Health information technology systems and architecture models;
  - Health care market characteristics and issues; and
  - Participant or major contributor to health information exchange effort.

Candidates also should be willing to commit the time to work on issues and attend taskforce meetings and be a consensus-builder and team player.

All nominations should include the candidate's complete contact information and a brief biography (maximum one page). Nomination materials must be received by February 20, 2008. Send nominations to Cara Campbell ([ccampbell@nga.org](mailto:ccampbell@nga.org)).

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To receive *eHealth News from the NITC eHealth Council*, please contact Anne Byers, by calling 402 471-3805 or e-mailing [anne.byers@nebraska.gov](mailto:anne.byers@nebraska.gov).

Check out the eHealth Clearinghouse at [www.nitc.ne.gov/eHc/clearing/](http://www.nitc.ne.gov/eHc/clearing/).

Nebraska Information Technology Commission  
Office of the CIO  
501 South 14<sup>th</sup> Street  
P.O. Box 95045  
Lincoln, NE 68509-5045