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eHealth News from the NITC eHealth Council

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Nebraska News

NeHII prepares for pilot implementation

Many activities continue as NeHII prepares for the pilot implementation. Participation agreements have been executed, implementation meetings are occurring and demographic information has been sent to create the Master Patient Index (MPI). Once the MPI is created, facilities will send laboratory, radiology and clinical documentation to complete the patient information. In addition, insurance eligibility information will be sent creating an overall patient summary.

The Privacy and Security workgroup has developed the security and privacy policies to govern the exchange. These documents have been approved and will be continually used to ensure accurate and authorized use of the data.

In accordance with the NeHII Bylaws, the Marketing Committee has been renamed to the Consumer Advisory Council. This committee is focusing on communicating with and educating the consumer. The Consumer Advisory Council is chaired by Sandy Johnson and its members include Anne Byers, Harris Frankel MD, Rick Sheehy, George Sullivan and Delane Wycoff MD. Another new committee, the HIE Advisory Council, is designed to represent the interest of other health information exchanges in Nebraska and other areas served by the corporation. The HIE Advisory Council is chaired by Dan Griess and its members include Lisa Bewley, Robert Bowen MD, Ken Foster, Kim Galt, Cheryl Tira, Roger Van Epps, and Michael Westcott MD.

On January 12, NeHII continues its national exposure as featured presenter on the eHI Connecting Communities presentation. This is in addition to the presentation NeHII made during the HIMSS Chapter RHIO Liaison Roundtable on December 18th. Locally, NeHII also participated in the Nebraska Hospital Association call on January 12.

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Deb Bass and Chris Henkenius would like to present information on NeHII to any interested groups and/or individuals. More information on NeHII is available at www.nehii.org.

eHealth Council forms Public Health Work Group

The NITC's eHealth Council is forming a Public Health Work Group. The Work Group is charged with:

- Developing a shared vision for the integrated and secure exchange of public health data among public health entities, health information exchanges, personal health record systems, and private providers.
- Gaining a better understanding of public health information systems and health information exchanges in Nebraska, personal health record systems, electronic medical record systems, and how these systems could interact.
- Identifying and prioritizing opportunities for exchanging public health data among public health entities, health information exchanges, personal health record systems, and private providers.
- Identifying and prioritizing barriers to the exchange of public health information .
- Recommending next steps for achieving the integrated and secure exchange of public health data among public health entities, health information exchanges, personal health record systems, and private providers.
- Recommending a process for continuing development of the integrated and secure exchange of public health data among public health entities, health information exchanges, personal health record systems, and private providers.

If you would like to participate in this group, please contact Anne Byers (anne.byers@nebraska.gov).

Legislation addresses eHealth barriers

Two legal barriers to the exchange of health information were identified by the Health Information Security and Privacy Committee (HISPC) Legal Work Group, eHealth Council, and the e-Prescribing Work Group. Nebraska law currently places a 180 day limit on authorizations to release health information. Brenda Decker, on behalf of the NITC, proposed an amendment to LB288 which addressed the 180 day provision at a hearing before the Health and Human Services Committee.

Another barrier identified by the eHealth Council and the E-Prescribing Work Group is a requirement for pharmacists to maintain paper records of prescriptions. LB220 includes a provision addressing this.

Upcoming Meetings

- **E-Prescribing Work Group**, Feb. 18, 4:00-6:00, Mahoney State Park
- **PHR Work Group**, Feb. 25, 3:00, phone conference
- **NITC**, March 3, 1:30, Executive Building, 521 So. 14th St., Lincoln
- **eHealth Council**, March 16, 9:30, NET, 1800 N. 33rd St., Lincoln

National News

States launch toolkit for health care providers

The Health Information Security & Privacy Collaboration Provider Education Toolkit, launched Jan. 15 in eight pilot states, provides educational resources for health care providers interested in understanding electronic health information exchange and security and privacy best practices. Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Tennessee and Wyoming are participating in the effort to raise awareness.

The Web-based toolkit, found at www.Secure4Health.org,

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provides physician-to-physician advice, resource links, and answers to frequently asked questions from national health care subject-matter experts. Information is focused on electronic health information exchange and related privacy and security implications as well as the tools and resources to help providers get connected electronically. Physicians can also earn free continuing medical education credits while learning more about electronic health information exchange and electronic health record systems.

ONC releases medical identify theft report

The Office of the National Coordinator for Health Information Technology (ONC) released a final report on the medical identity theft. This report represents the conclusion of the work undertaken by ONC as part of its efforts to proactively assess and evaluate the scope of the medical identity theft problem in the U.S. The report was completed by Booz Allen Hamilton.

The report summarizes health IT and medical identify theft issues and sets forth possible potential actions for the Federal government and other stakeholders in the areas of prevention, detection, and remediation of medical identify theft. The use of health information technology has the potential for being a powerful tool for prevention and detection of medical identity theft.

For additional information about the medical identity theft project and to download a copy of the report please visit: www.hhs.gov/healthit.

Tool facilitates collection of family health history

The U.S. Department of Health and Human Services released an updated and improved version of the Surgeon General's Internet-based family health history tool. The new tool makes it easier for consumers to assemble and share family health history information. It can also help practitioners make better use of health history information so they can provide more informed and personalized care for their patients.

Key features of the new version of the Surgeon General's

My Family Health Portrait include:

- **Convenience** – Consumers can access the tool easily on the Web. Completing the family health history profile typically takes 15-20 minutes. Consumers should not have to keep filling out different health history forms for different practitioners. Information is easily updated or amended.
- **Consumer control and privacy** – The family health history tool gives consumers access to software that builds a family health tree. But the personal information entered during the use of the tool is not kept by a government or other site. Consumers download their information to their own computer. From there, they have control over how the information is used.
- **Sharing** – Because the information is in electronic form, it can be easily shared with relatives or with practitioners. Relatives can add to the information, and a special re-indexing feature helps relatives easily start their own history based on data in a history they received. Practitioners can help consumers understand and use their information.
- **EHR-ready, Decision support-ready** – Because the new tool is based on commonly used standards, the information it generates is ready for use in electronic health records and personal health records. It can be used in developing clinical decision software, which helps the practitioner understand and make the most use of family health information.
- **Personalization of care** – Family history information can help alert practitioners and patients to patient-specific susceptibilities.
- **Downloadable, customizable** – The code for the new tool is openly available for others to adopt. Health organizations are invited to download and customize, using the tool under their own brand and adding features that serve their needs. Developers may also use the code to create new risk assessment software tools.

The Surgeon General's My Family Health Portrait was originally launched in 2004, but the first version was not standards-based. The new tool was developed under Sec-

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retary Leavitt's Initiative on Personalized Health Care. It will be hosted by the National Cancer Institute, where the caBIG® initiative is pioneering health IT networks and software sharing. A ready process for organizations to download the family health history code is at <https://gforge.nci.nih.gov/projects/fhh>.

The Surgeon General's new My Family Health Portrait tool is located at <https://familyhistory.hhs.gov>. In addition, a presentation of sample risk assessment tools under development can be viewed at <http://videocast.nih.gov/summary.asp?live=7297>.

Health Level Seven publishes PHR standards

Health Level Seven (HL7), a preeminent healthcare IT standards development organization with broad national and international representation, announced that the HL7 Personal Health Record System Functional Model (PHR-S FM) has been published as a Draft Standard for Trial Use (DSTU) and is available for download from the HL7 website. The PHR-S FM defines the set of functions that may be present in PHR systems to create and manage an effective PHR. It also offers guidelines that facilitate health information exchange among different PHR systems and between PHR and EHR systems.

As a DSTU, the PHR-S FM allows the industry worldwide to work with a stable standard for up to two years while it is being refined into an American National Standards Institute-accredited version. During the DSTU period, consumers can begin requesting standards-based functionality when they select PHR systems for their use, vendors can begin incorporating the model's requirements into their products and organizations that certify PHR systems can begin evaluating the model's conformance criteria for certification testing purposes.

The PHR-S FM has already proven a useful tool for the Certification Commission for Healthcare Information Technology (CCHIT). "We reviewed good work offered by several organizations, including HL7's PHR-S Functional Model, as a reference for the Commission's PHR Advisory Task Force recommendations and the PHR Work Group's first draft of criteria now available for public comment," said Jody Pettit, MD, staff leader of the Certification Commis-

sion for Healthcare Information Technology (CCHIT®) PHR work group.

In addition to CCHIT, the Centers for Medicare and Medicaid Services has used components of the PHR-S FM as requirements for its PHR pilot demonstration projects.

National eHealth Collaborative launched

The National eHealth Collaborative, formerly AHIC Successor, Inc., was officially launched in Washington, D.C. The National eHealth Collaborative is a public-private partnership dedicated to the creation of a secure, interoperable, nationwide health information network that will advance the American public's interest in health and improve the quality, safety, efficiency and accessibility of healthcare. The Collaborative builds on the accomplishments of the American Health Information Community (AHIC), a federal advisory committee established in 2005, and AHIC Successor, Inc., founded in 2008 to transition AHIC's accomplishments into a new non-profit membership organization, now known as the National eHealth Collaborative (NeHC).

The Collaborative's membership and board represent virtually all stakeholders whose participation is needed to drive the rapid development and adoption of an interoperable health system. The list of participating stakeholders includes federal and state agencies, health systems, payers, health professionals, medical centers, community hospitals, patient advocates, major employers, non-profit health organizations, commercial technology providers, and others.

The National eHealth Collaborative brings together these stakeholders to accelerate development of the health IT systems, infrastructure, standards, protections, participation, and education needed to create a secure, interoperable, nationwide electronic health information network. The Collaborative provides a needed and credible forum for stakeholders to transparently vet and prioritize national advancement efforts and leverages the value, resources and best practices offered by both the public and private sectors. The Collaborative works in close partnership with the Health Information Technology Standards Panel (HITSP), the Certification Commission for Health Information Technology (CCHIT), and the Nationwide Health Information

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Network (NHIN), as well as other health and IT member organizations. For more information, visit www.nationalehealth.org.

CITL examines value of PHRS

The Center for Information Technology Leadership examined four architecture models for PHRs in the report, *The Value of Personal Health Records*. Overall, the report found that the benefits of PHRs outweigh implementation costs.

Interoperable PHRs—which are currently not fully developed—would provide the greatest value with a net value of \$19 billion annually. With an estimated annual cost per installation of \$4,500,000, the breakeven point for an interoperable PHR installation is 52,000 users. The estimated cost per user is \$8, and the estimated benefit per user is \$89. Interoperable PHRs would require the development of PHR standards.

Third-party PHRs would offer a greater benefit per user than provider-tethered or payer-tethered PHRs. With a benefit per user of \$66 and a cost per user of \$20, the net benefit per user is estimated at \$46.

Payer-tethered PHRs have the lowest estimated cost per user. With an average benefit per user of \$53 and an average cost per user of \$5, the estimated net benefit per user for payer-tethered PHRs is \$48.

Provider-tethered PHRs have greatest cost per user and would provide the least net value. With a benefit per user of \$56 and a cost per user of \$180, the net benefit is -\$120 per user.

The report is available at www.citl.org.

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.

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

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