MEETING AGENDA

NEBRASKA INFORMATION TECHNOLOGY COMMISSION

Wednesday, July 8, 2009
1:30 p.m.
Loup Power District, 2404 15th Street
Columbus, Nebraska

AGENDA

Meeting Documents: Click the links in the agenda
or click here for all documents (66 pages).

1:30 p.m.	Roll Call, Notice of Meeting, & Open Meetings Act Information Approval of Minutes* - March 3, 2009 Public Comment
1:40 p.m.	Informational Updates • LB 1208 Implementation • Public Safety Wireless Project • Statewide Technology Plan – Action Item Updates
2:00 p.m.	Reports from the Councils and Technical Panel A. Community Council Report • Community Technology Fund Grant Report: Developing Websites for Community Growth • Membership Approval* B. eHealth Council Report • Draft – Nebraska eHealth Plan • Community Technology Fund Grant Report: eHealth Projects • Membership Approval* C. Education Council Report • Task Group Reports • Marketing Plan for Network Nebraska* • Membership Approval* D. State Government Council Report E. GIS Council Report • Update on GIS Projects F. Technical Panel Report • Standards and Guidelines* ○ NITC 7-403: Scheduling Standard for Synchronous Distance Learning and Videoconferencing (Revised) • Enterprise Project Designations* • Project Reporting Update
2:45 p.m.	Other Business • Discussion – NITC 1-204: I.T. Procurement Review Policy

3:00 p.m.	Next Meeting Date and Adjournment
	Tour – Loup Power District, Technology and Power Grids

* Indicates action items.

(The Nebraska Information Technology Commission will attempt to adhere to the sequence of the published agenda, but reserves the right to adjust the order of items if necessary and may elect to take action on any of the items listed.)

The meeting notice was posted to the NITC website and the Public Meeting Calendar website on June 24, 2009. The agenda was posted on the NITC website on July 1, 2009.

NEBRASKA INFORMATION TECHNOLOGY COMMISSION

Tuesday, March 3, 2009, 1:30 p.m. CT
Executive Building-Suite 103
521 S. 14th Street, Lincoln, Nebraska
Videoconference Sites [Neb Rev. Stat. §84-1411(2)]:
University of Nebraska-Kearney, Founders Hall 119, 2504 9th Ave., Kearney, NE
Chadron State College, Burkhiser Technology Complex - Room 109, 10th and Main, Chadron, NE
South Sioux City-City Hall, 1615 1st Ave., South Sioux City, NE
Northeast Nebraska Community College, Maclay Building Room 122, 801 East Benjamin Ave., Norfolk, NE

PROPOSED MINUTES

MEMBERS PRESENT:

Lieutenant Governor Rick Sheehy, Chair
Linda Aerni, Chief Executive Officer, Community Internet Systems
Pat Flanagan, Information Services Manager, Mutual of Omaha
Lance Hedquist, City Administrator, South Sioux City
Mike Huggenberger, Director-Netlink, Great Plains Communications
Dr. Doug Kristensen, Chancellor, University of Nebraska-Kearney
Dr. Janie Park, President, Chadron State College
Trev Peterson, Attorney, Knudsen, Berkheimer, Richardson, and Endacott, LLP

MEMBERS ABSENT:

Senator Annette Dubas, Nebraska Legislature
Dr. Dan Hoesing, Superintendent, Laurel-Concord, Coleridge, Wynot & Newcastle Public Schools

ROLL CALL, NOTICE OF MEETING, & OPEN MEETINGS ACT INFORMATION

Lieutenant Governor Sheehy called the meeting to order to order at 1:30 p.m. There were eight members present at the time of roll call. A quorum was present to conduct official business. The meeting notice was posted to the NITC website and the Public Meeting Calendar website on January 21, 2009. The agenda was posted on the NITC website on February 25, 2009. A copy of the Open Meetings Act was located on the front table and at the remote locations, along with copies of the meeting materials.

APPROVAL OF NOVEMBER 12, 1008 MINUTES

Commissioner Flanagan moved to approve the November 12, 2008 minutes as presented. Commissioner Hedquist seconded. Roll call vote: Aerni-Yes, Flanagan-Yes, Hedquist-Yes, Huggenberger-Yes, Kristensen-Yes, Park-Yes, Peterson-Yes, and Sheehy-Yes. Results: Yes-8, No-0, Abstain-0. Motion carried.

PUBLIC COMMENT

There was no public comment.

INFORMATIONAL UPDATES

Brenda Decker, Chief Information Officer

LB 1208 Implementation. An updated map was distributed indicating the following phase completion dates:

- Phase I Upgrade (Northeast Region) was completed in 2007, connecting 87 high schools, 5 ESUs, and 2 college campuses.

- Phase II Upgrade (Central Region) was completed in 2008, connecting 78 high schools districts, 5 ESUs, and 8 colleges.
- Phase III Upgrade (Southeast Region) will be implemented this summer 2009 to connect 30 high schools, 4 ESUs, and 7 colleges.
- Phase III Upgrade (Panhandle Region) will be implemented this summer 2009 to connect 23 high schools, 2 ESUs, and 1 college campus.

After achieving a new lower Internet access cost on the state contract through the Technology Refreshment with Qwest, the rates for 2009-10 have gone from $38/meg to $15/meg out of Peter Kiewit Institute and $25/meg out of Nebraska Hall. Backbone capacity will be upgraded in Phase III. The Office of the CIO finished filing E-rate on the Network Nebraska K-20 backbone on February 7, 2009. Nebraska will be eligible for 68% reimbursement of the eligible costs. Planning is now underway for finishing up the network in the summer of 2010. The Office of the CIO will hopefully meet LB 1208's deadline of providing Network Nebraska access to every school district by the year 2010. Ms. Decker entertained questions from the commissioners.

Public Safety Wireless Project - Executive Orders. The project is underway. Staff will be traveling to other states to learn best practices. Phase I of the implementation of the system will begin in the Panhandle region. Law enforcement will be able to feed into the system of systems for interoperability. Executive Order No. 0803 established the "Nebraska Wireless Interoperable Network (hereinafter "N-WIN")" Executive Order No. 0804 established and authorized the Nebraska Council of Regions (hereinafter "NCore"). The State is on track with the project. By June 2009, Phase I of the system's operability will be implemented with full deployment expected to be completed by 2011.

American Recovery and Reinvestment Act, Lt. Governor Sheehy. Staff from the Office of the CIO have been meeting with the Governor's Office staff regarding the NITC's part in the stimulus package. All projects will require a 20% match.

- The Broadband Technology Opportunities Program has $4.35 billion available from the National Telecommunications and Information Administration. Each state will receive at least one grant. States will be identifying underserved areas. The NITC will be working with the Public Service Commission.
- The Rural Utilities Services has $2.5 billion dollars available to states for loans and grants for broadband infrastructure to serve rural areas.
- Through the Broadband Data Improvement Act, 350 million dollars will be available for states to map broadband usage.
- At least $300 million is available for state grants to promote health IT. Nebraska has to submit a Health I.T. Plan. The eHealth Council is developing the plan and will take the lead on this effort.

Lt. Governor Sheehy will share more information as it is received.

State Information Security Officer, Steve Henderson. Mr. Henderson introduced Brad Weakly as the new State Information Security Officer. Lt. Governor Sheehy stated that he has been pleased with the Office of the CIO's work with cyber security. Mr. Weakly provided information on his background. He will be organizing the Cyber Security Conference that will be held in June.

REPORT - COMMUNITY COUNCIL REPORT
Anne Byers, Community I.T. Manager

The Developing Websites for Community Growth project is providing hands-on assistance to 11 communities, accessibility testing of websites, and marketing assistance. The project is strictly focused on content development, website enhancements, and marketing. At the end of the process, each community will have fully developed website content and will be able to pass that on to a web developer. The communities selected include Burwell, Butler County, Elwood, Gering, Grand Island, Laurel, Pender, Scribner, South Sioux City, St. Paul, and Valentine. At least one community meeting has been held in ten

of the communities. An initial meeting is being scheduled for Laurel. A series of monthly webinars have been held on topics such as Google Docs, LinkedIn, Flickr and blogs. The Community Council will meet on March 23 to begin developing action plans for the coming year. Lt. Governor Sheehy has been invited to the meeting to discuss broadband stimulus funding opportunities.

REPORT - EHEALTH COUNCIL REPORT
Anne Byers, Community I.T. Manager

Ms. Byers provided the following updates on the eHealth Community Technology Fund grants:

- *The University of Nebraska Public Policy Center* conducted a deliberative discussion and survey on sharing health information electronically on Nov. 17, 2008. The deliberative discussion and survey indicate that Nebraskans have positive views about sharing health information electronically, but do have some privacy and security concerns. Most participants in the deliberative discussion felt that the State of Nebraska had a role in ensuring the privacy and security of health information (100%), providing information to consumers about health information security and privacy (94%), regulating health information networks (91%), and facilitating public-private partnerships to exchange health information (88%). The report from the project is included in the meeting materials.
- *NeHII (Nebraska Health Information Initiative)* is piloting the exchange of health data. A virtual ribbon cutting is planned for April 2.
- *The Southeast Nebraska Health Information Network (SNBHIN)* is finalizing the system requirements for the Behavioral Health Information Exchange. A Request for Information has been issued.
- *Western Nebraska Health Information Exchange* continues to make progress, but is still determining financing models.
- *HISPC Website and Consumer Education* materials are in the initial stages of development.

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. The Legal Work Group found one Nebraska law which was 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. At a hearing before the Health and Human Services Committee, Brenda Decker proposed an amendment to LB 288 (the Health and Human Services Clean Up Bill) to eliminate the 180-day restriction. 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 LB 220. Lt. Governor Sheehy provided a letter supporting the provision to the Health and Human Services Committee. LB 220 is on General File.

Work Group Updates. The Health Information Security and Privacy Committee (HISPC) is finalizing a report on its activities. David Lawton, Ann Fetrick, and Ms. Byers will be attending the national Health Information Security and Privacy Collaborative meeting in Washington, D.C. March 4-6. The Adoption of Standards Collaborative has completed work on recommendations for minimum standards related to authorization and audit. The E-Prescribing and Personal Health Work Groups are developing reports and recommendations. A Public Health Work Group is being formed.

The eHealth Council will meet March 23. Lt. Governor Sheehy has been invited to discuss stimulus funding for health IT. The Council will also begin working on action plans and the development of a statewide eHealth plan. A statewide eHealth Plan is required to receive funding from a state health IT grant program included in the American Recovery and Reinvestment Act.

REPORT - EDUCATION COUNCIL REPORT
Tom Rolfes, Education I.T. Manager

The Education Council has met twice since the November 2008 NITC meeting. The Statewide Technology Plan and the Council's action items have been the major focus. The following update was shared from the Education Council's four task groups:

- *Governance*. The task group has been discussing the establishment of an advisory group for Network Nebraska to provide structure and governance in order to make network decisions.
- *Funding and eRate*. The task group has been working on prospective funding and eRate policies affecting the network. One approach was to attempt to qualify the pre-K population as eligible participants. In speaking with NDE and their legal counsel, it was best not to pursue this at this time for Nebraska. The task group is currently developing on online rate calculator for ineligible users to determine their costs for using facilities that are reimbursed by eRate.
- *Services*. The task group has been developing and discussing Network Nebraska services to be posted on the web site. The group has also been discussing the development of advance services such as a digital content depository. There are only three other states doing this right now.
- *Marketing*. In December, the task group distributed a survey in December to all educational entities (public and non-public). Survey Monkey was used. The results will be used to determine how to market Network Nebraska to new users. The Council will also use this information to formulate action items for the Statewide Technology Plan.

Network Nebraska Market Survey Report, Conclusions and Recommendations (Excerpt | Full Report)

Conclusions: The survey highlights several areas of challenge and opportunity for Network Nebraska if it seeks to grow its partners and services.

1. The survey indicates that Network Nebraska would benefit from improved communications to current partners and that potential partners lack relevant information about Network Nebraska in order to make informed decisions about becoming members of the network.
2. The perception that the governance structure does not represent the stakeholders and that leadership and support services are inadequate to support future growth is a critical concern. Addressing these three issues is essential prior to implementation of strategies directed at adding new partners and services.
3. Building a marketing campaign to increase awareness among potential partners should center on lower costs, shared resources, statewide access, and increased educational opportunities. Marketing campaigns need to be customized for individual target audiences.
4. The prevailing perception is that the network continues to mature. Partners continue to expect additional advanced services and reliability. Further research is required to define what services should be offered and the willingness of partners to pay for these services.

Recommendations:

- Utilize the data to advance their group objectives.
- Establish a steering committee of key stakeholders representing sub-sections with vested interests to guide development of network Nebraska leadership, services, and support.
- Take findings from the Market Survey Report and develop a marketing plan to be presented at the June 2009 meeting of the Education Council.
- Annually reissue the survey (with minimal changes) to evaluate the success of the recommended Action Plan(s) and ensure the future of Network Nebraska values.

REPORT - STATE GOVERNMENT COUNCIL
Rick Becker, Government I.T. Manager

Shared Services in Government. The Office of the CIO and the State Government Council established an ad hoc work group to address secure electronic file transfers. The group will consider the option of having agencies use new secure file transfer software being provided to the OCIO by the federal Social Security Administration. In February, agencies participated in demonstrations of the new software. The next step is to determine the cost to agencies.

BIENNIAL BUDGET PROJECT REVIEW - 25-01-DHHS, ACCESS NEBRASKA (Full Text)

During the biennial budget review, this project was rated Tier 4 because there was not enough information and the project was submitted late. The NITC directed the State Government Council to make a recommendation. This project is a re-engineering of their current system. The goal is to go from a paper file process to an electronic online file process that would be accessible to all DHHS case workers. At their December 11 meeting, the State Government Council voted to recommend the project be ranked as a Tier 2 project.

Commissioner Flanagan was present at the council meeting and stated that this project would make government more efficient. He recommended the project be forwarded as a Tier 1 Project. Discussion followed regarding the Technical Panel's review and concerns. Ms. Decker stated that the Technical Panel's concerns were mainly non-technical and pertained mostly to staff training and change management.

Commissioner Flanagan moved to prioritize the Access Nebraska Project as a Tier 1 Project. Commissioner Hedquist seconded. Roll call vote: Sheehy-Yes, Peterson-Yes, Park-Yes, Huggenberger-Yes, Kristensen-Yes, Hedquist-Yes, Flanagan-Yes, and Aerni-Yes. Results: Yes-8, No-0, Abstain-0. Motion carried.

REPORT - GIS COUNCIL
Larry Zink, GIS Coordinator

The GIS (Geospatial Information Systems) Council has held one meeting since the November NITC meeting.

Membership. The GIS Council voted on the following two recommendations:

- Paul Mullen, Executive Director of the Metro Area Planning Agency (MAPA), for the Omaha-area seat on the GIS Council.
- Michael Preston, GIS Manager, Kirkham Michael, for the Nebraska geospatial professional organization seat on the GIS Council.

Commissioner Kristensen moved to approve the GIS Council's recommendations and to nominate Paul Mullen and Michael Preston to serve on the GIS Council. Commissioner Peterson seconded. Roll call vote: Hedquist-Yes, Huggenberger-Yes, Kristensen-Yes, Park-Yes, Peterson-Yes, Sheehy-Yes, Aerni-Yes, and Flanagan-Yes. Results: Yes-8, No-0, Abstain-0. Motion carried.

There are three At-large and one NACO positions that need to be filled. The Council would like Panhandle and central Nebraska representation. Dr. Park was asked to refer individuals who may be interested in serving on the Council.

NebraskaMAP – A Geospatial Data Sharing and Web Services Network. Funding for the project was provided from the Government Technology Collaboration Fund through the Office of the CIO. The Office of the CIO is developing a project charter. A Governance Committee has been established. Dan Fifer has been hired as the Project Manager. Now that a project manager is in place, the project will make further progress. Douglas County and MAPA collaborated with several other cities, counties, NRDS and

state agencies to do an aerial imagery update in 2007. Planning for another collaborative imagery update are underway for 2010.

REPORT - TECHNICAL PANEL
Walter Weir, Chair

The Technical Panel has met twice since the November NITC meeting.

Project Update-NPRIS (Nebraska Public Retirement Information System). NPRIS has gone live. Saber has 16 staff on-site for the go-live. The project has been on time and on budget. Jerry Brown, Project Director, will be retiring in April and has done a great job in keeping the Technical Panel informed.

Project Update-MMIS (Medicaid Management Information Systems). Don Spaulding is the project manager and works closely with Jim Ohmberger. The federal government is contributing ninety (90%) percent of the project. Twenty-two million dollars will come from the state. The project is utilizing a risk management approach based on problems, likelihood of problems, etc. All high level risks are entered into a tracking system.

Project Update-Student Information System. Rory Weaver has been designated as the project manager. In 2008, the University of Nebraska and the State College Systems agreed to partner in this endeavor. Currently, the academic structure and campus community portions of the system are being developed. There was an issue with the online application due to the multiple campus programs with different admissions requirements.

DEFICIT BUDGET REQUEST - PROJECT REVIEW* NEBRASKA STATE COLLEGE SYSTEM AND UNIVERSITY OF NEBRASKA - STUDENT INFORMATION SYSTEM REPLACEMENT

The deficit request is a joint application for $11 million. The original budget request stated that additional funding may be required. During the biennial budget cycle, the State College System and the University of Nebraska had submitted separate requests totaling $42 million dollars. The NITC requested the entities collaborate and work cooperatively in this effort. A combined request was submitted for $32 million. The legislature awarded $20 million for the project leaving a $12 million balance. Mr. Weir stated that the working relationship between the University of Nebraska and State College Systems has been positive and beneficial.

Commissioners had concerns about the project's request for additional funding. Mr. Weir stated that the project has been operating with "imperfect" knowledge due to the difficulty of determining accurate numbers for travel or unexpected issues such as the online application.

Commissioner Hedquist moved that the NITC support the project because it is a good project for the State of Nebraska and it should be implemented. Commissioner Kristensen seconded. Discussion followed.

The question was raised as to what will happen if NITC does not submit a recommendation for the deficit request. Mr. Weir stated that the campuses will continue with the project and will have to pay the deficit.

There was concern about the motion stating support of the project but not mentioning the deficit request to support the implementation of the project.

Commissioner Hedquist withdrew his motion.

Commissioner Hedquist moved that the NITC support the project because it is a good project for the State of Nebraska, it should be implemented, and that the NITC realizes that there is

a deficit request to support the project's implementation. Commissioner Kristensen seconded. Roll call vote: Huggenberger-Yes, Hedquist-Yes, Flanagan-Yes, Aerni-No, Sheehy-No, Peterson-Yes, Park-Yes, and Kristensen-Yes. Results: Yes-6, No-2, Abstain-0. Motion carried.

Enterprise Project and Project Reporting Designations
Steve Henderson, I.T. Administrator, Planning and Project Management

Mr. Henderson provided a list of projects that the State Government Council and the Technical Panel are recommending be designated as Enterprise Projects. With the exception of the Access Nebraska project, the Technical Panel has opted to wait on making a recommendation on projects with current biennial budget requests until the Legislature makes a decision regarding funding.

Commissioner Peterson moved that if a project is recommended as an Enterprise Project by either the State Government Council or the Technical Panel that the NITC take their recommendations under consideration at the next meeting. The agencies may respond in writing before the next NITC meeting. Commissioner Aerni seconded. Roll call vote: Flanagan-Yes, Park-Yes, Aerni-Yes, Hedquist-Yes, Sheehy-Yes, Kristensen-Yes, and Huggenberger-Yes. Results: Yes-7, No-0, Abstain-0. Motion carried.
(Commissioner Peterson left the room prior to vote.)

OTHER BUSINESS

There was no other business.

NEXT MEETING DATE AND ADJOURNMENT

The next meeting of the Nebraska Information Technology Commission will be in May. The office will be in contact with commissioners about their availability. The Commission usually travels out-state for the May or June meeting. Lt. Governor Sheehy asked Commissioner Aerni if she would like to host the meeting.

Commissioner Peterson moved to adjourn. Commissioner Huggenberger seconded. All were in favor. Motion carried by unanimous voice vote.

The meeting was adjourned at 3:48 p.m.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by the I.T. Managers of the Nebraska Information Technology Commission.

July 1, 2009

To: NITC Commissioners

From: Anne Byers

Subject: Community Council report

ARRA Broadband Funding Update

Information on broadband funding opportunities was published on July 1.

Updates on Community Technology Fund Grants

The Developing Websites for Growth Program is completing its work with the 11 participating communities. An extension will allow the program to continue next year.

Update on Action Items

The Community Council discussed action items at its March meeting. The Community Council plans to update its current action items.

Membership

Matthew Williams has been nominated to be a member of the Community Council.

Matthew R. Williams

BA in English from Trinity College (now Trinity International University) in Deerfield, IL.
MLIS (Master of Library and Information Science) from Rosary College (now Dominican University) in River Forest, IL.

19 years in Public Library Administration. 14 years as a Library Director.

1990 - 1995 Assistant Director at Antioch Public Library District, Antioch, IL
1995-2006 Director at Watertown Public Library, Watertown, WI
2006-2009 Director at Kearney Public Library, Kearney, NE

July 1, 2009

To: NITC Commissioners

From: Anne Byers

Subject: eHealth Council report

ARRA Update

The American Recovery and Reinvestment Act allocates $2 billion to the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology for efforts relating to health information technology. Of this allocation, a minimum of $300 million is to support "regional or sub-national efforts toward health information exchange." Section 13301 (amending Section 3013 of the Public Health Service Act) requires the Secretary of Health And Human Services to establish a grant program to facilitate and expand the exchange of health information in states. Grant funds may be used for:

- Enhancing participation in the exchange of health information
- Identifying state or local resources available to promote health IT
- Complementing other Federal grants, programs, and efforts towards the promotion of health IT
- Providing technical assistance to address barriers to the exchange of health IT
- Promoting effective strategies to utilize health IT in medically underserved communities
- Encouraging clinicians to work with HIT regional extension centers
- Supporting public health agencies use of electronic health information
- Promoting the use of electronic health records for quality improvement

In order to apply for State Grants for Health IT, states must complete a state plan. More information on State Grants for Health IT is expected this summer.

State Plan Update

The eHealth Council's State Plan Work Group has completed an initial draft of a state eHealth Plan for review and comment by internal stakeholders. The plan lays out the state's vision, goals, and objectives. The draft plan will be revised and distributed for public comment by mid-July. A more detailed plan with action items will be developed later. The draft plan is included in the meeting documents.

Members of the State Plan Work Group include:

- Deb Bass and Chris Henkenius, Bass and Associates
- Ken Lawonn, Alegent Health
- Dr. Harris Frankel, NeHII
- Wende Baker, SNBHIN
- Dan Griess, WNHIE and Box Butte General Hospital
- Joyce Beck, SENHIE and Thayer County Health Services
- David Lawton, HHS
- Nancy Shank, Nebraska Public Policy Center
- Jenifer Roberts-Johnson, Dept. of Health and Human Services
- Keith Mueller, UNMC
- Vivianne Chaumont, Dept. of Health and Human Services
- September Stone, Nebraska Health Care Association

Updates on Community Technology Fund Grants

- **The University of Nebraska Public Policy Center** conducted a deliberative discussion and survey on sharing health information electronically on Nov. 17, 2008.

- **NeHII (Nebraska Health Information Initiative)** completed its pilot project June 30. piloting the exchange of health data. A virtual ribbon cutting is planned for April 2.

- **The Southeast Nebraska Health Information Network (SNBHIN)** purchased a server with their grant funds.

- **Western Nebraska Health Information Exchange** is moving ahead with a pilot. Grant funds were used for software for the pilot project.

- **Health Information Security and Privacy Committee (HISPC) Website and Consumer Education Materials** are being developed. Through Nebraska's National HISPC contract with the Office of the National Coordinator, additional funding has been made available for consumer and provider education efforts. Creighton University has been contracted to provide assistance.

Update on Action Items

The eHealth Council discussed action items at its March meeting. The eHealth Council's action items will focus on the development of the state plan and also on health information security and privacy.

Membership Updates

Henry Zach, HDC 4Point Dynamics; Jim Krieger, Gallup, and C.J. Johnson, SNBHIN and Region V Systems have resigned.

Two new members have been nominated:

- Wende Baker, Executive Director of SNBHIN
- Joyce Beck, CEO, Thayer County Health Services

Wende Baker is the Executive Director of the Southeast Nebraska Behavioral Health Information Network.

Joyce Beck is the CEO for Thayer County Health Services. She has a Masters of Healthcare Administration, a BS in Healthcare Administration, and an Associate Degree in Nursing Home Administration as well as being an LPN. She has been in health care for 41 years beginning as a nurse aid, later as a nurse, and for the past 19 years as a CEO. Joyce is a member of the CAH-HIT Grant Committee and is responsible for the leadership necessary to implement the changes from a paper environment to an electronic one forming the Southeast Nebraska Health Information Exchange (SENHIE).

Nebraska eHealth Plan

Vision, Goals, Objectives

June 30, 2009

DRAFT

DRAFT

2009
State of Nebraska
Nebraska Information Technology Commission
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Executive Summary

Health information technology (Health IT), often referred to as eHealth, promises to improve the quality of care and patient safety as well as enhance public health efforts. Over the past several years, significant progress has been made in addressing many of the barriers which have limited the adoption of health IT. Additionally, the American Recovery and Reinvestment Act provides significant funding for health IT. The time is right to build upon the investments in health IT being made in Nebraska by health care providers, hospitals, pharmacies, other health care providers, public health, and third party payers.

The Nebraska Information Technology Commission's eHealth Council has taken the lead in developing the state's eHealth Plan. This plan lays out the state's vision, goals, and objectives. Key considerations and recommendations are also included. More detailed action plans will be included in a later version of the plan.

Vision

Stakeholders in Nebraska will cooperatively improve the quality and efficiency of patient-centered health care and population health 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.

Goals

These goals will be achieved while ensuring the privacy and security of health information, which is an essential requirement in successfully implementing health information technology and exchanging health information:

- Improve the quality of care and performance of health care systems, while controlling costs;
- Improve patient safety;
- Encourage greater patient involvement in personal health care decisions;
- Enhance public health and disease surveillance efforts;
- Improve patient access to health care;
- Improve patient outcomes using evidence-based practices.

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Objectives

Adoption

- Encourage and support health IT adoption by providers.
- Encourage and support e-prescribing.
- Build an appropriately-trained, skilled health information technology workforce.
- Provide effective analytics reporting for decision support.
- Encourage and support the adoption of personal health records.
- Encourage the integration of health information exchange with telehealth delivery.

Interoperability

- Support the development and expansion of health information exchanges to improve the quality and efficiency of care.
- Support the development of interconnections among health information exchange in the state and across state borders.
- Encourage the electronic exchange of health data to state and local public health entities.
- Leverage the state's role as a payer to support health information exchange.
- Promote the development of a robust telecommunications infrastructure.

Privacy and Security

- Continue to address health information security and privacy concerns of providers and consumers.
- Build awareness and trust of health information technology.

Governance

- Address issues related to governance, oversight, and financing of health information exchange.

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Key Considerations and Recommendations

Adoption

- Small physician practices, critical access hospitals, and independent pharmacies—especially in the most rural areas of the state—may require both financial and technical support to adopt health information technologies. Systems need to be scaled to optimal use given the size and scope of physician practices and institutional settings.
- Information technology applications have to include improvements in management that generate a fair return on investment to the organization adopting the new technology.
- It is also critical that providers include developing a culture of safety and continuous quality improvement as part of their health IT implementation plan. Without a culture of safety and continuous quality improvemetn, health IT adoption will have limited impact on improving quality of care and patient safety.
- When implementing new technologies, efforts should be made to identify new sources of errors and to address those errors.
- Physician practices, critical access hospitals, and pharmacies which have successfully implemented health IT can serve as models.
- Barriers to increased use of telehealth should be identified and addressed. These include statutory and regulatory issues as well as limitations on bandwidth.
- Colleges and universities should be encouraged to create and enhance existing HIT and bioinformatics curriculums for under grad and graduate degree programs.
- The involvement of all stakeholders in health IT implementation should be encouraged.
- Consumers are an important stakeholder group. They must be included in any advisory body.

Interoperability

- National standards and certification processes should be utilized to facilitate interoperability.
- Interoperability solutions selected should be cost-effective and provide the greatest return on investment to all engaged parties, and all who benefit should contribute to the cost of the investment.
- The development of sustainable business models should be encouraged.

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- Existing eHealth initiatives and investments in Nebraska should be leveraged.
- Health information exchanges may play a role in providing value-added services and support to providers as well as exchanging information.

Privacy and Security

- Privacy and security are key requirements for the exchange of health information exchange.
- Privacy and security policies and practices will continue to evolve in response to changes in the legal environment and technological changes.
- Nebraska's privacy and security laws may need to be further reviewed in light of the HITECH ACT. Compliance may require ongoing monitoring and policy changes.
- Although consumers are generally supportive of the use of health information technology, efforts should be made to educate consumers on how their health information is used, how it is protected, and what privacy rights they have.
- Providers may also need information and training on privacy and security laws and practices.

Governance

- Stakeholder input should be solicited when developing policies and recommendations, including future versions of the state eHealth plan.
- Mechanisms must be put in place to ensure accountability of any funds received through the American Recovery and Reinvestment Act.
- The sustainability of health information exchanges must be addressed.

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Introduction

Promise of Health IT. Health information technology (Health IT), often referred to as eHealth, promises to improve the quality of care and patient safety as well as enhance public health efforts. The push for improving the quality of health care began ten years ago. In 1999, a report on medical errors by the Institute of Medicine found that more Americans died from preventable medical errors in hospitals than from automobile accidents, breast cancer or AIDs. Health IT promises to:

- **Improve the quality of care and performance of health care providers, while controlling costs.** Health care providers can make better make clinical decisions and manage patient care with more complete patient information. The need for duplicate tests may be reduced.
- **Improve patient safety**. Medication and other errors may be reduced by the implementation of Health IT because providers have timely and complete information.
- **Improve patient outcomes using evidence-based practices.** Electronic medical record systems can provide evidence-based knowledge to clinical decision makers quickly and accurately at the point of care.
- **Encourage greater patient involvement in personal health care decisions.** Personal health records can help patients track their progress, record observations of daily living, and manage their health care.
- **Enhance public health and disease surveillance efforts.** Public health reporting is often done manually, rather than electronically. Electronic reporting can provide more timely information to public health officials and reduce the reporting burden of providers, increasing the prospects for timely and accurate reporting.
- **Improve patient access to health care.** Many of Nebraska's rural counties lack access to specialists. Two-way videoconferencing and other telehealth technologies can make specialist services (including consultation, patient counseling, and diagnostic services) available to residents of rural areas.

National Initiatives. The importance of electronic health records in efforts to improve the quality of care was officially recognized by President Bush five years ago when he called for Americans to have electronic health records by 2014. The Office of the National Coordinator for Health IT has provided leadership for health IT efforts, publishing the *Federal Health Information Technology Strategic Plan*[1] in 2008. The National Governors Association State Alliance for eHealth has provided information and recommendations to states. National bodies, including the Health Information Technology Standards Panel (HITSP), have worked to develop standards. The Certification Commission for Health IT (CCHIT) has begun certifying electronic medical records, e-prescribing systems, and personal health records. Under President Obama, the push to adopt health IT and to reform health care has intensified.

[1] *The Federal Health Information Technology Strategic Plan: 2008-1012* is available at: http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10731_848084_0_0_18/HITStrategicPlanSummary508.pdf .

Current Adoption and Barriers. Nevertheless, health IT adoption remains low. Nationally, 21% of physician offices and 10% of hospitals had implemented EMRS in 2008.[2] Barriers to health IT adoption include cost, time required for implementation, and privacy and security concerns, and technical issues.

Progress and Opportunities. Over the past few years, significant progress has been made in addressing these barriers. Many technical issues are being addressed by the continued development of standards and the certification of electronic medical record systems. Over 40 states, including Nebraska, have worked together through the national Health Information Security and Privacy Collaborative (HISPC) to address privacy and security issues. Additionally, the American Recovery and Reinvestment Act provides significant funding for health IT. The time is right to build upon the investments in health IT being made in Nebraska by health care providers, hospitals, pharmacies, other health care providers, public health, and third party payers.

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[2]Office of the National Coordinator website, http://healthit.hhs.gov/portal/server.pt?open=512&objID=1152&parentname=CommunityPage&parentid=3&mode=2&in_hi_userid=10741&cached=true, accessed June 11, 2009.

Consumer Considerations

As stakeholders, consumer needs and use of health IT should also be considered. Consumers can be adult children caring for elderly parents, parents of young children, as well those seeking health care for themselves.

Consumer Views of Health IT. Nebraska consumers are generally receptive toward health IT and health information exchange. Research by the University of Nebraska Public Policy Center indicates that Nebraskans have positive views about sharing health information electronically, but do have some privacy and security concerns. Most participants in the deliberative discussion felt that the State of Nebraska had a role in ensuring the privacy and security of health information (100%), providing information to consumers about health information security and privacy (94%), regulating health information networks (91%), and facilitating public-private partnerships to exchange health information (88%).[3]

The support of Nebraska consumers toward health information exchange is also born out by the high rate of consumers deciding to opt-in to Nebraska's largest active health information exchange, the Nebraska Health Information Initiative (NeHII). Less than two percent of consumers have opted out of participating in NeHII.

Consumers are also extremely satisfied with telehealth services provided through the Nebraska Statewide Telehealth Network. Virtually all patients indicated they would recommend its use to a family member. Use of the system saved consumers attending meetings and conferences over $1 million in mileage costs alone.

Referral Patterns. Nebraskans, especially those in rural areas of the state, often travel for health care, sometimes crossing state lines. Medical trading areas are often regional or among specialty treatment providers with specific business needs. These needs can be addressed through an HIE that supports data exchange through an integrated approach to improve patient care and lower cost. The neighboring states of Iowa, Kansas, Wyoming and Colorado have been mentioned as medical trading areas with Nebraska. Where appropriate, the exchange of permitted patient information should be considered with these adjacent regions with the eventual goal of being able to exchange health information across the entire United States.

[3] Abdel-Monem, Tarik, and Herian, Mitchel, Sharing Health Records Electronically: The Views of Nebraskans, University of Nebraska Public Policy Center, December 11, 2008, http://ppc.unl.edu/userfiles/file/Documents/projects/eHealth/Sharing_Health_Records_Electronically_Final_Report.pdf, accessed on June 25, 2009.

Stakeholder Involvement and Social Capital

Nebraskans have a history of working together, dating back to the days of the pioneers. This may be Nebraska's greatest strength. The Nebraska Information Technology Commission's eHealth Council has taken the lead in developing the state's eHealth Plan. The eHealth Council has 25 members representing state and federal government, health care providers, eHealth initiatives, public health, employers, payers, and consumers. The eHealth Council has worked to develop a common understanding of eHealth and to encourage the development of social capital. Nebraska's health information exchanges have also invested time and effort to involve stakeholders and to build social capital.

Involvement of stakeholders in meetings and work groups of the eHealth Council has been encouraged regardless of ethnicity, gender, or race. Various stakeholder groups have been invited to participate in panels and give presentations to the eHealth Council. All meetings of the eHealth Council are open to the public. Additionally, work groups have been created to address issues related to health information security and privacy, personal health records, e-prescribing, and public health. Work groups have included both eHealth Council members and other stakeholders. As more work is done to develop action plans which support the objectives identified in this plan, additional work groups may be formed. An electronic newsletter also provides a vehicle to keep stakeholders informed about the activities of the eHealth Council and the development of the state eHealth plan.

The eHealth Council views the development of a statewide eHealth plan as an iterative process. This draft plan will be posted on the Nebraska Information Technology Commission's website for comment. Members will be asked to share the draft plan with their constituents and contacts. Comments will be considered and incorporated into later versions of the plan.

Members of the eHealth Council and its work groups are listed in the appendix.

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Vision

Stakeholders in Nebraska will cooperatively improve the quality and efficiency of patient-centered health care and population health 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.

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Guiding Principles

The development of health information exchange in Nebraska will:

- Utilize national standards and certification to facilitate interoperability.
- Utilize solutions which are cost-effective and provide the greatest return on investment.
- Utilize a sustainable business model.
- Leverage existing eHealth initiatives and investments in Nebraska.
- Support the work processes of providers.
- Encourage ongoing stakeholder engagement and participation in development of the state plan and throughout all stages of implementation.
- Support consumer engagement and ensure the privacy of patient information.
- Encourage transparency and accountability.

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Goals

These goals will be achieved while ensuring the privacy and security of health information, which is an essential requirement in successfully implementing health information technology and exchanging health information:

- Improve the quality of care and performance of health care systems, while controlling costs;
- Improve patient safety;
- Encourage greater patient involvement in personal health care decisions;
- Enhance public health and disease surveillance efforts;
- Improve patient access to health care;
- Improve patient outcomes using evidence-based practices.

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Objectives

The State of Nebraska has developed objectives which support the four themes of adoption, interoperability, privacy and security, and governance. These themes echo the themes identified by the Office of the National Coordinator in the *Federal Health Information Technology Strategic Plan: 2008-1012*.[4]

Adoption

Current environment

Adoption of health IT by providers is a key building block for health information exchange. Health IT applications include electronic medical records (EMRs), e-prescribing, and telehealth. Consumers can use personal health records (PHRs) to access their health information, record observations of daily living, and better manage their care.

Adoption of electronic medical records remains low. Nationally, 21% of physician offices and 10% of hospitals had implemented EMRS in 2008.[5] In 2007, approximately 30% of physicians in Nebraska routinely used an EMR. Encouragingly, half of the physicians in Nebraska planned to implement an EMR system.[6]

The use of e-prescribing is also another important measure of health IT adoption. Although the use of e-prescribing is growing, adoption still remains low. Only 4% of eligible prescriptions in the U.S. were routed to pharmacies electronically in 2008.[7] In Nebraska, less than 2% of eligible prescriptions were routed electronically. [8] Nationally, 76 percent of community pharmacies in the U.S. were connected for prescription routing

[4] The *Federal Health Information Technology Strategic Plan: 2008-1012* is available at: http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10731_848084_0_0_18/HITStrategicPlanSummary508.pdf .

[5] Office of the National Coordinator website, http://healthit.hhs.gov/portal/server.pt?open=512&objID=1152&parentname=CommunityPage&parentid=3&mode=2&in_hi_userid=10741&cached=true, accessed June 11, 2009.

[6] Galt, Kimberly; Drincic, Andjela; Paschal, Karen; Kasha, Ted; Bramble, James; Siracuse, Mark; Abbott, Amy; and Fuji, Kevin, Status of HIT In Nebraska: Focus on EHRs in Physician Offices, Creighton Health Services Research Program, March 2008, http://chrp.creighton.edu/Documents/EHR_Report/Status_of_Health_Information_Technology_in_Nebraska_March_2008.pdf, accessed on June 11, 2009, p. 6.

[7] National Progress Report on E-Prescribing. 2009. SureScripts. http://www.surescripts.com/downloads/NPR/national-progress-report.pdf accessed June 11, 2009, p. 10.

[8] Nebraska: State Progress Report on E-Prescribing. 2009. SureScripts. http://www.surescripts.com/downloads/NPR/NE2009.pdf, accessed June 26, 2009.

at the end of 2008.[9] In Nebraska, pharmacy participation in e-prescribing is significantly lower. Approximately 61% of pharmacies accepted e-prescriptions.[10] Physician use of e-prescribing also remains low. A survey of 612 Nebraska physicians carried out by the Creighton Health Services Research Program and the Nebraska Medical Association in March 2008 found 8.7% of physicians were e-prescribing. Of these, 59% reported daily use of e-prescribing.[11]

Nebraska has long recognized that telehealth can improve access to specialty health services and has implemented a very extensive telehealth network to address needs across the state. Nearly all of the state's hospitals and all of the state's public health departments are connected to the Nebraska Statewide Telehealth Network.[12] The network has been well-received by the physicians using it. On a 7-point scale, physicians using the network rated 6.69 on their future use of the system and 6.63 on their confidence in it. One barrier to greater use of telehealth is the current reimbursement policy. There are not consistent, comprehensive reimbursement policies that allow its integration into current health care practice. Partial Medicare reimbursement does exist, but there are limitations related to location, originating sites, providers and services. Medicaid payment is unique to each state; in Nebraska payment is mandated by LB559, but regulatory issues have slowed adoption in this area. Policies are continuing to evolve as agencies become more aware of the value of telehealth as a tool to deliver quality health care. Bills have been introduced in both the House and the Senate in 2009 that have the potential of significantly advancing reimbursement practices; in Nebraska a study L.B.160 has commissioned a study, which has as one of its goals identification and reduction of barriers to telehealth.

A challenge also exists in maintaining and enhancing the infrastructure for the telehealth network. The telehealth network receives significant funding from the federal universal service as well as funding from the Nebraska Public Service Commission. Hospitals also contribute to the operation of the network. In 2004, the FCC modified the definition of rural, which would have resulted in the loss of funding from the federal universal service fund for four sites (three of which are hubs and one endpoint) in Fremont, Norfolk, Kearney and Grand Island. This would be devastating to the network and account for over $225,000 in lost funds. The sites are grandfathered at this time, but that order will sunset on June 30, 2011.

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[9] National Progress Report on E-Prescribing. 2009. SureScripts. http://www.surescripts.com/downloads/NPR/national-progress-report.pdf accessed June 11, 2009, p. 15.

[10] Data from Surescripts website (http://www.surescripts.com, accessed April 28, 2009).

[11] Galt, Kimberly; Drincic, Andjela; Paschal, Karen; Kasha, Ted; Bramble, James; Siracuse, Mark; Abbott, Amy; and Fuji, Kevin, Status of HIT In Nebraska: Focus on EHRs in Physician Offices, Creighton Health Services Research Program, March 2008, http://chrp.creighton.edu/Documents/EHR_Report/Status_of_Health_Information_Technology_in_Nebraska_March_2008.pdf, accessed on June 11, 2009, p. 6.

[12] Information on the Nebraska Statewide Telehealth Network can be found at http://www.netelehealth.net .

As stakeholders, consumer needs and use of health IT should also be considered. Overall, consumers have positive views about a wide range of health IT applications, including telehealth, health information available over the Internet, and personal health records. Virtually all telehealth patients indicated they would recommend its use to a family member. Use of the system saved consumers attending meetings and conferences over $1 million in mileage costs alone. Over 60% of consumers (61%) have used the Internet as a source of health information.[13] While only nine percent of consumers surveyed have an electronic personal health record, 42 percent are interested in establishing PHRs connected online to their physicians.[14] Interestingly, health care professionals seem to have more concerns about PHRs than consumers. Healthcare professionals have voiced concerns about the accuracy of the information contained in a PHR because it is managed by the individual consumer.

Adoption Objectives

- Encourage and support health IT adoption by providers.
- Encourage and support e-prescribing.
- Build an appropriately-trained, skilled health information technology workforce.
- Provide effective analytics reporting for decision support.
- Encourage and support the adoption of personal health records.
- Encourage the integration of health information exchange with telehealth delivery.

Key Considerations and Recommendations

- Small physician practices, critical access hospitals, and independent pharmacies—especially in the most rural areas of the state—may require both financial and technical support to adopt health information technologies. Systems need to be scaled to optimal use given the size and scope of physician practices and institutional settings.
- Information technology applications have to include improvements in management that generate a fair return on investment to the organization adopting the new technology.

[13] Fox, Susannah and Jones, Sydney. The Social Life of Health Information. Pew Internet and American Life Project, June 2009, http://www.pewinternet.org/~/media//Files/Reports/2009/PIP_Health_2009.pdf, accessed on June 11, 2009, p. 8.

[14] 2009 Deloitte Survey of Health Care Consumers, Deloitte Center for Health Solutions, 2009, http://www.deloitte.com/dtt/cda/doc/content/us_chs_2009SurveyHealthConsumers_March2009.pdf, accessed on June 11, 2009, p. 7.

- It is also critical that providers include developing a culture of safety and continuous quality improvement as part of their health IT implementation plan. Without a culture of safety and continuous quality improvemetn, health IT adoption will have limited impact on improving quality of care and patient safety.
- When implementing new technologies, efforts should be made to identify new sources of errors and to address those errors.
- Physician practices, critical access hospitals, and pharmacies which have successfully implemented health IT can serve as models.
- Barriers to increased use of telehealth should be identified and addressed. These include statutory and regulatory issues as well as limitations on bandwidth.
- Colleges and universities should be encouraged to create and enhance existing HIT and bioinformatics curriculums for under grad and graduate degree programs.
- The involvement of all stakeholders in health IT implementation should be encouraged.
- Consumers are an important stakeholder group. They must be included in any advisory body.

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Interoperability

Current Environment

Nebraska has four health information exchanges. The eHealth Council facilitates communication and coordination among Nebraska's health information exchanges.

Nebraska Health Information Initiative (NeHII) is the state's largest eHealth network. NeHII is exchanging laboratory, radiology, medication history and clinical documentation information in the Omaha area. In addition, insurance eligibility information will be sent creating an overall patient summary. NeHII is also piloting e-prescribing in the Omaha area. NeHII offers physicians a basic, web-based electronic medical record (EMRLite) that is CCHIT certified, so that providers who have not yet implemented electronic medical records can participate at a cost effective price. NeHII plans to expand statewide in the summer of 2009. More information is available at www.nehii.org. The majority of the implementation funding or seed capital was obtained through Class B membership fees from the pilot participants to the NeHII Collaborative. Partial funding for the pilot project was provided by a grant from the Nebraska Information Technology Commission. The NeHII business plan written in 2006 called for statewide implementation and plans to be financially sustainable by 2010 using licensing fees from the participants.

The Southeast Nebraska Behavioral Health Information Network (SNBHIN) is currently developing an eHealth network to exchange patient information among behavioral health providers in the Region V Service area, with the applications offered to other Regions in the State as time and resources allow. Participants include Blue Valley Behavioral Health Center, BryanLGH Medical Center, CenterPointe, Child Guidance Center, Community Mental Health Center, Cornhusker Place, Family Services, Heartland Health Alliance, Houses of Hope, Lincoln Council on Alcoholism and Drugs, Lincoln Medical Education Partnership, Lutheran Family Services, Mental Health Association, Region V Systems, and St. Monica's Home. SNBHIN partners have received several grants including a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004, an AHRQ Ambulatory Care Grant in 2008, a three-year Rural Health Network Development Grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration in 2008, Region V Systems, and a grant from the Nebraska Information Technology Commission.

The **Southeast Nebraska Health Information Exchange (SENHIE)** is improving the quality of care and increasing efficiency in Thayer County. Through a $1.6 million Critical Access Hospital Health Information Technology Grant, Thayer County Health Services has implemented the state's first health information exchange. Medical information on patients in Thayer County now flows seamlessly among providers, including physicians at satellite clinics or at Thayer County Health Services in Hebron, physicians and pharmacists at St. Elizabeth's Regional Medical Center, emergency responders, pharmacists, and long term care facilities. Thayer County Health Services

is totally electronic, including eMAR (electronic medication administration record), CPOE (computerized physician order entry), and e-prescribing. Thayer County Health Services has significantly reduced medication errors and achieved 100% medication reconciliation.

The **Western Nebraska Health Information Exchange (WNHIE)** will connect health care providers in the Panhandle. Partners include the Rural Nebraska Healthcare Network, Box Butte General Hospital, Chadron Community Hospital, Garden County Health Services, Gordon Memorial Hospital, Kimball Health Services, Memorial Health Center, Morrill County Community Hospital, Perkins County Health Services, Regional West Medical Center, Panhandle Public Health District, and Region I Mental Health and Substance Abuse. WNHIE has received several grants including a planning grant from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) in 2004, a three-year implementation grant from AHRQ, a HRSA Rural Network Development Grant, a Rural Health Care Pilot grant from the FCC, and a grant from the Nebraska Information Technology Commission.

Additionally, the **State of Nebraska Department of Health Human Services** has several systems which could interface with health information exchanges. The Division of Medicaid and Long Term Care is implementing a new Medicaid Management Information System which will be in place by 2011. Nebraska has all the data repositories that most states have to track and manage communicable disease, infectious disease, and many other components that affect the health of Nebraska's citizens. Nebraska is making significant improvements in applications to bring these multiple and dissimilar data streams into a usable tool. Nebraska was one of the beta sites for the National Electronic Disease Surveillance System development and currently receives 90% of all reportable diseases through the NEDSS system. Nebraska has developed a centralized immunization registry, a Parkinson's registry, and a robust provider alerting and communication network. Through the e-Nebraska Ambulance Rescue Service Information System (e-NARSIS), EMS providers can submit reports electronically. The Statewide Trauma Data Collection System was created to gather trauma information more accurately and timely to improve performance of state trauma system and to reduce morbidity and mortality. The Public Health/eHealth Work Group is identifying opportunities to develop interfaces between health information exchanges and public health data systems.

Interoperability Objectives

- Support the development and expansion of health information exchanges to improve the quality and efficiency of care.
- Support the development of interconnections among health information exchange in the state and across state borders.
- Encourage the electronic exchange of health data to state and local public health entities.

- Leverage the state's role as a payer to support health information exchange.
- Promote the development of a robust telecommunications infrastructure.

Key Considerations and Recommendations

- National standards and certification processes should be utilized to facilitate interoperability.
- Interoperability solutions selected should be cost-effective and provide the greatest return on investment to all engaged parties, and all who benefit should contribute to the cost of the investment.
- The development of sustainable business models should be encouraged.
- Existing eHealth initiatives and investments in Nebraska should be leveraged.
- Health information exchanges may play a role in providing value-added services and support to providers as well as exchanging information.

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Privacy and Security

Current Environment

Nebraska HISPC. The Nebraska Health Information Security and Privacy Committee (HISPC) was originally formed by Lieutenant Governor Rick Sheehy in 2005. The HISPC became a work group of the Nebraska Information Technology Commission (NITC) eHealth Council in January 2007. The Nebraska HISPC conducted several studies through the Creighton Health Services Research Program to better understand perspectives of various stakeholders.[15] These studies focused on the viewpoints of state boards and commissions, medical associations, and consumers. The studies revealed a need for additional information on health information security and privacy. In 2008, the Nebraska HISPC formed work groups to focus on legal issues and education.

Legal Environment. 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. Legislation will likely be introduced next year to eliminate the 180-day limit. 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. LB 195, which was signed into law this year, included a change to this statute which would allow pharmacists to keep copies of prescriptions in a readily retrievable format. A more extensive legal review was conducted to identify Nebraska laws, regulations and statutes that govern the specific areas of behavioral health information and predictive genetic testing. Findings from this review are available in the appendix.

Consumer Research and Education. The University of Nebraska Public Policy Center conducted a deliberative discussion and survey on sharing health information electronically on Nov. 17, 2008, building upon the consumer research conducted by the Creighton Health Services Research Program for the Nebraska HISPC. The deliberative discussion and survey indicated that Nebraskans have positive views about sharing health information electronically, but do have some privacy and security concerns. Most participants in the deliberative discussion felt that the State of Nebraska had a role in ensuring the privacy and security of health information (100%), providing information to consumers about health information security and privacy (94%), regulating health information networks (91%), and facilitating public-private partnerships to exchange health information (88%). [16]

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[15] The reports are available from the Creighton Health Services Research Program website (http://chrp.creighton.edu/).

[16] Abdel-Monem, Tarik, and Herian, Mitchel, Sharing Health Records Electronically: The Views of Nebraskans, University of Nebraska Public Policy Center, December 11, 2008, http://ppc.unl.edu/userfiles/file/Documents/projects/eHealth/Sharing_Health_Records_Electronically_Final_Report.pdf, accessed on June 25, 2009.

Additionally the Education Work Group is working with the Creighton Health Services Research Program to develop a website and consumer education brochure in conjunction with the national HISPC program.

Participation in the National HISPC initiative. Nebraska joined the national Health Information Security and Privacy Collaborative in 2007 and has participated in the Adoption of Standards collaborative. The collaborative conducted an in-depth analysis of security and privacy policies related to authentication and audit. Nebraska's health information exchanges participated in a review of their policies as part of this project. Participation in the national HISPC initiative has also facilitated communication with other states regarding health information security and privacy. As an extension of the HISPC 3 work, Nebraska has completed work on three different but related challenges: 1) Consumer Education, 2) Provider Education, and 3) Authentication and Access Control for the Nebraska immunization registry.

Health Information Exchanges. Nebraska health information exchanges have also developed security and privacy policies. Health information exchanges in Nebraska are using either opt-in or opt-out policies for consumer consent. The opt-in approach is one where patients have to sign an authorization acknowledging that they are permitting their data to be released to other providers. An opt-out policy for consumer consent does not require providers to seek advance consent from consumers to include their health information in a health information exchange, but consumers have the right to "opt out" of having their health information in a health information exchange. NeHII, the Western Nebraska Health Information Exchange (WNHIE), and the Southeast Nebraska Health Information Exchange (SNHIE) allow consumers to opt-out of participating in the exchange. The Southeast Nebraska Behavioral Health Information Network (SNBHIN) offers consumers information exchange on an opt-in basis according to Section 42 of the Code of Federal Regulations that requires consent for the release of behavioral health information.

Privacy and Security Objectives

- Continue to address health information security and privacy concerns of providers and consumers.
- Build awaren ess and trust of health information technology.

Key Considerations and Recommendations

- Privacy and security are key requirements for the exchange of health information exchange.

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- Privacy and security policies and practices will continue to evolve in response to changes in the legal environment and technological changes.
- Nebraska's privacy and security laws may need to be further reviewed in light of the HITECH ACT. Compliance may require ongoing monitoring and policy changes.
- Although consumers are generally supportive of the use of health information technology, efforts should be made to educate consumers on how their health information is used, how it is protected, and what privacy rights they have.
- Providers may also need information and training on privacy and security laws and practices.

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Governance

Current Environment

In Nebraska, the private sector is taking the lead in implementing and financing health information exchange. The State of Nebraska's eHealth Council acts as a facilitator and convener. Additionally, the state's health information exchanges have established governance structures.

eHealth Council

Lt. Governor Rick Sheehy and the Nebraska Information Technology Commission formed the eHealth Council in 2007 to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska. The eHealth Council is charged with developing the state's eHealth plan.

Members include representatives of the following groups:

- The State of Nebraska
- Health Care Providers
- eHealth Initiatives
- Public Health
- Payers and Employers
- Professional Associations
- Consumers
- Resource Providers, Experts, and Others if Deemed Appropriate by the NITC

A list of eHealth Council members is included in the appendix.

Health Information Exchanges

The state's four health information exchanges have established governance structures. The members of their boards of directors are listed in the appendix.

NeHII is a Nebraska corporation organized under the Nebraska Nonprofit Corporation Act. It was formed by a collaboration of not-for-profit Nebraska hospitals, private entities, state associations, healthcare providers, independent labs, imaging centers and pharmacies. Representatives of these entities and the Lt. Governor sit on the Board of Directors of NeHII. In 2007, a Decision Accelerator meeting, with representatives of health organizations from across the state, jump started the endeavor. NeHII expects to receive its 501(c)3 tax exempt status within the next 60 days.

The **Southeast Nebraska Behavioral Health Information Exchange (SNBHIN)** is a tax exempt 501(c)3 private, non-profit corporation that serves as a Regional Health Information Organization (RHIO) for providers of Behavioral Health services in southeast

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Nebraska. The governing Board of Directors is made up of stakeholder representatives who have been working together since 2003 to promote health information exchange as a means to improve patient care, integrate with primary care and improve efficiency of behavioral health care service delivery. The RHIO serves as the primary governing body providing oversight for the financing, development, and implementation of a Health Information Exchange (HIE) among behavioral health providers in southeast Nebraska. SNBHIN will offer HIE services to other Behavioral Health regions in Nebraska as made possible by time and resources.

The **Southeast Nebraska Health Information Exchange (SENHIE)** was formed as a result of Thayer County Health Services (TCHS) receiving a Critical Access Hospital-HIT grant enabling them to create an electronic health information exchange across the continuum of care for the patients of TCHS. Health information exchange occurs between EMS, clinics, hospital, nursing homes, assisted living pharmacy and tertiary hospital for the patients of TCHS. Exchange members include Thayer County Health Services, Blue Valley Lutheran Home, Riverside Assisted Living, Blue Valley Care Home, Parkview Haven Nursing Home, Priefert's Pharmacy, and St. Elizabeth Regional Medical Center.

The governance is currently the responsibility of Thayer County Health Services. The CEO together with the Board of Directors for Thayer County Health Services is responsible for the oversight of SENHIE

The Western Nebraska Health Information Exchange (WNHIE) is a collaborative effort of the major healthcare providers in the Panhandle. Partners who have developed the Exchange have been working together since 2004. The operating body, the Western Nebraska Health Information Exchange is an LLC organized under Nebraska State law. The Rural Nebraska Healthcare Project is its "parent" organization. A seven-member board is responsible for overseeing the planning and implementation of the Exchange.

Governance Objective

- Address issues related to governance, oversight, and financing of health information exchange.

Key Considerations and Recommendations

- Stakeholder input should be solicited when developing policies and recommendations, including future versions of the state eHealth plan.

- Mechanisms must be put in place to ensure accountability of any funds received through the American Recovery and Reinvestment Act.

- The sustainability of health information exchanges must be addressed.

Action Plans

Action Plans are currently being developed and will be included in the final version of the plan. Action plans will draw upon the reports and recommendations of eHealth Council work groups. These reports and recommendations are listed in Appendix B.

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Appendix A
eHealth Council and Work Group Members

eHealth Council Members

The State of Nebraska/Federal Government

- Steve Henderson, Office of the CIO
- Senator Annette Dubas, Nebraska Legislature
- Dennis Berens, Department of Health and Human Services, Office of Rural Health
- Congressman Jeff Fortenberry, represented by Marie Woodhead

Health Care Providers

- Daniel Griess, Box Butte General Hospital, Alliance
- Dr. Delane Wycoff, Pathology Services, PC
  - Dr. Harris A. Frankel (alternate)
- Joni Cover, Nebraska Pharmacists Association
- September Stone, Nebraska Health Care Association
- John Roberts, Nebraska Rural Health Association

eHealth Initiatives

- Donna Hammack, Nebraska Statewide Telehealth Network and St. Elizabeth Foundation
- Ken Lawonn, NeHII and Alegent Health
- Harold Krueger, Western Nebraska Health Information Exchange and Chadron Community Hospital
- Wende Baker, Southeast Nebraska Behavioral Health Information Network and Region V Systems (pending NITC approval)

Public Health

- David Lawton, Department of Health and Human Services, Public Health Assurance
- Jeff Kuhr, Three Rivers Public Health Department, Fremont
  - Rita Parris, Public Health Association of Nebraska, alternate
- Kay Oestmann, Southeast District Health Department
  - Shirleen Smith, West Central District Health Department, North Platte, alternate
- Dr. Keith Mueller, UNMC College of Public Health

Payers and Employers

- Susan Courtney, Blue Cross Blue Shield
- Ron Hoffman, Jr., Mutual of Omaha
- Vivianne Chaumont, Department of Health And Human Services, Division of Medicaid and Long Term Care

Consumers

- Nancy Shank, Public Policy Center
- Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County

Resource Providers, Experts, and Others

- Joyce Beck, Thayer County Health System (pending NITC approval)
- Kimberly Galt, Creighton University School of Pharmacy and Health Professions

DRAFT

PHR Work Group Members

- Henry Zach, HDC 4Point Dynamics
- Marsha Morien, UNMC
- Ellen Jacobs, College of St. Mary
- Anne Skinner, UNMC
- Dan Griess, Box Butte General Hospital
- Clint Williams, Blue Cross Blue Shield of Nebraska
- Lisa Fisher, Blue Cross Blue Shield of Nebraska (alternate)
- Dr. James Canedy, Simply Well
- Michelle Hood, Nebraska Department of Health and Human Services, Immunization Registry
- Kevin Fuji, Creighton University
- Roger Wilson, State of Nebraska, Human Resources
- David Lawton, Nebraska Department of Health and Human Services
- Karen Paschal, Creighton University

DRAFT

E-Prescribing Work Group Members

- Mark Siracuse, E-Prescribing Work Group Chair, Creighton University
- Wende Baker, Southeast Nebraska Behavioral Health Information Network
- Deb Bass, Bass and Associates
- Joyce Beck, Thayer County Health System and Southeast Nebraska Health Information Exchange
- Kevin Borcher, Nebraska Methodist Health System & Nebraska State Board of Pharmacy
- Anne Byers, Nebraska Information Technology Commission
- Gary Cochran, UNMC
- Kevin Conway, Nebraska Hospital Association
- Joni Cover, Nebraska Pharmacists Association
- Eric Gall, RP
- Kimberly Galt, Creighton University
- Dave Glover, Family Practice Associates, Kearney
- Chris Henkenius, Bass and Associates
- Tony Kopf, Nebraska State Board of Pharmacy
- David Lawton, Nebraska Department of Health and Human Services
- Dale Mahlman, Nebraska Medical Association
- Marcia Mueting, Nebraska Pharmacists Association
- Carey Potter, National Association of Chain Drug Stores
- September Stone, Nebraska Health Care Association
- Clint Williams, Blue Cross and Blue Shield of Nebraska (also representing NeHII)

DRAFT

Public Health/eHealth Work Group Members

Nebraska Department of Health and Human Services

- Public Health Informatics & Biosecurity--David Lawton
- Administration--Dr. JoAnn Schaefer
- Public Health Data--Dave Palm and Colleen Svoboda (alternate)
- Immunization Registry--Michelle Hood
- Epidemiology--Tom Safranek
- EMS—Doug Fuller
- Licensure—Helen Meeks and Joann Erickson (alternate)
- Vital Stats—Stan Cooper or Mark Miller

Local Health Departments or Districts

- Douglas County Health Department— Anne O'Keefe
- Lincoln-Lancaster County Health Department—Bruce Dart and Kathy Cook (alternate)
- Nebraska SACCO/Two Rivers Public Health Department—Terry Krohn
- Three Rivers Public Health Department--Jeff Kuhr

Health Information Organizations

- NeHII (Nebraska Health Information Initiative)—Kevin Conway
- SNBHIN (Southeast Nebraska Behavioral Health Information Network)--Wende Baker
- WNHIE (Western Nebraska Health Information Exchange)--Kim Engel and Kim Woods (alternate)

UNMC College of Public Health

- Chair: Keith Mueller and Li-Wu Chen (alternate)

Other Key e-Health Public Health Entities with Decision-making Authority

- Public Health Association of Nebraska--Rita Parris

Providers and Provider Associations

- Nebraska Health Information Management Association—Kim Hazelton
- Douglas County Community Mental Health Center—John Sheehan
- UNMC—Dr. James Campbell

NITC Staff

- Anne Byers

DRAFT

Appendix B
Reports, Recommendations, and Related Research

Adoption

Related Research

- Creighton Health Services Research Program Report: Status of Health Information Technology In Nebraska: Focus on Electronic Health Records in Physician Offices (2008)
- Creighton Health Services Research Program Report: State of Patient Safety in Nebraska Pharmacy (2008)

Work Group Reports and Recommendations

- E-Prescribing Work Group Report and Recommendations (2009)
- PHR Work Group Report and Recommendations (2009)

Interoperability

Work Group Reports and Recommendations

- HIE representatives recommendations (2009)

Privacy and Security

Related Research

- Baird Holm Legal Review (2009)
- University of Nebraska Public Policy Center Report: Sharing Health Records Electronically: The Views of Nebraskans (2008)
- Creighton Health Services Research Report: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers (2007)
- Creighton Health Services Research Report: Survey of Health Professions Organizations Leadership (2007)
- Creighton Health Services Research Report: Study of Consumer View Points on Health Information, Security, and Privacy (2007)

Work Group Reports and Recommendations

- HISPC Summary Report—Executive Summary Only (2009)
- HISPC Summary Report (2009)
- HISPC: Security and Privacy Barriers to Health Information Interoperability (2007)
- HISPC: Recommendations Summary (2007)

See http://www.nitc.nebraska.gov/eHc/plan/reports/ for the latest list of reports, recommendations and related research.

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Appendix C

Health Information Exchange Governance

Nebraska Health Information Initiative (NeHII)

Elected Directors

- **President:** Harris Frankel, MD, Goldner, Cooper, Cotton, Sundell, Frankel, Franco Neurologists, Omaha, NE
- **Vice President:** Ken Lawonn, Alegent Health System, Omaha, NE
- **Secretary:** George Sullivan, Mary Lanning Memorial Hospital, Hastings, NE
- **Treasurer:** Steve Martin, Blue Cross and Blue Shield of Nebraska
- Delane Wycoff, MD - Pathology Services PC, North Platte, NE
- Michael Westcott, MD - Alegent Health System, Omaha, NE
- Lisa Bewley - Regional West Medical Center, Scottsbluff, NE
- Dan Griess - Box Butte General Hospital, Alliance, NE
- Roger Hertz - Methodist Health System, Omaha, NE
- Bill Dinsmoor - The Nebraska Medical Center, Omaha, NE
- Ken Foster – BryanLGH Health System

Appointed Directors

- Lt. Gov. Rick Sheehy
- Kevin Conway - Professional Organizations, Nebraska Hospital
- Association, Lincoln, NE
- Deb Bass - Executive Director, Bass & Associates Inc., Omaha, NE
- Sandy Johnson, Consumer Representative

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Southeast Nebraska Behavioral Health Information Exchange (SNBHIN)

Board Members

- Ken Foster, BryanLGH Medical Center & Heartland Health Alliance
- C.J. Johnson, Region V Systems
- Dean Settle, Community Mental Health Center of Lancaster County
- Shannon Engler, BryanLGH Medical Center Mental Health Services
- Jon Day, Blue Valley Behavioral Health
- Julie Fisher-Erickson, Lutheran Family Services
- Joleen TenHulzen Huneke, Southeast Rural Physicians Alliance
- Jonah Deppe, National Alliance for the Mentally Ill
- Kevin Karmazin, Lutheran Family Services/Community Mental Health Center

Network Members

- Blue Valley Behavioral Health Center
- CenterPointe
- Child Guidance Center
- Community Mental Health Center of Lancaster County
- Cornhusker Place
- Houses of Hope
- Lincoln Council on Alcoholism and Drugs
- Lincoln Medical Education Partnership
- Lutheran Family Services
- Mental Health Association
- Region V Systems
- St. Monica's

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Southeast Nebraska Health Information Exchange (SENHIE)

Exchange Members

- Thayer County Health Services
- Blue Valley Lutheran Home
- Riverside Assisted Living
- Blue Valley Care Home
- Parkview Haven Nursing Home
- Priefert's Pharmacy
- St. Elizabeth Regional Medical Center

The governance is currently the responsibility of Thayer County Health Services. The CEO of TCHS together with the Board of Directors for TCHS is responsible for the oversight of SENHIE

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Western Nebraska Health Information Exchange (WNHIE)

Exchange Managers

- Lisa Bewley, President - Regional West Medical Center (CIO)
- Kim Engel - Panhandle Public Health District (Executive Director)
- Danielle Gearhart - Memorial Health Center (CEO)
- Dan Griess - Box Butte General Hospital (CEO)
- David Griffiths - Regional West Medical Center (CFO)
- Jeff Tracy, Vice President - Panhandle Community Services Health Clinic (Director)
- Sharyn Wohlers, Secretary-Treasurer - Panhandle Mental Health Center (Regional Administrator)

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Appendix D
Glossary

Computerized Provider Order Entry (CPOE) is a computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. (Office of the National Coordinator Glossary of Selected Terms)

A Decision-Support System (DSS) consists of computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient-specific data. (Office of the National Coordinator Glossary of Selected Terms)

An Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated in one or more care settings. EHR data includes patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. (Health Information and Management System Society)

An Electronic Medical Record (EMR) is a computer-based medical record. The EMR is the source of information for the electronic health record (EHR). (Health Information and Management System Society)

Electronic Prescribing (eRx) is a type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. (Office of the National Coordinator Glossary of Selected Terms)

Health Information Exchange (HIE) facilitates access to and retrieval of clinical data from multiple providers to provide safer, more timely, efficient, effective, equitable, patient-centered care. (eHealth Initiative Glossary)

An **opt-in policy for consumer consent** requires providers to seek advance consent from consumers to include their health information in a health information exchange.[17]

An **opt-out policy for consumer consent** does not require providers to seek advance consent from consumers to include their health information in a health information exchange, but consumers have the right to "opt out" of having their health information in a health information exchange. [18]

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[17] Adopted from Rosati, Kristen. Consumer Consent for Health Information Exchange:An Exploration of Options, Coppersmith Gordon Schermer & Brockelman PLC, 2008, http://www.ehealthinitiative.org/assets/Documents/ConsumerConsentforHealthInformationExchange-AnExplorationofOptions.pdf, accessed June 26, 2009

[18] Adopted from Rosati, Kristen. Consumer Consent for Health Information Exchange:An Exploration of Options, Coppersmith Gordon Schermer & Brockelman PLC, 2008, http://www.ehealthinitiative.org/assets/Documents/ConsumerConsentforHealthInformationExchange-AnExplorationofOptions.pdf, accessed June 26, 2009

Personal Health Record (PHR) is the version of the health/medical record owned by the patient. (Health Information and Management System Society)

Telehealth is the use of telecommunications and information technologies to provide healthcare services over distance and/or time, to include diagnosis, treatment, public health, consumer health information, and health professions education. (Minnesota e-Health Glossary of Selected Terms)

DRAFT

Marketing Plan 2009-10

Nebraska Information Technology Commission

Education Council

Prepared by: Marketing Task Group

June, 2009

PROPOSAL

Network Nebraska Marketing Plan 2009-10

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Education Council

Marketing Task Group Members

Arnold Bateman, Chair	University of Nebraska
Chuck Lenosky	Creighton University
Ed Hoffman	State Colleges
Mike Kozak	Nebraska Department of Education
Steve Stortz	Lutheran Schools of Nebraska
Rick Golden	University of Nebraska
SuAnn Witt	Nebraska Department of Education
Tom Rolfes	NITC Education IT Manager

Network Nebraska-Education
Marketing Plan • June 2009

Introduction

Network Nebraska is the term used to describe the statewide multipurpose telecommunications backbone and all of its associated service offerings and support. Network Nebraska—Education, serving public and private K-12 and higher education, offers network management, interregional transport, Internet access and Intranet routing for distance education, and provides access to the nationwide Internet 2 research and education network. Network Nebraska--Education is a collaborative initiative coordinated by the State Office of the CIO, University of Nebraska, and Nebraska Educational Telecommunications, and is funded by the public and private education entities of Nebraska.

A marketing survey, conducted via Internet among current and potential K-12 and higher education public and private users in December 2008, was designed to provide quantifiable baseline data to guide the Education Council's communications and marketing strategies by providing data on the following:

- General information on strengths and weaknesses on Network Nebraska services.
- Specific perceptions about Network Nebraska services by current and potential users.
- Motivational drivers in choosing Network Nebraska services.
- Current awareness level and perceptions toward Network Nebraska.
- Differences in perceptions between current users and potential users of Network Nebraska.

Executive Summary and Conclusions

The survey results indicate that users of Network Nebraska value the network services and cost savings and that there are potential opportunities to add new partnerships. As K-12 and higher education institutions have become more reliant on Network Nebraska as the vehicle for delivering internet and educational courses, the reliability of the system has become critical. The low level of awareness among potential Network Nebraska partners is a major limiting factor in current network growth. Following are additional key findings:

- Among current partners of Network Nebraska lower cost is identified as the number one strength followed by statewide access and collaboration. This has resulted in increased distance education opportunities, greater availability of Internet 2 and sharing of other services.

- Statewide connectivity provided by Network Nebraska, increases the access to synchronous video courses across the state. This results in more access to classes and enrichment that smaller schools are not able to offer. It also allows for sharing of critical and non-critical services common among multiple institutions.

- Survey responders identified governance/leadership as the most limiting organizational factor in growing Network Nebraska partnerships, and it affects expansion of current services.

- Consistent communications of accurate and current information on available services and support issues (provided by Network Nebraska) is lacking. This results in some support issues not resolved in a timely manner and the lack of correct information not being provided to current and potential partners.

- Reliability is perceived as a strength by some Network Nebraska partners. However, a lack of reliability is also perceived as both a weakness and a threat to expanded growth of Network Nebraska services for many existing and potential partners. When a network disruption occurs, there is no alternative infrastructure or redundancy to data communications. One issue may be a lack of communications between those who do system upgrades and current partners. When network reliability is less than what partners experienced prior to subscribing to Network Nebraska, the network is perceived to be a problem.

- The single most compelling competitive advantage that makes Network Nebraska's services distinctive and motivates Educational Service Units, public and private K -12 schools and public and private colleges to partner in Network Nebraska is lower cost followed by shared resources, and statewide access. A statewide presence encourages connectivity, programs, services, and activities. The result is enhanced educational opportunities for students, high speed access between educational sites, and significant cost savings. The perception is that there is strength and power in numbers – the more organizations that belong to Network Nebraska, the more clout the network should have relative to pricing, technology and services. This assumes all organizations are treated equitably.

- Current partners responding to the survey identified shared resources, advanced technology/bandwidth, equity and opportunities as guiding principles or slogans that they believe Network Nebraska's services should stand for in the hearts and minds of its partners.

- Current partners responding to the survey identified help desk/support, faster internet and leadership/governance as priority areas where modifications to existing services or added services are most needed. Issues that need to be addressed under the governance/leadership structure are statewide representation, board members selected from knowledgeable shareholders, and a technical committee to advise the board on all technical issues.

- Some current partners that responded to the survey are recommending that redundancy be built into the network to insure minimal down time of the system. This expectation will become critical to the future of the network as partners use the system as a vehicle for delivering essential services and courses.

- Current users of the network want to have a better understanding of the network, infrastructure and more information related to Renovo scheduling, etc. There is a perception that as users learn more about the possibilities of Network Nebraska, the demand for new services will expand.

Potential Users:

- Potential users responding to the survey indentified learning opportunities through increased collaboration and sharing of distance education resources as the greatest strengths. This was followed by statewide access which supports greater sharing of resources. Reduced cost is also seen as a potential strength of the network with potential users.

- The perception of potential Network Nebraska users is that high cost is an issue of concern. In part, this may be caused by not having accurate information when considering membership as a network partner.

- Potential users responding to the survey said that lower costs and shared resources should be the most compelling competitive advantage making Network Nebraska's services distinctive and motivating educational entities to become partners with Network Nebraska. This is consistent with responses from current partners to the same survey question.

- Access was defined as the most important service that would benefit potential partners of Network Nebraska.

Conclusions:

The survey highlights several areas of challenge and opportunity for Network Nebraska if it seeks to grow its partners and level of services.

1. The survey indicates that Network Nebraska would benefit from improved communications to current partners and that potential partners lack relevant information about Network Nebraska in order to make an informed decision about becoming members of the network.

2. The perception that the governance structure does not represent the stakeholders and that leadership and support services are inadequate to support future growth is a critical concern. Addressing these three issues is essential prior to implementation of strategies directed at adding new partners and services.

3. Building a marketing campaign to increase awareness among potential partners should center on lower costs, shared resources, statewide access, and increased educational opportunities. Marketing campaigns need to be customized for individual target audiences.

4. The prevailing perception is that the network continues to mature. Partners continue to expect additional advanced services and reliability. Further research is required to define what services should be offered and the willingness of partners to pay for these services.

Marketing Strategy:

A key strategic goal is to create statewide awareness of Network Nebraska-Education as a reliable and cost effective multipurpose telecommunications network for public and private K-12 and higher education.

Positioning Statement:
Network Nebraska-Education is a statewide public and private K-12 and higher education telecommunications network. Funded by the public and private educational entities of Nebraska, it provides reliable, cost effective Internet access, Intranet routing for distance education, institutional data sharing, and access to the nationwide Internet 2 research and education network.

Network Nebraska-Education also provides statewide connectivity, technical experience and support, greater bandwidth, speed and capacity at a reduced cost resulting in more synchronous video courses made available to K-12 schools across the state.

There is increased sharing of critical and non-critical services common among multiple institutions. Both K-12 and higher education institutions are benefiting from lower costs and increased services.

Brand Promise:

- Statewide access to reliable, low cost telecommunications connectivity and support services

Brand Drivers:

- Lower cost
- Reliable shared services and resources
- Statewide access
- Educational opportunities and collaboration
- Member participation/governance

Defined Target Audience:

- Public K-12 schools
- Private and parochial K-12 schools
- Public higher education institutions
- Private and parochial higher education institutions
- Libraries, zoos, museums and other public entities that have an educational mission

Defining and Pricing of Services:
NITC Education Council Services Task Group needs to identify existing services and associated pricing. A discussion should take place concerning membership fee and required level of service for different types and sizes of organizations that have an educational mission. If it is determined that there should be differentiated pricing for these organizations, prices will need to be determined and approved before a marketing campaign for this target audience can be implemented. Any change in pricing for segmented target audiences should be financially viable and supported by a Network Nebraska business plan.

Market Research Action Plan:

Action Item	*Responsible*	*Begin Date*
Annually reissue the market survey (with minimal changes) to evaluate the success of the recommended Action Plan(s) and ensure the future of Network Nebraska values.	Marketing Group	December 1
Conduct in-depth research of existing services to determine levels of satisfaction and issues that need to be addressed, and to help define new services and pricing desired by the members (Include as part of annual market survey).	Marketing Group	December 1
Conduct focus group interviews and/or one-on-one visits with target audience representatives to determine challenges limiting their participation in Network Nebraska. • Public K-12 schools • Private and parochial K-12 schools • Public higher education institutions • Private and parochial higher education institutions • Libraries, zoos, museums and other public entities that have an educational mission		
First action item to identify associations or other types of meetings of target audiences as venues for focus group interviews and presentations.	Marketing Group	July 2009

Current Members Public Relations Action Plan:

Action Item	*Responsible*	*Begin Date*
[Public Relations effort] Put in place an electronic newsletter to improve communication with existing members. Newsletter should provide accurate and current information on available services, support issues and policies that impact members. This newsletter should include information on new members and be sent to administrators as well as technical staff. E-mail should be sent to invite people to go to the website to read the newsletter.	Staff	September January May
Set up an internet news blog that invites current members and prospective members to provide comments.	Staff	

www.nebraska.gov/education [Electronic Communication – dynamic in nature, always something new to add/ old to remove; anytime/anywhere] Monitor and make recommendations to the ongoing usefulness and reliability of the website for public access to educational resources in Nebraska. a) reach out to schools to update site as needed	Ad hoc committee?	Spring Fall

New Members Public Relations Action Plan:

Action Item	Responsible	Begin Date
Review current Network Nebraska website and make recommendations to improve information content and friendliness of the website.	Marketing Group	July 1
Group potential members by like-target audience.	Membership Committee	August/September Education Council Meeting
Establish annual new member goals by target audience.	Membership Committee	
Prepare factsheet for each target audience that includes overview of Network Nebraska, policies, funding, services, pricing, similar current members and contact. *	Marketing Group and (Tom Rolfes)	
Develop electronic campaign marketing materials that can be used in PowerPoint presentations and printed on demand for small group and one-to-one recruiting.	Marketing Group and (Tom Rolfes)	November 1
Establish one-to-one recruiting of new members.	Membership Committee (Tom Rolfes)	After completion of focus group meetings
Evaluate effectiveness of new member campaign annually.	Membership Committee	

Note: * Input required from CAP and Education Council to complete.

Recommendations:

- Develop Network Nebraska Business Plan
- Appoint a membership committee to recruit new members and work with current members.

Nebraska Information Technology Commission
EDUCATION COUNCIL

2009-11 Membership Renewals/Replacements EXPIRING June 30, 2009

Name	Representing	Status
	HIGHER EDUCATION (2009-11 term)	
Yvette Holly	UN System	**President Milliken Confirmed (5/28/09)**
Chuck Lenosky	Independent Colleges & Universities	**Tip O'Neill Confirmed (5/27/09)**
Mike Chipps	Community College System	**Dennis Baack Confirmed (6/5/09)**
Ed Hoffman*	State College System	**Stan Carpenter Confirmed (5/27/09)**
	K-12 EDUCATION (2009-11 term)	
Bob Uhing	Educational Service Units	**DEC Confirmed (5/27/09)**
Craig Pease	Administrators	**Mike Dulaney Confirmed (6/24/09)**
Leonard Hartman*	Public Teachers	**Jess Wolfe Confirmed (5/27/09)**
Stephen Hamersky	Nonpublic Teachers	**John Perkinton Confirmed (6/1/09)**
Kent Gydesen	Board Members (2008-10 term)	**John Bonaiuto Confirmed (6/20/09)**

RECOGNITION
The Nebraska Information Technology Commission wishes to recognize Mr. Art Tanderup for his many years of distinguished service to the Education Council, in the interest of advising the Commission on matters of education technology initiatives, funding, and policy. We congratulate Art on his retirement from education.

* New members' biographical statements are on the next page.

Biographical Statements:

Ed Hoffman
Mr. Ed Hoffman has been Vice Chancellor for Facilities, Planning and Information Technology for the Nebraska State College System since 2006. Mr. Hoffman succeeds Stan Carpenter on the Education Council, who will become the official voting alternate. Previously, Ed served as the VP for Administration for Chadron State College, with supervision over human resources, business services, computer services, budget, and maintenance. Ed earned his M.A. in Education from Chadron State College and his B.S. in Mass Communications from Black Hills State University. Mr. Hoffman is currently very involved in the development and delivery of the SAP/SIS joint project with the University of Nebraska.

Leonard Hartman
Mr. Leonard Hartman has been an employee of Alliance Public Schools in Alliance since 1971. Leonard succeeds Mr. Art Tanderup on the Education Council in representing the public teachers of Nebraska. Mr. Hartman holds a BA degree from Hiram Scott College and a MS from Chadron State College. Mr. Hartman has taught courses in math and computers at Alliance and undergraduate classes from Western Nebraska Community College and graduate classes in computers from Chadron State College. He is currently teaching Cisco, A+ Prep, Java, Visual Basic and HTML. He is the technology coordinator for Alliance High School where he also helps with maintaining the school's network and repairing the computers at the high school.

NITC 7-403 (DRAFT)

State of Nebraska
Nebraska Information Technology Commission
Standards and Guidelines

NITC 7-403 (Draft Revised)

Title	Scheduling Standard for Synchronous Distance Learning and Videoconferencing
Category	Network Architecture
Applicability	See Section 3

1. Standard

This document consists of a list of five components and accompanying features that must be available in any software system that is developed for use in scheduling of synchronous events using videoconferencing technology.

It is the intent that any and all such scheduling systems defined by the specifications below be accessible either through the Internet or within a defined Intranet as decided upon by the system administrators.

The following sections describe the various levels and types of scheduling or coordination that must be accommodated.

1.1 Hardware control component

When attempting to link two or more sites electronically, a system must have the capability to coordinate the connectivity between/among the sites. This includes controlling the network and endpoint hardware and bandwidth necessary to cause a successful connection.

1.1.1 Standards for hardware control system

A hardware control system must be able to control hardware in a network and be capable of linking into other systems listed in this standard to enable the following:

1.1.1.1 Browser-based access

1.1.1.2 Locate devices by IP address (both static and DHCP)

1.1.1.3 Locate devices by MAC address

1.1.1.4 Facilitate far-end control in endpoint devices with the capability

1.1.1.5 Display a call list that is understood by non-technical staff using plain English site descriptions

1.1.1.6 Hardware and software systems must work such that the scheduling system is available for use at least 99.9% of the time

1.1.1.7 Automatically accumulate log data that may be searched by system administrators using multiple search variables

1.1.1.8 Maintain security in ways that can be defined by system administrators including:

1.1.1.8.1 Provide an identity management system that allows for

multiple levels of user access as defined by system administrators

1.1.1.9 Facilitate various types of events

1.1.1.9.1 Broadcast to all
1.1.1.9.2 Broadcast to some
1.1.1.9.3 2-way point-to-point
1.1.1.9.4 2-way multipoint

1.2 Event logging component

A system coordinator must have the ability to track information about events. This may include knowing the number of people at a site, the minutes an event runs at any given site, or the number of events a specific organization schedules.

1.2.1 Standards for event logging system
An event logging system must be able to automatically store data and permit reporting and be capable of linking into other systems listed in this standard to include the following:

1.2.1.1 Browser-based access

1.2.1.2 Store data in an ODBC compliant relational database

1.2.1.3 Provide fields for logging various pieces of information

1.2.1.4 Permit system administrator defined fields (no fewer than 64)

1.2.1.5 Local contact and facility arrangement info

1.3 Facilities coordination component

If an event will include locations for which more than one person/organization has responsibility, then some mechanism must exist for coordinating use of facilities. There may be technical or administrative limits as to the number or types of sites that can participate in any given event. This could be as simple as users coordinating times over the telephone or through e-mail, but for some applications there may be a greater need for pre-scheduling and coordination among multiple administrators.

1.3.1 Standards for facilities coordination system
A facilities coordination system shall enable access to facilities based on defined permissions, resolve conflicts based on pre-determined policies and be capable of linking into other systems listed in this standard to include the following:

1.3.1.1 Browser-based access

1.3.1.2 System editable user access

1.3.1.2.1 Building level admin such that the facilities at a specific location can set policies for that site and permit use by others
1.3.1.2.2 Regional admin (organization / geo-political) such that a group of facilities can set policies for all related sites and permit use by others
1.3.1.2.3 Sector admin such that groups of groups of facilities can set policies for all related sites and permit use by others
1.3.1.2.4 User account directory service with definable permissions for each account

1.3.1.3 Facilities information to be posted

1.3.1.3.1 Identify technology available by site
1.3.1.3.2 Physical site location
1.3.1.3.3 Local contact and facility arrangement info

1.3.1.4 Permit system administrator defined fields (no less than 64) that would provide for event information to be posted

1.4 People coordination component

If a specific location is to be used, this implies that operational support will be available to support the success of events. Since there will be a variety of site designs and equipment configurations, then there may be a variety of demands on staff time. Finally, there may be limitations as to the total number of participants allowed.

1.4.1 Standards for people coordination system

A people coordination system must enable interaction of people based on policies set by system administrators and be capable of linking into other systems listed in this standard to include the following:

1.4.1.1 Browser-based access

1.4.1.2 Allow for multiple permission levels

1.4.1.2.1 View schedules
1.4.1.2.2 Request systems/facilities
1.4.1.2.3 Approve systems/facilities use

1.4.1.3 Provide information about instructor/facilitator and their availability

1.4.1.4 Allow for predetermined maximum number of attendees

1.4.1.5 Track and display count of committed and remaining attendees

1.4.1.6 Allow for predetermined maximum number of sites

1.4.1.7 Track and display count of committed and remaining sites

1.5 Event clearinghouse component

As system users see a need for pre-scheduled events coordinated among a large number of facilities and administrators, the concept of a virtual location for brokering of events becomes attractive. Such a clearinghouse should serve as a way that event coordinators might let others know the specifics of events they are planning (e.g. a certain class with a specific sort of content will be offered on a certain schedule for a certain period of time or a specific event will happen one time on a specific day at a specific time).

Such an event clearinghouse should also serve as a way for interested parties to find events that meet their specific needs (e.g. a school administrator has a certain number of students who need a specific class that is not offered locally). Availability might also include information about participant or site number limitations (the total seats/sites in the class/event, the number requested/registered so far and the number remaining of the total).

1.5.1 Standards for an event clearinghouse system

An event clearinghouse system must enable online interaction for publishing of event information and be capable of linking into other systems listed in this standard to include the following:

1.5.1.1 Browser-based access

1.5.1.2 Posting of one-time single events

1.5.1.3 Posting of sequenced or cyclical events

1.5.1.4 Posting of costs to participate in an event

1.5.1.5 Permit system administrator defined fields (no less than 256)

1.5.1.6 Provide for automated multiple time zone accommodation

1.5.1.7 Use an ODBC compliant relational database

1.5.1.8 User defined search/reporting capability

1.5.1.9 Provide for automated email notification of site requests/confirmations

2.0 Purpose and Objectives

The purpose of this standard is to establish and define the needs for scheduling to be addressed when purchasing and maintaining scheduling coordination systems.

2.1 Objective

The objective of this standard is to enable all existing and future synchronous distance learning and videoconferencing facilities in Nebraska to achieve interoperability and maintain an acceptable scheduling of services through recurring and ad hoc event coordination.

3.0 Applicability

These standards apply to the purchase and maintenance of synchronous distance learning and videoconferencing software systems used by educational institutions.

General Statement on Applicability
The Governing board or chief administrative officer of each organization is responsible for selecting and using a synchronous distance learning and videoconferencing software system that is in compliance with these standards. The NITC will consider adherence to technical standards as part of its evaluation and prioritization of funding requests.

It is the intent of the Technical Panel and NITC that the guidelines and policies for usage of such scheduling and clearinghouse systems be determined by the administrative entities that oversee such distance learning and videoconferencing.

• These standards **do not apply** to the following entities:

- University of Nebraska (relating to the university's academic research mission)
- Any entity which applies for, and receives, a waiver pursuant to NITC 1-103.

4.0 Responsibility

An effective program for scheduling standards compliance involves cooperation of many different entities. Major participants and their responsibilities include:

4.1 Nebraska Information Technology Commission

The NITC provides strategic direction for state agencies and educational institutions in the area of information technology. The NITC also has statutory responsibility to adopt minimum technical standards and guidelines for acceptable and cost-effective use of information technology. Implicit in these requirements is the responsibility to promote adequate quality of service and uniformity for information systems through adoption of policies, standards, and guidelines.

4.2 Technical Panel Statewide Synchronous Video Work Group

The NITC Technical Panel, with advice from the Statewide Synchronous Video Work Group, has responsibility for recommending scheduling standard policies and guidelines and making available best practices to operational entities.

4.3 Educational Service Unit Coordinating Council

By statute 79-1248, the ESUCC has multiple responsibilities involving the coordination of distance education, including (3) Facilitation of scheduling for qualified distance education courses.

4.4 Agency and Institutional Heads

The highest authority within an agency or institution is responsible for interoperability of information resources that are consistent with this policy. The authority may delegate this responsibility but delegation does not remove the accountability.

4.5 Information Technology Staff

Technical staff must be aware of the opportunities and responsibility to meet the goals of interoperability of information systems.

5.0 Related Documents

5.1 Statewide Synchronous Video Work Group Charter:
http://www.nitc.state.ne.us/tp/workgroups/video/charter.pdf

5.2 Glossary of Terms
http://www.nitc.state.ne.us/standards/1-101.html

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PDF FORMAT: (to be added)

Nebraska Information Technology Commission

Enterprise Project Designations

July 8, 2009

Agency	Project	Reasons
Projects Currently Reporting		
DHHS	New Medicaid Management Information System (MMIS)	- Core business function; cost; complexity; risk
University of Nebraska and State College System	Student Information System and SAP	- Core business function; cost; complexity; risk
FY2009-2011 Biennial Budget Projects		
Secretary of State	Enterprise Content Management System	- Core business function; cost; complexity; risk; scope of project unknown; affects all agencies
DHHS	Access Nebraska	- Core business function; cost; complexity; risk
Administrative Services	Human Resources Talent	- Cost; potentially affects all agencies
Other Projects		
OCIO	Public Safety Wireless Project	- Cost; complexity; risk; affects multiple agencies and entities
OCIO-University of Nebraska-NET	Network Nebraska – LB 1208	- Cost; complexity; risk; affects multiple agencies and entities
Department of Education	Statewide Online Assessment System	- Affects multiple entities