

eHealth Council
May 29, 2009
1:30 PM CT – 4:00 PM CT
Minutes

- **Lincoln**—Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor, Lincoln, NE
- **Omaha**—UNMC, Wittson Hall—Library of Medicine, Room 8016A
- **North Platte (tentative)**—Great Plains Regional Medical Center, Pawnee Room
- **Alliance**—Box Butte General Hospital

Members Present

Dennis Berens
Susan Courtney
Dan Griess
Donna Hammack
Steve Henderson
Alice Henneman
David Lawton
Keith Mueller
John Roberts
Nancy Shank
September Stone
Dr. Delane Wycoff

Roll Call, Notice of Posting of Agenda, Notice of Nebraska Open Meetings Act Posting, Approval of Minutes

Dan Griess called the meeting to order at 1:30. There were nine members present at roll call. The Meeting notice was posted to the NITC and Public Meeting Website on May 22, 2009. The agenda was posted on May 27, 2009. A copy of the Nebraska Open Meetings Act was posted on the wall.

Public Comment

There was no public comment.

Updates on Recovery Act Funding for Health IT

Anne Byers gave an update Recovery Act funding for Health IT. The Office of the National Coordinator has submitted its [HIT ARRA Implementation Plan](#). The implementation plan provides some additional information, but did not provide much clear guidance for states. Gerry Oligmueller, the State of Nebraska's point person on ARRA funding, attended a meeting in Washington, D.C. a couple of weeks ago. Jody Daniel with the Office of the National Coordinator provided some information on [what states should be working on](#), including:

- Preparing a state plan;
- Engaging stakeholders;
- Establishing a state governance structure;
- Preparing other state agencies to participate in HIEs;
- Implementing privacy strategies and reforms;
- Determining the HIE business model;

- Creating a communications strategy;
- Establishing opportunities for HIT training and education.

After the meeting materials were put together, the Office of the National Coordinator released information on [Regional Health Information Technology Extension Centers](#).

The Office of the National Coordinator also sent [comments on broadband programs to the National Telecommunications and Information Administration \(NTIA\)](#) .

Donna Hammack asked about funding for the telehealth network through ARRA. Anne Byers recommended that groups seeking funding contact her. Right now not much is known about the funding available for states. It is certainly better to be in the communication loop regarding possible funding earlier rather than later. Anne was asked which groups have requested funding. Douglas County has requested funding for implementing EMRs in their health care facilities including a long term care facility, public health clinic, and acute psychiatric hospital. Boystown contacted her about funding for a telehealth project. A couple of long-term care facilities also contacted her. The state's HIEs are interested in funding.

eHealth Plan Work Group Update

The eHealth Plan Work Group met on May 19 and a subgroup met on May 26 to discuss goals. The group has looked at several other state plans. New Hampshire completed its plan earlier this month. The work group liked how New Hampshire's plan aligns with the federal [HIT Plan](#) submitted by the Office of the National Coordinator. It is also relatively brief and uses bullets to enable the reader to easily scan the document.

Recommendations of the group include:

- Aligning with federal [HIT Plan](#)
- Looking at [New Hampshire's plan](#) as a model

E-Prescribing Work Group Update

The E-Prescribing Work Group has prepared its [report and recommendations](#). Anne Byers commented that e-prescribing has been identified by several national groups as low-hanging fruit. However, the E-Prescribing Work Group discovered that there are still a number of issues related to e-prescribing that need to be resolved. Some pharmacists are concerned about e-prescribing errors. Pharmacists--especially rural, independent pharmacists—may need support to adopt e-prescribing. Mark Siracuse, Chair of the E-Prescribing Work Group, presented the group's recommendations:

Recommendations

- Pharmacists, physicians, and the general public should be educated about the potential impact of e-prescribing with regard to:
 - Patient Safety – both recognized safety improvements and the newly emerging errors associated with the adoption of this technology;
 - Workplace efficiency in the pharmacy and physician's office – both improved efficiencies realized and new inefficiencies introduced in the local workplace context;
 - Workflow issues related to the migration of e-prescribing;
 - Costs to pharmacists and physicians of implementing e-prescribing.
- Training and education of physicians and pharmacists by professional associations, institutes of higher education and other venues about the proper use of e-prescribing technologies and processes

in daily practice in order to reduce e-prescribing errors and optimize patient care quality should be encouraged.

- Pharmacist access to patient information should be encouraged either through NeHII or other health information exchanges.
- A forum to initiate a dialog among physicians, physician staff, pharmacists, vendors, and intermediaries on the e-prescribing process, costs involved, potential sources of errors, and best practices should be convened.
- The State of Nebraska should seek ways to provide resource support for participation in e-prescribing to independent pharmacies.
- Physicians should be provided information on incentive programs which support participation in e-prescribing and/or the implementation of EMRs.
- The integration of e-prescribing with the use of EMRs in physician offices should be encouraged. Although stand-alone e-prescribing systems can be used effectively, research has shown that integration of e-prescribing with an EMR system often leads to greater improvements in quality of care.
- The eHealth Council should establish a sustainable mechanism to identify and disseminate best practices related to patient safety and quality improvement in e-prescribing.
- The eHealth Council and other stakeholders should work together to identify sources of e-prescribing errors and to address those sources.
- The State of Nebraska and other stakeholders should support efforts to remove regulatory obstacles related to the e-prescribing of controlled substances.
- Stakeholders in Nebraska and in the United States should encourage further development of e-prescribing standards to reduce errors. This should include standards that require compatibility between prescribing software and pharmacy dispensing software.
- The State of Nebraska should explore connecting Nebraska's Medicaid program through its pharmacy benefit manager to Surescripts to provide benefit and prescription history information.

Actions

- The Nebraska Medical Association and the Nebraska Pharmacists Association are tentatively planning an initial forum to discuss issues related to e-prescribing in June.
- The Nebraska Pharmacists Association will promote the use of the Pharmacy E-Prescribing Experience Reporting Portal (PEER Portal) at www.pqc.net/eprescribe to report e-prescribing errors.
- The eHealth Council and the e-Prescribing Work Group identified a potential barrier to e-prescribing in a Nebraska statute that requires pharmacists to keep paper copies of prescriptions. The Nebraska Pharmacists Association worked to have legislation introduced which would allow pharmacists to keep copies of prescriptions in a readily retrievable format. Lt. Governor Sheehy provided a letter supporting the provision in LB 220 to the Health and Human Services Committee. LB 220 was amended into LB 195 and was passed by the Legislature and presented to the Governor on May 18.

Keith Mueller moved to approve the E-Prescribing Work Group's recommendations. Denny Berens seconded the motion. Upon further discussion, Keith Mueller suggested including a statement prefacing the recommendations which would acknowledge that patient safety is complex, and that while e-prescribing is an essential tool, it does not guarantee patient safety. Dennis Berens suggested that Keith Mueller amend his motion to recommend including a prefatory statement with the recommendations. Keith Mueller agreed to Dennis Berens' friendly amendment. **Roll Call Vote: Berens-yes; Courtney-yes; Griess—not present; Hammack-yes; Henderson-yes; Henneman- yes; Lawton—yes; Mueller-yes; Roberts-yes; Shank-yes; Stone-yes; Wycoff-yes. Motion did not carry due to lack of a quorum.**

HIE Meeting Update

Representatives of the HIEs met with Lt. Governor Rick Sheehy on April 14 to discuss issues related to exchanging data among health information exchanges. A draft vision statement and several recommendations emerged out of the meeting.

Vision

Stakeholders in Nebraska will cooperatively improve the quality of and efficiency of health care through a statewide, seamless, integrated patient-centered system of connected health information exchanges. Nebraska will build upon the investments made in the state's health information exchanges and other initiatives which promote the adoption of health IT.

Strategies

The State of Nebraska will support the development and expansion of health information exchanges to improve the quality and efficiency of care.

Actions:

- The State of Nebraska, primarily through the NITC's eHealth Council, will support efforts to obtain funding for health information exchange, including coordinating and submitting applications for funding as appropriate.
- The eHealth Council will work with other stakeholders to publicize health IT success stories within the state and to inform stakeholders of the benefits of health IT. Physicians in particular have been identified as key drivers in the adoption of health IT and health information exchange and should be targeted in educational efforts.
- The State of Nebraska will leverage its role as a payer in incentivizing the meaningful use of health IT by participating in the Medicaid Incentive program offered through the Recovery Act.
- The State of Nebraska will continue to address state laws which impact the exchange of health information within Nebraska and across state borders.

The State of Nebraska will support the development of interconnections among health information exchanges in the state and across state borders.

Actions:

- The eHealth Council will work with the state's health information exchanges to determine requirements for connections among exchanges; to explore options including connecting through NeHII or through NHIN's open source Connect software; to issue an RFP; and to evaluate proposals.

- The eHealth Council will work with the state's health information exchanges to map the adoption of standards which would enable the integration of data from disparate sources into EMRs. The migration to HL7 version 3 has been identified as a potential strategy.
- The eHealth Council will continue to work with the state's health information exchanges to harmonize policies and procedures which impact the sharing of health information across exchanges. The State of Nebraska and the state's health information exchanges have already made progress in this area. The state's health information exchanges have shared policies and procedures. Additionally, Nebraska participated in the national Health Information Security and Privacy Collaborative's Adoption of Standard Policies group which examined business practices related to authentication and authorization.

Tying Health IT Implementation to Quality Measures

- Monica Seeland, [Nebraska Coalition for Patient Safety](#)
- Dale Mahlman, Nebraska Medical Association
- Dave Palm, Dept. of Health and Human Services
- Joyce Beck, Thayer County Health Services
- Kevin Conway, Nebraska Hospital Association

Dale Mahlman spoke about the importance of getting information into people's hands. Through the EHRNebraska project, the Nebraska Medical Association encouraged physicians to be diligent and to do the right thing when deciding to implement electronic medical records.

Monica Seeland said that the Nebraska Coalition for Patient Safety was created by statute in 2005. Founding members of the Nebraska Coalition for Patient Safety include the Nebraska Academy of Physician Assistants, the Nebraska Hospital Association, the Nebraska Medical Association, the Nebraska Nurses Association, and the Nebraska Pharmacists Association. Thirty-seven hospitals are also members. The Nebraska Coalition for Patient Safety has established a voluntary reporting system which collects, analyzes, and disseminates aggregate information about reported patient safety events. Aggregate information is reported back to participating hospitals and health care providers. The Coalition looks at system issues to learn why the event occurred. Twenty-six events were reported in 2008. Seven of those events resulted in the death of a patient. Members were asked to report events which resulted in serious harm to patients so the data is skewed toward more serious events. The categories of causal statements most often cited were rules/policies/procedures (17), human performance—hand-off communication (14), and human performance—training (11).

Educational programs disseminate lessons learned from the reporting program and share information from national quality and safety organizations. The first annual conference will be held this fall. Quarterly conference calls are also held with members. The Nebraska Coalition for Patient Safety is planning to pursue federal PSO designation.

Kevin Conway discussed the importance of defining meaningful use and quality reporting measures. Stakeholders need to define what is quality and need to think through processes when implementing. HIT is just a tool and won't guarantee quality.

Dave Palm recommended looking at how large and small hospitals can work together. There is evidence that Thayer County Health Services is reducing medication errors and improving medication reconciliation. Both Dave Palm and Joyce Beck talked about the importance of changing the culture to a culture of safety before implementing health IT. Dave Palm and Joyce Beck mentioned the importance of involving physicians and nurses in software selection and implementation. Joyce Beck said that Thayer County Health Systems began tracking medication errors through UNMC in 2004. Their number of medication errors has been reduced from 48 (which did not include near misses) per quarter to 10 per

quarter (which includes near misses). When e-prescribing was first implemented, two physicians used e-prescribing. Both achieved 100% medication reconciliation. Now all but one physician are using e-prescribing. All six e-prescribers have 100% medication reconciliation.

Joyce Beck recommended letting doctors determine how they want to practice medicine and not mandate use of health IT. When doctors don't use something, she asks them, "What is wrong with the system?" She then works with the vendor to try to fix the system. For example, the CPOE is not user-friendly. The vendor is sending a programmer out to fix it. EMR implementation has helped in physician recruitment. EMS in Thayer County is equipped to send 12 lead EKGs to the doctors electronically. Doctors can see the EKG before the patient. The EKGs can also be sent to hospitals in Lincoln.

UNMC will be working with Thayer County Health System to clean up their data so that a more complete analysis can be made.

Donna Hammack gave an update on the Telehealth Network. A virtual Telehealth Leadership Conference will be held June 3. HR 2068 includes several provisions which would benefit telehealth networks including expanding eligible originating sites and addressing credentialing. Congressman Terry has signed on to the bill. Senator Gloor has introduced LR 160 to study issues related to the telehealth network. Donna Hammack commented that the telehealth network is looking at ways to capture more activity so that their evaluation data will be more complete.

Dan Griess rejoined the meeting. He was asked to vote on the E-Prescribing Recommendations.

Roll Call Vote: Berens-yes; Courtney-yes; Griess-yes; Hammack-yes; Henderson-yes; Henneman- yes; Lawton—yes; Mueller-yes; Roberts-yes; Shank-yes; Stone-yes; Wycoff-yes. Motion carried.

Dr. Wycoff moved to approve the minutes. Donna Hammack seconded the motion. Roll Call Vote: Berens-yes; Courtney-yes; Griess-yes; Hammack-yes; Henderson-yes; Henneman- yes; Lawton—yes; Mueller-yes; Roberts-yes; Shank-yes; Stone-yes; Wycoff-yes. Motion carried.

Dentistry

David Brown, Mike Molvar, and David Riggenbach from the University of Nebraska College of Dentistry discussed the health IT needs of dentistry. Dental health records are not certified and are not on the Certification Commission for Health IT's roadmap for certification in the near future. The College of Dentistry is implementing an electronic medical record developed for dental colleges. The College of Dentistry sees patients from across the state through annual dental days which provide treatments for those without dental coverage. If patients need follow-up work, paper records are currently exchanged. Through its service learning program, students spend four weeks at sites across Nebraska. Teledentistry and distance learning is used during the service learning program. Participating dental practices need broadband connections. Dentists can share digital radiography via e-mail. Dental records could be saved in a readable format such as PDF and given to the patient. The College of Dentistry would like to participate in health information exchange and would like to be involved in future discussions.

Public Health Work Group Update

[Public Health Charge and Membership](#)

The Public Health/eHealth Work Group met for the first time on April 27. The group reviewed their charge from the eHealth Council and shared information about their projects in order to gain a better understanding of public health information systems and health information exchanges.

HISPC Update

Legislative Update. The Legal Work Group of the Nebraska Health Information Security and Privacy Committee (HISPC) reviewed Nebraska health information disclosure laws to identify laws more stringent than HIPAA. Neb. Rev. Stat. 71-8403 stipulates that authorizations for release of medical records are valid for a maximum period of 180 days. The group recommended deleting the 180-day restriction. HIPAA requirements would then apply, allowing patients to state an expiration date or expiration event. Senator Gloor has expressed interest in introducing legislation to eliminate the 180-day restriction next year. The eHealth Council and E-Prescribing Work Group also identified a potential barrier to e-prescribing in a Nebraska statute that requires pharmacists to keep paper copies of prescriptions. A change to this statute which would allow pharmacists to keep copies of prescriptions in a readily retrievable format was included in LB220. LB 220 was amended into LB 195 and was passed by the Legislature and presented to the Governor on May 18.

HISPC Challenge. Nebraska will be participating in challenge activities to provide consumer and provider education on health information security and privacy as part of an extension to our one-year HISPC contract. Nebraska will also continue to work on the Adoption of Standard Practices Collaborative.

The meeting was adjourned.