# eHealth Council

**Sept. 17, 2015**  
**1:30-3:30 p.m.**  
Executive Building, 521 South 14th St., Lincoln, first floor video conferencing room

**Public Participation Sites [NEB. REV. STAT. § 84-1411(6)]:**

**UNMC, Business Service Center (4230 Building), 42nd and Leavenworth, Room 3037 B**  
There is parking on the north side of the building (backside of the building). The north entrance is the only way to enter the building. Once in the parking lot, look for the green, metal awning over the main entrance. Enter the bldg, take the steps (there’s an elevator too) to the 3rd level turn left, walk down the hall to Rm# 3037, (first door on the left). If someone needs assistance, they are welcome to call Brenda Jeter at 402-559-3868

**Great Plains Regional Medical Center, GPWest Physician’s Lounge, North Platte**

## Tentative Agenda

**Meeting Materials**

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<th>Time</th>
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<td>1:30</td>
<td>Roll Call</td>
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<td>Notice of Nebraska Open Meetings Act Posting</td>
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<td><strong>Approval of March 30, 2015 minutes</strong></td>
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<td><strong>Approval of Nov. 13, 2014 minutes</strong></td>
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<td>Public Comment</td>
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<td>1:40</td>
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<td>• My special interests related to e-Health include________</td>
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<td>• Issues and challenges I face related to health IT include________</td>
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<td>2:10</td>
<td>Orientation/Review of Role of eHealth Council, Member Responsibilities</td>
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<td>Approval of New Member</td>
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<td>• Dr. Shawn Murdock</td>
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<td>2:45</td>
<td>Updates</td>
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<td>3:00</td>
<td>Action Items</td>
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<td>• Support Advance Interoperable Health IT Services to Support HIE cooperative agreement</td>
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<td>• Other action item(s)</td>
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Meeting notices were posted on the Public Meeting calendar on Sept. 4, 2015 and NITC websites on Sept. 15, 2015.* Indicates action items. Meeting agenda posted on Sept. 15, 2014.
EHEALTH COUNCIL
Thursday, Nov. 13, 2014, 9:30 a.m. to 12:00 noon CT
Executive Building, Videoconferencing room
521 South 14th Street, Lincoln, Nebraska

Video Sites: [NEB. REV. STAT. § 84-1411(6) - Public Participation]: UNMC, Harold M. and Beverly Maurer Center for Public Health, Room 313; Nemaha County Hospital; Great Plains Regional Medical Center

MINUTES

Members Present
Wende Baker (arrived at 9:40)
Rama Kolli for Susan Courtney
Kevin Borcher
Marty Fattig (at Nemaha County public participation site)
Kevin Conway
Jenifer Roberts-Johnson
Marsha Morien
Taylor Thompson for John Roberts
Max Thacker (at UNMC public participation site)
Delane Wycoff (at UNMC public participation site)


ROLL CALL, NOTICE OF POSTING OF AGENDA, NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING, & REVIEW OF MINUTES

Co-Chair Marsha Morien called the meeting to order. Roll call was taken. Six members and alternates were present in Lincoln at time of roll: Rama Kolli, Kevin Borcher, Kevin Conway, Jenifer Roberts-Johnson, Marsha Morien, and Taylor Thompson. A quorum was not present. Approval of the minutes was tabled.

Marsha Morien noted that the meeting announcement was posted on the NITC and Nebraska Public Meeting websites on Nov. 4. The agenda was posted on Nov. 7. An electronic copy of the Nebraska Public Meeting Act was available.

E-Prescribing Controlled Substances Update—Kevin Borcher

The order of updates was modified because Wende Baker had not yet arrived and work was still underway setting up equipment for the NeHII presentation.

Kevin Borcher provided an update on Nebraska Methodist Health System’s use of e-prescribing controlled substances. Methodist implemented electronic prescribing of controlled substances (EPCS) on June 21, 2014 using the Cerner EHR system. Nebraska Methodist is the first health system to use the
Cerner system and the first health system to implement electronic prescribing of controlled substances in Nebraska. Between June 21 and Nov. 9, over 29,000 prescriptions e-prescriptions were written by 162 providers and sent to 276 pharmacies including over 10,000 electronic prescriptions for controlled substances. The major chains including Walgreens, CVS, Walmart, and Target as well as local/regional chains such as HyVee, Kohll’s and Kubat’s accept e-prescriptions for controlled substances. A number of independent pharmacies are also using software which is certified for e-prescribing controlled substances.

DEA regulations require prescribers to use certified systems which use two-factor authentication. Nebraska Methodist prescribers have used biometrics, fobs, and a soft token on an iPhone.

In the early stages of the pilot, some pharmacies had questions about filling e-prescriptions for controlled substances. Joni Cover has included information in materials sent to members of the Nebraska Pharmacists Association about three times.

Outside of the Omaha area, only a few prescribers are using systems certified for e-prescribing controlled substances. Nebraska Medicine is in the process of implementing e-prescribing controlled substances. Members suggested including information on e-prescribing controlled substances in the Nebraska Hospital Association’s newsletter. Deb Bass suggested including information on e-prescribing controlled substances in the next NeHII webinar in February or March.

NeHII and Direct Update—Lianne Stevens

NeHII now has approximately 4,000 users. With the approval of the IAPD by CMS for 90/10 matching funds to support health information exchange in Nebraska, NeHII is working with several hospitals to schedule their implementations. Interface fees charged by the hospital EHR vendors is a barrier.

NeHII announced a partnership with ICA in July and started planning the implementation of Direct in August 2014. Current Direct participants include Wayne Family Medicine, Colgazier Demmel Medical Clinic, and CHI Health. As of Sept. 25, 2014, 21 hospitals have tested Direct messaging successfully. Change management and impact on workflow is a significant issue. Some providers have commented that CCDs are not always the most useful document to send/receive. One CCD was 100 pages long.

Marty Fattig asked if there were plans to develop a provider directory. NeHII is developing a proposal to create a provider directory. Lianne Stevens is participating on the Mid-States Consortium Provider Directory Work Group. Marty Fattig, Kevin Conway, Anne Byers, and Wende Baker volunteered to participate in a provider directory work group. Anne Byers will work with Jenifer Roberts-Johnson and Ruth Vineyard to see if DHHS would like to have representatives participate.

eBHIN Update—Wende Baker

Wende Baker gave an update on EBHIN. The end of State HIE Cooperative Agreement funding and vendor delays in implementing the HIE led to sustainability issues for eBHIN. As a response, eBHIN
dropped its HIE services and partnered with its data center to reduce administrative costs. Regions can contract with the data center directly. The NextGen EHR includes Direct functionality. Direct is being piloted with People’s Health Center and eBHIN providers.

HRSA initially declined to fund the proposal from Region 3. However, additional funding was found and the Region 3 proposal was funded.

Other Updates

With the election of Pete Ricketts as governor, state agencies are preparing for the transition to the new administration. Anne Byers informed members that state statute specifies that the NITC be chaired by the Governor or the Governor’s designee. Currently, it is unclear who will be appointed to chair the NITC by Governor-elect Ricketts. The Lt. Governor has traditionally been named chair.

Anne Byers also briefly updated members on the state broadband plan. A copy of the executive summary was included in the meeting materials.

Members discussed changes in leadership at ONC. Marty Fattig has continued to communicate with Dr. DeSalvo and has extended an informal invitation for her to visit Nebraska. Members offered to help facilitate a meeting.

Next Steps

Marsha Morien led a discussion about next steps for the eHealth Council. The discussion generated the following points:

Roles. Members discussed the following roles:

- Identify and address issues related to health IT which require the involvement of multiple stakeholders;
- Act as an advocate for health IT;
- Provide information/education on issues related to health IT; and
- Encourage adoption of health IT.

Issues. Members identified the following issues which may be appropriate for the eHealth Council to address:

- **Provider Directory**—With Direct secure messaging now available in Nebraska through NeHII and other HISPs, there is a need for a statewide provider directory. NeHII is developing a proposal to create a provider directory. Because there are multiple HISPs and other potential uses for a statewide provider directory, this an issue which should involve NeHII as well as other stakeholders. Anne Byers, Wende Baker, Kevin Conway, and Marty Fattig volunteered to work with NeHII on a provider directory work group. Anne will also see if representatives of Medicaid and the Division of Public Health would like to be involved.
Prescription Drug Monitoring Program—The Nebraska Medical Association has been providing leadership in bringing stakeholders together to address issues related to the Prescription Drug Monitoring Program. The eHealth Council may be able to support efforts by providing information to the NITC and other stakeholders.

Supporting Provider Adoption of Health IT

Encouraging the Utilization of Health IT to Improve Quality of Care and Patient Outcomes

Supporting Telehealth

Encouraging Consumer Engagement and Consumer Use of Health IT

Supporting Efforts to Leverage Health Information for Quality Reporting, Analytics, and Population Health—The Health Care Database Advisory Group will be releasing recommendations soon.

Recommendations. eHealth Council members agreed that working with NeHII and other interested stakeholders in developing a provider directory was an appropriate role for the eHealth Council.

The eHealth Council could decide to address the other issues at some point in the future.

Members suggested meeting in the spring to further discuss membership and the role of the Council.

Adjournment

The meeting was adjourned at 11:40 a.m.
EHEALTH COUNCIL  
March 30, 2015, 1:30 p.m. CT – 3:30 p.m. CT  
Main Site:  
Nebraska Educational Telecommunications, Lower Level Conference Room, 1800 No. 33rd Street,  
Lincoln  
Video sites:  
UNMC, Business Service Center (4230 Building), 42nd and Leavenworth, Room 3037B  

MINUTES

Members Present  
Wende Baker  
Kevin Borcher  
Joel Dougherty  
Marty Fattig  
Kevin Conway  
Marsha Morien  
Max Thacker  

Members Absent: Susan Courtney, Congressman Jeff Fortenberry, Kimberly Galt, Sharon Medcalf, Jenifer Roberts-Johnson, John Roberts, Delane Wycoff  

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

Ms. Morien called the meeting to order at 1:30 p.m. There were seven voting members present. A quorum was not present. Meeting notices were posted on the Public Meeting website on Feb. 23, 2015 and on the NITC website on March 13, 2014. The meeting agenda posted on March 25, 2015. A copy of the Nebraska Open Meetings Act was available on the wall.

APPROVAL OF NOVEMBER 13, 2014 MINUTES

Approval of the minutes was tabled until a quorum was present.

PUBLIC COMMENT

There were no public comments.

UPDATES

New NITC Chair. Anne Byers reported that Felix Davidson, the Chief Operating Officer for the State of Nebraska, has been appointed chair of the NITC. The NITC met for the first time with Mr. Davidson as chair on Friday, March 27.

NeHII Update. Deb Bass and Lianne Stevens provided an update on NeHII, including the implementation of Direct secure messaging, plans to develop a provider directory, and the migration to a new platform.

Direct messaging is a secure encrypted e-mail service that supports electronic communication between health care providers and patients. Direct is being used to support Stage 2 Meaningful Use objectives related to transitions of care and patient engagement. Current Direct participants include Wayne Family Medicine, Colglazier Demmel Medical Clinic, CHI Health, five long-term care facilities, and Home Nursing with Heart.
NeHII has been exploring options for developing a statewide provider directory for Direct and has contacted Surescripts, Cerner, and ICA to discuss sharing of their provider directories. DirectTrust announced a pilot program to create a directory of Direct e-mail addresses. NeHII is planning a simplistic low cost interim solution.

NeHII is working with Optum to migrate to the HIE 2.0 platform which is an Oracle cloud-based solution providing increased functionalities and flexibility. Migration meetings have begun. The migration is planned to take six months and should be completed by the end of December 2015.

Deb Bass also gave an update on the request for 90/10 federal Medicaid funding. The IAPD was approved by CMS in October 2014 and the contract between NeHII and the Nebraska Department of Health and Human Services was approved by CMS in March 2015. Funding is available to add 35 Critical Access Hospitals, Federally Qualified Health Centers, and 6 remaining major hospitals. The IAPD also offers 12 months of free usage of the VHR to providers. IAPD funding will also be used to fund added functionalities including adding comprehensive clinical data to ADTs, Open Access to allow the exchange of the C-CDA document, and a redesigned Public Health Gateway. NeHII is working with Nemaha County Hospital to pilot the exchange of syndromic surveillance data to the State’s syndromic surveillance system.

**E-Prescribing Controlled Substances**-Kevin Borcher

Kevin Borcher shared some statistics from Surescripts on the status of e-prescribing controlled substance (EPCS) in Nebraska and nationally:

**Prescriber Readiness**
- 452 providers in Nebraska are actively e-prescribing and are now EPCS enabled
- Nebraska ranks 3rd for “prescriber readiness”
- 8.6% of approximately 10,000 prescribers in Nebraska have used EPCS in the last 30 days
  - National average 3.2%
- 14 of 84 counties have at least 1 enabled provider

**Pharmacy Readiness**
- 76% of Nebraska pharmacies are EPCS enabled
  - 72% nation-wide average
- 327 of 431 Nebraska community pharmacies are enabled
- 113 pharmacies within 10 miles of 68114 are EPCS enabled
- 62 of 84 counties have at least 1 enabled pharmacy

**Nebraska Statewide Telehealth Network**-Max Thacker, UNMC

Last year’s annual report for the Nebraska Statewide Telehealth Network was included in the meeting materials. Due to time constraints, Mr. Thacker was only able to provide a brief update. In 2013, 3,271 clinical consultations were delivered via the telehealth network. The majority of the consultations were for mental health services (1,732 consultations). The University of Nebraska Medical Center Network (1,319 consultations) and Good Samaritan Hospital Network (1,152 consultations) reported the most consultations.

**BEHAVIORAL HEALTH CDS AND DIALOG**
Lisa Schafers and Heather Wood

The Nebraska Department of Health and Human Services Division of Behavioral Health has a contract with Magellan Health for managing behavioral health services and collecting data. The contract ends in June 2016. An RFP was released last year and the Department of Health and Human Services has signed a contract with Orion for a behavioral health centralized data system (CDS). Orion is working with
H4 Technology on the project. Chris Henkenius from H4 Technology was present to answer any questions. Ms. Schafers and Ms. Wood shared a diagram of the data flow for the new system. The new system will enable the Division of Behavioral Health, the behavioral health regions, and providers to query and run reports. Providers are excited about the new system.

**PCORNET (Patient Centered Outcome Resource Network)--Dr. James McClay, UNMC**

The Affordable Care Act included funding for Patient-Centered Outcomes Research that is pragmatic and likely to change practice. The Greater Plains Collaborative is a network of 10 leading medical centers in seven states committed to a shared vision of improving healthcare delivery through ongoing learning, adoption of evidence-based practices, and active research dissemination. Partners by state include:

- Kansas, the University of Kansas Medical Center;
- Missouri, Children's Mercy Hospital;
- Iowa, University of Iowa Healthcare;
- Wisconsin, the University of Wisconsin-Madison, the Medical College of Wisconsin, and Marshfield Clinic;
- Minnesota, the University of Minnesota Academic Health Center;
- Nebraska, the University of Nebraska Medical Center;
- and Texas, the University of Texas Health Sciences Center at San Antonio and the University of Texas Southwestern Medical Center.

The Greater Plains Collaborative is applying for a second round of funding. The University of Missouri and University of Indiana have been added as partners in the new proposal.

Phase 1 research centered on 3 patient cohorts: obesity, ALS, and breast cancer. Dr. McClay and NeHII have been discussing the policies and technical solutions needed to enable researchers to access data from NeHII.

**ONC PROPOSAL**

On February 3, the Office of the National Coordinator for Health IT (ONC) announced a funding opportunity to Advance Interoperable Health Information Technology Services to Support Health Information Exchange. A team consisting of Deb Bass (NeHII), Rachel Houseman (NeHII), Lianne Stevens (NeHII), Connie Pratt (NeHII), Marsha Morien (UNMC), Gary Cochran (UNMC), Don Klepser (UNMC), Dr. James McClay (UNMC), Michelle Hood (DHHS), Jenifer Roberts-Johnson (DHHS), and Anne Byers (NITC) is developing a grant proposal for nearly $3 million over two years. The funding opportunity is focused on better integrating health information exchange into the workflow of providers to support care coordination. The application is due April 6, 2015.

The proposal will target Critical Access Hospitals, long-term care facilities, as well as public health and research. The proposal includes three primary activities: 1) increasing adoption by bringing new facilities on board the exchange with a specific focus on critical access hospitals/rural hospitals and long-term care facilities; 2) providing additional value-added functionality for existing participants; and 3) implementing information exchange with neighboring states via the HIE to HIE Gateway. For intra-state exchange, the proposed project will target facilities by in three regions: the Northwest Region centered in Scottsbluff, Nebraska; the East-central Region centered in Fremont, Nebraska; and the East region centered in Omaha.

1) **Increasing adoption.**
   a. New data sharing participants for the HIE - NeHII currently has 26 critical access hospitals (CAHs) participating or preparing to participate in the HIE in Nebraska and Western Iowa. 7 more CAHs in Nebraska, two specialty hospitals, two long-term care hospitals and five long-term care (skilled nursing) facilities will be added.
b. **New data sharing participants via C-CDA exchange** - Facilities can provide data to the exchange by providing C-CDA documents. NeHII will accept, parse, and integrate the information into the exchange. 20 additional CAH facilities, non-participating acute hospitals, and physician provider networks affiliated with these hospitals will be added.

c. **New Direct secure messaging participants** – Facilities that do not have EHR software can still receive C-CDA documents via Direct secure messaging. 50 additional long-term care/skilled nursing facilities in the targeted regions will be added.

2) **Provide existing participants with additional services to increase the use of NeHII.**
   a. Work flow analysis for new and existing participants to incorporate HIE and C-CDA data into daily processes.
   b. Population health data analytics for participants electing to add the Optum One services to their NeHII functionality suite.
   c. Syndromic surveillance functionality for data submission directly to the Nebraska DHHS reporting system.
   d. Provider directory for Direct participants to foster data sharing.
   e. Pain contract information displayed in the NeHII VHR.

3) **Implement HIE-to-HIE Gateway**
   a. Enable interstate information exchange with Kansas, Iowa, South Dakota, Missouri, and Colorado.

Ms. Byers presented a summary of the proposed project to the NITC on March 27 and the NITC approved the submission of an application.

**NEXT STEPS**

Marsha Morien suggested forming a nominating committee to suggest prospective new members. Members agreed that this would be a good idea.

**ADJOURNMENT**

With no further business, the chair adjourned the meeting at 3:36 p.m.
eHealth Council Members

The State of Nebraska

1. TBD, State Senator
2. Sheri Dawson, Division of Behavioral Health

Health Care Providers

3. Marty Fattig, Nemaha County Hospital
4. Dr. Delane Wycoff, Pathology Services, PC,
5. Kevin Borcher, Nebraska Methodist Health System and Nebraska Board of Pharmacy
6. Bridget Young, Visiting Nurse Association
7. Cindy Kadavy, Nebraska Health Care Association
8. Shawn Murdock, MD, Midlands Family Medicine, North Platte (pending approval)

eHealth Initiatives

9. Max Thacker, Nebraska Statewide Telehealth Network and UNMC
10. Kevin Conway, NeHII and Nebraska Hospital Association
11. Anna Turman, Western Nebraska Health Information Exchange and Chadron Community Hospital

Public Health

12. Jenifer Roberts-Johnson, Department of Health and Human Services, Division of Public Health
13. Dave Palm, UNMC
14. Kathy Cook, Lincoln-Lancaster County Public Health Department
15. Marsha Morien, UNMC College of Public Health
16. Joel Dougherty, OneWorld Community Health Centers
Payers and Employers

17. Susan Courtney, Blue Cross Blue Shield
   a. Rama Kolli, Blue Cross Blue Shield (alternate)
18. TBD, Department of Health And Human Services, Division of Medicaid and Long Term Care
19. Joni Booth, Gallup

Consumers

20. Robin Szwanek, AARP
21. June Ryan, Retired

Resource Providers, Experts, and Others

22. Kimberly Galt, Creighton University School of Pharmacy and Health Professions
23. Todd Searls, Wide River
   a. Patti Schnieder, Wide River (alternate
24. Dr. Jim McClay, UNMC

*New nominees are listed in turquoise.
eHealth Council Member Info

Joni Booth

- My education and training include: Bachelor of Business Administration with a Major in Finance and a Masters of Business Administration
- My skills and previous work experience include: Finance & Human Resources at First National Bank of Omaha, Healthcare IT Consulting at NeHII, Adjunct Professor teaching Health Information Technology at Metropolitan Community College and Bellevue University, Organizational Development Consulting at Gallup
- I am currently spending most of my time as Senior Client Development Consultant at Gallup
- I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels):
- My hobbies and/or free time interests include: Spending time with my family, Sports, Fitness
- My special interests related to e-Health include: Ability for a patient to easily access their health records and to have their records easily accessible at ANY facility that they choose
- I would be interested in learning more about: Progress of the Nationwide health information exchange
- Issues and challenges I face related to health IT include: Still face issues in regards to record accessibility when switching physicians especially if going to a different health system

James McClay, MD, MS, FACEP

- I am a physician in Emergency Medicine trained in Medical Informatics
- Prior to joining UNMC in 2001 I was involved in selection, implementation of HIT systems, quality improvement projects and director of informatics for a provider company.
- As faculty at UNMC I founded the Biomedical Informatics Graduate Degree Program, serve as part of the HIT governance, and perform research in clinical informatics
- I also serve on many local committees, and am an HL7 co-chair for the Emergency Care Workgroup.
- I am a strong proponent of health information exchange and increasing the comprehensiveness of patient data.
- Issues and challenges I face related to health IT include sustainability of projects, developing a talented workforce and integration of new technologies.
Kathy Cook

- My education and training include _BS in Nursing, Graduate Certificate Program in Public Health_
- My skills and previous work experience include _36 years working in Lincoln-Lancaster County in developing and managing information systems and informatics tools to support Public Health_
- I am currently spending most of my time (at Lincoln-Lancaster County Health Department as the Division Manager for Information and Fiscal Management.
- I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels) I served for many years on the Public Health Data Standards Consortium Board and on the Executive Committee; I also served on the Informatics Work Group for National Association of City and County Health Officers (12 years)
- My hobbies and/or free time interests include _reading and spending time with my nephew and grandson_
- My special interests related to e-Health include: effective use of technology to support our mission of protecting and promoting the public’s health
- I would be interested in learning more about expansion of health information exchange in Nebraska and developing public health use cases
- Issues and challenges I face related to health IT include resource limitations—time and money, readiness for change and use of new technologies; balancing privacy/security with the need to collaborate to best serve the public.

June Ryan

- My education and training include:  BS University of Nebraska; MPA  the Pennsylvania State University; training in collaboration, management, conflict resolution, health care delivery, mental health, cancer prevention and control, managed care, risk management, utilization review
- My skills and previous work experience include:  project management, hospital administration, program director in state government, other health care management, academic research, collaboration and mentoring
- I am currently spending most of my time in Lincoln as retired person engaged in volunteer activities with AARP, the Nebraska Cancer Coalition and my church.
- I also serve on the Lincoln TRIAD, AARP Nebraska Executive Committee, AARP Advocacy work group, AARP Life Re-Imagined and AARP Fraud Watch Network
- My hobbies and/or free time interests include gardening & flowers, caring for my dog Rags, reading and mentoring others
- My special interests related to e-Health include promoting the use of electronic health records to track and measure health care delivery and outcomes, especially for cancer patients
- I would be interested in learning more about the status of Nebraska EHRs
- Issues and challenges I face related to health IT include my personal challenges in using technology; in my career, I had an IT department that I could call; now, I am on my own to solve IT challenges or learn new applications.
Marsha Morien


My skills and previous work experience include: Hospital Administration, Research Administration and Innovation

I am currently spending most of my time (location______) as (work position / retired position / volunteer activities:

University of Nebraska Medical Center:
- Executive Director, Center for Advanced Surgical Technology
- Instructor, Health Services Research & Administration, College of Public Health
- Export Control Compliance Officer

Nebraska Strategic Research Institute
- Interim Director of Research Compliance

I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels): NeHII Consumer Advisory Council

My hobbies and/or free time interests include: Golf, water aerobics, travel to national parks

My special interests related to e-Health include

I would be interested in learning more about: Meeting Felix Davidson to exchange ideas __

Issues and challenges I face related to health IT include: Building HIE into clinical practice

Shawn Murdock, MD

- My education and training include Medical Degree from University of Nebraska Medical Center - Family Medicine Board Certified
- My skills and previous work experience include inpatient and outpatient medicine in Family Medicine. Have worked at Midlands Family Medicine for 6 years, am currently the Rural Residency site coordinator for the UNMC Family Medicine Rural Residency program
- I am currently spending most of my time in clinic in North Platte as a Family Medicine Physician
- I also serve as "IT Consultant" at Great Plains Health in North Platte
- My hobbies and/or free time interests include golf, camping
- My special interests related to e-Health include improved, more efficient use of EMR and improvement in exchanges of information
- I would be interested in learning more about ???
- Issues and challenges I face related to health IT include costs, decreased efficiency
Robin Szwanek

- My education and training include: Graduated from UNK and received state certification as a Social Worker
- My skills and previous work experience include:
  - Consumer advocate providing financial, employment, and healthcare information to the 50+ population
  - Past director of the Nebraska SHIIP (Senior Health Insurance Information Program) with in-depth knowledge on Medicare
  - Insurance investigator for 7 years in Life/Health insurance for the Nebraska Dept of Insurance
  - Conducted needs assessments for clients applying for General Assistance
- I am currently spending most of my time (Lincoln) as Associate State Director for AARP Nebraska conducting outreach events, educational forums and volunteer oversight
- My hobbies and/or free time interests include: Genealogy
- My special interests related to e-Health include consumer access and their capability to comprehend the internet
- I would be interested in learning more about the Nebraska Information Technology Commission and our work plan

Max Thacker

- My education and training include: Broadcast Engineering and Information Technology. Training in Distance Education and Telemedicine
- My skills and previous work experience include: Engineering, Teaching, Management
- I am currently spending most of my time: Omaha – University of Nebraska Medical Center as Associate Director Information Technology Services
- I also serve on: Nebraska Statewide Telehealth Network – Past Chair of the Governing Board
- My hobbies and/or free time interests include: Church Elder, Reading
- My special interests related to e-Health include: Managing Telehealth Technical Support Services; Managing technical support for campus educational spaces
- I would be interested in learning more about: Collaborating with rural communities to provide healthcare services
- Issues and challenges I face related to health IT include: Rapidly changing technology and new campus construction
Anna Turman

- My education and training include: BFA – Bachelor of Fine Arts, I am (CHCIO) Certified Healthcare Chief Information Officer, CPHIMS – Certified Professional Information Management Systems, CPEHR – Certified Professional Electronic Health Record, CPHIT – Certified Professional Health Information Technology and more.

- My skills and previous work experience include CIO and COO of a small rural CAH, I am also the security officer.

- I am currently spending most of my time at Chadron Community Hospital as COO and CIO.

- I also serve on Nebraska HIMSS (Health Information Management Systems Society), CHCIO certification committee of CHIME (College of Health Information Management Executives), Pioneer Manor Nursing Home.

- My hobbies and/or free time interests include: I don’t have free time, but I am a fanatic of my family and everything they do. This weekend is my twins first football game ever and I am excited.

- My special interests related to e-Health include the state of Nebraska being innovative and engaging in the interest of Healthcare and technology improving access.

- I would be interested in learning more about: Broad Question! I am a sponge I get excited about anything I don’t know and tend to research it. Just today I had to look up what parasites came from ticks…..Question came from my 4 year old, long story.

- Issues and challenges I face related to health IT include: Security.
SHERI DAWSON
Office Phone: 402-471-7856  Cell Phone: 402-580-2810
E-mail: sheridawson@nebraska.gov or bjdawson2@juno.com

Education

B.S. Health Science – Nebraska Wesleyan University, Lincoln, Nebraska 1982
Member of Beta Beta Beta Biology Honorary

R.N. Diploma - Bryan School of Nursing, Lincoln, Nebraska 1982
Graduated with Distinction
Received Mary Portray Owens Leadership Award

Professional Experience

Acting Director
DHHS – Division of Behavioral Health 2015 – Present

Deputy Director/Administrator CBS
DHHS – Division of Behavioral Health 2011-2014

Managed Care and QI Administrator
DHHS - Division of Behavioral Health Lincoln, NE 2008-2011

Program Specialist
DHHS - Division of Behavioral Health Lincoln, NE 2006-2008

Nurse Surveyor/Consultant
DHHS - Regulation & Licensure, Credentialing Division Lincoln, NE 2001-2006

Nurse Manager
Child and Adolescent Mental Health Services
Chairperson of the Child and Adult Advocacy Team BryanLGH West Lincoln, NE 1993-2000

Associate Director of Nursing
Director of Nursing In service and Quality Coordinator Lincoln Regional Center Lincoln, NE 1988-1993

Nurse Instructor, Access Nurse
Willowbrook Psychiatric Hospital Waxahachie, TX 1987-1988

Nursing Coordinator
Dr. William Elkins and Associates
Charlton Methodist Hospital Dallas, TX 1984-1987

Staff Nurse, Charge Nurse
Annie Jeffrey Memorial County Hospital Osceola, NE 1982-1984

Awards Received

DHHS Supervisor of the Year 2011
Employee of the Year - DHHS Regulation and Licensure 2005
One Child, One Time, One Place Award - Lincoln Child Advocacy Center 2003
Bridget A. Young, RN, BSN, MBA
402.639.2525
2109 South 88th Street, Omaha, NE 68124 byoung@thevnacares.org

Work Experience: Visiting Nurse Association, Omaha, Nebraska

Chief Operating Officer: 2013 to present
- Support service line Vice Presidents in program development to drive quality outcomes and improvement efforts
- Facilitate annual budgeting in clinical services departments
- Manage all hands-on operational aspects of the agency including IT and Facilities

Vice President of Operations: 2010 to 2013
- Established, developed and supported an integrated clinical infrastructure for agency operations including licensure, certification, accreditation and quality initiatives.
- Developed agency wide quality program to achieve targeted clinical outcomes and accreditation
- Assisted in the development of reports and data analysis for the service lines.

Vice President of Quality and Accreditation: 2004 to 2010
- Established, develop and support licensure, certification, accreditation and quality initiatives.
- Established a framework for the VNA Quality Program. Assist service lines in setting quality goals and performance measures as well as obtaining and analyzing data for quality studies.
- Lead project management activities for quality improvement
- Provided leadership in clinical and regulatory expertise and staff education.

Vice President of Clinical Services: 1997 - 2004
- Developed and communicated the VNA vision and strategic plan
- Defined the overall vision and focus for clinical services division within the Agency vision and goals.
- Oversaw budget preparation and fiscal management for a variety of clinical services departments.
- Assured compliance with applicable federal, state and local laws and regulations, standards of accreditation, and Agency policy.

Director of Clinical Services: 1992 - 1997
- Directed day to day home health care clinical services
- Created and maintained focus on client-centered care, excellence in clinical practice, innovative programs and cost effective care.
- Facilitated a team effort toward realization of agency goals and mission.

- Managed two groups of clinical nursing staff serving 400 clients.
- Provided leadership, guidance and consultation to staff regarding client assessment, intervention and evaluation of effectiveness and outcome of care.
- Contributed to development and maintenance of home health care policies and procedures.
- Participated in coordination of educational programs for local university nursing students.

Public Health Nurse: 1975 - 1982
- Provided direct nursing services in the areas of maternal/child health, school programs, child health clinics, adult health maintenance centers and home health care.

Education/Workshops/Seminars:
- University of Nebraska at Omaha, Executive MBA, 1995
- Creighton University, Bachelor of Science in Nursing, 1975
- HealthWyse Executive Summit, 2013. Presentation: Care Transitions Pilot
- Visiting Nurse Associations of America, 2013 Annual Conference. Presentation: Care Transitions

Professional Organizations and Honors:
- Creighton University College of Nursing Alumni Advisory Board, 2013 - present
- Visiting Nurse Associations of America, Administrative Manager of the Year, 2006
- INFLUENCE XVI participant. Leadership development program sponsored by ICAN (Institute for Career Advancement Needs). Omaha, Nebraska 1997
- Sigma Theta Tau International, Iota Tau Chapter, induction 1988
- Mary Longmaid Offutt Award, Visiting Nurse Association of Omaha, 1987.
ANNA TURMAN, CIO, COO

CHCIO, CPHIMS, FHIMSS, CPEHR, CPHIT

Anna Turman is a strategic business partner providing information systems vision, process efficiencies, and daily management as the Chief Operating Officer and Chief Information Officer for Chadron Community Hospital and Health Services. Chadron Community Hospital and Health Services is a 25-bed Critical Access Hospital in Chadron, Nebraska that also provides community services agencies of four communities in three counties of rural Nebraska, two physician-owned clinics, and a Provider Based Rural Health Clinic. Ms. Turman chairs the IT Leadership Team of Rural Nebraska Healthcare Network, which encompasses eight rural hospitals in 11 counties including Chadron Community Hospital, and is currently past president of Nebraska HiMSS Chapter. She is well-versed in the technology and collaboration challenges of similar rural health care organizations. Broadening her healthcare scope and knowledge she is on the Board of Directors of Pioneer Manor Nursing Home. Ms. Turman has faced many of the challenges typically encountered by small rural health care organizations. She has led her organization from a low technology beginning to the current high-tech status, leading the Hospital Technology Team to a full-blown electronic health record in a matter of six short months.

With a bachelor’s degree in Fine Arts from Colorado State University, she has found the healthcare industry to be a great place to harness and express her adaptive, creative, innovative spirit, empowering her community, patients, providers, and staff. Ms. Turman has been awarded the CHCIO (Certified Healthcare Chief Information Officer) credential by CHIME in 2011 and FHIMSS Fellow Health Information Management Systems Society) in 2015. She has also earned CPHIMS (certified Professional Health Information Management Systems) certification as well as the Certified Professional in Electronic Health Records (CPEHR) and Certified Professional in Health Information Technology (CPHIT) credentials. She is currently enrolled in the Masters of Health Administration Program at Bellevue University. In her spare time she is married to her husband Ryan of 14 years and raising a set of twin 8 year olds Reese and Peyton, and a three year old Bryce.
Kathleen Cook

Education

University of North Carolina at Chapel Hill, Management Academy for Public Health (Gillings School of Global Public Health and Kenan-Flagler Business School) 2010-2011

Certificate of Achievement

University of Washington School of Public Health and Community Medicine, Seattle WA. September 1999

Graduate Certificate in Public Health

University of Nebraska Medical Center College of Nursing-Lincoln, Lincoln NE. May 1980

Bachelor of Science in Nursing

University of Nebraska Medical Center College of Nursing-Lincoln, Lincoln NE. May 1978

Associate Degree in Nursing

Professional experience

Lincoln-Lancaster County Health Department, Lincoln NE

Information and Fiscal Manager (February 2003 - present)

• Manager of Information and Fiscal Management Division: develop, coordinate and administer departmental fiscal services, budget, facilities, information technology and general business activities

Program Manager (September 1987 – February 2003 )

• Manager of fiscal and computer resource programs: develop, coordinate and administer departmental fiscal services, budget, facilities, information technology and general business activities

Lincoln-Lancaster County Health Department and Lincoln Area Agency on Aging, Lincoln NE

System Facilitator (February 1986 – August 1987)

• Coordinated and facilitated information and systems level planning, training and development that affected shared service delivery responsibilities of two agencies.

Lincoln Medical Education Foundation, Lincoln NE

Project Facilitator (July 1982 – January 1986)

• Robert Woods Johnson funded project to develop community-wide systems for sharing information and coordination services for frail elderly


Robert Woods Johnson funded project to provide case coordination services to frail elderly clients.
Additional professional activities

National Association of City and County Health Officers (NACCHO) Information Technology Committee member (February 2001 to July 2004); Public Health Informatics Advisory Workgroup (June 2005 to July 2009 and August 2010 to July 2014). Total of 12 years

Public Health Data Standards Consortium member (NACCHO representative) (April 2001 to July 2004; January 2006 to June 2014); [Member of the Board of Directors and Vice President for State and Local Agencies.]

National Association of Public Health Information Technology Executive Committee member at large (May 2004 to May 2007), Treasurer (May 2005-2006)

Recipient of two National Association of County and City Health Officers Model Practice designations:
  - Public Health Informatics Sustainable and Strategic (2011)

Public Health Accreditation Board Informatics Think Tank participant (July 2012)

Requirements Laboratory: Public Health Information Model Prioritization Meeting Participant, sponsored by Public Health Informatics Institute (September 2012)

Expert Panel Electronic Health Records for Public Health Agencies sponsored by Public Health Informatics Institute (April 2011)

NACCHO Public Health Informatics Business Processes Meeting Participant (December 2010); assisted NACCHO staff to organize the meeting

External Reviewer for "Competencies for Public Health Informaticians 2009" published December 2009;

Expert reviewer of "Knowledge Management for Public Health Professionals", January 2005 publication of the Association of State and Territorial Officers (ASTHO).


Expert responder for the American Medical Informatics Association Spring Congress on Public Health Informatics (Spring 2001) and the Centers for Disease Control's 2002 National Electronic Disease Surveillance System Stakeholder Meeting.

HIPAA Privacy Officer City of Lincoln departments and agencies.

Team Leader for Management Academy Business Plan: Worksite Wellness for Small Businesses

Designed, implemented and completed "Public Health Clinic Review" for the Health Department clinics—Report published to the Lincoln-Lancaster County Board of Health March 2007;

Coordinated community planning and compiled: Health People 2010 Health Objectives for the Year 2010 for Lincoln & Lancaster County Nebraska (January 2000) and Healthy People 2010 Mental Health Addendum (December 2002)
Published articles:

Presentations / Webinars/ Training Developed and Provided
- July 12, 2012: 2012 NACCHO Annual Conference, Poster Session: “Presenting Information People Understand and Use”.
- April 17, 2012: NACCHO Sponsored Webinar “Selecting the Right Vendors for your Health IT Projects”.
- June 29, 2011: NACCHO Sponsored Webinar “Use of Electronic Medical Record by a Local Health Department”.
- August 13, 2010: NALBOH Annual Conference, Poster Session: “Role of Local Public Health in the National Health Information Technology Initiatives”.
- November 12-13, 2009, PHDSC Annual Business Meeting, “Readiness of Public Health to Support Meaningful Use” (panel moderator) and “Local Health Department Perspective: Electronic Medical Record Software and Health Information Exchanges” (presenter).
- August 25, 2008: CDC’s 2008 PHIN Conference. “Other Practical Applications of Health Information Technology and Informatics in a Local Health Department”.
- June 12, 2007: Johns Hopkins Bloomberg School of Public Health: Department of Health Policy and Management 2007 Summer Institute. “Local Health Departments in a Nationwide Health Information Network”.
- September 9, 2005: The Second Health Information Technology Summit, Perspectives of Health Information Technology: City/County Health Department Perspective”.
- July 16, 2004: NACCHO Annual Conference, “Building the Bridge from Data to Knowledge”.
- May 26, 2004: CDC’s 2004 PHIN Conference. “PHIN and the Business of Local Public Health” and “Building the Bridge from Data to Knowledge”.
Joni Booth

Senior Client Development Consultant

Joni Booth is a Senior Client Development Consultant at Gallup. As a trusted advisor to Gallup clients, she supports them in building top- and bottom-line growth through improved leadership development, customer and employee engagement, employee wellbeing and brand promotion. Joni applies the principles of behavioral economics and her expertise in managing client projects to develop strategic solutions and deliver executive consulting that increases organizational performance. She works with clients in the agricultural, financial services, healthcare, and manufacturing sectors.

Prior to joining Gallup, Joni worked as a healthcare consultant for the Nebraska Health Information Initiative (NeHII) specializing in health information exchange implementation, creating value statements for NeHII use in healthcare systems, and marketing NeHII throughout Nebraska and Iowa. Joni has also taught business and health information technology courses for colleges in the Omaha metropolitan area.

Joni received her bachelor's degree in finance from the University of Iowa and her master's in business administration from the University of Nebraska Omaha.
NAME
June E Ryan

POSITION TITLE
Patient Advocate, Community Member

eRA COMMONS USER NAME
June E Ryan

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>University of Nebraska Lincoln, NE</td>
<td>B.S.</td>
<td>1962-1966</td>
<td>Dietetics and Nutrition</td>
</tr>
<tr>
<td>Great Plains Public Health Leadership Institute</td>
<td></td>
<td>2008-2009</td>
<td>Public Health</td>
</tr>
<tr>
<td>Policy Academy, UNMC COPH Omaha, NE</td>
<td></td>
<td>2011-12</td>
<td>Public Health Policy</td>
</tr>
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NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions below.

A. Personal Statement
I am a retired community member who currently works with NC2 as an independent contractor because of my interest in improving cancer care for patients. My primary role on the project will be as a patient advocate. I am well suited for this role because I am a former caregiver and widow of two spouses, one who died of lung cancer and one who had progressive dementia and Parkinson’s Disease. In the caregiver role, I interacted frequently with other caregivers and organizations supporting caregivers. I will represent the caregiver interests of the community.

From 2002 to 2012, I developed the Nebraska Comprehensive Control Program within the Nebraska Department of Health and Human Services and built a statewide partnership comprised of over 350 individuals representing some 150 groups and organizations. Under my leadership, Nebraska wrote its first Comprehensive Cancer Control Plan, began implementation of the Plan and completed one Plan revision. Further, our partnership established itself as a 501 c 3 entity with a Board of Directors, legal counsel and professional support. In collaboration with the American Cancer Society and the Nebraska Chair, Commission on Cancer Physician Liaison Program, I participated in networking all of the Nebraska cancer centers; this network was the first of its kind in the nation. Some pertinent cancer center network results include: (1) Written agreements by 100% of the centers to ensure that all persons testing positive for colorectal cancer through a state-run screening program would receive treatment and follow up care; (2) 100% of the cancer centers participation in a clinical trials collaboration to achieve increased access to cancer clinical trials as well as accreditation compliance; and (3) all of the cancer centers participating in educational webinars to meet new Commission on Cancer patient centered accreditation requirements. I have established relationships with numerous clinical staff at Nebraska’s cancer centers which will be called on for successful completion of this
# B. Positions and Honors

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
<th>Dates</th>
</tr>
</thead>
</table>
| **Independent Consultant**<br>Lincoln, Nebraska | Managing projects for the Nebraska Cancer Coalition and/or the Nebraska Comprehensive Cancer Control Program  
- Susan G. Komen for the Cure grant to provide breast cancer screening services for uninsured and high risk patients in Lancaster County, NE. Responsibilities include working with community providers to enroll clients and arrange for screening and follow up services. Also, convening and facilitating statewide coalition for 11 organizations screening and serving low income, un-insured, underinsured and high risk women for breast cancer.  
- Policy, Systems and Environmental Change Lead. Responsibilities include forming and facilitating work groups to address a variety of cancer prevention and control policy, systems and environmental priorities related to tobacco control, Affordable Health Care Act implementation, cancer survivorship, palliative care, survivorship, tanning beds, cancer clinical trials, childhood obesity and screening. | May 2012-Sept 2013 <br>May 2012-Present |
| **Manager, NE Comprehensive Cancer Control Program**<br>Nebraska Dept. of Health & Human Services<br>Lincoln, NE | Managed and directed the statewide, CDC funded Comprehensive Cancer Control Program aimed at reducing cancer incidence/mortality; maintained relationships with CDC and partners to facilitate implementation of the Nebraska Cancer Plan; hired and supervised two staff and mentored students. Developed/managed contracts for evaluators, consultants, others. | 2002-2012 |
| **Vice President for Government Relations**<br>Best Health Care Management Company, Inc.<br>Philadelphia PA | Interim executive director of Community Voices of El Paso, a W.K. Kellogg Foundation funded project; provided technical assistance and consultation during start up. Participated in Medicaid managed care proposal development in PA, MA, TX and LA; negotiated Medicaid contracts and obtained state license in PA and TX; functioned as government liaison for managed care plans in PA and TX. Managed behavioral health contract for 25,000 members. | 1993-2001 |
| **Adjunct Researcher**<br>University of Pennsylvania<br>Dept. of Psychiatry<br>Philadelphia, PA | Developed and tested national curriculum for rural elderly mental health services; evaluated statewide Ombudsman Program for PA Aging Department; developed plan for residential drug and alcohol treatment program and proposed quality assurance indicators for child and adolescent mental health treatment programs. | 1992-1999 |
| **Administrator/Chief Operating Officer**<br>The Horsham Clinic, Ambler, PA | Directed operations of a 138 bed psychiatric/substance abuse hospital; designed and implemented day treatment and outpatient programs and implemented 24-hour crisis intervention program; led hospital activities that resulted in three-year JCAHO accreditation. Increased admissions by 75% over three years. | 1988-1993 |
| **Various Positions including Director for Standards and Quality Assurance**<br>PA Dept. of | Managed statewide licensure of 400 community mental health programs; drafted licensure regulations for state prison mental health units. Developed continuity of care policy/procedures for 43 county programs; reviewed all psychiatric Certificate of Need applications. | 1981-1987 |
| Public Welfare                                    | Developed and directed systematic statewide Medicare certification program for 32 private and state-owned psychiatric hospitals; contracted with National Institute of Mental Health and managed contracts with psychiatrists, nurses and social workers. Conducted Medicare surveys and reported to state and federal agencies; developed successful proposal to increased licensing staff from nine individual nurse surveyors to 43 interdisciplinary team surveyors in four regions across Pennsylvania. | 1970-1981 |
| Harrisburg, PA                                   |                                                                                                                                  |            |
| Various Positions including Associate Director, Division of Hospitals PA Department of Health Harrisburg, PA |                                                                                                                                  |            |
| Chief Dietitian Holy Spirit Hospital Camp Hill, PA | Supervised diet technicians, taught nutrition and counseled patients; promoted to chief dietitian for 132 bed general hospital in metro-Harrisburg, PA area | 1967-1970 |
| Food Service Consultant PA Dept. of Public Welfare Harrisburg, PA | Provided consultation and technical assistance to state owned health/social welfare facilities; educated dietitians and food service personnel. | 1966-1967 |

**HONORS**

- Received first place for a poster presentation at the Public Health Association of Nebraska annual meeting. The poster featured building bridges (relationships) to facilitate research of lung cancer patient preferences for treatment. October 2014
- Selected as one of the first six mentors to implement a National Cancer Institute Research to Reality project. 2011-2013
- Selected to participate in UNMC College of Public Health’s first Health Policy Academy 2011-2012
- Selected as a Great Plains Public Health Leadership Institute mentor 2009-2013
- Recognized by the Nebraska Cancer Coalition as an outstanding partner 2003

**C. Selected peer-reviewed publications**

None

**D. Research Support**

List both ongoing and completed research projects for the past three years (Federal or non-Federally supported). Begin with the projects that are most relevant to the research proposed in the application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

| UNMC CoPH and Northern Plains Epidemiology Center Omaha, NE and Rapid City, SD | Served on data management advisory committee for five year Office of Minority Health Native American Data Project | 2007-2012 |
| UNMC CoPH Epidemiology Center Omaha, NE | Co-Investigator on Patient Centered Preferences for Late Stage Lung Cancer Treatment funded by PCORI; conducted 4 | 2013-2015 |
**Other Comments:**
I am active in community organizations including AARP, the Lincoln Community Foundation and the Oshner Life Long Learning Institute where I take classes as well as volunteer at OLLI events. I am also very active in my church and in January will become chair of the Board of Christian Outreach. I have participated in two mission trips to Pine Ridge Reservation as well as volunteer at Lincoln’s Clinic with a Heart that provides free health services to uninsured persons and Matt Talbot free meals and services program.

I am currently an independent contractor with the Nebraska Comprehensive Cancer Control Program, Department of Health and Human Services responsible for policy, systems and environmental change to impact cancer incidence and mortality. For the 2013-2014 Nebraska Congressional Session, I am working in collaboration with others on policy change related to tobacco tax, insurance coverage for participation in cancer clinical trials, teen’s use of tanning beds, obesity/physical activity in children and adolescents and implementation of the Affordable Health Care Act. I continue to be on the NC2 Board of Directors and have excellent working relations with over 350 NC2 partners and others in their organizations. My ten-year relationship with administrative, medical and other clinical staff at Nebraska’s 12 cancer centers will be a valuable resource for this study should our application be selected.
Todd Searls, Executive Director, Wide River LLC

Mr. Searls currently serves as the Executive Director of Wide River LLC, a Healthcare IT consulting firm, delivering strategic and clinical consulting services to clients nationwide. Previous to this, he served as the Director of Nebraska’s Regional Extension Center (REC) program and has lead numerous HIT and strategic initiatives in independent physician practice, as well as large, multi-facility healthcare systems. In these roles he has personally assisted hundreds of physicians in over 25 specialties to research, purchase, implement and optimize their HIT solutions. Mr. Searls is frequently asked to speak and comment on Healthcare IT issues nationally, especially those which impact rural and medically under-served communities.
CURRICULUM VITAE

NAME: James C McClay, M.D., M.S., FACEP

CAMPUS ADDRESS: Emergency Department  
University of Nebraska Medical Center  
981150 Nebraska Medical Center  
Omaha, NE 68198-1150  
(402) 559-3587  Office  
JMCCLAY@UNMC.EDU

EDUCATION:  
June 1979  B.S. Biophysics with Honors, University of Michigan, Ann Arbor, Michigan  
June 1984  M.D. Wayne State University, Detroit Michigan  
January 1987  M.S. Bioengineering, University of Michigan, Ann Arbor, Michigan

POST-DEGREE TRAINING:  
7/84 to 6/86  Resident in General Surgery, St. John Hospital, Detroit Michigan  
1/87 to 4/89  Precandidate for PhD in Bioengineering, University of Michigan, Ann Arbor, Michigan  
8/90 to 6/93  Research Fellow in Medical Informatics, Decision Systems Group, Harvard Medical School, Boston, Mass.  
1/02 to 4/03  Educational Scholars Program, University of Nebraska Medical Center, Omaha, Nebraska  
5/06 to 5/07  Faculty Administrative Colloquium, University of Nebraska Medical Center, Omaha, Nebraska  
4/12 to 4/13  UNMC Physician Leadership Academy, Omaha, Nebraska

ACADEMIC APPOINTMENTS:  
07/09 to Current  Associate Professor, Department of Emergency Medicine, University of Nebraska Medical Center  
07/09 to Current  Associate Professor (Courtesey), Department of Internal Medicine, University of Nebraska Medical Center  
07/09 to Current  Associate Professor (Courtesey), Information Systems & Quantitative Analysis (ISQA), College of Information Science & Technology, University of Nebraska at Omaha  
11/05 to Current  Graduate Faculty, University of Nebraska  
05/08 to 06/09  Assistant Professor (Courtesey), Department of Internal Medicine, University of Nebraska Medical Center  
1/07 to 06/09  Assistant Professor, Department of Emergency Medicine, University of Nebraska Medical Center  
1/06 to 06/09  Assistant Professor (Courtesey), Information Systems & Quantitative Analysis (ISQA), College of Information Science & Technology, University of Nebraska at Omaha  
4/01 to 12/06  Assistant Professor, Section of Emergency Medicine, Department of Surgery, University of Nebraska Medical Center

HONORS AND AWARDS:  
March 2012  Outstanding Professional Achievement, College of Medicine, University of Nebraska  
October 2011  Certificate of Appreciation for Leadership, American College of Emergency Physicians  
2011  WideRiver TEC EHR Curriculum Development Award  
September 28, 2010  American College of Emergency Physicians Lifetime Achievement award in Medical Informatics  
2009  UneMed New Invention Award “Emergency Department Patient Information Kiosk”  
2009  UNMC Special Achievement Award

BOARD CERTIFICATION AND LICENSES:  
2008 to Current  Fellow, American College of Emergency Physicians  
2005 to 2010  Advanced Disaster Life Support (ADLS) Instructor
2005 to 2012  Pediatric Advanced Life Support (PALS) Provider
2001 to 2012  Advanced Trauma Life Support (ATLS) Provider
2001 to Current  Nebraska Medical License # 21666
2000 to Current  Ohio Medical License 35-07-7785-M
1990 to 2005  Massachusetts Medical Registration # 72931 (inactive)
1985 to Current  Michigan Medical License # 1049076
1983 to Current  Advanced Cardiac Life Support (ACLS) Provider

GRANT/CONTRACT SUPPORT:

2015  “Clinical Data Research Network” Nebraska Tobacco Settlement Biomedical Research Development Fund (NTSBRDF), PI; $100,000
2014 to 2015  UNMC PI (30%) for Greater Plains Consortium for Comparative Effectiveness Research (P.I. Russ Waitman, PhD, KUMC $5 million) PCORI CDRN Contract. $950,000
2013  “Introduction to Biomedical Informatics” eLearning award. PI, $3000
2011  “Electronic Health Record Curriculum in Informatics Education.” P.I $3000 curriculum development award
2003 to Current  Site PI for National Emergency Airway Registry. PI: Ron Walls, MD,

OTHER POSITIONS:

1/98 to 12/00  Medical Director and General Partner, Interface Testing Systems, LLC.
7/94 to 7/99  Director of Medical Informatics, Emergency Physicians Medical Group, PC, Ann Arbor, Michigan
8/93 to 7/94  Medical Director of Research and Development, Medical Intelligence, Inc/GMIS, Brookline, Massachusetts
1/91 to 7/94  Emergency Physician, New England Memorial Hospital (later Boston Regional Medical Center), Stoneham, Massachusetts.
10/86 to 3/01  Emergency Physician, St Joseph Mercy Hospital, Ann Arbor, Michigan

CONSULTING POSITIONS:

2014  American College of Emergency Physicians Sections Task Force. Review grant proposals and make funding recommendations to the Board.
11/12 to Current  American Medical Informatics Association Item Writing Committee for Clinical Informatics Certification Practice Exam
5/13 to Current  American College of Emergency Physicians Quality Measures Technical Expert Panel
6/07  Chair, Emergency Department Solutions Track, GE Healthcare PAG-CIO Forum, June 8, 2007; Seattle, WA
10/06  Co-Chair, Information Standards Track: Towards Vocabulary Control for Chief Complaint: A National Symposium, October 18, 2006, Baltimore
10/05 to Current  HL7 Liaison, American College of Emergency Physicians
7/01 to 12/06  Physicians Advisory Committee for IDX Systems Corporation, Seattle, Washington
2/98 to 10/98  Development of the Clinical Performance Manager Workstation a software application to measure and improve
1995 to 1999  e.MD Editorial Board, McGraw-Hill

MEMBERSHIPS/OFFICES IN PROFESSIONAL SOCIETIES:

- Health Information Management Systems Society (HIMSS)
- American College of Emergency Physicians (ACEP)
- Society for Academic Emergency Medicine (SAEM)
- Nebraska Chapter of The American College of Emergency Physicians
- Metro Omaha Medical Society
- American Medical Informatics Association
- Founding member Emergency Department Benchmarking Alliance
- Founding member ACEP Section of Emergency Medical Informatics

INTERNATIONAL
2005 to Current  Co-chair of the Health Level 7 Emergency Care Work Group. Formal responsibility for development of
international interoperability standards for Emergency Care Information.

NATIONAL
2/12 to current  American Medical Informatics Association WorkGroup Committee
2/12 to current  American Medical Informatics Association Education Committee
11/11 to current  Nebraska HIMSS Program Committee
10/08 to 10/11  Chair, Section of Emergency Medical Informatics, American College of Emergency Physicians. This 300
member section provides oversight for emergency medical informatics in the United States.
2007 to 2009  Certification Commission for Healthcare Information Technology (CCHIT) Emergency Department
Workgroup. Developed certification criteria for Emergency Department Information Systems
2005 to 2006  SAEM Grants Committee
2005 to 2006  American Medical Informatics Association Publication Committee
2003 to 2004  Program Committee for SAEM Scientific Conference
1999 to 2000  ACEP Public Relations Committee
1999 to 2000  Chair, Technology sub-committee of the ACEP Public Relations Committee

UNIVERSITY AND HOSPITAL COMMITTEE SERVICE:
2013 to current  Chair, OneChart Physician Advisory Team.
2013 to current  Chair, Biomedical Informatics Graduate Program Committee.
2012 to current  UNMC Graduate Council
2012 to 2013  Enterprise OneChart Physician Advisory Team
2013 to current  Enterprise Research and Education Governance Committee
2011 to 2012  OneChart (EHR) Physician Leadership Team
2011 to Current  OneChart (EHR) Clinical Content Integration Governance
2011 to 2012  Clinical Research and Quality Leadership Team
2010 to 2013  Chair, Biomedical Informatics Task Force
2009 to 2012  Clinical Documentation Integrity Steering Committee
2005 to 2012  Chair, the Nebraska Medical Center Information Standards Committee
2005 to 2009  The Nebraska Medical Center Innovations Committee
2005 to 2012  Clinical Safety Initiatives Implementation Committee
2005 to 2012  Physician Workflow Management Steering Committee
2002 to 2012  Clinical Information Management
2002 to 2005  Chair, Clinical Advisory Committee
2002 to 2005  Chair, Health Informatics Curriculum Committee.
2001 to 2004  IAIMS Grant Task Force.
2001 to 2003  Computerized Decision Support Committee.

COMMUNITY SERVICE:
2013 to 2015  Judge, Midwest Student Biomedical Research Forum
2006 to 2007  Nebraska Health Information Initiative Technical Committee
2005 to 2010  Metro Omaha Medical Society Informatics Committee
2005 to 2010  Millard School District Medical Advisory Committee
2001 to 2006  Omaha Metropolitan Medical Response Steering Committee

BIBLIOGRAPHY:

REFEREED ARTICLES – Published


Tran P, Reed EJM, Hahn F, Lambrecht JE, McClay J, Omojola MF; Incidence, radiographical features, and proposed mechanism for pneumocephalus from intravenous injection of air. WJEM 2010; 11(2); 180-5


Tu SW, Campbell JR, Galsgow J, Nyman NA, McClure R, McClay J, et. al; The SAGE Guideline Model: Achievements and Overview. JAMIA 2007; 14 (5); 589-98


McClay JC, Campbell J. Improved Coding of the Primary Reason for Visit to the Emergency Department Using SNOMED. Proc AMIA Symp 2002:499-503


ABSTRACTS AND PRELIMINARY COMMUNICATIONS


Sullivan J, McClay JC; “Airway Management at a Regional Trauma Center: An Analysis of Resident Experience”, SAEM Great Plains Regional Research Forum, September 10, 2011, St Louis, MO

McClay JC, Nielson JA, Hersh W; “Analysis of the ACEP-AMIA 10x10 Program to Train Emergency Physicians in Medical Informatics”, AMIA 2009 Annual Symposium, San Francisco, CA.


McClay JC, Neilson JS, Hersh W. “The Emergency Informatics Transition Course: A flexible, on-line course in health informatics for Emergency Medicine Clinicians and Trainees” Innovations in Emergency Medical Education, Society of Academic Emergency Medicine, May 16-17, 2009; Chicago, Ill

McClay J. Comparison of Ten-Hour and Twelve-Hour Shifts Demonstrates No Difference in Resident Productivity. Annals of Internal Medicine, 52(4). S151

Grabenbauer L, Fraser-Maginn RS, McClay JC, Windle JR. “A Qualitative Analysis of Academic and Private Physicians’ and Administrators’ Perceptions of Health Information Technology” AMIA 2007 Annual Symposium, Chicago, IL


McClay J, Tran, TP: Epidemiology of Dyspnea in Geriatric Population Presenting to the ED. 12th Annual Midwest Regional SAEM Meeting Sept 13, 2002, Toledo, OH


McClay, JC: Collecting Data That Counts: An Architecture for Building a Focused Data Dictionary Based on Active Clinical Practice Guidelines. AMIA Spring Conference, San Jose: AMIA, 1997


BOOK CHAPTERS


PUBLISHED STANDARDS


Available at HL7 ballot site: http://www.hl7.org/v3ballot/html/welcome/environment/

**JOURNAL REVIEWER**
- 2014 to present: *Applied Clinical Informatics*
- 2005 to present: *Journal of Biomedical Informatics*
- 2002 to present: *Annals of Emergency Medicine*
- 1994 to present: *Journal of American Medical Informatics Association*
- 1993 to present: *Academic Emergency Medicine*

**CONFERENCE REVIEWER**
- 2012: 46th Hawaiian International Conference on System Sciences (HICSS-46)
- 2011-2012: European Medical Informatics Conference
- 2001-2013: American Medical Informatics Association Annual Symposium
- 2001-2013: Society for Academic Emergency Medicine Annual Meeting

**INVITED PRESENTATIONS:**

**NATIONAL**
- 2014: “The HL7 Common Model of Emergency Care Information: Driving innovation through Standardization” ACEP Informatics Grand Rounds, December 9, 2014; Dallas, TX
- 2013: “Defining the Next Generation EDIS: Standards Development at HL7.” ACEP Emergency Informatics Consortium, July 22, 2013; Dallas, TX
- 2013: “Closing the loop on ED Triage Screening.” Epic Advisory Council Meeting, April 26, 2013; Verona, WI
- 2011: “Emergency Medical Informatics: Past Present and Future.” Grand Rounds, Department of Traumatology & Emergency Medicine, Hartford Hospital, April 2; Hartford, CT
- 2010: “The Road to Meaningful Use: Where we’ve been and where we’re going.” American College of Emergency Physicians Scientific Assembly, September 29, 2010; Las Vegas, NV
- 2004: “Clinical Practice Guidelines in Practice” IDX Users Conference, August 2004; Boston, MA
- 2004: “Making Medical Reference Information Available at the Point of Care” IDX Users Conference, August 2004; Boston, MA
Meeting, November 2003, Washington, DC


2002  “Wireless: Which Tools are Best for You?” Session 107 in Healthcare Informatics & e.MD Expo and Conference, April 10-11, 2002 Rosemont, IL


2000  “Introduction to Information Technology in Healthcare” Healthcare Informatics Conference, May 24, 2000 Chicago, IL

REGIONAL

2012  “Re-Architecting the Electronic Health Record from the Ground Up: The HL7 EHR System Functional Model.” Nebraska Health Information Management Systems Society Spring Meeting, May 4, 2012, Omaha, NE

2011  “Making ‘Meaningful Use’ Meaningful to Informatics Students.” EHR Education: Building a Tech-Savvy Workforce, October 12, 2011; Lincoln, NE

2007  “Knowledge Translation for Clinical Decision Support: The SAGE Experience.” 3rd Annual Nebraska Research and Innovation Conference, March 21, 2007; Omaha, NE

2006  “Standardization of Order Sets for Decision Support in CPOE” Metro Omaha Medical Society Informatics Committee, February 7, 2006

2005  Visiting Professor: “SAGE: The Standardized, Sharable, Active Guideline Environment. Research Symposium at The University of Texas School of Health Sciences at Houston, Houston, Texas, July 6, 2005

2004  “The SAGE Project”; 25th CMIT Research Roundtable, Peter Kiewit Institute, September 24, 2004


1996  “Information Analysis in the Emergency Department” in Emergency Department Survival in the Age of Managed Care, Sponsored by The Emergency Department Benchmarking Alliance, April 26, 1996


1995  “Medical Informatics Applications in Practice Guideline Development” University of Michigan Bioengineering Course 890, “Introduction to Research Techniques”, October 18, 1995

LOCAL

2015  “The Greater Plains Collaborative: Developing the National PCORnet Comparative Effectiveness Research Network.” Department of Neurological Sciences Mind and Brain Health Series, UNMC, Omaha, February 4, 2015

2014  “”Big Data” and Clinical Informatics.” UNMC MD/PhD Scholars Program, UNMC, Omaha, November 6, 2014
2014  “Biomedical Informatics at UNMC: Big data yields big insights.” UNMC Center for Clinical and Translational Research Seminar. Omaha, March 17, 2014

2013  “OneChart Electronic Health Record.” UNMC Department of Emergency Medicine Grand Rounds, Omaha, March 21, 2013

2012  “Secondary Use of Clinical Data for Disease Surveillance and Population Health: Translational Informatics at The Nebraska Medical Center”, UNMC College of Public Health, Omaha, April 18, 2012

2012  “Electronic Medical Records at The Nebraska Medical Center.” ISQA 8080-ASeminar in Management Information Systems, University of Nebraska Omaha, Jan 27, 2012


TEACHING ACTIVITIES:

PARTICIPATION IN TEAM-TAUGHT COURSES
2008-2010 Interprofessional Teams and Quality in Healthcare, UNMC
2005 PBL facilitator, UNMC
2005-2010 Knowledge Management in Clinical Information Systems, Clinical Systems Architecture and Function
2003 PBL facilitator, UNMC

COURSES TAUGHT
2013, 2014 BMI 810 Introduction to Biomedical
2012-present BI 970 Translational Informatics Seminar
2010, 2011 SURG850/ISQA8500 Advanced Topics in Clinical Informatics: Clinical Decision Support
2006-2008 Nurs871/ISQA8710: Introduction to Informatics
2006, 2008 SURG850/ISQA8500: Readings in Clinical Informatics

CURRICULUM DEVELOPMENT:
2013 Joint MS/PhD in Biomedical Informatics at University of Nebraska. Resulted in formal joint program and transition to chair.
2011 BI810: Introduction to Biomedical Informatics, course coordinator
2010 Chair BioMedical Informatics Task Force Program Development, University of Nebraska
2005 Master’s Degree curriculum for Medical Sciences Interdepartmental Area Health Informatics Concentration,
GRADUATE STUDENT SUPERVISION
Bret Gardner, Chair, Dissertation Committee & Faculty advisor MD/PhD Candidate


Lisa Grabenbauer, Dissertation Committee, PhD candidate

Valaryia Kettelhut, MD, MPH, Chair, Dissertation Committee, PhD candidate

Ann Skinner. Chair of Masters advisory committee (2014)

TUTORIALS:
“Multi-disciplinary Plan of Care.” American Medical Informatics Association Scientific Meeting. November 2003, Washington DC

RESIDENT RESEARCH PRECEPTOR
Tom Spiegel, MD “The Effect of Barometric Pressure and Temperature Changes on ED Patient Arrivals.” 2008

EMERGENCY MEDICINE RESIDENTS CORE CURRICULUM COURSE

<table>
<thead>
<tr>
<th>Topic</th>
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<tr>
<td>Abdominal Pain</td>
<td>6/06</td>
</tr>
<tr>
<td>Abdominal Trauma</td>
<td>10/05, 5/07</td>
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<tr>
<td>Acute Coronary Syndromes</td>
<td>10/04, 2/06, 7/07, 5/08, 7/10</td>
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<tr>
<td>Acute Myocardial Infarction</td>
<td>5/05, 2/06, 7/07, 7/08</td>
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<td>Cost Effective Use of Radiology</td>
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<td>Cystitis/Pyelonephritis</td>
<td>11/04, 8/05, 9/08</td>
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<tr>
<td>Elbow and Wrist Injuries</td>
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<td>Electrolytes I &amp; II</td>
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<td>Emergency Medical Informatics</td>
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<tr>
<td>Weak &amp; Dizzy</td>
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</table>

Revised 2/13/2015
eHealth Council Overview

Sept. 17, 2015
• The NITC is a nine-member, governor-appointed commission. The Commission promotes the use of information technology in education, health care, economic development and all levels of government service.
NITC Mission Statement

PROMOTING THE USE OF INFORMATION TECHNOLOGY IN EDUCATION, HEALTH CARE, ECONOMIC DEVELOPMENT & ALL LEVELS OF GOVERNMENT
NITC Commissioners

- Felix Davidson, COO, State of Nebraska, Chair
- Sen. Curt Friesen
- Dr. Terry Haack, Bennington Public Schools
- Donna Hammack, Saint Elizabeth Foundation
- Dorest Harvey, USSTRATCom/AFLCMC-HBCC
- Randy Meininger, Mayor, Scottsbluff
- Brad Moline, Allo Communications
- Dan Shundoff, Intellicom
- Gary Warren, Hamilton Telecommunications
- Walter Weir, University of Nebraska
eHealth Council Mission

• 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.
Council Responsibilities

• Assist the Commission in developing, reviewing and updating the statewide technology plan.
• Review the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;
• Address potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;
Council Responsibilities

• Evaluate the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;

• Identify private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;

• Support and promote the use of telehealth as a vehicle to improve healthcare access to Nebraskans;

• Recommend best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology
Representation

• The State of Nebraska
• Health care providers
• eHealth initiatives
• Public health
• Third party payers and employers
• Consumers
• Resource providers, experts, and others if deemed appropriate by the NITC
• Length of service: 3 year staggered terms
• Member responsibilities: Maintaining 2-way communication
• You may designate an alternate
• Council members needing reimbursement must submit a signed request to the Office of the CIO-NITC using the official state accounting forms.
Conflict of Interest

A Member with a potential conflict of interest in a matter before the Council or a potential interest in a contract with the Council is subject to the provisions of the Nebraska Political Accountability and Disclosure Act including sections 49-1499.02 and 49-14,102. A Member with a potential conflict of interest or a potential interest in a contract shall contact the Nebraska Accountability and Disclosure Commission and take such action as required by law.
Open Meeting Laws

• **Declaration of Intent:** The formation of public policy is public business and may not be conducted in secret. [Neb. Rev. Stat. 84-1408 to 84-1414]

• Only half of meetings may be conducted via video conferencing.
1. Introduction

The eHealth Council (hereafter referred to as “Council”) of the Nebraska Information Technology Commission (hereafter referred to as “Commission”) is an advisory committee of the Commission composed of representatives from the State of Nebraska and federal government; health care providers; eHealth initiatives; public health; payers and employers; consumers; and resource providers. The Council was originally formed by the Nebraska Information Technology Commission on Feb. 22, 2007 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.

2. Purpose of Charter

The purpose of this Charter is to clarify the role of the Council and its relationship with the Commission.

3. Authority

The Nebraska Information Technology Commission shall: “Establish ad hoc technical advisory groups to study and make recommendations on specific topics, including work groups to establish, coordinate, and prioritize needs for education, local communities, and state agencies[,]” Neb. Rev. Stat. § 86-516(7).

4. Nebraska Information Technology Commission Responsibilities and Mission

4.1 Commission Mission

The mission of the Nebraska Information Technology Commission is to make the State of Nebraska’s investment in information technology infrastructure more accessible and responsive to the needs of its citizens regardless of location while making government, education, health care and other services more efficient and cost effective.


4.2.1 Annually by July 1, adopt policies and procedures used to develop, review, and annually update a statewide technology plan;

4.2.2 Create an information technology clearinghouse to identify and share best practices and new developments, as well as identify existing problems and deficiencies;
4.2.3 Review and adopt policies to provide incentives for investments in information technology infrastructure services;

4.2.4 Determine a broad strategy and objectives for developing and sustaining information technology development in Nebraska, including long-range funding strategies, research and development investment, support and maintenance requirements, and system usage and assessment guidelines;

4.2.5 Adopt guidelines regarding project planning and management, information sharing, and administrative and technical review procedures involving state-owned or state-supported technology and infrastructure. Governmental entities, state agencies, and political subdivisions shall submit projects which directly utilize state-appropriated funds for information technology purposes to the process established by sections 86-512 to 86-524. Governmental entities and political subdivisions may submit other projects involving information technology to the commission for comment, review, and recommendations;

4.2.6 Adopt minimum technical standards, guidelines, and architectures upon recommendation by the technical panel;

4.2.7 Establish ad hoc technical advisory groups to study and make recommendations on specific topics, including work groups to establish, coordinate, and prioritize needs for education, local communities, and state agencies;

4.2.8 By November 15 of each even-numbered year, make recommendations on technology investments to the Governor and the Legislature, including a prioritized list of projects, reviewed by the technical panel, for which new or additional funding is requested;

4.2.9 Approve grants from the Community Technology Fund and Government Technology Collaboration Fund;

4.2.10 Adopt schedules and procedures for reporting needs, priorities, and recommended projects; and

4.2.11 Assist the Chief Information Officer in developing and maintaining Network Nebraska pursuant to section 86-5,100.

5. eHealth Council Mission and Responsibilities

5.1 Council Mission
The mission of the Council is 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.

5.2 Council Responsibilities

5.2.1 Assist the Commission in developing, reviewing and updating the state-wide technology plan.

5.2.2 Review the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;

5.2.3 Address potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;

5.2.4 Evaluate the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;

5.2.5 Identify private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;

5.2.6 Support and promote the use of telehealth as a vehicle to improve healthcare access to Nebraskans;

5.2.7 Recommend best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

6. Membership

6.1 Selection of Members

The Commission may solicit nominations from organizations or individuals with an active interest or involvement in eHealth in forming the initial set of members.

The Commission may also seek out additional qualified candidates. Nominations shall describe the qualifications of the person relative to the goals of the eHealth Council. In choosing members, the eHealth Council and the NITC shall strive for a balance of perspectives on eHealth issues.

6.2 Representation

The following focus areas will be represented within the eHealth Council

6.2.1 The State of Nebraska

6.2.2 Health care providers

6.2.3 eHealth initiatives

6.2.4 Public health
6.2.4 Third party payers and employers

6.2.5 Consumers

6.2.6 Resource providers, experts, and others if deemed appropriate by the NITC

6.3 Number of Members
The number of members shall be no more than 25.

6.4 Vacancies
The eHealth Council may solicit nominations to fill vacant positions and may recommend new members to the NITC for approval. The Commission may also seek out additional qualified candidates.

6.5 Length of Service
One-third of the members shall initially serve 3-year terms. One-third of members will initially serve two-year terms. One-third of members will initially serve one-year terms. Subsequent terms will be three-years.

6.6 Member Responsibilities
Each member is responsible for maintaining two-way communication with their sector constituents concerning issues brought before the Council.

6.7 Designated Alternates and Non-voting Alternates
6.7.1 Each member of the Council may designate one (1) official voting alternate. This official voting alternate shall be registered with the Office of the Chief Information Officer and NITC and, in the absence of the official member, have all the privileges as the official member on items of discussion and voting.

6.7.2 If the official member and his/her official alternate are unable to attend a Council meeting either in person or electronically, then the sub-sector affected may send a non-voting alternate to gather or share information.

7. Meeting Procedures
7.1 Chair(s)
The elected Chair or Co-Chairs will conduct the meetings of the Council, oversee the establishment, operation and dissolution of committees, propose meeting agendas, and maintain the general operations of the Council. The Chair or Co-Chairs of the Council will serve two year staggered terms, expiring on January 1. If co-chairs are selected initially, one co-chair will serve two years, and one will serve three years. Subsequent co-chairs shall serve 2-year terms.

7.2 Quorum
An official quorum consists of 50% of the official members or their voting alter-
nates. No official voting business may be conducted without an official quorum.

7.3 Voting
Issues shall be decided by a majority vote of the voting members present.

7.4 Meeting Frequency
The Council shall meet on an as needed basis. The eHealth Council will meet no more than 8 and no fewer than 2 times per year.

7.5 Notice of Meetings
7.5.1 Notice of the time and place of each meeting of the Council shall be made at least seven (7) calendar days prior to the meeting. Notice shall be published on the Council’s Web site at http://nitc.nebraska.gov/.

7.5.2 The notice shall contain an agenda of subjects known at the time of the publicized notice or a statement that the agenda shall be readily available for public inspection at the Office of the Chief Information Officer, 501 S. 14th Street, 4th Floor, Lincoln, NE, during normal business hours by appointment.

7.6 Subcommittees
7.6.1 Subcommittees will be designated by vote of the Council to address specific topics.

7.6.2 Pursuant to provisions of Neb. Rev. Stat. § 84-1409(1), subcommittees of the Council shall not be required to provide notice of meetings.

7.7 Expense Reimbursement
Section 81-1182.01 states: “Any department, agency, commission, council, committee, or board of the state may pay for the reasonable and necessary expenses for the recruitment, training, utilization, and recognition of volunteers providing services to the state and certain providers of services as established by the Director of Administrative Services.”

7.7.1 According to NAS Policy CONC-005, “Volunteers shall mean those persons providing services to the State who are not being compensated for their time.”

7.7.2 Council members needing reimbursement must submit a signed request to the Office of the CIO-NITC using the official state accounting forms.
Travel reimbursements must be submitted within 60 days after your return on an Expense Reimbursement Form. I have included a sample copy. Receipts are needed for any hotel and meals incurred for an overnight staff. More specific information regarding the Administrative Services Travel Expense Policies is listed below.

**TRAVEL EXPENSE POLICIES**

4. **Lodging** - Employees shall report only actual expenses paid for lodging. Business telephone calls (Reference 10. Long Distance Telephone Calls) and parking charges incurred at the lodging site may be included on the lodging bill. Lodging expenses may either be directly billed to the agency or claimed on an expense reimbursement. If claimed on an expense reimbursement, detailed receipts for lodging are required to be filed with the claim. Lodging may be reimbursed when an employee is "away from home overnight". The Internal Revenue Service states: "You are away from home overnight if your duties require you to be away from the general area of employment for a period substantially longer than an ordinary day's work and, during released time while away, it is reasonable for you to need and to get sleep or rest to meet the demands of your employment or business. The absence must be of such duration that you cannot reasonably leave and return to that location before and after each day's work."

Sales to the State of Nebraska and its agencies are exempt from Nebraska sales, use and lodging tax. Therefore, if in-state lodging expenses are directly billed to the agency, the agency should present a completed copy of Form 13 (Nebraska Resale or Exempt Sale Certificate) to the lodging establishment.

It is State Accounting policy that a person generally be more than 60 miles from his or her workplace in order to be eligible for lodging. We realize there may be reasons to pay for lodging for distances less than 60 miles. Such reasons include, but are not limited to work requirements, medical conditions or weather; in those instances the reason must be clearly stated on the disbursement document.

5. **Substantiation of Expenses** - Under our accountable plan, the Internal Revenue Service requires employees to substantiate the cost for travel, lodging, meals, and other expenses. To be reimbursed, the expense must be a necessary expense, incurred in the line of duty, reason/purpose of the expense must be clearly stated, all start/stop dates and times must be recorded, and the amount of the expense must be substantiated.

Adequate accounting generally requires the use of a documentation record such as an account book, expense diary or log, or similar record near the time of incurrence of the expense. Such log should list the date, amount, place (e.g. city) or description, and purpose for each expense or meal/food cost. A combination of receipts and detailed itemization is permitted. To satisfy the requirement of our accountable plan, the employee should complete the Expense Reimbursement Document correctly (see instructions) or utilize a documentation record to transfer cost information to the expense reimbursement form so reimbursement can be made.

A request for reimbursement (on an approved expense reimbursement document) for the incurred expense must be submitted by the employee to the appropriate agency office (business office, accounting office). To document that this requirement is met, the agency office will need to have an effective method of recording when the expense document was received.

Such request must be made not later than sixty days after the final day on which the expenses were incurred for which reimbursement is sought. This means that if travel occurs June 15-June 18 and again on June 22- June 25, the request for reimbursement may include both trips, but the request for reimbursement for the first travel period must be submitted no later than 60 days after June 18.

If an employee typically requests reimbursement for non-travel expenses and accumulates the receipts for which reimbursement is sought, each expense will have its own 60 day limit for reimbursement. (Travel is defined as being away from head quarter city longer than one day.)
When a receipt does not provide the essential character of the expense, such as rate or period of use, the agency may require a copy of the rental contract or other billing as supporting documentation to substantiate the expense. For instance, vehicle rental receipts with only an amount would require additional documentation. Screen prints or other support of online purchases should be provided, if possible, to document purchases being made via the internet.

6. Meals
   a. Overnight Travel - Pursuant to Section 81-1174, employees traveling on State business shall claim only actual amounts paid for food/meals. Employees should not submit claims based on any per diem amount. (The Federal maximum per diem rates are only a guideline and should NOT be claimed). When requesting or approving food/meal costs, compare the average cost per day for the entire trip with the appropriate daily GSA rate. Exceeding the GSA daily rate by a small amount fits the State definition of reasonableness. Reasonableness in very limited cases may exceed such rates by larger amounts; however, the reasons must be fully documented. No reimbursement may be made for alcoholic beverages. (GSA meal guidelines)

   Agencies are responsible to see that all submitted claims for food/meals are adequately substantiated. Unsubstantiated food/meals should not be reimbursed. Receipts are required unless the cost of the food/meal is under $5.00. Per diem type claims should always be questioned. Reference 5 – Substantiation of Expenses.

   1) Breakfast - When an employee leaves for overnight travel at or before 0630, breakfast may be reimbursed.
   2) Lunch - When an employee leaves for overnight travel at or before 1100 or returns from overnight travel at or after 1400, the noon meal may be reimbursed.
   3) Supper - When an employee leaves for overnight travel at or before 1700 or returns from overnight travel at or after 1900, the evening meal may be reimbursed.

   b. One-Day Travel - At the agency head's discretion, one-day travel meal expenses (breakfast and supper only) may be reimbursed when it is deemed necessary for the working conditions of the employee. Only actual amounts paid for meals may be claimed. No reimbursement may be made for alcoholic beverages.

   NOTE: Meal expenses incurred in the city or town in which the residence or primary work location of such employee is located, are not reimbursable, except as discussed in General Policy, Section 22 and Travel Expense Policy, Section 3.

   The IRS has taken the position that reimbursement for meal expenses incurred on one-day travel is taxable income to the employee unless such reimbursements are deemed "occasional". In order to monitor this provision, all such reimbursements for one-day travel shall be coded to account 571900. When reimbursements for meals for one-day travel exceed $200 per employee in any one year (December 1 through November 30), the entire amount of such reimbursements will be considered taxable income. If reimbursements for an employee are $200 or more for any one year, the agency will enter a payroll one-time override using DBA 1005 for the total amount coded to object code 571900. This should be processed during the calendar year payroll. The reimbursements will be added to the employee's gross wages and payroll taxes will be withheld accordingly. Reimbursement to one employee for two or more employee's expenses will not be allowed for one-day food/meals because of this provision. (Reference Travel Expense Policy 9.)

   1) Breakfast - When an employee leaves for one-day travel at or before 0630 or 1 1/2 hours before the employee's shift begins, whichever is earlier, breakfast may be reimbursed.
   2) Lunch - Noon meals for one-day travel are not reimbursable.
   3) Supper - When an employee returns from one-day travel at or after 1900 or 2 hours after the employee's shift ends, whichever is later, the evening meal may be reimbursed.

   NOTE: The time limitations set forth in this policy do not include the time taken for the meal.

7. Personal Automobiles - An employee will be reimbursed for use of a personal vehicle while on State business (this does not include commuting miles) at the prevailing standard rate as established by the Internal Revenue Service through its Revenue Procedures. As of January 1, 2009 the rate was fifty five cents ($.55) per mile. As of January 1, 2010 the rate is fifty cents ($.50) per mile. This mileage rate is effective for all employees not covered under a collective bargaining agreement, or in which the bargaining agreement does not specify a mileage rate. All contract employees currently use the IRS rate.
However, agencies may, at their determination, require employees to utilize state-owned vehicles (as opposed to personal vehicles) if the use of the state-owned vehicle would be more economical from both an auto rental rate and the time involved in renting the state-owned vehicle. If after such agency determination, an employee still wants to drive their personal vehicle, the agency is not required to reimburse the employee any more than it would have cost the agency to rent the state-owned vehicle.

8. Receipts

a. Detailed receipts are required as support for all expenditures except immaterial items identified by the Director of Administrative Services in section b., below. (However, you are required to substantiate meals and immaterial items, including meals under $5.00, in a log, as described under Reference 5, Substantiation of Expense). The requirement to provide detailed receipts includes, but is not limited to, food/meals lodging, car rental, commercial travel, and registration fees. The requirement is an internal control feature to guard against duplicate payment of claims.

Detailed receipt is defined as a receipt that shows a listing of each item purchased and the related cost. Detailed receipt does not include the receipt copy that only identifies an amount is being charged to the employee’s credit card.

b. Immaterial items, as referenced above, are vending machine food purchases, parking, tolls, intra-city bus fares, business telephone calls (Reference 10, Long Distance Telephone Calls), baggage handling, tips and taxi fares. Tips need not be itemized separately.

c. In the absence of detailed receipts supporting an employee's claim, State Accounting will require a written acknowledgment that after-the-fact documentation will be provided. This documentation may be a copy of:

1) Cancelled check;
2) Charge card slip and signed written explanation; or
3) Subsequently acquired receipt and signed written explanation.
4) If receipts have been lost, or where a receipt was not provided (such as when only one meal receipt is provided per table), the employee should create and present an affidavit.

This policy is for the convenience of the agency and the employee. The absence of after-the-fact documentation may necessitate the discontinuation of this process and the subsequent inability to reimburse employees when receipts are not available.
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF PLACE AND NATURE OF SERVICE</th>
<th>TRAVEL TIMES</th>
<th>MEALS</th>
<th>LODGING</th>
<th>TRANSPORTATION</th>
<th>MISCELLANEOUS</th>
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<td></td>
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<td>-</td>
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<td>(if you leave at or before 6:30. All meals after that are)</td>
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<td>7.25</td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7.25</td>
</tr>
<tr>
<td>reimbursable. Returning day evening dinner is</td>
<td>B</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>reimbursable so long as you return at or after 7 p.m.</td>
<td></td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>passed the end of your work shift. If hotel is being</td>
<td>D</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>direct billed to OCIO include that information. If you</td>
<td>B</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>are paying for the hotel, receipts must be included.</td>
<td>L</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NOTES ON ONE DAY TRAVEL: Breakfast: Must leave at or before 6:30 a.m.</td>
<td></td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>before your shift starts.</td>
<td>L</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lunch: Not reimbursable for one day travel</td>
<td>D</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dinner: Must return at or later than 7 p.m. or 2 hours</td>
<td>B</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>after your shift ends.</td>
<td>L</td>
<td></td>
<td>0.575</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.95</td>
</tr>
<tr>
<td>10/17</td>
<td>Travel to office to consult employees</td>
<td>6 a.m.</td>
<td>B</td>
<td>5.50</td>
<td>0.575 193</td>
<td>110.98</td>
<td>118.48</td>
</tr>
<tr>
<td></td>
<td>(DB: Direct Bill information for hotel stays that the OCIO has arranged direct billing must be included)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(DB: Office Use Only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(DB: 8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>10/18</td>
<td>Travel to office to consult employees</td>
<td>10 a.m.</td>
<td>B</td>
<td>5.50</td>
<td>0.575 55</td>
<td>31.63</td>
<td>31.63</td>
</tr>
<tr>
<td></td>
<td>(DB: 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(DB: 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(DB: 3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(DB: 4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(DB: 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

**TOTALS**: 90.51 - 549.72 3.00 643.23

**Business Unit**: Office Use Only

**Object Code**: 1

**Amount**: 3.00

**NAME and TITLE**: Lori Lopez Urdiales, Office Services Manager II

**ADDRESS**: 12345 Maple Street, Lincoln, NE 68504

**ADDRESS BOOK NUMBER**: 12345

**HEADQUARTER CITY**: Lincoln

**SUPERVISOR or APPROVER SIGNATURE**: [Signature]

**DATE**: [Date]

**STATE**: NE

**ZIP CODE**: 68504

I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source.

**DATE**: [Date]

**AUTHORIZED SIGNATURE**: [Signature]

**DATE**: [Date]
Nebraska Advance Interoperable Health IT Services to Support HIE

Proposed Milestone Metrics

**Project Goal:** To increase the adoption and use of interoperable health IT services to support the exchange of health information within Nebraska and with neighboring states to improve transitions of care and care coordination, to increase overall health care quality, lower health care costs, and improve population health.

**Objective/Milestone 1: Adoption.** Increase adoption by adding new NeHII participants with a specific focus on Critical Access Hospitals and long term care facilities.

<table>
<thead>
<tr>
<th>Period</th>
<th># HL7 Data Sharing Participants (cumulative values)¹</th>
<th># C-CDA Data Sharing Participants (cumulative values)²</th>
<th># Participants Connected w/ Direct Secure Messaging (cumulative values)³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>31</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Year 1</td>
<td>35</td>
<td>4</td>
<td>34</td>
</tr>
<tr>
<td>Year 2</td>
<td>44</td>
<td>10</td>
<td>60</td>
</tr>
</tbody>
</table>

¹ The HL7 data sharing participants are expected to be added include critical access hospitals, long term care facilities (as defined in the Nebraska DHHS long term care facilities roster - [http://dhhs.ne.gov/publichealth/Documents/LTCRoster.pdf](http://dhhs.ne.gov/publichealth/Documents/LTCRoster.pdf)), an acute hospital and two reference labs. There are 227 long-term care facilities and 104 hospitals including 64 Critical Access Hospitals in Nebraska. The baseline listed above includes approximately 62% of Nebraska’s 7,106 licensed hospital beds including nine Critical Access Hospitals. Zero long term care facilities are currently HL7 data sharing participants.

² NeHII will facilitate the connectivity for facilities to be able to send and receive C-CDA documents. These facilities will be mostly ambulatory clinics and long term care facilities. There are 136 rural health clinics, 28 public health clinics, 46 ambulatory surgical centers, 36 hemodialysis facilities, and 227 long term care facilities in Nebraska.

³ Long term care and skilled nursing facilities will comprise the majority of the 50 participants expected to be connected with Direct secure messaging though the grant. There are 227 long-term care facilities in Nebraska.
**Objective/Milestone 2: Exchange.** Increase the exchange of data by providing additional data from surrounding states, new value-added functionality, and appropriate training for new and existing participants with a focus on workflow integration into different clinical electronic health record (EHR) environments.

<table>
<thead>
<tr>
<th>MILESTONE 2 METRICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
</tr>
<tr>
<td>Year 1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Year 2</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Status</strong></th>
<th><strong># of Overall Results Reviewed from Interstate HIE Gateway Connection (cumulative values)[^5]</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>0</td>
</tr>
<tr>
<td>Year 1</td>
<td>1000 (1% of total number of patients queried)</td>
</tr>
<tr>
<td>Year 2</td>
<td>2200 (1.5% of total number of patients queried)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Status</strong></th>
<th><strong># of Providers Receiving ADT Alerts via Mobile Messaging (cumulative values)[^6]</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>0</td>
</tr>
<tr>
<td>Year 1</td>
<td>15</td>
</tr>
<tr>
<td>Year 2</td>
<td>40</td>
</tr>
</tbody>
</table>

[^4]: Query will be defined as “a request to system to retrieve health data for a single patient.”

[^5]: Upon initial connection to other HIE organizations, NeHII will monitor the number of queries to connecting states. Goal values may be adjusted to more accurately reflect need.

[^6]: There are only four organizations currently using the alert notifications available through NeHII subscription services today. However, these are not currently available as mobile messages. Year 1 represents a 275% increase over current usage, and year 2 represents a 900% increase over current usage.
Objective/Milestone 3: Interoperability/Integration. Increase interoperability/integration for hospitals, clinics and other targeted populations, including public health/research, and provide population health analytical tools for providers and payers.

<table>
<thead>
<tr>
<th>Period</th>
<th># of Critical Access Hospitals Connected to the State of Nebraska’s Syndromic Surveillance System through NeHII (cumulative values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1</td>
</tr>
<tr>
<td>Year 1</td>
<td>3</td>
</tr>
<tr>
<td>Year 2</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th># of Facilities Connected to Population Health Analytics Software through NeHII (cumulative values)</th>
<th># of Active Users and Average # of Times Each Active User Logs in per year to access Population Health Reports to Assess Specific Patient Populations through NeHII (verified via user access tracking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Year 1</td>
<td>2</td>
<td>4 active users(^7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An average of 5 logins per year per active user</td>
</tr>
<tr>
<td>Year 2</td>
<td>5</td>
<td>10 active users(^8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An average of 20 logins per year per active user</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period</th>
<th>Develop two demonstration projects which integrate HIE data for comparative effectiveness research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Conduct a data quality analysis including: 1) the number of patients linked from PCORnet to NeHII 2) Identify the percent of patients with additional information not in PCORnet (such as demographics, diagnosis, procedures, etc.). Report the data elements (variables) available for query in NeHII to support research activities</td>
</tr>
<tr>
<td>Year 2</td>
<td>Report the number of patients identified through a PCORnet query to support a specific use case (eg Parkinson’s disease, Type II diabetes, etc.) Report the number of patients identified through a query to support a specific use case (eg Parkinson’s disease, Type II diabetes, etc.)</td>
</tr>
</tbody>
</table>

\(^7\) Values assume implementation is complete and platform is available to users from first two facilities in the first quarter of calendar year 2016. NeHII will monitor the use of the system and goal values may be adjusted to more accurately reflect usage. The Nebraska team will also gather qualitative data to measure how the tool is being used and its perceived value through user surveys and/or focus groups.

\(^8\) Values assume implementation is complete for all five participating facilities and platform is available to users by the end of grant year 1. Numbers include a 4-fold increase in use in year 2 due to availability of system to all participants for entire period of performance.
Proposed Plan to Report on Milestone Measures

**Objective/Milestone 1: Adoption.** Each metric for adoption is a count of connected facilities. The count will be based on the number of facilities that have completed the appropriate adoption sign-off document based on the data sharing method employed and have electronic confirmation of messages received into the HIE production database. The counts for each project will be reported to the ONC quarterly. Adoption sign off documents and evidence of electronic confirmation of message deliver will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC. The documents can also be submitted to ONC if requested. A sample sign off document can be found at the end of this document.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Method of Reporting and Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Hospital or Long Term Care HL7 Data Sharing</td>
<td>Sign off document completed by participating facilities. Electronic confirmation of data delivery.</td>
</tr>
<tr>
<td>Participants</td>
<td></td>
</tr>
<tr>
<td># of C-CDA Data Sharing Participants</td>
<td>Sign off document completed by participating facilities. Electronic confirmation of data delivery.</td>
</tr>
<tr>
<td># of Participants Connected with Direct Secure</td>
<td>Sign off document completed by participating facilities. Electronic confirmation of functional address.</td>
</tr>
<tr>
<td>Messaging</td>
<td></td>
</tr>
</tbody>
</table>

**Objective/Milestone 2: Exchange.** The metrics for the exchange-based projects include both count-based measures and % increase values. All metrics will be reported to the ONC quarterly.

The project to increase utilization and integration of HIE into provider workflow will be measured by the participation in integrated health information technology (HIT) communities and the number of patients queried in the HIE. We will use sign-off documentation from participating facilities in the community to verify completion of the first measure and electronic confirmation of patient queries performed. These integrated community sign off documents and evidence of electronic confirmation will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC and can be submitted to the ONC upon request.

The number of results reviewed for patients via the connections with surrounding state HIEs will be counted via user analytics tools available through the NeHII platform. The values will be recorded monthly and documented on internal NeHII documentation. The records showing the counts will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC.

The measure of alerts received via mobile messaging will be obtained through attestation documentation signed by providers to verify receipt of messages and electronic confirmation of sent messages.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Method of Reporting and Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the average # of patients queried per month for each facility</td>
<td>Sign off document completed by connected community members. Electronic confirmation of patient queries/HIE usage.</td>
</tr>
<tr>
<td># of Overall Results Reviewed from Interstate HIE Gateway Connection</td>
<td>Counts from user analytics tools available through the NeHII platform and recorded on internal documentation</td>
</tr>
<tr>
<td># of Providers Receiving ADT Alerts</td>
<td>Electronic confirmation of messages sent. Sign off document completed by recipients of mobile messages</td>
</tr>
</tbody>
</table>

**Objective/Milestone 3: Interoperability/Integration.** The metrics for the interoperability milestone require a method of measuring the ability of two systems to use the data exchanged. All measures will be reported quarterly to ONC.
NeHII will count the number of hospitals connected to the State of Nebraska Division of Public Health syndromic surveillance system. The Nebraska Division of Public Health will also verify the number of new Critical Access Hospitals connected to the syndromic surveillance system via an e-mail to Anne Byers. These parameters will be reported quarterly to the ONC.

For the population health analytics project, we count the number of facilities connected to analytics database and document via facility sign off records. We will also track the number of active users and the frequency the active users access the system to generate use case-based reports to evaluate the health of the population they serve. The values will be verified electronically, recorded monthly, and documented on internal NeHII documentation using average values for frequency. The records showing the counts will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC. These parameters will be reported quarterly to the ONC.

The measures to evaluate the demonstration projects which integrate HIE data for comparative effectiveness research include the reporting of the number of patients identified in the NeHII HIE for data extract to the PCORnet network and the percentage of those patients that have supplemental data from the HIE. We will also report on the number of data elements available for the development of a comprehensive research data set. Upon receipt of approval documentation of development work, we will demonstrate the availability of the two data sets for comparative effectiveness research by running a query and reporting the number of patients identified.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Method of Reporting and Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td># of New Critical Access Hospitals Connected to the State of Nebraska’s Syndromic Surveillance System through NeHII</td>
<td>Count provided by NeHII and electronically verified by the NDHHS Division of Public Health</td>
</tr>
<tr>
<td>% of Emergency Department Visit Data Reported by Critical Access Hospitals to the State of Nebraska’s Syndromic Surveillance System through NeHII</td>
<td>Electronic verification provided by the NDHHS Division of Public Health</td>
</tr>
<tr>
<td># of Facilities Connected to Population Analytics Software</td>
<td>Sign off document completed by connected facilities. Electronic verification of data/report exports.</td>
</tr>
<tr>
<td># of Times Users Accessed the Platform to Generate Population Health Reports to Assess Specific Patient Populations through NeHII and # of Times Accessed</td>
<td>Counts from user analytics tools available through the NeHII platform and recorded on internal documentation</td>
</tr>
<tr>
<td>Conduct a data quality analysis including: 1) the number of patients linked from PCORnet to NeHII 2) Identify the percent of patients with additional information not in PCORnet (such as demographics, diagnosis, procedures, etc.).</td>
<td>Electronic confirmation of patient matching. Electronic confirmation of patient data supplemental to data already in PCORnet. Sign off document completed by researchers verifying patient identification</td>
</tr>
<tr>
<td>Report the number of data elements available to develop a comprehensive de-identified research data set from NeHII HIE data for comparative effectiveness research</td>
<td>Sign off document completed verifying data element availability</td>
</tr>
<tr>
<td>Report the number of patients identified through a PCORnet query to support a specific use case (ie Parkinson’s disease, Type II diabetes, etc.)</td>
<td>Electronic verification of query. Sign off document completed by PCORnet users.</td>
</tr>
<tr>
<td>Report the number of patients identified through a query to support a specific use case (ie Parkinson’s disease, Type II diabetes, etc.)</td>
<td>Electronic verification of query. Sign off document completed by researchers.</td>
</tr>
</tbody>
</table>
NeHII Hospital Implementation Verification

Nebraska Health Information Initiative (NeHII) welcomes your participation in the state-wide health information exchange. NeHII’s Virtual Health Record (VHR) contains a wealth of patient information to assist your providers in delivering patient care. NeHII, a public/private collaborative, has worked diligently to implement health information exchange to healthcare delivery service providers across the state since 2009. With more than 27 facilities sending information to the exchange, a healthcare provider can access comprehensive patient information using NeHII’s VHR. The VHR portal provides a comprehensive electronic health record of patient data from participating facilities including medication query functionality, laboratory results, radiology reports, transcription reports such as ED reports, H&Ps, consults, progress notes, OP reports, discharge summaries, and additional information. Finally, NeHII serves as the statewide prescription drug monitoring program in delivering medication history information to support provider’s efforts in identifying potential drug seekers.

With the execution of this document, I acknowledge that <Hospital Name>, has completed the process to become a data sharing participant with NeHII. Our facility is sending the following information to the exchange: Admission, Discharge and Transfer (demographics), list feeds to the exchange. Information sent to the exchange contains the appropriate information and is displayed correctly.

The following tasks were fully executed

<table>
<thead>
<tr>
<th>Initialize Project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kick off Meeting</td>
<td></td>
</tr>
<tr>
<td>Weekly meetings</td>
<td></td>
</tr>
<tr>
<td>Configuration Decisions</td>
<td></td>
</tr>
<tr>
<td>VPN Connectivity</td>
<td></td>
</tr>
<tr>
<td>EdgeServers Plan/Setup</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Feeds</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Maps - testing verification, etc.</td>
<td></td>
</tr>
<tr>
<td>ADT</td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Transcription</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational Processes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochures &amp; Scripts</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Production Prep</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Live on NeHII</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Feeds</td>
<td></td>
</tr>
<tr>
<td>Close Out Project</td>
<td></td>
</tr>
</tbody>
</table>

Signature__________________________________________________________

Title______________________________________________________________

Hospital Name _____________________________________________________

Date ______________________________________________________________
eHealth

Objectives:

- To support the adoption of health information exchange technologies in Nebraska.
- To support the use of health IT to help patients access their health information and better manage their care.

Description: Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient’s vital medical information electronically—improving the speed, quality, safety and cost of patient care. The Nebraska Health Information Initiative (NeHII) is one of the largest statewide health information exchanges in the country with over 4,700 users and data on over 2.9 million individuals. By the end of 2015, NeHII will cover approximately 62% of the hospital beds in Nebraska. Most NeHII users utilize the exchange’s capabilities to query health information on a particular patient. NeHII has also recently begun offering Direct secure e-mail, admission discharge and transfer (ADT) alerting and 30 day readmission reporting.

The following map shows pending and current NeHII hospital implementations.

Health information exchange technologies (i.e., patient portals, personal health records, and apps for smartphone and tablets) can also be used to help patients access their health information and better manage their care.

Strengths/Assets

- NeHII is one of the largest statewide health information exchanges in the U.S., with over 4,500 users.

Challenges

- Interoperability remains a challenge as standards are still being developed.
- Additional efforts may be needed to better integrate health IT into provider workflows.
- Adoption of technologies which allow patients to access their health information and better manage their care may require outreach efforts and education for both health care providers and patients.
- Providers not eligible for Meaningful Use incentive payments (including long-term and post-acute care providers and behavioral health providers) may find investing in health IT to be financially challenging.
• Sustainability of health information exchanges across the United States remains a challenge.

**Collaborators:**
• Nebraska Department of Health and Human Services
• NeHII
• UNMC
• Other stakeholders

**Recent Accomplishments:**
• Prepared and submitted an application for nearly $3 million in grant funding from the Office of the National Coordinator for Health IT (2015).
• Completed a four-year $6.8 million State Health Information Exchange grant from the Office of the National Coordinator for Health IT (2010-2014). During the four year grant period, the number of NeHII users grew from 464 users to 3,590 users. Nebraska also ranked 13th in e-prescribing adoption in 2013, with 89% of physicians e-prescribing.

**Metrics**

![Graph showing % of Nebraska Hospital Beds Covered by NeHII with data points for 3/10, 3/14, 3/15, and Target 12/2015]
Total Number of NeHII Users

Number of NeHII Users

- Mar-10
- Mar-14
- Mar-15