EHEALTH COUNCIL

April 15, 2008, 1:30 PM CT – 4:30 CT
Lincoln: Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor
Chadron: Chadron State College, Burkheiser Building, Rm. 109, 10th & Main Street
North Platte: Educational Service Unit #16, 1221 W. 17th, Distance Learning Rm.
Omaha: UNMC, University Hospital, Room 3215
Phone Bridge
MINUTES

MEMBERS PRESENT:
  Jamie Barbee, Alt. for Kimberly Galt
  Dennis Berens, Department of Health and Human Services, Office of Rural Health
  Vivianne Chaumont, Division of Medicaid & Long-Term Care, Department of Health and Human Services
  Susan Courtney, Blue Cross Blue Shield
  Daniel Griess, Box Butte General Hospital, Alliance (Alliance site)
  Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
  Steve Henderson, Office of the CIO
  Ron Hoffman, Jr., Mutual of Omaha (Omaha site)
  C.J. Johnson, Southeast Nebraska Behavioral Health Information Network and Region V Systems;
  Ken Lawonn, NeHII and Alegent Health (Omaha site)
  David Lawton, Division of Public Health, Department of Health and Human Services
  Dr. Keith Mueller, UNMC College of Public Health (Omaha site)
  Amy Phillips, Alt. for Jim Krieger, Gallup
  John Roberts, Nebraska Rural Health Association
  Nancy Shank, University of Nebraska Public Policy Center
  September Stone, Nebraska Health Care Association
  Dr. Delane Wycoff, Pathology Services, PC (North Platte site)
  Marsha Morien, Alt. for Henry Zack, HDC 4Point Dynamics

MEMBERS ABSENT: Joni Cover, Nebraska Pharmacists Association; Senator Annettte Dubas, Nebraska Unicameral; Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County; Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital; Jeff Kuhr, Three Rivers Public Health Department, Fremont; Kay Oestmann, Southeast District Health Department; and Marie Woodhead (representative for Congressman Jeff Fortenberry)

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

Dr. Mueller called the meeting to order at 1:35 p.m. There were 18 members present at the time of roll call. A quorum existed to conduct official business. The meeting announcement was posted on the NITC Web site and on the Nebraska Public Meeting Calendar on March 26, 2008. The agenda was posted on April 8, 2008. A copy of the Nebraska Open Meetings Act was available on the table and on the wall.

APPROVAL OF FEBRUARY MINUTES

Dr. Wycoff moved to approve the February 11, 2008 minutes as presented. Mr. Berens seconded. All were in favor. Motion carried by unanimous voice vote.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS/REPORTS

Update – NeHII, Keith Harnish and Chris Henkenius, Bass & Associates. The project is working on the incorporation of NeHII and establishing the board and electing officers. The current focus of the board is to explore funding possibilities for a pilot project. It is anticipated that the project will start this summer.

Update - Hebron Area Health Information Exchange, Joyce Beck (via phone conference). The project went live this month. As of last week, everything in the hospital is electronic. Doctors will be educated and trained to begin using CPOE. The goal is to have a seamless transfer of health information from clinics to hospitals and hospitals to clinics. The project is exploring use of a bracelet that will contain health records. All efforts have to comply with state, federal and HIPAA regulations. The project is on schedule and under budget to date. Joyce will do a more detailed presentation at a future meeting.

Update - Southeast Nebraska Behavioral Health Information Network (SNBHIN), Wendy Baker and CJ Johnson. Blue Valley Behavioral Health Center, a private non-profit corporation that serves fifteen counties in Southeast and East Central Nebraska and a member of the Southeast Nebraska Behavioral Health Information Network (SNBHIN), received a Rural Health Network Development Grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration. Through the grant, Blue Valley Behavioral Health will receive $180,000 a year for three years.   The grant will provide partial funding for a network director as well as funding for technology that will facilitate Behavioral Health Information Exchange.

Updates - <u>Nebraska Statewide Telehealth Network Update</u>, Donna Hammack. Ms. Hammack reported that a total of 2,313,878 miles has been saved by hospital staff using the telehealth network, resulting in a mileage cost savings of $1,122,231 (computed at 48.5¢ a mile).

At the last meeting, members were informed that federal funding from the Universal Service Fund for the Kearney, Grand Island and Fremont hubs was in jeopardy, due to a change in the definition of "rural." Losing funding for these sites would close down the network. The FCC has granted approved a three year extension in funding for sites affected by the change in the definition of "rural."   The project has three years to work on long-term solution to this issue. Ms. Hammack thanked members who provided support. Anne Boyle, Public Service Commissioner, was acknowledged and thanked for personally visiting and contacting each of the FCC Commissioners.

Update - Western Nebraska Update, Nancy Shank. The Western Nebraska Health Information Exchange (WNHIE) continues to make progress.   The project is investigating the following components of the health information exchange:
- Master Patient Index
- Record Locator Service
- Possibly an Electronic Medical Record for those clinics that don't currently have one
- Revenue Cycle Management product

An RFP has been issued and vendor demonstrations have been held.   It is possible that more than one vendor will be selected to perform the functions. Selections are expected to begin within the next several months. A final draft of the user's agreement has been developed.

Update - <u>HISPC</u>. David Lawton. Although Nebraska was not part of the Phase I of the national Health Information Security and Privacy Collaboration (HISPC), project leaders were impressed with what Nebraska was doing. Nebraska will be able to participate in Phase three which begins in 2008 and will be funded at $265,000. The third phase is comprised of 7 multistate collaborative privacy and security projects focused on analyzing consent data elements in state law; studying intrastate and interstate consent policies; developing tools to help harmonize state privacy laws; developing tools and strategies to educate and engage consumers; developing a toolkit to educate providers; recommending basic security policy requirements; and developing interorganizational agreements. Each project is designed to develop common, replicable multistate solutions that have the potential to reduce variation in and harmonize privacy and security practices, policies, and laws. A cross collaborative steering committee has been

established for phase 3 to facilitate knowledge transfer among collaboratives and identify points of intersection.

Nebraska is participating in the Adoption of Standard Policies Collaborative. The primary goals of the collaborative are to:
- develop a set of basic policy requirements for authentication and audit; and
- define an implementation strategy to help states and territories adopt agreed-upon policies.

Through its work, the collaborative will develop processes to help establish trust and bridge the policy differences between health information exchange models. (For more information go to: http://privacysecurity.rti.org/)

Mr. Lawton asked the eHealth Council to consider serving as the steering committee for Nebraska's participation in the HISPC collaborative. The steering committee will receive monthly written reports. The project is fairly well defined in the contract and the proposal. The steering committee would not need to give a lot of guidance during the project. If the project continued past the initial year, the steering committee would provide guidance on future activities.

Mr. Lawton and Anne Byers will be attending the national HISPC-National Health Information Network-State Level HIE Conference in Dallas, April 30-May 2.

Update - FCC Pilot project, Dan Griess. The project is trying to determine the in-kind match.

MATCHING CLIENT DATA FROM DISPARATE SOURCES
Dr. Steven Hinrichs and Marsha Morien, UNMC Center for Biosecurity and representatives of Nebraska's eHealth Initiatives

Dr. Hinrichs and Marsha Morien gave an overview of issues related to patient identification.

Challenges in Patient Identification:
- Inability to appropriately link patient information across systems for delivery purposes
- Inability to create longitudinal, multi-facility continuum-of-care episodes for a patient
- Inability to track patients across a full episode of care and monitor performance of health systems
- Lack of interoperability across systems forcing providers to jump from one system to the next and manually integrate available patient information
- Requires provider to know all unique identifiers
- Variability in methods across organizations to link patients to records
- Lack of agreed-upon patient-to-record matching standards to apply when interoganizational electonic HIE is conducted
- Lack of standards introduces potential for inappropriate use or disclosure of personal health information about the wrong patient
- Clinical and privacy risk

Solutions
- A system of identifying patients between entities must exist for true interoperability to occur
- Systems must include stringent matching criteria to ensure that patient records remain confidential
- HIPAA provided for creation of national unique identifiers; Congress adopted appropriations language to ensure no appropriated funds are used to promulgate such a standard Solutions
- State teams suggested creating standards for matching that included minimum as well as optional data elements
- Biometrics as preferred method
- Creating model policies and procedures to ensure appropriate capture of patient identifiers
- Development of a master patient index and incorporate as necessary patient identification algorithms to facilitate accurate exchange of information
- RLS - Records Locator Service

- Centrally administered function of a health information network
- Provides requestor of data with location of data about a specific patient
- Uses various identifying characteristics of individuals to create a match and point to the location of the heath information

The eHealth Initiative SAFE BioPharma 54-page report is available via the Toolkit.ehealthinitiative.org and www.safe-biopharma.org Web sites.

Dr. Hinrichs and Marsh Morien proposed a pilot laboratory data exchange project to address this issue. The pilot project would:
- Identify two or more health systems desiring to share lab test orders and results.
- Establish MPI operated by neutral third party.
- Test ability to identify multiple test orders and results on patients/clients
- If possible, compare with client matching algorithm

Members were given an opportunity to ask questions and/or provide comments. There were some concerns expressed regarding the need for a pilot. Mr. Berens recommend establishing a work group comprised of representatives of the state's health information exchanges and the telehealth network to further discuss the issue.

MEDICAID AND HEALTH IT
Vivianne Chaumont, Division of Medicaid & Long-Term Care, Department of Health and Human Services

The MMIS system pays medical claims. The current MMIS system is a legacy system and is outdated. An RFP has been issued to modernize the current system.   The RFP is currently in legal litigation. The Intent to Award is scheduled for June 1st. The department is working with providers to explore electronic billing. Currently, everything is done via paper checks.   An electronic Medicaid card is also being discussed.

COMMUNITY TECHNOLOGY FUND*
Steve Henderson

The NITC has monies available through the Information Technology Infrastructure Fund (ITIF) fund. Monies have been allocated to the GTCF (Government Technology Collaboration Fund) and the CTF (Community Technology Fund). There is currently approximately $290,000 - $310,000 in the Community Technology Fund. As of June 30, 2009, any remaining balance will be designated to the public safety wireless project. The NITC is asking the Community Council and the eHealth Council to recommend projects to be funded. The Community Council can request up to $40,000, leaving approximately $250,000 - $270,000 available for eHealth projects.   Members were asked to consider the following question: Is there a project pertaining to the action items that these monies could be used and how will the council arrive to the decision? The NITC meets in June and would like to have proposals ready for their approval.

Dr. Mueller asked members to submit ideas to the co-chairs to be further developed for the May meeting. Co-chairs will review proposals prior to the next eHealth Council meeting. The Council will meet sometime towards the end of May to take action.

ROLE OF PAYERS AND EMPLOYERS IN HEALTH IT
Randy Palmer, DAS State Personnel, State of Nebraska; Dean Thompson, Coventry; and Amy Phillips, Gallup

Mr. Palmer, Mr. Thompson, and Ms. Phillips were invited for an informal discussion. Direct access to medical records for medical providers is invaluable. Concerns and issues of e-prescribing and buy-in from the insurance industry and medical associations were discussed.

Gallup conducted a recent survey regarding electronic health records. The survey indicated that 42% indicated that they would use eRecords. When informed that it would save on health care costs, the percentage went up to 72%.

CLOSING BUSINESS

There was no closing business.

ADJOURNMENT

With no further business, Dr. Mueller adjourned the meeting at 4:18 p.m.

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