# 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.