

**EHEALTH COUNCIL**  
May 1, 2013, 1:30-4:00 p.m. CT  
State Capitol, Room 1023, Lincoln, Nebraska  
**MINUTES**

**MEMBERS PRESENT:**

**Marsh Morien**, Co-Chair  
**Dr. Delane Wycoff**, Co-Chair  
**Wende Baker**  
**Kevin Borchert**  
**Sara Briggs**, Alt. for Vivianne Chaumont  
**Jason Davis**, Alt. for September Stone  
**Joel Dougherty**  
**Alice Henneman**  
**Rama Kolli**, Alt. for Susan Courtney  
**Ken Lawonn**  
**Sharon Medcalf**  
**Jenifer Roberts-Johnson**,  
**Greg Schieke**  
**Nancy Shank**

**ABSENT:** Carol Brandl, Senator Annette Dubas, Congressman Fortenberry, Marty Fattig, Kim Galt, Harold Krueger, Kay Oestmann, John Roberts, Patrick Werner

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

Co-Chair Marsha Morien called the meeting to order at 1:38 p.m. Roll call was taken. There were 10 members present. A quorum did not exist to conduct official business. The meeting notice was posted to the NITC and Public Meeting websites on April 18, 2013. The agenda was posted on April 29, 2013.

**APPROVAL OF FEBRUARY 8, 2013 MINUTES**

With the arrival of three members after roll call, a quorum was present. **Mr. Lawonn moved to approve the [February 8, 2013](#) minutes as presented. Ms. Medcalf seconded. Roll call vote: Baker-Yes, Briggs-Yes, Kolli-Yes, Borchert-Abstained, Dougherty-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Abstained, Morien-Yes, Schieke-Yes, Shank-Yes, Davis-Yes, and Wycoff-Yes. Results: Yes-11, No-0, Abstained-2. Motion carried.**

**PUBLIC COMMENT**

There was no public comment.

**INTRODUCTIONS AND DISCUSSION WITH LT. GOVERNOR LAVON HEIDEMANN**

Members welcomed Lt. Governor Heidemann and were given an opportunity to share information about their eHealth efforts.

**DIRECT DISCUSSION** (moved up in the agenda)

There are two models of exchanging health information exchange electronically: directed health information exchange and query model health information exchange. Nebraska has implemented query model health information exchange. The Office of the National Coordinator (ONC) required states without existing query model exchange to implement Direct secure messaging first. Direct provides automatic encryption and also includes a process for user authentication and validation. Attachments are supported by Direct. While other states have found Direct useful, recruiting Direct users has been a challenge in Nebraska. One challenge has been the development and integration of Direct products by HIE vendors. The \$15 per user/per month fee is another barrier. There are several Direct use cases for care coordination and transitions of care.

Ms. Baker left the meeting.

**STATE HIE COOPERATIVE AGREEMENT UPDATE**

**ONC/CMS Record of Progress.** The Office of the National Coordinator and the Centers for Medicare and Medicaid Services jointly released a record of progress on HITECH programs.

**Letter to Federal Office of Health and Human Services.** The meeting materials included a letter that was sent to Kathleen Sebelius, Secretary of Health and Human Services from Senators Lamar Alexander, Richard Burr, Tom Coburn, Mike Enzi, Pat Roberts, and John Thune regarding the 2009 HITECH Act. The letter also included a list of questions the Senators wanted addressed.

**ONC E-Mail to State HIE Programs** State HIE programs received a message from the Office of the National Coordinator regarding the phasing plans and drawdown expectations. According to the memo, nearly half of all phased states are still implementing the first phase of their strategic and operational plans. At the April State HIE meeting, recipients were told that recipients had collectively expended a little over half of their funds. Because the grant was structured to require an increasing percentage of match each federal fiscal year with a 33.33% match required this federal fiscal year, many states will be challenged to meet the matching requirements. Because our plan leveraged the services of an operational health information exchange (NeHII), our implementation has been relatively smooth in comparison to other states. Nebraska has expended 91% of our State HIE funds.

**Nebraska State HIE Update**

A summary of Nebraska State HIE expenditures follows.

	<b>Expended</b>	<b>Allocated</b>	<b>% of Expended</b>	<b>Balance</b>
NeHII	\$4,821,468.49	\$4,898,275.00	98%	\$76,806.51
State/NITC	\$100,699.04	\$157,075.00	64%	\$56,375.96
Eval/UNMC	\$93,313.71	\$269,435.00	35%	\$176,121.29
eBHIN	\$982,627.53	\$1,112,275.00	88%	\$129,647.47
Pub Health	\$100,533.15	\$326,500.00	31%	\$225,966.85
Telehealth	\$70,802.01	\$73,620.00	96%	\$2,817.99
<b>Total</b>	<b>\$6,215,761.66</b>	<b>\$6,837,180.00</b>	<b>91%</b>	<b>\$667,736.07</b>

**PROPOSAL(S) FOR REALLOCATING STATE HIE FUNDS\***

**Priorities.** Approximately \$17,500 in State HIE funds which were originally allocated for state travel will likely go unused unless reallocated. NeHII and eBHIN were invited to submit proposals. Priorities for the proposals include the following:

- Implementation or pilot of new functionality or projects which advance the exchange of care summary information
- Project which can be implemented within the next 6 months (by November 1<sup>st</sup>)
- Additional review criteria:
  - Value of functionality/project
  - Number of potential users/beneficiaries of the functionality/project

**Proposals.** A proposal has been submitted by NEHII for Direct secure messaging and single sign-on. The proposal included user licenses for 400 users for six months of service and single sign on implementation fees for two health systems. The proposal also included \$30,000 in funding that had previously been allocated for a consumer eHealth project.

**Mr. Schieke moved to approve the Direct Messaging Adoption and Single Sign-on (SSO) Connectivity to NEHII proposal. Mr. Dougherty seconded. Roll call vote: Briggs-Yes, Kolli-Yes, Borchert-Yes, Dougherty-Yes, Henneman-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, Shank-Yes, Davis-Yes, and Wycoff-Yes. Results: Yes-13, No-0, Abstained-0. Motion carried.**

**STATE PLAN REVISIONS-DUE MAY 8, 2013**

At the last meeting, the council organized a volunteer work group to review and develop the vision goals, and objectives. Work group members included Marsha Morien, Joel Dougherty, Jenifer Roberts-Johnson, Greg Schieke, and Jason Davis. Their recommendations are before the Council today for approval.

### ***Draft Vision, Goals, Objectives and Strategies***

There were no recommended changes or additions to the draft vision, goals, objectives and strategies.

**Ms. Medcalf moved to approve the vision, goals, objectives and strategies. Mr. Kolli seconded. Roll call vote: Briggs-Yes, Kolli-Yes, Borchert-Yes, Dougherty-Yes, Henneman-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, Shank-Yes, Davis-Yes, and Wycoff-Yes. Results: Yes-13, No-0, Abstained-0. Motion carried.**

Ms. Baker previously left the meeting and was not present to vote.

### ***Operational Plan —Required Updates***

Anne Byers has been working with NeHII, eBHIN and other stakeholders to revise the operational eHealth plan. The revised plan is due May 8. In advance of the meeting, council members received the operational plan to review which included the following:

- Privacy and Security Framework
- Sustainability Plan
- Project Management Plan
- Evaluation
- Tracking Program Progress-Setting 2013 Goal for providers sharing care

The Tracking Program Progress section includes setting 2013 goals for a number of measures. Council members set goals for all but two of the measures in February. 2012 data for the percent of hospitals and the percent of ambulatory providers sharing electronic care summaries electronically were not available when the eHealth Council met in February. Data on the % of hospitals sharing care summaries electronically was provided by ONC on March 11. Members voted on a target via survey monkey in order to submit our target to ONC by March 29. Last week our project officer, Brett Andriesen, e-mailed information on the percent of ambulatory providers sharing care summaries with other providers electronically. According to the 2012 NAMCS survey, 4% of Nebraska ambulatory providers are electronically sharing care summaries with other providers. This seems to be a Direct-centric measure. It probably does not capture the information that is shared via a NeHII query. The median is 9% and the 75% quartile is 12%. ONC's national goal is 20%. Members discussed setting a 2013 goal for this measure. A goal of 6% was suggested and agreed upon.

There were no other changes or recommendations to the operational plan.

**Dr. Wycoff moved to approve the operational plan. Ms. Medcalf seconded. Roll call vote: Wycoff-Yes, Shank-Yes, Schieke-Yes, Morien-Yes, Medcalf-Yes, Lawonn-Yes, Henneman-Yes, Dougherty-Yes, Borchert-Yes, Kolli-Yes, and Briggs-Yes. Results: Yes-12, No-0, Abstained-0. Motion carried.**

Mr. Davis and Ms. Roberts-Johnson stepped out of the room and were not present at time of vote.

### ***Evaluation Report***

Ms. Morien reviewed the study of e-prescribing discrepancies. A total of 602 prescriptions written by 33 prescribers for 48 patients were evaluated from participating ambulatory care clinics. Unintended discrepancies were identified by comparing prescriber intent as documented in the patient's chart to what was entered into the clinic's e-prescribing software, and what was ultimately dispensed by the pharmacy as indicated on the prescription label.

Overall, the number of discrepancies was low. The most frequent discrepancies identified were associated with generic substitution followed by differences in package size (inhalers, creams/ointments), differences in concentration (250mg/5ml substituted for 125mg/ml with appropriate volume adjustment), and differences in dosage form (liquid dispensed instead of a solid dosage form). It is unlikely that these discrepancies were errors.

Differences between the directions included on the electronic prescription and the directions on the prescription label were the most common type of discrepancy observed in the adult clinics. In each case, more information was recorded in the e-prescription than the pharmacy label.

Discrepancies between the prescriber's intent and the clinic's e-prescribing software (MD/EHR) were more common in the pediatric clinic (3.9%; 6 of 152) compared to the adult clinics, while discrepancies between the e-prescription and pharmacy label (EHR/PHARM) were similar (1.5%; 3 of 199).

Discrepancies involving duration of therapy and directions for administration were most common.

The Evaluation Team has been working on a provider satisfaction survey. To date, two consumer satisfaction focus groups have been conducted. A study on the value of NeHII's PDMP functionality is also planned, pending the resolution of the NeHII-Optum contract dispute.

Mr. Davis left the meeting.

## **MEMBERSHIP**

There are two vacancies on the Council. Ms. Byers asked the members to send her nominations and recommendations.

## **UPDATES**

**H.R. 1331 Electronic Health Records Improvement Act.** Wide River Technology Extension Center posted information on H.R. 1331 on their blog. Congressman Fortenberry is one of the sponsors of the bill.

**NeHII.** Boys Town will be going live on May 22<sup>nd</sup>. NeHII is currently working on implementations with Beatrice Community Hospital, Montgomery County Hospital in Red Oak, Iowa; and Chase County Community Hospital in Imperial.

Seventeen (17) webinars have been scheduled to inform critical access hospitals about NeHII and proposed funding for implementation fees from Medicaid 90/10 funding.

**E-Prescribing Issues.** In order to meet meaningful use, 40% of prescriptions must be e-prescribed. There is an exemption for providers in areas in which no pharmacy accepts e-prescriptions. One practice in Nebraska can't meet this threshold because several pharmacies in the area do not accept e-prescriptions. The transaction fees charged by Surescripts and the pharmacy system vendors present a barrier for pharmacies. Independent pharmacies often pay a higher transaction fee than chain pharmacies. The e-Prescribing Work Group is developing a position paper on this issue.

**eBHIN.** Ms. Baker provided the report earlier in the meeting during discussion with Lieutenant Governor Heidemann.

**Wide River Technology Extension Center.** Wide River Technology Extension Center continues to work with eligible providers and critical access hospitals. Mr. Schieke provided a sheet with statistical information.

**Medicaid.** Sarah Briggs, working on an RFP for a system which would support meaningful use attestation. To date, participation in the EHR incentive program has been greater than originally anticipated.

**Division of Public Health.** Ms. Roberts-Johnson reported that testing of immunization data has been occurring with Boys Town. Michelle Hood has taken a new position within DHHS. She is still working on HIE/meaningful use efforts at this time.

**Nebraska Statewide Telehealth Network and HIT Policy Committee.** No reports were given.

## **ADJOURNMENT AND NEXT MEETING**

With no further business, Ms. Morien adjourned the meeting at 4:01 p.m.

Ms. Byers will poll the members for the next meeting date.

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