

**EHEALTH COUNCIL**  
Friday, October 19, 2012  
SCC Continuing Education Center  
301 South 68<sup>th</sup> Street Place, Room 304

**MINUTES**

**MEMBERS PRESENT**

Rama Kolli, Alt. for Susan Courtney  
Donna Hammack  
Sharon Medcalf  
Jenifer Roberts-Johnson Alt. for Sue Medinger  
Gregg Schieke  
Nancy Shank  
Jason Davis, Alt. for September Stone  
Patrick Werner, Alt. for Steve Urosevich  
Delane Wycoff

**MEMBERS ABSENT:** Wende Baker, Vivianne Chaumont, Joni Cover, Joel Dougherty, Senator Annette Dubas, Congressman Jeff Fortenberry, Kimberly Galt, Alice Henneman, Harold Krueger, Ken Lawonn, Marsha Morien, Kay Oestmann, and John Roberts.

**Guests and Staff:** Anne Byers, Jeanine Yost, Sarah Briggs, Deb Bass, Eric Henrichsen, and Tim Gay

**ROLL CALL, NOTICE OF POSTING, NOTICE OF OPEN MEETING**

Dr. Wycoff called the meeting to order at 1:37 p.m. Roll call was taken. Nine voting members were present. A quorum was not present to conduct official business. The meeting proceeded with informational items.

**PUBLIC COMMENT**

Dr. Wycoff asked if there was any public comment. Visitor Tim Gay from Husch Blackwell introduced himself.

**APPROVAL OF FEBRUARY 29, 2012 and MAY 3, 2012 MINUTES**

Approval of the [February 29, 2012 minutes](#) and the May 3, 2012 minutes was tabled until the next meeting due to lack of a quorum.

**EVALUATION ACTIVITIES**

In the absence of Ms. Morien, Ms. Byers reported to the group regarding grant evaluation activities. Ms. Byers stated that \$6.8 million had been awarded for the State HIE Cooperative Agreement. UNMC is serving as the external evaluator for the grant. The evaluation team includes Marsha Morien, Gary Cochran, Don Klepser, and Lina Lander.

The evaluation team submitted results of a study on pharmacy barriers to e-prescribing for publication in the *Journal of Rural Health*. The survey found that the biggest barriers to pharmacy participation are the transaction cost and the cost of upgrading pharmacy systems. Physician use of e-prescribing is a driver for pharmacy participation. Both the number of prescribers and pharmacies participating in e-prescribing has increased steadily. ONC is concerned that there may be some eligible providers who don't qualify for meaningful use because the local pharmacy doesn't accept e-prescriptions. The e-prescribing group has been trying to encourage discussions between pharmacists and prescribers. Wide River Technology Extension Center has included several panel discussions as part of their workshops.

The evaluation team is also completing a pilot study to determine discrepancies between what the physician intended to prescribe and what was dispensed by the pharmacy.

A provider focus group was conducted to refine the questions which will be included in a provider survey. Preliminary results of the focus group indicate interest in health information exchange, but a lack of knowledge about how physicians are going to use HIE.

## **PAYER ACCESS TO HIE**

Deb Bass gave a presentation on payer access to health information exchange. Blue Cross Blue Shield of Nebraska has been a stakeholder participant in NeHII since 2005. A manual work around for payer access was negotiated. The workaround involved a payer requesting permission of the various health systems to view medical records on a daily basis.

The solution currently being piloted by Blue Cross Blue Shield of Nebraska involves a combination of administrative and technical safeguards.

- Technical safeguards
  - Payers restricted to accounts in daily eligibility file
  - Date range filter on the VHR
- Administrative safeguards (selected)
  - Policy 400: access PHI only in a manner consistent with all applicable federal, state and local laws
  - Policy 600: specific limitations on payer access – minimum necessary, no access if self-pay
  - Episode of Care default for each use case, typically less than 18 months
- The pilot was developed to determine whether efficiencies are created by utilizing the NeHII VHR and focuses on the following payer use cases:
  - Utilization Management (Medical and Pharmacy)
    - Pre Authorizations
    - Medical Claims Review
    - Appeals
  - Case/Disease Management
  - Hospital Acquired Conditions (HACs)

Blue Cross Blue Shield of Nebraska identified pilot participants in each department while leaving control group performing current paper process. Participants agreed to abide by NeHII and Payer policies including Minimum Necessary. Pilot participants complete a survey each time the VHR is used. Pilot results will be measured at 30, 60, and/or 90 days.

## **MEMBERSHIP – NEW MEMBERS**

Dr. Wycoff presented the names of persons being considered for membership: Jenifer Roberts-Johnson, Carol Brandl and Marty Fattig. Biographical information was included with the meeting documents. Their nominations will be forwarded to the NITC.

## **UPDATED STRATEGIC AND OPEATIONAL EHEALTH PLANS**

Ms. Byers stated that the revised eHealth plans have been submitted. The revised strategic plan includes no significant changes in direction. The operational plan includes some new sections. Members are encouraged to submit comments. The next revision is due in the spring.

## **IT PROJECT REVIEWS – eHealth Council Recommendations**

Ms. Byers stated that the Nebraska Information Technology Commission is charged with reviewing IT proposals and prioritizing them for the Legislature and the Governor. This year several proposals have been submitted. Ms. Byers asked Council members to make comments as the proposals are discussed.

Eric Henrichsen from the Department of Health and Human Services discussed the proposals and answered questions.

The Behavioral Health Data System project (25-07) would implement a new centralized data system to track outcomes of managed care, measure performance of managed care, measure funding for managed care, provide for greater fiscal accountability for managed care, meet reporting needs of the Division of Behavioral Health to Federal and State entities, unify existing databases and technology, fill data gaps, and utilize health information exchange efficiencies by interfacing with the State health information exchange. Members commented that there may be opportunities to leverage the investments made in eBHIN and encouraged DHHS to continue exploring options to work with eBHIN.

The Affordable Care Act IT Implementation project (25-01) is a conglomeration of approximately 41 activities related to Medicaid eligibility, expanding Medicaid benefits, Medicaid financing, program integrity, American Indian related provides, and other provisions.

The ICD10 (25-02) project deals with the change in diagnostic codes from ICD-9 to ICD-10. The project involves a lot of mapping. This project will impact the Medicaid and Long-Term Care division, its business processes and systems, including the Medicaid Management Information System (MMIS).

The State Medicaid HIT Plan project (25-03) includes funding for updating the State Medicaid HIT Plan and updating the MMIS system to meet the Medicaid EHR Incentive Program attestation requirements.

The Medicaid Management Information System (MMIS) Replacement Study (25-04) would fund a study to replace the legacy MMIS system certified in 1978. The legacy system handles the processing of fee for services claims reasonably well. However, the business of Medicaid has changed significantly. The MMIS file structure is too limited to allow CMS mandates to be fully implemented without extensive, costly modifications. Lack of compliance places Nebraska at risk of a reduced Federal Financial Participation. The MMIS Replacement project (25-05) includes funding for replacing Nebraska's MMIS.

The Medicaid Managed Care Expansion project (25-06) includes enhancements to the current MMIS system to support Medicaid's expanded utilization of managed care for the delivery of Medicaid services.

The Department of Insurance's Nebraska Exchange project (22-01) would include the design, development, and implementation of a health insurance exchange. This is a huge project with many unknowns.

## **NEBRASKA UPDATES**

Anne Byers said that NeHII has launched a new consumer campaign using Connect the "Docs" as the theme. She showed the video located on the NeHII consumer website (<http://www.connectnebraska.net>) or by going to [www.nehii.org](http://www.nehii.org) and clicking on the consumer website link. The video does a good job of explaining the health information exchange.

Wendy Baker sent an update. eBHIN is currently working on deployment in three regions. Region 5 in Southeast Nebraska is finishing up their Health Information Exchange deployment. In Region 6 in the Omaha area, efforts are focused on organizational activities. Participants in Region 6 will probably be ready to "Go Live" in January of 2013. Region 1 in the Panhandle has been working on their EPM and will be starting on HIE deployment in the coming months. Assessment and planning activities are underway in regions 2, 3, and 4.

Carol Brandl sent an update on the telehealth network. The Nebraska Statewide Telehealth Network's OAT grant has ended. DKG will be completing final reports for the grant and will be ending their service with the network by the end of January 2013. The telehealth network's use of mobile applications using Vidyo has been well-received by physicians.

At the end of the packet Ms. Byers included an update on the grant including a map showing the states ONC recognized for advancing query model exchange. ONC conducted a desk audit of the State HIE Cooperative Agreement, finding that overall the Office of the CIO/NITC is in compliance. The last page of the meeting document packet summarizes current expenditures. To date, 86% of the grant funds have been expended.

Greg Schieke reported that Wide River TEC is working with over 1000 primary care practitioners with 820 at go-live. Over 200 have attested to Meaningful Use. That number is projected to be 350 by the end of the year. Rural health clinics are an area of concern, because most rural health clinics don't qualify for the incentive program.

## **ADJOURN**

With no further business, Dr. Wycoff adjourned the meeting at 3:45 p.m.