eHealth News from the NITC eHealth Council

November/December 2007   **www.nitc.nebraska.gov**

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Nebraska and regional projects funded through FCC Rural Health Care Pilot Program

The Federal Communications Commission dedicated over $417 million for the construction of 69 statewide or regional broadband telehealth networks in 42 states and three U.S. territories under the Rural Health Care Pilot Program (RHCPP) on Nov. 16, 2007.   One Nebraska project and two multi-state projects with Nebraska connections were funded:

- **Rural Nebraska Healthcare Network –** Consortium of nine rural hospitals and related clinics will upgrade a patchwork of T-1 lines with an advanced fiber network connecting with National LambdaRail. Network will provide speeds of up to 1 Gbps for a variety of telehealth and telemedicine services in an underserved rural area. Maximum support: $19,256,942.

- **Heartland Unified Broadband Network** (South Dakota, North Dakota, Iowa, Minnesota, Nebraska, Wyoming) – Existing networks will interconnect to a fiber-optic DS3 44.7 Mbps-capacity line forming an expanded network of about 180 facilities with connections to Internet2. The expanded and enhanced network will address health problems of the area's aging population, increase the use and quality of teleradiology, and increase distance education activities. Maximum support: $4,781,931.

- **Iowa Rural Health Telecommunications Program** – To solve the problems of isolation, travel and limited resources that constrain health care delivery in rural Iowa and its surrounding regions, a new statewide broadband network will link approximately 100 facilities in Iowa, Nebraska and South Dakota to Internet2 at speeds of 1 Gbps. Maximum support: $9,948,961.

Participants are eligible for universal service funding to support up to 85 percent of the costs associated with the design, engineering and construction of their broadband health care networks.   These networks may connect to the public Internet or to one of the nation's dedicated Internet backbones: Internet2 or National LambdaRail.

The complete list of recipients can be found at http://hraunfoss.fcc.gov/edocs_public/attachmatch/DOC-278260A2.pdf

Nebraska participates in HISPC Standards Policy Adoption Collaborative

Although Nebraska was not a participant in the first year of the Health Information Security and Privacy Collaboration (HISPC) coordinated by RTI, Nebraska has been invited to participate in year 2 of the project.   David Lawton and Anne Byers were designated by Lt. Governor Sheehy to represent Nebraska. Nebraska is participating in a nine-state collaborative to address standards policy adoption. A proposal was submitted to RTI and the Office of the National Coordinator on Nov. 16, 2007.   The collaborative will receive feedback on the proposal in early December.

The mission of the HIPSC Multi-State Collaborative on Standards Policy Adoption is to establish guiding principles for the minimal privacy and security parameters necessary for effective interstate and intrastate interoperability through elaboration of a healthcare privacy and security constitution (HCSC). This collaborative will explore differences in the concept, design and business models for HIE in various states and their implications for varying health care privacy and security practices. Once these are articulated, the group will seek to define HIPAA compliant, minimum business practices and standards by which these HIE may share information with authorized and authenticated providers in other states. These business practices will address the minimal audit standards and procedures to assure appropriate identification, including access control and authentication when conducting interstate HIE. By articulating these business needs at an early stage in the process of HIE development, the goal is to stimulate both business and technical requirements that with ultimately enhance capacity to move data for the benefit of patient care.

Participating States in the collaborative include Arizona, Colorado, Connecticut, Ohio, Oklahoma, Washington, Virginia, Nebraska, Maryland, and Utah. For more information, contact David Lawton (david.lawton@dhhs.ne.gov).

Information on the seven collaboratives can be found below:

Consumer Education Multi-State Collaborative Workgroup
Participating States: Colorado, Kansas, Massachusetts, West Virginia, New York, Oregon, Washington

Provider Education Toolkit Multi-State Collaborative Workgroup
Participating States: Florida, Kentucky, Michigan, Mississippi, Wyoming, Tennessee, Louisiana, Missouri

Obtaining and Managing Consent Multi-State Collaborative Workgroup
Participating States: Arkansas, Indiana, Maine, Massachusetts, Minnesota, New Hampshire, Oklahoma, Rhode Island, Utah, Vermont, Wisconsin, New York.

Intrastate and Interstate Consent Options Multi-State Collaborative Workgroup *
Participating States: California, Illinois, North Carolina, Ohio

*West Virginia, Kentucky, Arizona and New Jersey will vet core team products through their individual state collaborative.

Harmonizing State Privacy Law Multi-State Collaborative Workgroup
Participating States: Florida, Kansas, Kentucky, Michigan, New Mexico, Texas, Idaho, Missouri

Inter-organizational Agreements Multi-State Collaborative Workgroup
Participating States: Alaska, Florida, Guam, Iowa, New Jersey, North Carolina, North Dakota, Ohio, Puerto Rico, South Dakota.

Standards Policy Adoption Multi-State Collaborative Workgroup
Participating States: Arizona, Colorado, Connecticut, Ohio, Oklahoma, Washington, Virginia, Nebraska, Maryland,

NeHII releases RFP

Last March, NeHII (Nebraska Health Information Initiative) invited stakeholders to participate in a Decision Accelerator. Since that time, the following has been accomplished:
- Board members solicited and selected Bass & Associates as its consulting firm to provide advisory services;
- The NeHII project plan and project charter were developed;
- Stakeholder buy-in on the project was accomplished, providing initial funding;
- Technology requirements have been gathered;
- An RFP was drafted, revised (many times, by Board members and its legal representation), approved, and released on October 12;
- The Board has received five intents to bid, from industry leaders;
- The Board, with Bass' assistance, is processing vendor questions;
- The Board has created separate subcommittees to manage different aspects of the project – from RFP management to the development of a legitimate business plan;
- The Board, with Bass' help, has developed and implemented a Communication Plan for managing interaction with the media and other interested parties;
- The Board, with Bass' help, has written a press release for the release of the RFP.

In the near future, the following events are planned:
- Vendor demonstrations are currently scheduled for January, 2008;
- Vendor selection is currently scheduled for February, 2008;

NeHII initially plans to pilot a clinical messaging service.

eHealth Council will meet Dec. 10

The eHealth Council will meet on Dec. 10 from 1:30 to 4:30 at Nebraska Educational Telecommunications, Board Room, 1800 N. 33rd St. in Lincoln.   Videoconferencing sites will also be available in Chadron, North Platte, and Omaha. The agenda is available at the NITC Web site (www.nitc.ne.gov).   Meetings are open to the public.

Nebraska HISPC forms legal and education work groups, will meet Jan. 4

The Nebraska Health Information Security and Privacy Committee is forming legal and education work groups.   If you are interested in participating in either of these work groups, please contact Anne Byers (anne.byers@nebraska.gov) or Dennis Berens (dennis.berens@dhhs.ne.gov).   The Health Information Security and Privacy Committee will meet with the work groups on Jan. 4, 2008 from 10:00 AM CT to 12:00 noon CT, at the Nebraska State Office Building, Lower Level, Room LLA in Lincoln, Nebraska. The phone bridge is (402) 472-6292.

National News

Consumers believe benefits of electronic health records outweigh privacy risks

A recent Wall Street Journal Online/Harris Interactive Poll found that over 60% of American adults believe that the use of electronic medical records can significantly decrease the frequency of medical errors and improve the quality of care patients receive by reducing the number of redundant or unnecessary tests and procedures they receive.   Nearly three-fourths (74%) of the respondents felt that patients could receive better care that is based on the best available scientific knowledge if doctors and researchers were able to share information more easily via electronic medical systems.   The poll also found that 60% of American adults believe that the benefits of electronic medical records outweigh the privacy risks and that 91% believe that patients should have access to their own electronic medical record maintained by their physician. The poll was conducted online between Nov. 12 and 14, 2007.   (Source: Bright, Becky. "Benefits of Electronic Health Records Seen as Outweighing Privacy Risks. *Wall Street Journal Online*, November 29, 2007. Available at http://online.wsj.com/article/SB11956524426250054 9.html).

HHS proposes e-prescribing standards; AHIC recommends mandating e-prescribing for Medicare

HHS Secretary Mike Leavitt announced on November 13, 2007 that the department, through the Centers for Medicare & Medicaid Services (CMS), is proposing rules to adopt new standards to advance the use of electronic prescribing (e-prescribing) for formulary and benefit as well as medication history transactions used under the Medicare prescription drug benefit. The Medicare Modernization Act of 2003 requires CMS to adopt final standards for e-prescribing. All providers and pharmacies transmitting prescriptions electronically for Medicare-covered drugs are required to comply with any CMS standards in effect.

On November 28, 2007, The American Health Information Community (AHIC) recommended that the Health and Human Services Department seek permission from Congress to mandate e-prescribing in the Medicare program. The American Health Information Community (AHIC) is a federal advisory body, chartered in 2005 to make recommendations to the Secretary of the U.S. Department of Health and Human Services on how to accelerate the development and adoption of health information technology.

There have been several other major announcements over the past several weeks:

- On Oct. 30, CMS announced a new demonstration project aimed at helping small- to- midsize physician practices adopt

electronic health record (EHRs) to improve quality for patients. More information about this five-year Medicare demonstration program is available at: http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1204776 .

- Last week, the Certification Commission for Healthcare Information Technology (CCHIT) released the first round of EHR products certified for hospitals. The CCHIT also expanded certification of outpatient ambulatory care EHRs. Certification is a key requirement for EHRs that will be used in the CMS demonstration project, and removes barriers to adoption of EHRs by both physicians and hospitals.

CMS' new proposed rules on e-prescribing (CMS-0016-P) are available online at http://www.cms.hhs.gov/EPrescribing/.

More details on HHS' health IT initiative are available at http://www.hhs.gov/healthit.

Council of State Governments recognizes Arizona Health-e Connection

The Council of State Governments awarded the Arizona Health–e Connection program its Innovations Award. Arizona Health-e Connection is a non-profit organization formed in 2007 to implement Health Information Exchange and the deployment of Health Information Technology in Arizona.

Additional information on Arizona Health-e Connection can be found at:

Arizona Health-e Connection
http://www.azhec.org/

Arizona Health-e Connection Roadmap
http://www.azhec.org/documents/Arizona%20Health-e%20Connection%20Roadmap.pdf

Arizona Application for Innovations Award
http://www.csg.org/programs/innov/documents/07-W-11AZHealth-e.pdf

Adoption of health information technology could save Oregon $1.3 billion annually

The Oregon Health Care Quality Corporation (Quality Corp) and the Office for Oregon Health Policy and Research (OHPR) released a report on November 5, 2007 showing that investing half a billion dollars now in computerized health care would result in a potential savings of as much as 1 to 1.3 billion dollars annually.

The full report is available at http://www.oregon.gov/DAS/OHPPR/docs/OR_HIT_Impact_Final.pdf.

ITIF report makes recommendations for advancing healthcare IT

In a new report, "Improving Health Care: Why a Dose of IT May Be Just What the Doctor Ordered," the Information Technology and Innovation Foundation (ITIF) explores the benefits of using information technology in the health care sector, reviews the obstacles that have prevented the widespread adoption of electronic health records (EHRs) and proposes a number of policy recommendations to speed adoption.

The report recommends that Congress take immediate actions to help advance healthcare IT, including:

- Pass legislation to promote the use of electronic health records and national health data standards;
- Create a legal framework for health record data banks;
- Leverage federal resources to ensure access to health record data banks;
- Require medical practices to disclose patient health information electronically upon request.

The report is available at http://www.itif.org/files/HealthIT.pdf .

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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