**eHealth Council**
**April 15, 2008**
**1:30 PM CT – 4:30 CT**

- **Lincoln—**Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor, Lincoln, NE
- **Chadron—**Chadron State College – Burkheiser (far east bldg. on campus) – Rm. 109, 10th & Main
- **North Platte—**Educational Service Unit #16, 1221 W. 17th, Distance Learning Rm.
- **Omaha—**UNMC, University Hospital – Room 3215. Enter through Room 3227 (Biomedical Communications).
- Phone Bridge from 1:30 to 3:00: 402 472-6290.If you are the first one on the bridge, please do not hang up. That will close the bridge.

**Meeting Documents: Click the links in the agenda or click here for all documents**

## Tentative Agenda

**1:30** Roll Call
Notice of Posting of Agenda
Notice of Nebraska Open Meetings Act Posting
Approval of Feb. 11, 2008 minutes*

Public Comment

**1:35 New Business/Reports**

Updates

- NeHII
- Hebron Area Health Information Exchange
- Southeast Nebraska Behavioral Health Information Network (SNBHIN)
- Nebraska Statewide Telehealth Network Update
- HISPC Update

**1:45 Matching Client Data from Disparate Sources**
Dr. Steven Hinrichs and Marsha Morien, UNMC Center for Biosecurity
Representatives of Nebraska's eHealth Initiatives

**2:30 Medicaid and Health IT**
Vivianne Chaumont, Division of Medicaid & Long-Term Care, Department of Health and Human Services

**2:45 Break**

**3:00 Community Technology Fund***
Steve Henderson

- **eHealth Action Plans**

**3:30** **Role of Payers and Employers in Health IT**
Randy Palmer, DAS State Personnel, State of Nebraska
Dean Thompson, Coventry
Amy Phillips, Gallup

**4:15** Closing Business

**4:30** **Adjourn**

*action item

Meeting announcement was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on March 26, 2008. The agenda was posted on April 8, 2008.

**EHEALTH COUNCIL**
Nebraska Information Technology Commission
February 11, 2008 9:00 AM CT – 12:00 noon CT
Lincoln-Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor
. Chadron-Chadron State College – Burkheiser (far east bldg. on campus) – Rm. 109, 10th & Main
North Platte-Educational Service Unit #16, 1221 W. 17th. Distance Learning Rm.
Omaha-NMC: University Hospital – Room 3215. Enter through Room 3227 (Biomedical Communications)

**PROPOSED MINUTES**

**MEMBERS PRESENT:**

**Vivianne Chaumont,** Division of Medicaid & Long-Term Care, Department of Health and Human Services
**Senator Annettte Dubas,** Nebraska Unicameral
**Dr. Kimberly Galt**, Creighton University School of Pharmacy and Health Professions
**Daniel Griess**, Box Butte General Hospital, Alliance (Alliance site)
**Donna Hammack,** Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
**Steve Henderson**, Office of the CIO
**Alice Henneman**, University of Nebraska-Lincoln Extension in Lancaster County
**Ron Hoffman, Jr.**, Mutual of Omaha (Omaha site)
**Ken Lawonn**, NeHII and Alegent Health (Omaha site)
**David Lawton**, Division of Public Health, Department of Health and Human Services
**Dr. Keith Mueller**, UNMC College of Public Health (Omaha site)
**Nancy Shank,** Public Policy Center
**September Stone**, Nebraska Health Care Association
**Dr. Delane Wycoff**, Pathology Services, PC (North Platte site)
**Henry Zack,** HDC 4Point Dynamics

**MEMBERS ABSENT:** Dennis Berens, Department of Health and Human Services, Office of Rural Health; Susan Courtney, Blue Cross Blue Shield; Joni Cover, Nebraska Pharmacists Association; C.J. Johnson, Southeast Nebraska Behavioral Health Information Network and Region V Systems; Jim Krieger, Gallup; Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital; Jeff Kuhr, Three Rivers Public Health Department, Fremont; Kay Oestmann, Southeast District Health Department; John Roberts, Nebraska Rural Health Association; and Marie Woodhead (representative for Congressman Jeff Fortenberry

**ROLL CALL NOTICE OF POSTING OF AGENDA NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING**

Dr. Galt called the meeting to order at 9:40 a.m. There were 15 members present at the time of roll call. A quorum existed. Ms. Byers stated that the meeting notice was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on January 11, 2008. The agenda was posted on January 17, 2008.

**APPROVAL OF DECEMBER 10, 2OO7 MINUTES**

Ms. Shank moved to approve the **December 10, 2007 minutes** as present. Ms. Stone seconded. All were in favor. Motion carried by voice vote.

**PUBLIC COMMENT**

There was no public comment.

**EMR ADOPTION IN NEBRASKA AND SOUTH DAKOTA**
Andjela Drincic, M.D. and Mark Siracuse, Pharm.D., Ph.D.

The report summarizes the state of EHR adoption of physician office practices in Nebraska as of summer 2007. The survey and analysis work has been conducted by researchers at Creighton University Health Services Research Program (CHRP) under contract with the Nebraska Medical Association with involvement from all members of the EHR Nebraska implementation team.

Topics covered in the report included:

- Technology used in Patient Care
- Electronic Health Record Status
- Computer Applications Currently in Use
- Clinical Functions on HER
- e-Prescribing
- Barriers to Adoption of HER
- Patient Care Visits and EHR Adoption Primary Care MDs
- Physician Perception of Patient Safety

(More detailed information and charts available on presentation link.)

The full report will be available March 1, 2008 from:

•http://chrp.creighton.edu
•http://ehrnebraska.org/interact

Or you may contact CHRP for published copies at 402-280-4944.

**NEW BUSINESS/REPORTS**

*MEMBERSHIP APPROVAL*. Senator Annette Dubas, Nebraska Legislature and Vivianne Chaumont, Department of Health and Human Services, Division of Medicaid and Long Term Care, were introduced as new member nominees to the council.

**Mr. Henderson moved to approve Senator Dubas and Vivianne Chaumount as new eHealth Council members. Ms. Hammack seconded. All were in favor. Motion carried by voice vote.**

*HISPC UPDATE*, David Lawton and Anne Byers

A contract is expected from the Office of the National Coordinator for Health IT (ONCHIT) for Nebraska to be part of a 10-state collaborative to standardize business practices related authentication and auditing. The project will involve three Nebraska RHIOs, as well as the other participating states. The award duration will be 12 months from the receipt date. The ten states include Arizona, Colorado, Connecticut, Maryland, Nebraska, Ohio, Oklahoma, Utah, Virginia, and Washington. The Nebraska HISPC committee continues to meet and has formed an Education Work Group to examine training issues and a Legal Work Group to examine Nebraska laws.

**UPDATE ON NEW LEGISLATION & DISCUSSION OF APPROPRIATE ROLE OF EHEALTH COUNCIL AND NITC IN LEGISLATIVE PROCESS**—Steve Henderson

As a result of the NITC Legislative Performance Audit recommendations, LB 823 was introduced this legislative session. LB 823 gives the NITC more oversight on enterprise project management. The bill is moving rapidly through the legislature. Currently, it is in select file. An amendment has been filed that will incorporate the GIS (Geospatial Information Systems) Committee and NIDCAC (Nebraska Intergovernmental Data and Communications Advisory Council) under the umbrella of the NITC. The question was raised regarding the eHealth Council's role with legislative bills. Mr. Henderson stated that there may be times when the council will have opinions on legislation. The preference is to have the eHealth Council present their viewpoints to the NITC. The NITC would speak on behalf of the council and the NITC. If members speak to legislators as representatives of other organizations, the Office of the CIO would ask that they identify themselves as such.

Rick Becker of the OCIO maintains legislative information on the NITC Web site: http://www.nitc.state.ne.us/itc/sg/legislation.html.

**ACTION PLAN DEVELOPMENT**
Anne Byers, Community I.T. Manager

Overview of Process and Discussion of Submitted Action Item Ideas—Co-Chairs

The NITC annually reviews and updates the Statewide Technology Plan. The Commission has identified 8 strategic initiatives and has asked the advisory councils develop action items to achieve the strategic initiatives. Ken Lawonn, Dennis Berens, Donna Hammack, Dr. Steve Hinrichs, and Marsha Morien, and Anne Byers submitted ideas for action items.

The council reviewed the actions items and provided feedback.

By group consensus, the council agreed to have action items revised per recommended changes for an electronic review and approval to be submitted to the NITC at the March meeting. Ms. Byers requested that the revisions by the end of this week or first part of next week.

Council members expressed concerns regarding the USF grandfather clause and would like a way of communicating their support of the clause. Mr. Henderson offered to include this on the NITC March agenda as an urgent issue.

**NGA STATE ALLIANCE FOR EHEALTH** - Wayne Sensor, CEO, Alegent Health

The State Alliance for e-Health is a consensus-based executive-level body of state elected and appointed officials formed to address the unique role states can play to facilitate the adoption of interoperable electronic health information exchange. The purpose of the alliance is as follows:

- Address barriers to health information exchange and adoption of health IT while preserving privacy, security and consumer protections.
- Build consensus among state policies, regulations and laws and guide modification of policies, regulations or laws.
- Allow for dialogue among states to fuel creativity and partnerships with the private sector in the health IT arena.
- Allow input from experts and others working on health IT endeavors to inform state policymaking.

2008 issues that the State Alliance will be addressing:

- Increase knowledge regarding financing, sustainability and accountability for health information exchange
- Identify levers for states to further electronic prescribing
- Continue to find ways to support standardization and interoperability

Key Activities Going Forward

- Issue State Alliance's first report to the nation on e-health and states (March 2008)
- Establish new taskforces to examine (a) privacy and security and (b) states roles.
    - Currently seeking candidates to serve in 2008.
    - Meetings in April 2008 and June/July 2008.
- Support implementation, with activities such as:
    - Develop a guide and set of tools based on current and future recommendations of the Alliance to assist states in forming plans for electronic HIE and health IT adoption.
    - Select states to support in the development of state-wide innovations that would include Alliance recommendations.
    - State sharing of best practices through learning forums.

For more information on the alliance, contact one of the sources below:

State Alliance Listserv: Send a blank email to subscribe-state-alliance@talk.nga.org to receive updates and news on the State Alliance for e-Health.
State Alliance for e-Health Website: www.nga.org/center/ehealth
Michelle Lim Warner, MPH:
Program Director, Health Division, Center for Best Practices, National Governors Association, mwarner@nga.org, 202-624-3545

Other informational links are listed below:

- Health Information Communication and Data Exchange Task Force Report
- Health Information Protection Task Force Report | Appendix B.2
- Health Care Practice Task Force Report (August 15, 2007)
- Health Care Practice Task Force Report (October 3, 2007)

**ADJOURN**

**Mr. Lawton moved to adjourn the meeting. Ms. Stone seconded. All were in favor. Motion carried by voice vote.**

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by Anne Byers of the Office of the CIO/NITC.


# Nebraska Statewide Telehealth Network 2007 Usage Report to the E-Health Council

**Donna Hammack**

**Compiled by Saint Elizabeth Foundation**

# NEBRASKA STATEWIDE TELEHEALTH NETWORK

**Mission**

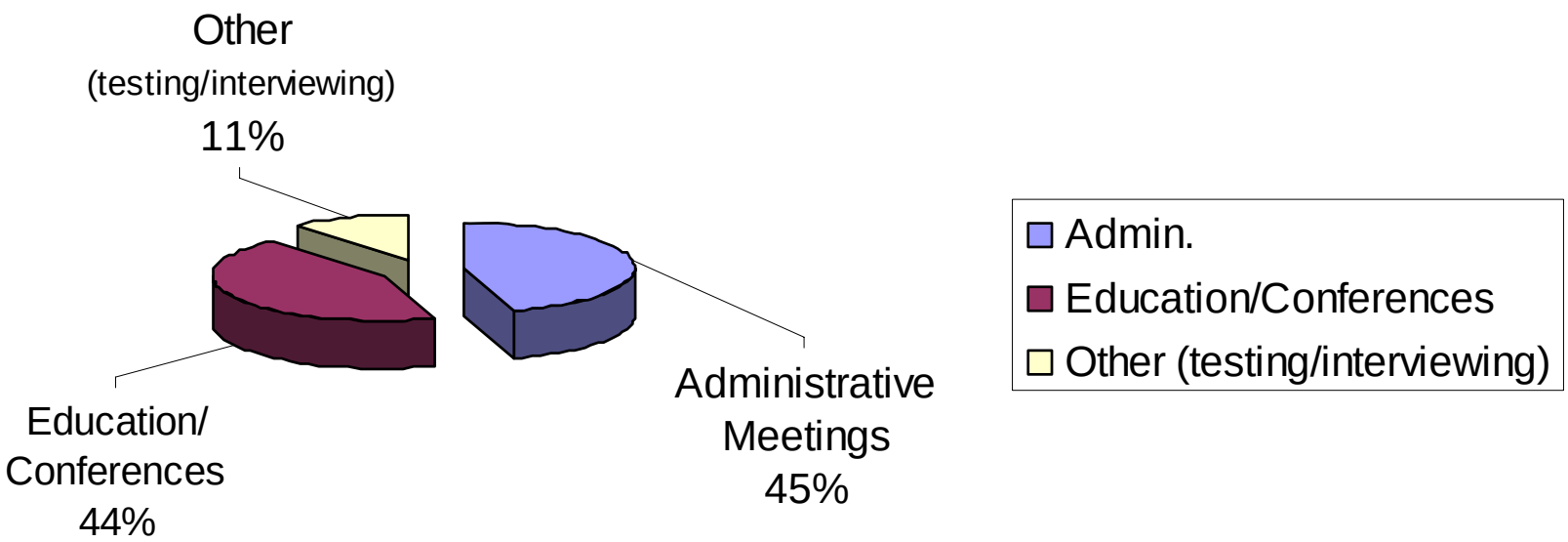
- To increase the quality, availability and accessibility of healthcare throughout the State of Nebraska by maintaining and promoting a secure communication network that allows rural areas of the State to have access to other healthcare providers and information without the need for extensive travel.
- To bring together invaluable resources to improve the readiness of the State to deal with terrorist acts and threats as well as naturally-occurring disasters.

**Vision**

- Create a statewide secure communications network, which links all eligible users and is capable of supporting real-time video-conferencing and communications, data transmission and telehealth services.

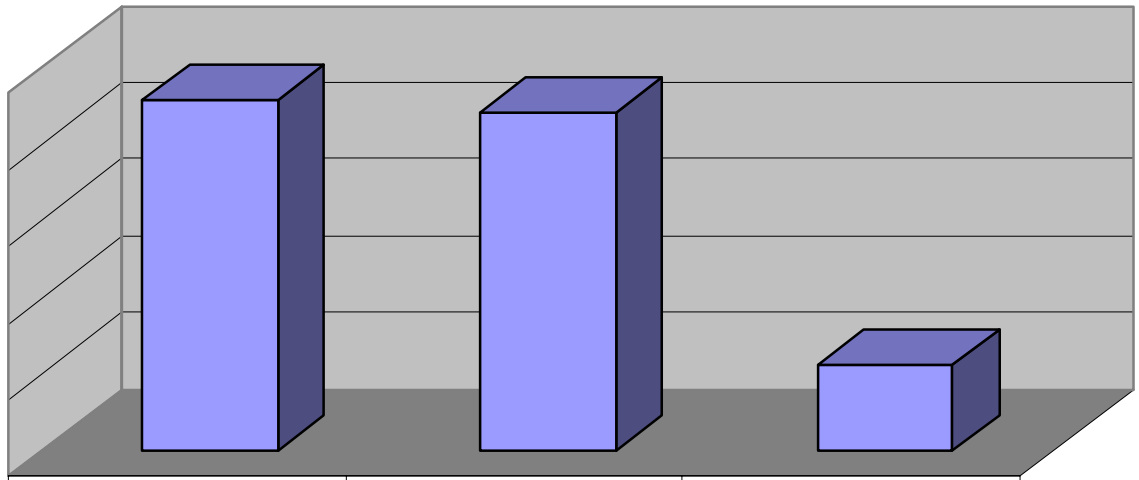
# Division of Use (other than clinical)

**(Education/Conferences, Administrative Meetings, Other)**



# Participation Within Each Category

**(Education/Conferences, Administrative Meetings, Other)**



| | Administration | Education/Conferences | Other (testing/interviewing) |
|---|---|---|---|
| Total Participation = 2015 | 911 | 879 | 225 |

Total hours of use = 3,442

# Time and Money Saved in 2007

For Education/Conferences, Administrative Meetings, Other

Travel Time Hours Saved = **46,138 hours**

Travel Time Cost Savings = **$1,153,461**

(computed on a $25.00 an hour wage)

# Mileage and Money Saved in 2007

for Education/Conferences, Administrative Meetings, Other

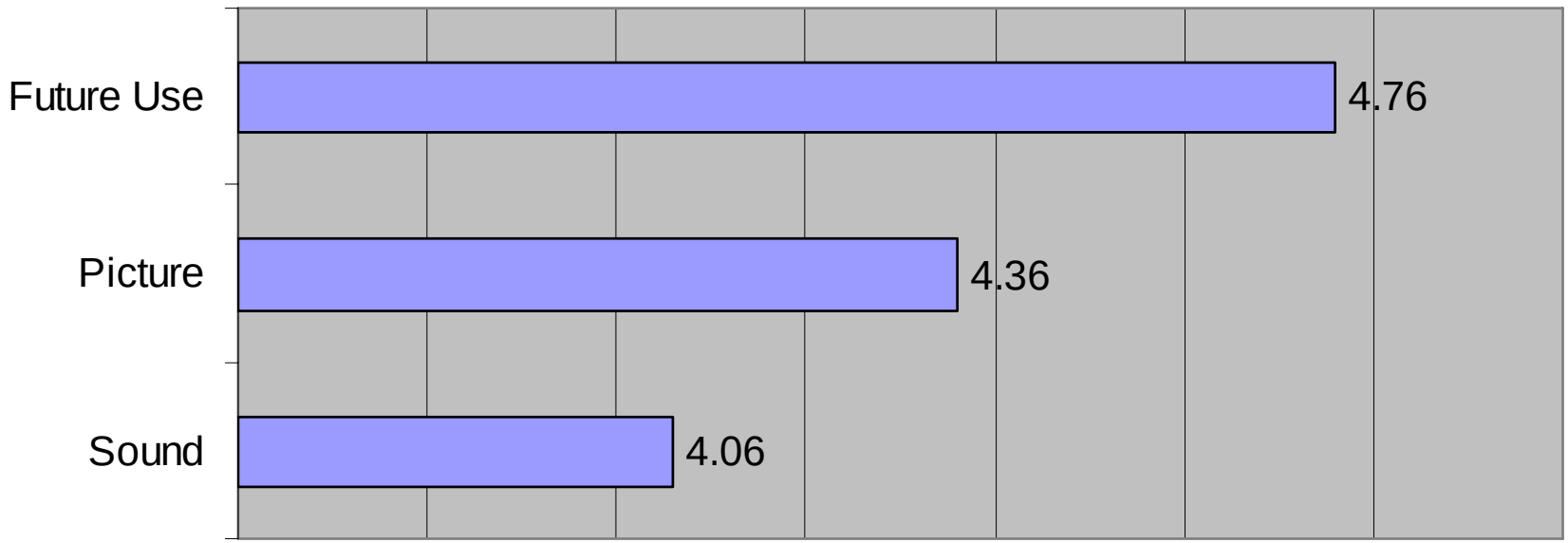
Miles Saved = **2,313,878**

Mileage Cost Savings = **$1,122,231**

(computed at 48.5¢ a mile)

# Sound, Picture and Future Use Quality Rating

**(Education/Conference, Administrative Meetings, Other)**



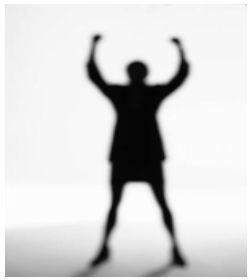

Average Quality Rating on a scale of 1 to 5, with 5 being best

# Total Miles Saved Per Hub & Sites

## January – December 2007

| | |
|---|---|
| NORTH PLATTE - GREAT PLAINS REGIONAL MEDICAL CENTER..... | 8,092 |
| COLLEGE PARK - GRAND ISLAND…… | 23,752 |
| OMAHA – UNMC…… | 28,071 |
| LINCOLN – SERMC…… | 94,431 |
| GRAND ISLAND - SAINT FRANCIS…… | 318,580 |
| KEARNEY - GOOD SAMARITAN…… | 388,047 |
| NORFOLK - FAITH REGIONAL HEALTH SERVICES…… | 389,648 |
| SCOTTSBLUFF - REGIONAL WEST MEDICAL CENTER… | 395,188 |
| LINCOLN – BRYANLGH…… | 668,069 |
| **Total…….** | **2,313,878** |

# Patient Telehealth Statistics (Jan-Dec 2007)



Average Patient Age = **45.49**

Average Mileage from Patient to Consultant (one way) = **151.24**

# Patient Responses

- 89% Would have traveled to a specialist if not for Telehealth
- 98% said Telehealth met patient needs

# Patient Responses continued

- 99% said they would likely use Telehealth in the future

- 100% would recommend using Telehealth to others

# Consultation Categories and Totals (Jan-Dec 2007)

Arthritis = **1**

Behavioral Health = **8**

Cancer Genetics = **13**

Cardiothoracic Surg = **1**

Diabetic Education = **12**

Emergency = **30**

Endocrinology = **377**

ENT = **14**

Feeding Therapy = **63**

General Surgery = **2**

Genetics = **9**

Geriatrics = **103**

Mental Health = **136**

Neurology = **8**

Nutrition = **2**

Occupation Therapy = **3**

Oncology = **33**

Orthopedics = **12**

Other = **2**

Psychiatry = **139**

Smoking Cessation = **6**

Spanish Interpreter = **2**

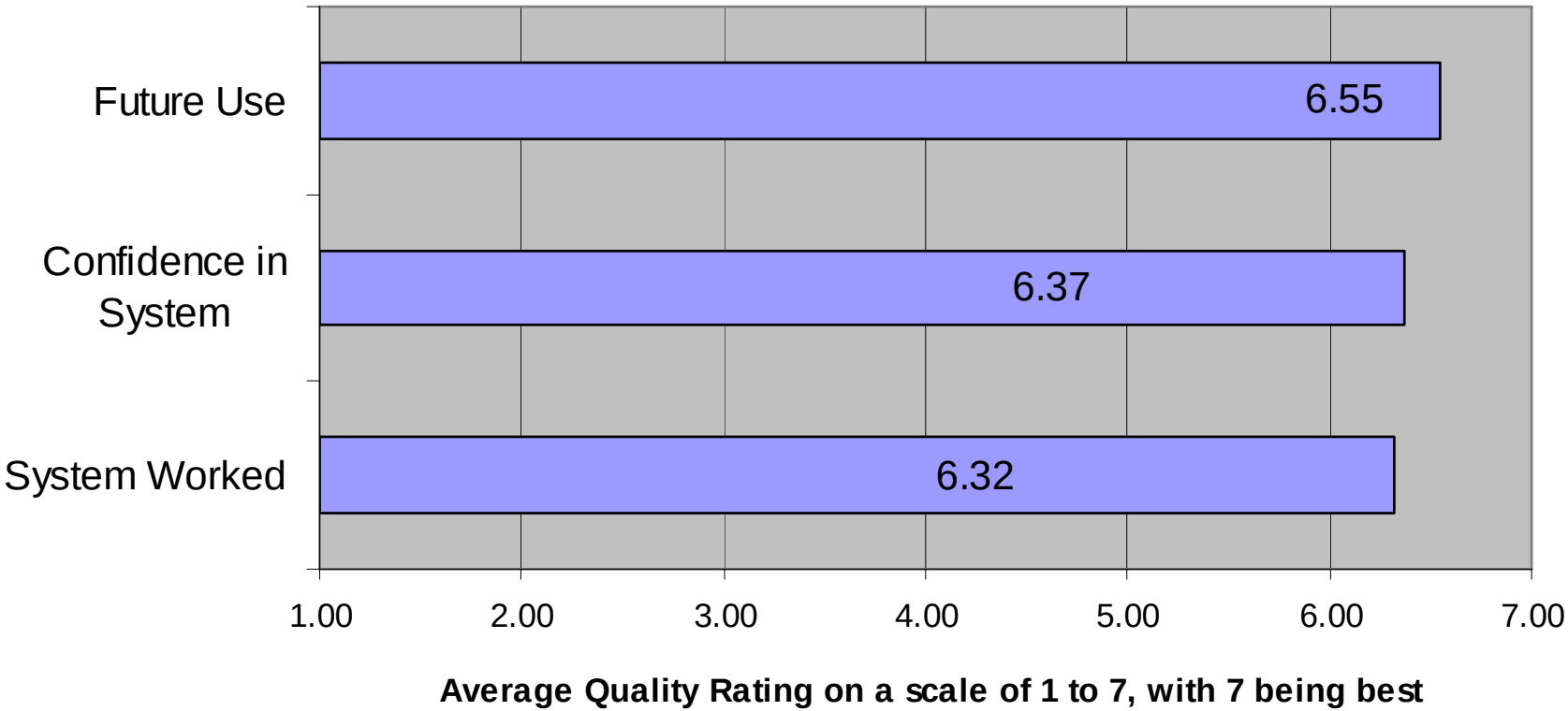
Speech = **1**

Teletrauma = **3**

Wound Care = **17**

**Total Consults for 2007 = 997**

# Consultant Quality Rating



# Hours Expended in Consults (Jan-Dec 2007)

Total Hours Used = 501.6

Average Length Per Consultation = 30 Minutes

# Public Health Department Mileage and Money Saved in 2007

For Education/Conferences, Administrative Meetings, Other

Miles Saved = **252,502**

Mileage Cost Savings = **$122,464**

(computed at 48.5¢ a mile)

# Public Health Department
# Time and Money Saved in 2007

For Education/Conferences, Administrative Meetings, Other

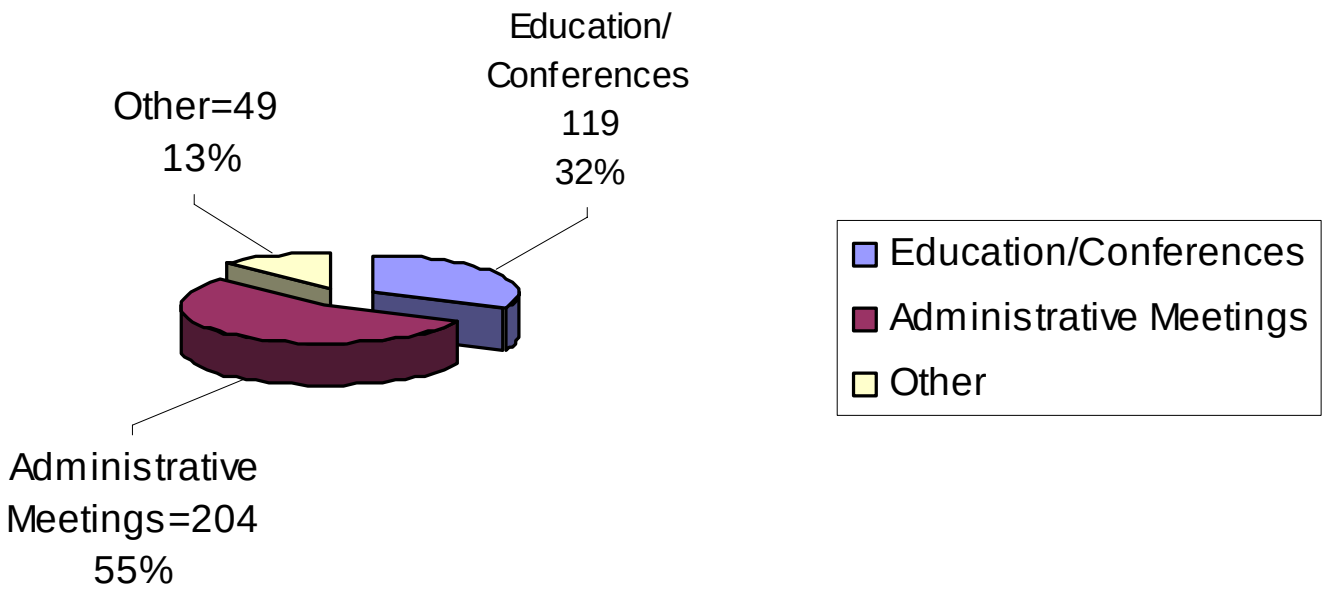
Travel Time Hours Saved = **4,709 hours**

Travel Time Cost Savings = **$117,725**

(computed on a $25.00 an hour wage)

# Public Health Division of Use (other than clinical)

Education/Conferences, Administrative Meetings, Other




Total Usage = 372

Good Samaritan Hospital
Kearney, Nebraska
Wanda Kjar-Hunt

# Teletrauma

# Good Samaritan Hospital Kearney, Nebraska - Teletrauma

## TELETRAUMA ENHANCES EMERGENCY CARE IN THE RURAL AREA

- **Teletrauma**: Nineteen Critical Access Hospitals (CAH) have now installed new videoconferencing equipment that will enable local practitioners to enhance the excellent care already available in their rural communities. Teletrauma allows consultation between practitioners in each community with the trauma team at Good Samaritan Hospital in Kearney, Nebraska.

- **Data**: Trauma victims in rural communities are nearly twice as likely to die from their injuries as those injured in urban settings. Statistics from the Nebraska Office of Highway Safety indicate:
  - During 2006, there were 67 urban (within city limits) motor vehicle deaths and 202 rural deaths.
  - During 2007, there were 58 urban motor vehicle deaths and 199 rural deaths.

- **How it works**: When dealing with trauma, time is of the essence; the faster the patient receives care, the better the outcome.
  - Service is available 24/7.
  - CAH dials Good Samaritan Hospital Emergency Dept for audio/video connection
  - Allows rural physician, the trauma leader, to stay at bedside
  - Camera focuses on patient in rural trauma room, allowing GSH ER physician to consult with CAH ER staff via a hands-free microphone
  - Allows rural physician to advise GSH ER staff of findings and what GSH will need to have availability (which specialists) if transport is necessary

# TELETRAUMA ENHANCES EMERGENCY CARE IN THE RURAL AREA

- **Outcomes**: Decisions regarding treatment, packaging and transport can become a collaborative effort that benefits not only the local facility, but also Good Samaritan's trauma team, who can assemble the most appropriate team members in a timely fashion.
- Shortens the time from the incident to time of assessment and treatment, therefore improving outcomes for the patient
- Increased access to consultation with advanced practitioners to serve the patient
- Transfer may not be necessary
- If transfer is necessary, the appropriate specialists can be "waiting at the door" upon arrival at Good Samaritan's Emergency Room
- Patient, family and physician satisfaction is excellent
- **Contact Information**
- Wanda Kjar-Hunt, Program Manager
  Telehealth Services, Good Samaritan Hospital
  wandakjar@catholichealth.net
- Kathy Gosch, Telehealth Coordinator
  Telehealth Services, Good Samaritan Hospital
  kathygosch@catholichealth.net

Faith Regional Health Services
Norfolk, Nebraska
Carol Rosenbaum

# Teleradiology

# Faith Regional Health Services Norfolk, Nebraska - Teleradiology

- Telehealth has become a vital part of healthcare in Northeast Nebraska. We have recently received grants for bedside monitoring; and holter, event and ECG monitoring equipment in several rural hospitals. This equipment is monitored 24/7 by professional monitoring staff from Faith Regional Health Services (FRHS). Telehealth also allows for connection with specialized physicians at Norfolk when the need arises.
- The counties involved in the grant have lower family median income levels than the state average and their population is older than the state's average age. The hospitals cannot afford specialized physicians or equipment. Heart disease is the leading cause of death in this area.
- The average distance to FRHS and physician specialists from these communities is 56 miles - one way. The average travel time is 60 minutes – one way. Many of these families cannot afford to make this trip very often and most jobs won't allow that much time off work.
- Another large portion of our telehealth usage goes to our teleradiology program. Since we started in July 2006 we have read over 8,847 procedures via the telehealth lines. This is a real time response for local physicians to have x-rays read by radiologists versus a 2-3 day turnaround time. This equates to better, more efficient, healthcare for patients.
- Without the telehealth network, patients incur travel costs, healthcare is delayed, and/or the patients do not receive the care they need.

BryanLGH Medical Center
Lincoln, Nebraska
Carol Brandl

# Endocrinology

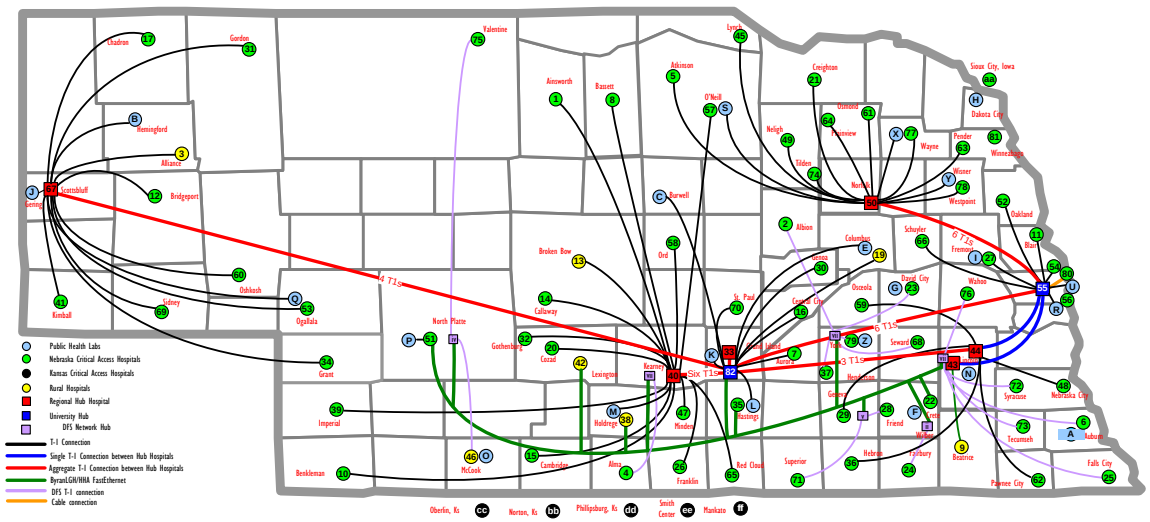
# BryanLGH Medical Center
# Lincoln, Nebraska - Endocrinology

- We are proud to be a part of the NSTN. Our hub is host to 26 connections and the data collected from the network usage clearly demonstrates the time and money saved to all of the hospitals. We are able to share continuing education for professional staff and community education. By being able to participate by video, the facilities save money and staff time. Example: a two hour program is two hours instead of two hours + the travel time and expense.
- Through the use of the NSTN, we have been able to provide care to numerous diabetic patients from one of the limited number of endocrinologists in Nebraska. Dr. Nafach does two telemed clinics per month, 10 months out of the year-- one with Mary Lanning in Hastings and the other with Great Plains in North Platte. We average 25-30 patients per clinic and have seen as many as 38 patients in one day. The patient response is extremely positive and grateful to have the service available. Many of these people would never see an endocrinologist if this service was not available. Some are a little intimidated by the camera at the onset but are always enthusiastic by the end of the session.
- We have done several mental health consults with the end point hospitals that might not otherwise have this service available. The telemed saves both physician time and allows patients to be seen in their own familiar surroundings. The physicians comment that they like the telemed consults because they can often pick up on “body language” better via video than they might be able to do on a face to face consult.
- We have used the telemed equipment for cardiology consults and surgery followups. The cardiologists like the face to face visit in most instances but the telemed has made it possible to do necessary followup visits or emergency consults in instances that might not otherwise have been possible.
- Thanks to the PSC for all of the time and financial assistance in helping us to make and keep the network successful.

# University of Nebraska Medical Center
# Omaha, Nebraska – Max Thacker

## Testing to prepare in the event of Bioterriorism

**Nebraska Telehealth Network**




### Nebraska Hospitals

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. | Ainsworth | 30. | Genoa | 57. | O'Neill | | |
| 2. | Albion | 31. | Gordon | 58. | Ord | | |
| 3. | Alliance | 32. | Gothenberg | 59. | Osceola | | |
| 4. | Alma | 33. | Grand Island | 60. | Oskosh | | |
| 5. | Atkinson | 34. | Grant | 61. | Osmond | | |
| 6. | Auburn | 35. | Hastings | 62. | Pawnee City | | |
| 7. | Aurora | 36. | Hebron | 63. | Pender | | |
| 8. | Bassett | 37. | Henderson | 64. | Plainview | | |
| 9. | Beatrice | 38. | Holdrege | 65. | Red Cloud | | |
| 10. | Benkelman | 39. | Imperial | 66. | Schuyler | | |
| 11. | Blair | 40. | Kearney | 67. | Scottsbluff | | |
| 12. | Bridgeport | 41. | Kimball | 68. | Seward | | |
| 13. | Broken Bow | 42. | Lexington | 69. | Sidney | | |
| 14. | Callaway | 43. | Lincoln | 70. | St. Paul | | |
| 15. | Cambridge | 44. | Lincoln | 71. | Superior | | |
| 16. | Central City | 45. | Lynch | 72. | Syracuse | | |
| 17. | Chadron | 46. | McCook | 73. | Tecumseh | | |
| 19. | Columbus | 47. | Minden | 74. | Tilden | | |
| 20. | Cozad | 48. | Nebraska City | 75. | Valentine | | |
| 21. | Creighton | 49. | Neligh | 76. | Wahoo | | |
| 22. | Crete | 50. | Norfolk | 77. | Wayne | | |
| 23. | David City | 51. | North Platte | 78. | West Point | | |
| 24. | Fairbury | 52. | Oakland | 79. | York | | |
| 25. | Falls City | 53. | Ogallala | 80. | Omaha | | |
| 26. | Franklin | 54. | Omaha | 81. | Winnebago | | |
| 27. | Fremont | 55. | Omaha | 82. | Grand Island | | |
| 28. | Friend | 56. | Omaha | | | | |
| 29. | Geneva | | | | | | |

| | | | |
|---|---|---|---|
| 1. | Ainsworth | Brown County | |
| 2. | Albion | Boone County | |
| 3. | Alliance | Box Butte General | |
| 4. | Alma | Harlan County Health Sys | |
| 5. | Atkinson | West Holt | |
| 6. | Auburn | Nemaha County | |
| 7. | Aurora | Memorial | |
| 8. | Bassett | Rock County | |
| 9. | Beatrice | Beatrice Community | |
| 10. | Benkelman | Dundy County | |
| 11. | Blair | Memorial Community | |
| 12. | Bridgeport | Morrill County | |
| 13. | Broken Bow | Jennie Melham | |
| 14. | Callaway | Callaway District | |
| 15. | Cambridge | Tri-Valley Health System | |
| 16. | Central City | Litzenberg Memorial | |
| 17. | Chadron | Chadron Community | |
| 19. | Columbus | Columbus Community | |
| 20. | Cozad | Cozad Community | |
| 21. | Creighton | Creighton Area | |
| 22. | Crete | Crete Area | |
| 23. | David City | Butler Area | |
| 24. | Fairbury | Jefferson County | |
| 25. | Falls City | Community Medical Ctr. | |
| 26. | Franklin | Franklin County | |
| 27. | Fremont | Fremont Area | |
| 28. | Friend | Warren Memorial | |
| 29. | Geneva | Fillmore County | |
| 30. | Genoa | Genoa Community | |
| 31. | Gordon | Gordon Memorial | |
| 32. | Gothenberg | Gothenberg Memorial | |
| 33. | Grand Island | St. Francis Medical Center | |
| 34. | Grant | Perkins County | |
| 35. | Hastings | Mary Lanning Memorial | |
| 36. | Hebron | Thayer County | |
| 37. | Henderson | Henderson Health Services | |
| 38. | Holdrege | Phelps Memorial | |
| 39. | Imperial | Chase County | |
| 40. | Kearney | Good Samaritan Health Sys | |
| 41. | Kimball | Kimball County | |
| 42. | Lexington | Tri-County | |
| 43. | Lincoln | Bryan/LGH | |
| 44. | Lincoln | St. Elizabeth's | |
| 45. | Lynch | Niobrara Valley | |
| 46. | McCook | Community Hospital | |
| 47. | Minden | Kearney County | |
| 48. | Nebraska City | St. Mary's | |
| 49. | Neligh | Antelope Memorial | |
| 50. | Norfolk | Faith Regional Health Srvcs | |
| 51. | North Platte | Great Plains Regional Medical Ctr | |
| 52. | Oakland | Oakland Memorial | |
| 53. | Ogallala | Ogallala Community Hospital | |
| 54. | Omaha | Methodist Hospital | |
| 55. | Omaha | University of Nebraska Medical Ctr | |
| 56. | Omaha | Alegant Health Immanuel | |
| 57. | O'Neill | Avera St. Anthony's | |
| 58. | Ord | Valley County | |
| 59. | Osceola | Annie Jeffrey | |
| 60. | Oskosh | Garden County | |
| 61. | Osmond | Osmond General | |
| 62. | Pawnee City | Pawnee County | |
| 63. | Pender | Pender Community | |
| 64. | Plainview | Plainview Public | |
| 65. | Red Cloud | Webster County | |
| 66. | Schuyler | Alegent Health | |
| 67. | Scottsbluff | Regional West Medical Center | |
| 68. | Seward | Seward Memorial | |
| 69. | Sidney | Memorial Health | |
| 70. | St. Paul | Howard County | |
| 71. | Superior | Broadstone Memorial | |
| 72. | Syracuse | Community Memorial | |
| 73. | Tecumseh | Johnson County Hospital | |
| 74. | Tilden | Tilden Community | |
| 75. | Valentine | Cherry County | |
| 76. | Wahoo | Saunders County | |
| 77. | Wayne | Providence | |
| 78. | West Point | St. Francis | |
| 79. | York | York General | |
| 80. | Omaha | Creighton Hospital | |
| 81. | Winnebago | Winnebago Indian Hospital | |
| 82. | Grand Island | College Park | |

### Hospitals From Other States

| | | |
|---|---|---|
| aa. | Sioux City, Iowa | |
| bb. | Norton, Ks | Norton County Hospital |
| cc. | Oberlin, Ks | Decatur County Hospital |
| dd. | Phillipsburg, Ks | Phillips County Hospital |
| ff. | Mankato, Ks | Jewell County Hospital |

### Dark Fiber Solutions Network Hubs

i. Lincoln Bryan LGH, 1600 S. 48th
ii. Wilber Head End, 901 N. Main, Wilber
iii. DFS York, 600 ½ Grand Ave, York
iv. NP GPRMC, 601 W. Leota St., North Platte
v. Geneva Head End, 300 C. St, Geneva
vi. Kearney Head End, 804 Ave. A., Kearney

### Nebraska Public Health Depts.

| | | |
|---|---|---|
| A. | Auburn | Southeast District Health Dept. |
| B. | Hemingford | Panhandle Public Health Dept. |
| C. | Burwell | Loup Basin Public Health Dept |
| E. | Columbus | East Central District Health Dept. |
| F. | Crete | Public Health Solutions |
| G. | David City | Butler County Health Dept |
| H. | Dakota City | Dakota County Health Dept. |
| I. | Fremont | Three Rivers Health Dept. |
| J. | Gering | Scotts Bluff County Health Dept. |
| K. | Grand Island | Central District Health Dept. |
| L. | Hastings | South Heartland District Health Dept. |
| M. | Holdrege | Two Rivers Public Health Dept. |
| N. | Lincoln | Lincoln-Lancaster County Health Dept. |
| O. | McCook | Red Willow County Health Dept. |
| P. | North Platte | West Central District Health Dept. |
| Q. | Ogallala | Sandhills District Health Dept. |
| R. | Omaha | Douglas County Health Dept. |
| S. | O'Neill | North Central District Health Dept. |
| U. | Papillion | Sarpy/Cass Dept. of Health and Wellness |
| X. | Wayne | Northeast Nebraska Public Health Dept. |
| Y. | Wisner | Elkhorn Logan Valley Public Health Dept. |
| Z. | York | Four Corners Health Dept. |

# Testing to prepare in the event of Bioterriorism

- The Nebraska Statewide Telehealth Network (NSTN) serves as a resource to help in providing information and communication in the case of a homeland security event, public health event or other natural or man-made disaster or emergency. This document provides the Network technical connection protocol that will be followed when an emergency activation is declared.

- **Statewide Alert**: Only the Governor, Lt. Governor, Health and Human Services Chief Medical Officer or Director (or their designee) are authorized to declare an emergency. Upon activation the first alert will be issued via the Heath Alert Network (HAN). This message will be transmitted to each of the NSTN sites via fax and email. The Network will take immediate action to end all active video calls and prepare the system for the emergency conference call. It is expected that all sites will be connected and ready within two hours of the first alert.

- **Spoke Site**: Immediately end any active video conference. In the event an active conference is a medical consultation, end the call as quickly as possible.

  -One hour prior to the HAN Conference connect to your primary designated network hub (your hub may elect to dial your site). Connection details must be included in each site's protocol.

  -In the event that the primary network hub has been rendered inoperable or you cannot reach this site, connect to your secondary network hub.

  -When connected, identify your site to the hub coordinator, verify audio/video quality, mute your system's audio and wait for further instructions.

# Testing to prepare in the event of Bioterriorism

- **Hub Site**: Immediately end any active video conferences. In the event an active conference is a medical consultation, end the call as quickly as possible.

  -One hour prior to the HAN Conference contact the primary hub site to confirm receipt of the HAN alert.

  -If the primary hub has been rendered inoperable or cannot be contacted, contact to the secondary hub.

  -Begin to work on the spoke connections.

  -As spoke locations connect, verify audio/video quality, remind them to mute their audio and have them stand by for further instructions.

  -Connect your video bridge to the primary (or secondary) hub site.

  -Attempt to make contact with the site coordinators who have not checked in.

- **Primary Network Hub Connections**: Under normal operational conditions the University of Nebraska Medical Center at Omaha will be the primary hub. The following NSTN hubs will then connect to the UNMC's Video Operations Center:
  - ✓ Grand Island – Saint Francis Medical Center
  - ✓ Kearney – Good Samaritan Hospital
  - ✓ Lincoln – Bryan / LGH Medical Center
  - ✓ Lincoln – Saint Elizabeth Regional Medical Center
  - ✓ Norfolk – Faith Regional Health Services
  - ✓ Scottsbluff – Regional West Medical Center
- The State will connect directly to the UNMC's Video Operations Center. They may also elect to connect to the Nebraska Video Conference Network as well.
- **Secondary Network Hub Connections**: In the event that the University of Nebraska Medical Center is rendered inoperable the NSTN hubs will connect to the Kearney hub at Good Samaritan Hospital.

# Testing to prepare in the event of Bioterriorism

- **Primary Network Spoke Connections**: Under normal operational conditions the spoke locations will connect to their primary hub. (Refer to the enclosed listing).

- **Secondary Network Spoke Connections**: In the event that a hub is rendered inoperable the spoke locations will connect to their designated secondary hub:

| Primary Hub | Secondary Hub |
|---|---|
| Omaha – UNMC | Kearney – Good Samaritan |
| Grand Island – Saint Francis | Norfolk – Faith Regional |
| Kearney – Good Samaritan | Omaha – UNMC |
| Lincoln – Bryan / LGH | Norfolk – Faith Regional |
| Lincoln – Saint Elizabeth | Grand Island – Saint Francis |
| Norfolk – Faith Regional | Grand Island – Saint Francis |
| Scottsbluff – Regional West | Kearney – Good Samaritan |

- **Telephone Connections**: As an additional backup a telephone bridge will be available for sites that are unable to connect using the NSTN video network.

- **Note**: A large conference requires strict attention from both video and audio sites to always mute audio. This will insure the best audio quality and improve the management of the conference.

# NSTN Governance Committee Continuing Challenge

- Three year Grandfathering of sites which were to lose funding - three HUB sites (Norfolk, Kearney, Grand Island) and also Fremont Area Medical Center
- Reason – rural definition change
- Amount in jeopardy was $223,000
- Need to secure permanent solution

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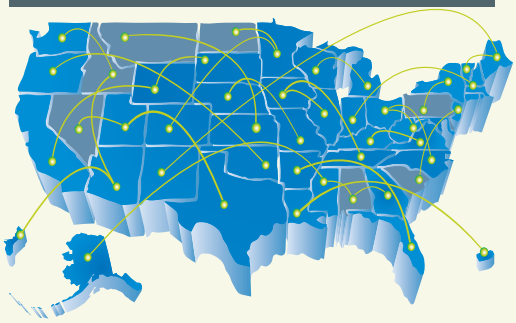

# Executive Summary


## Introduction

Established in June 2006 by RTI International through a contract with the U.S. Department of Health and Human Services (HHS), the Health Information Security and Privacy Collaboration (HISPC) originally comprised 34 states and territories. As phase 3 of the HISPC begins in April 2008, HISPC now comprises 42 states and territories, and aims to address the privacy and security challenges presented by electronic health information exchange through multistate collaboration. Each HISPC participant continues to have the support of its state or territorial governor and maintains a steering committee and contact with a range of local stakeholders to ensure that developed solutions accurately reflect local preferences.

## Background

In the first phase of the project, the 34 teams followed a defined process: (1) assess variations in organization-level business policies and state laws that affect health information exchange; (2) identify and propose practical solutions, while preserving the privacy and security requirements in applicable federal and state laws; and (3) develop detailed plans to implement solutions.

In the second phase of the project, the 34 teams selected a foundational component of their larger implementation plan to be completed in a 6-month time frame. During this time, additional participation was sought for the HISPC's third phase, and new states and territories joined the original HISPC teams to review high-priority areas where multistate collaboration could foster the development of common, replicable solutions.

The third phase, which begins in 2008, comprises 7 multistate collaborative privacy and security projects focused on analyzing consent data elements in state law; studying intrastate and interstate consent policies; developing tools to help harmonize state privacy laws; developing tools and strategies to educate and engage consumers; developing a toolkit to educate providers; recommending basic security policy requirements; and developing interorganizational agreements. Each project is designed to develop common, replicable multistate solutions that have the potential to reduce variation in and harmonize privacy and security practices, policies, and laws. A cross-collaborative steering committee has been established for phase 3 to facilitate knowledge transfer among collaboratives and identify points of intersection. Participating states and territories are summarized in the table below, and a description of each project follows.

| Collaborative | Participating States and Territories | |
|---|---|---|
| | N | Abbreviations |
| Consent 1 - Data Elements | 11 | IN, ME, MA, MN, NH, NY, OK, RI, UT, VT, WI |
| Consent 2 - Policy Options | 4 | CA, IL, NC, OH |
| Harmonizing Privacy Law | 7 | FL, KY, KS, MI, MO, NM, TX |
| Consumer Education and Engagement | 8 | CO, GA, KS, MA, NY, OR, WA, WV |
| Provider Education | 8 | FL, KY, LA, MI, MO, MS, TN, WY |
| Adoption of Standard Policies | 10 | AZ, CO, CT, MD, NE, OH, OK, UT, VA, WA |
| Interorganizational Agreements | 7 | AK, GU, IA, NJ, NC, PR, SD |

## Consent 1 - Data Elements

The primary goals of the Consent 1 - Data Elements collaborative are to

- establish a model for identifying and resolving patient consent and information disclosure requirements across states; and
- develop a foundational reference guide that describes and compares the requirements mandated by state law and any known regional or local consent policies and practices in each participating state.

The collaborative will focus on mandated (state law and regulation) requirements pertaining to consent and disclosure of health information needed in 3 high-priority treatment and/or public health scenarios. By clarifying and documenting consent requirements, the team will work to enable increased interstate electronic health information exchange.

## Consent 2 - Policy Options

The primary goals of the Consent 2 - Policy Options collaborative are to

- identify the different consent approaches within and between states; and
- propose policy approaches for consent that facilitate interstate electronic health information exchange.

The collaborative will research the technological, public policy, and legal aspects of intrastate and interstate consent issues, produce tools for other states to use as they develop strategies for adopting consent policies, and provide policy recommendations for nationwide consideration.

## Harmonizing Privacy Law

The primary goal of the Harmonizing Privacy Law collaborative is to

- advance the ability of states and territories to analyze and reform, if appropriate, their existing laws related to health information exchange.

The collaborative will develop a common subject-matter taxonomy (a classification of laws based on subject matter categories) to analyze existing laws and identify key areas that require revision of existing law or the adoption of new law. The common taxonomy will provide a framework for comparison, analysis, and, where appropriate, reformation of state laws related to health information exchange.

## Consumer Education and Engagement

The primary goal of the Consumer Education and Engagement collaborative is to

- develop a series of coordinated, state-specific projects that focus on targeted population groups to describe the risks and benefits of health information exchange, educate consumers about privacy and security regarding health information exchange, and develop messaging to address consumer privacy and security concerns.

Collaborative products will address the different needs of urban and rural populations, varying literacy levels, and people with special health concerns. These products will also provide a range of materials for states and territories to adapt to meet their own needs.

## Provider Education

The primary goals of the Provider Education collaborative are to

- create a toolkit to introduce electronic health information exchange to providers; and
- increase their awareness of the privacy and security benefits and challenges of electronic health information exchange.

The collaborative plans to work with professional medical associations, societies, and educational organizations that represent or serve providers; develop materials, tools, and techniques to better engage providers; raise their interest in electronic health information exchange; and address their privacy and security concerns.

## Adoption of Standard Policies

The primary goals of the Adoption of Standard Policies collaborative are to

- develop a set of basic policy requirements for authentication and audit; and
- define an implementation strategy to help states and territories adopt agreed-upon policies.

Through its work, the collaborative will develop processes to help establish trust and bridge the policy differences between health information exchange models.

## Interorganizational Agreements

The primary goals of the Interorganizational Agreements collaborative are to

- develop a standardized core set of privacy and security components to include in interorganizational agreements.
- execute said agreements and exchange data through cross-state pilots, wherever possible.

The collaborative plans to identify, and resolve by agreement between states and other entities, those privacy and security practices, procedures, and laws that pose challenges to the interstate exchange of health information.

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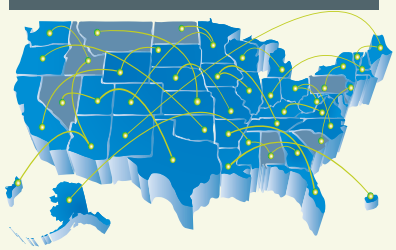

**Executive Summary**

**For more information go to:**
**http://privacysecurity.rti.org/**

# eHealth

## Objective

• To foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska.

## Description

Health information technology (Health IT), often referred to as eHealth, promises to improve individual patient care and public health while reducing costs and improving efficiencies. eHealth technologies include electronic health records, electronic medical records, personal health records, electronic prescribing, clinical decision support, computerized provider order entry, health information exchange, and telehealth.

- **An Electronic Health Record (EHR)** is a longitudinal electronic record of patient health information generated in one or more care settings. EHR data includes patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. (Health Information and Management System Society)
- **An Electronic Medical Record (EMR)** is a computer-based medical record. The EMR is the source of information for the electronic health record (EHR). (Health Information and Management System Society)
- **Personal Health Record (PHR)** is the version of the health/medical record owned by the patient. (Health Information and Management System Society)
- **Electronic Prescribing (eRx)** is a type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. (Office of the National Coordinator Glossary of Selected Terms)
- **A Decision-Support System (DSS)** consists of computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient-specific data. (Office of the National Coordinator Glossary of Selected Terms)
- **Computerized Provider Order Entry (CPOE)** is a computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. (Office of the National Coordinator Glossary of Selected Terms)
- **Health Information Exchange (HIE)** facilitates access to and retrieval of clinical data from multiple providers to provide safer, more timely, efficient, effective, equitable, patient-centered care. (eHealth Initiative Glossary)
- **Telehealth** is the use of telecommunications and information technologies to provide healthcare services over distance and/or time, to include diagnosis, treatment, public health, consumer health information, and health professions education. (Minnesota e-Health Glossary of Selected Terms)

Electronic medical records provide the foundation for interoperable health information exchange. President Bush has called for most Americans to have electronic medical records by 2014. A survey conducted by researchers at Creighton Health Services Research Program in the summer of 2007 found that 30% of physicians in Nebraska and South Dakota used electronic medical records. The survey results are similar to national surveys, indicating that much progress still needs to be made.

The biggest barrier to the widespread adoption of eHealth technologies is the misalignment of benefits and costs. Providers bear the brunt of the costs for implementing eHealth technologies into their practices, but payers reap most of the benefits. Other barriers to eHealth adoption include implementation costs, impact on workflow processes, concerns about privacy and security, and a lack of a quantifiable return on investment.

## Current Initiatives

Several eHealth initiatives are currently underway in Nebraska, including the Nebraska Statewide Telehealth Network, NeHII, Western Nebraska Health Information Exchange, Hebron Area Health Information Exchange, and Southeast Nebraska Behavioral Health Information Network.

**Nebraska Statewide Telehealth Network.** One of the nation's most extensive telehealth networks, the Nebraska Statewide Telehealth Network (NSTN) connects nearly all of the state's hospitals and public health departments. The major functions of the Network are to improve quality and access to care, particularly in rural Nebraska; to provide patient, provider and community education; and to provide another communication source in the event of a natural, man-made or terrorist emergency. The Nebraska Statewide Telehealth Network is governed by the NSTN Governing Board.

The network is a collaborative effort of many entities including:

- Nebraska Hospital Association
- Nebraska hospitals
- Nebraska Public Health Departments
- University of Nebraska Medical Center
- Universal Service Administrative Company
- University of Nebraska System
- Nebraska Information Network
- Nebraska telecommunications companies
- Central Nebraska Area Health Education Center
- Northern Nebraska Area Health Education Center
- Nebraska Panhandle Area Health Education Center
- Nebraska Medical Association
- Nebraska State Government
    - Lieutenant Governor's Office
    - Nebraska Public Service Commission
    - Nebraska Health and Human Services System
    - Bioterrorism Preparedness and Response Section
    - Office of Rural Health
    - Nebraska Information Technology Commission

- Nebraska Office of the Chief Information Officer
- Nebraska Educational Telecommunications Commission

**Western Nebraska Health Information Exchange.** Partners in Western Nebraska have completed a plan and are beginning to implement a regional health information exchange. Partial funding has been provided through a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ), an AHRQ implementation grant, and a Rural Network Development grant from the U.S. Department of Health and Human Services Health Resources and Service Adminstration. Partners in the project received a three-year grant from the FCC Rural Health Care Pilot Program for $19,256,942 to upgrade a patchwork of T-1 lines with an advanced fiber network connecting with National LambdaRail.

**Nebraska Health Information Initiative (NeHII).** The Nebraska Health Information Initiative (NeHII) is a collaboration of Nebraska health care organizations, hospitals, physicians, and Blue Cross and Blue Shield of Nebraska. The vision of NeHII is to be a leader in the secure exchange of health information enabling a healthier Nebraska. NeHII initially plans to pilot a clinical messaging service.

**Southeast Nebraska Behavioral Health Information Network (SNBHIN).** A $200,000 one-year planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004 enabled Region V Behavioral Health Care Providers to develop a plan to develop a health information technology infrastructure that will result in standards-based data sharing and lead to measurable and sustainable improvements in patient safety and quality of care in the region. Since the completion of the planning grant, SNBHIN partners have continued to meet and are making progress toward establishing a regional health information organization (RHIO).

**Thayer County (Hebron) Health Information Exchange.** This regional health information organization (RHIO) was supported by the Nebraska Office of Rural Health through a grant for the *Accelerating Performance Improvement through Enhanced Connectivity* project. The RHIO will focus on developing and implementing a sustainable interoperable system which will improve the flow of clinical information along the continuum of care in order to provide a seamless process of health care delivery for patients and providers.

## Benefits

Benefits of eHealth include:

- **Reducing medication errors.** More than 2 million adverse drug events could be prevented through e-prescribing, saving 4.5 billion annually and 190,000 hospitalizations per year.
- **Reducing health care waste.** Health IT adoption is estimated to save an average of 42 billion annually during a 15-year adoption period.

- **Facilitating medical research.** Health IT can facilitate research on the effectiveness of new therapies and can accelerate the diffusion of health care knowledge.
- **Reducing variability in healthcare delivery and access.** Disparities exist in access to care and quality of care. Telehealth can provide access to specialists in rural areas. Clinical decision support systems can improve quality of care by providing treatment reminders at the point of care. Adults in the U.S. receive only about 55 percent of recommended care for a variety of common conditions. Clinical decision support systems have been shown to increase adherence to recommended care guidelines.
- **Empowering consumer involvement in health management.** Having access to medical histories as well as customized health education and guidance could increase consumer participation in their health maintenance and care.
- **Improving the identification and reporting of disease outbreaks and other public health threats.** One study found that the use of a county-wide electronic system for public health reporting led to a 29% increase in cases of shigellosis identified and a 2.5 day decrease in reporting time.

# Action Plan

## Current Action Items

**1. Work with Lt. Governor Sheehy and other policymakers to develop a process to assess, evaluate and prioritize health IT activities (including statewide initiatives, proposed eHealth projects of the eHealth Council or other state entities, and eHealth components such as e-prescribing) in order to make funding recommendations.** Criteria used to evaluate eHealth activities, will include return on investment (ROI) as well as additional evaluation criteria determined by the eHealth Council with input from policy makers.

**Lead:** eHealth Council

**Participating Entities:** eHealth Council, Lt. Governor Sheehy, interested policymakers, state agencies with health IT projects, and health IT initiatives in the state wishing to participate

**Timeframe:** Ongoing with consideration for the state budget cycle.

**Funding:** To be determined.

**Status:** New

**2. Develop a sustainable action plan to facilitate progress (present and future) in assuring privacy and security protections in the exchange of health information for and by each of our citizens.**

**Lead:** Health Information Security and Privacy Committee (HISPC)

**Participating Entities:** eHealth Council, Nebraska HISPC, the DHHS legal department, the Attorney General's Office, the Office of the CIO, other state agencies that would become involved with PHI, and other stakeholders

**Timeframe:** Recommendations for the issues and model design should be ready by summer, 2008.

**Funding:** Funding or in-kind contributions may be required for implementation.

**Status:** New

**3. Develop a plan and resources to inform citizens, health care providers, and other stakeholders about issues related to health information security and privacy and involve them in policy discussions.**

**Lead:** HISPC Education Work Group

**Participating Entities:** HISPC Education Work Group, eHealth Council, Department of Health and Human Services, health professional associations, DHHS health/licensure/certification board managers, and other stakeholders—possibly including University of Nebraska Extension, AARP, the League of Municipalities, the Nebraska Association of County Governments, and service organizations

**Timeframe:** The eHealth Council should start this dialog immediately and then establish a tight time frame for completion of this work in 2008.

**Funding:** Funding or in-kind contributions may be required for implementation of the educational plan.

**Status:** New

**4. The eHealth Council should ensure that an in-depth short-term study of existing laws and regulations, with guidance from representatives from the health professions, health educators and health organizations, be done in order to identify health information security and privacy and make recommendations.**

**Lead:** HISPC Legal Work Group.

**Participating Entities:** eHealth Council, HISPC Legal Work Group, DHHS legal staff, professions and facility managers, health care associations and citizens.
**Timeframe:** This needs to start immediately and be finished by August, 2008 in order to assist with other deadlines in HIT/grants/legislation/etc.

**Funding:** It will probably be necessary to contract with a law firm or legal expert to address these issues (Est. $50,000).

**Status:** New

**5. Support efforts of the Nebraska Statewide Telehealth Network Governing Board to advocate for ongoing support for line charges for telehealth.**
Activities supporting this action item could include writing letters of support to policy makers as well as sharing information on this issue with policymakers.

**Lead:** eHealth Council

**Participating Entities:** eHealth Council, Nebraska Statewide Telehealth Network Governing Board, NITC, Lt. Governor Sheehy

**Timeframe:** 2008

**Funding:** No new funding is required

**Status:** New

**6. Support efforts of the Nebraska Statewide Telehealth Network Governing Board to advocate for the reduction of barriers to connectivity posed by federal Universal Service Fund rules, regulations, and policies.** Activities supporting this action item could include writing letters of support to policy makers as well as sharing information on this issue with policymakers. The eHealth Council will also explore the development of a position paper no longer than four pages in length which clarifies the issue, identifies barriers, specifies what action needs to be taken, and identifies opportunities that can be leveraged.

**Lead:** eHealth Council

**Participating Entities:** eHealth Council, Nebraska Statewide Telehealth Network Governing Board, NITC, Lt. Governor Sheehy

**Timeframe:** 2008

**Funding:** No new funding is required

**Status:** New

**7. Explore the optimal method for identifying clients in health information exchange.**

**Lead:** eHealth Council, UNMC Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases, College of Public Health

**Participating Entities:** UNMC Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases, College of Public Health; eHealth Council; Department of Health and Human Services; and other interested stakeholders.

**Timeframe:** Complete the exploration of a development project by 12/31/2008.

**Funding:** Exploratory project can be funded using existing resources.
Scope of project should include identification of funding sources for the next stage.

**Status:** New

## Completed Action Items (2007)

1. Facilitate discussions to address interoperability between the Nebraska Statewide Telehealth Network with other state networks.

2. Address operational and technical support issues, including defining the level of support that will be provided by Network Nebraska and CAP.

3. Facilitate the continued testing of the Nebraska Statewide Telehealth Network for homeland security and public health alerts and training.