

Nebraska HIE Program Status

Complete Patient Information at the Point of Care

HIE Program Status Briefing Nebraska

Lt. Governor Rick Sheehy
Anne Byers, State of Nebraska
Deb Bass and Chris Henkenius, NeHII
Wende Baker, eBHIN

- Home of the Nebraska Cornhuskers, College World Series, and Warren Buffet
- Only state with 100% public power and a Unicameral
- Memorial Stadium is the 3rd largest “city”



- Private sector should take the lead.
- Nebraska will leverage investments in HIE.
- NeHII acts as the lead HIE.
- eBHIN will connect behavioral health providers and will connect to NeHII.
- NeHII will connect with immunization registry, disease and syndromic surveillance systems.

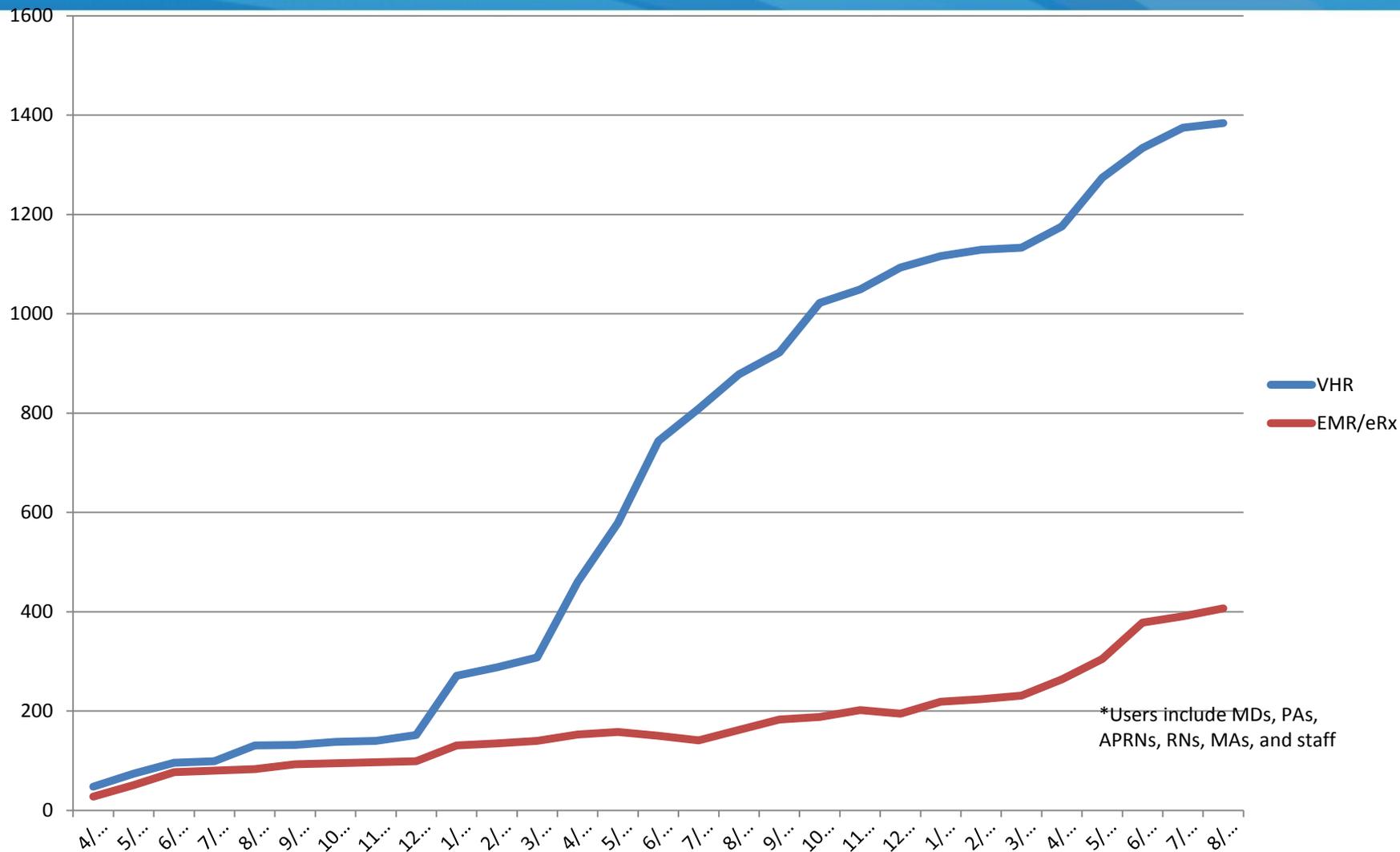
NeHII is one of the most advanced HIEs in the country.

- Connects 17 hospitals in Nebraska and Iowa
- Approximately 1,600 health care providers participate
- A pilot was conducted Feb-June 2009
- Based on hybrid federated model
- Includes over 1.8 million individuals in MPI
- Patients may opt out of participating in NeHII

- 14 Critical Access Hospitals, 2 regional hospitals and 1 research hospital have signed participation agreements in Q3.
- When these hospitals are live, over 50% of Nebraska's hospital beds will be covered by NeHII.

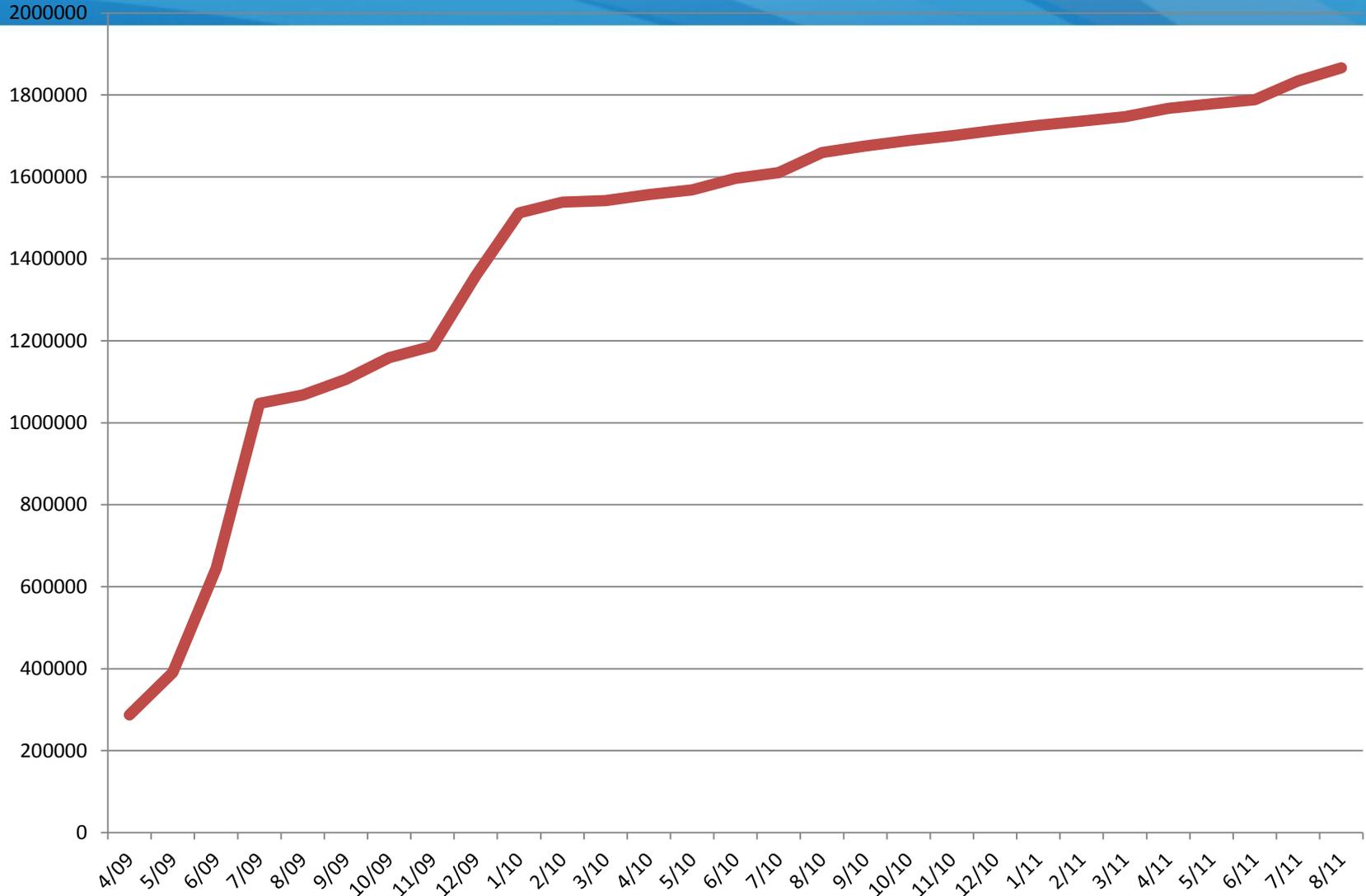
- NeHII will be one of the first HIEs to serve as a PDMP.
- NeHII will be one of the first HIEs to link to immunization registry. Phase I (NeHII EHR to registry) went live this month.
- NeHII planning to pilot the use of Direct to exchange data with an independent reference lab.
- Other use cases for Direct will be to share protected data with eBHIN, ePHI across state lines and between patient and provider through PHRs.

NeHII Total Users*



*Users include MDs, PAs, APRNs, RNs, MAs, and staff

Consumers with Demographic Data



"NeHII is a great tool for me to use, as a physician, to see what has been going on with the patient and their previous care prior to coming to the emergency department. However, when a patient opts out of NeHII, I feel their choice to opt out adversely affects their care. NeHII is fluid, easy to use and straight forward."

John Colling, MD
Omaha, NE

“Using NeHII, we are able to see patient medications, doses and method of administration so as to counsel patients. NeHII provides us the ability to enter immunizations we administer at the pharmacy. We have also begun a new process to update patient allergy information and enter it into NeHII. We can indicate the type of allergic reaction i.e. diarrhea, rash, difficulty breathing etc and have permanent record of this information and viewable by other NeHII users taking care of the patient.”

“NeHII is user friendly. It has been a fast valuable tool helping us to take excellent care of our customers.”

Karen Neubauer
Pharmacy Administrator
Kubat Pharmacy



“NeHII has been most useful in expediting our DME billing. Insurance companies are requiring chart notes to support the need for the patient's medical equipment. In the past we would fax the medical record department for this information and then wait 2-3 weeks to get them. Now we can access NeHII and have them within 2-3 days. This enables us to bill sooner and has made our whole process more efficient.”

Laura Kilborn

Manager of the Durable Medical Equipment

Elmwood Pharmacy



NeHII- Planned Functionalities

- Immunization Gateway
- Public Health Gateway
- Version Upgrade to 9.2
 - Discover Reporting Tool
 - Record Locator Service Upgrade
- NHIN Direct & Nw-HIN Exchange
- Single Sign-On
- PDMP Functionality
- Two Factor Authentication

- One of first behavioral health exchanges
- Went live with its EHR and data upload to Magellan in Southeast Nebraska this summer
- Will go live with the HIE pending vendor enhancements
- Panhandle Mental Health Center was awarded a \$900,000 HIT grant for EPM/EMR deployment and for the expansion of eBHIN services to the Panhandle region.

“The eBHIN workflow of the consumer appointments and the roles of staff from the front desk to the intake person to the counselor for their assessment were all revised to incorporate the new functions eBHIN has brought.

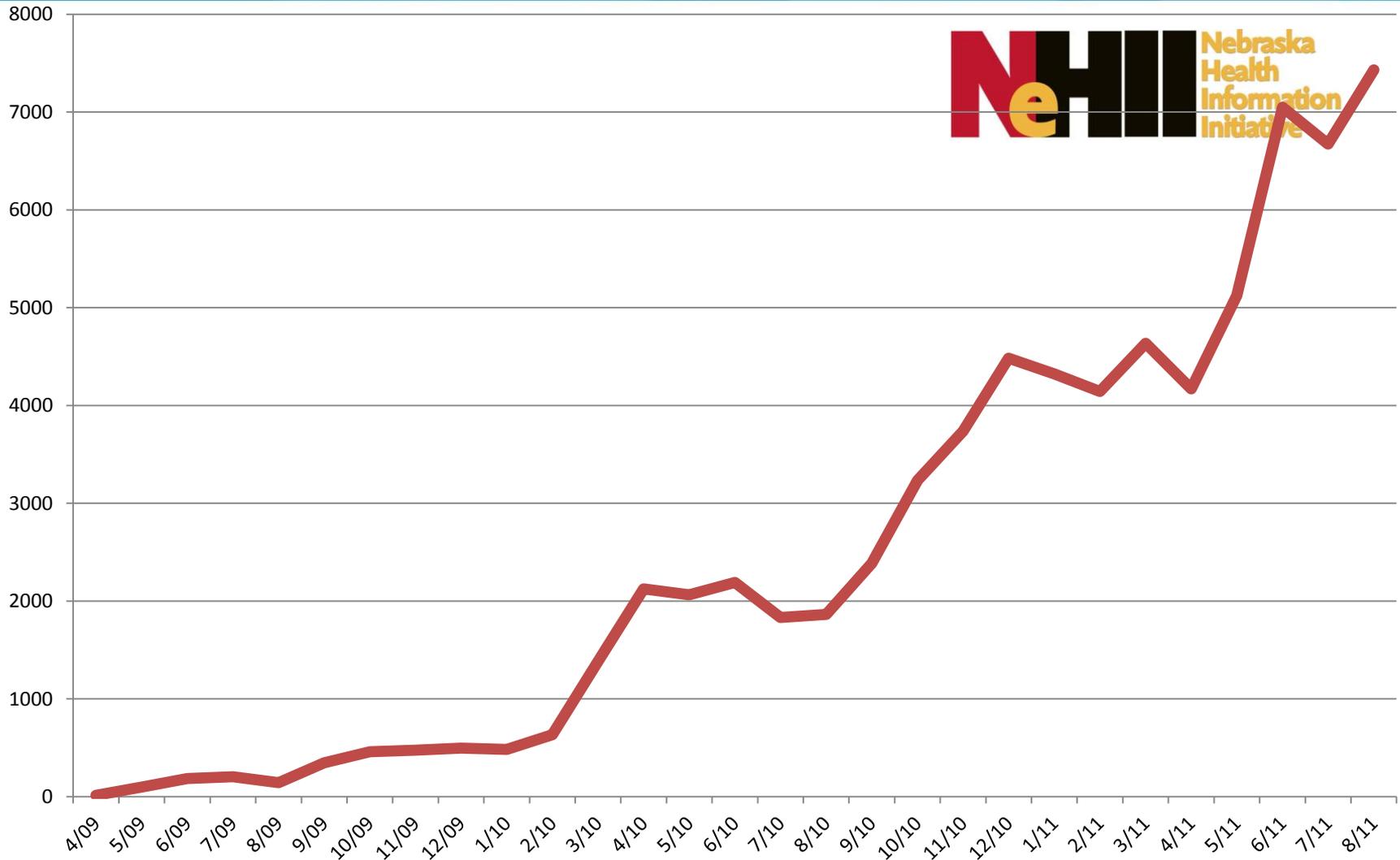
The improvements to the work flow have:

- Reduced the paper we do still have to use by eliminating redundant or moot data questions used on multiple forms;
- Increased efficiency and reduced the length of the intake/registration with concurrent data entry for most data entered electronically;
- Been far more sensitive to the consumer regarding intrusive questions about trauma and drug/alcohol use by changing the order of appointments for registration;
- Improved the quality of data with revised workflows, appointments and roles so that actual assessment information is being gathered.
- The quality of data has improved. Diagnoses are now more accurate. Counselors enter data from their assessment appointment concurrently into the eBHIN system.”

Chris McCollister, MIS Director
CenterPointe, Inc.

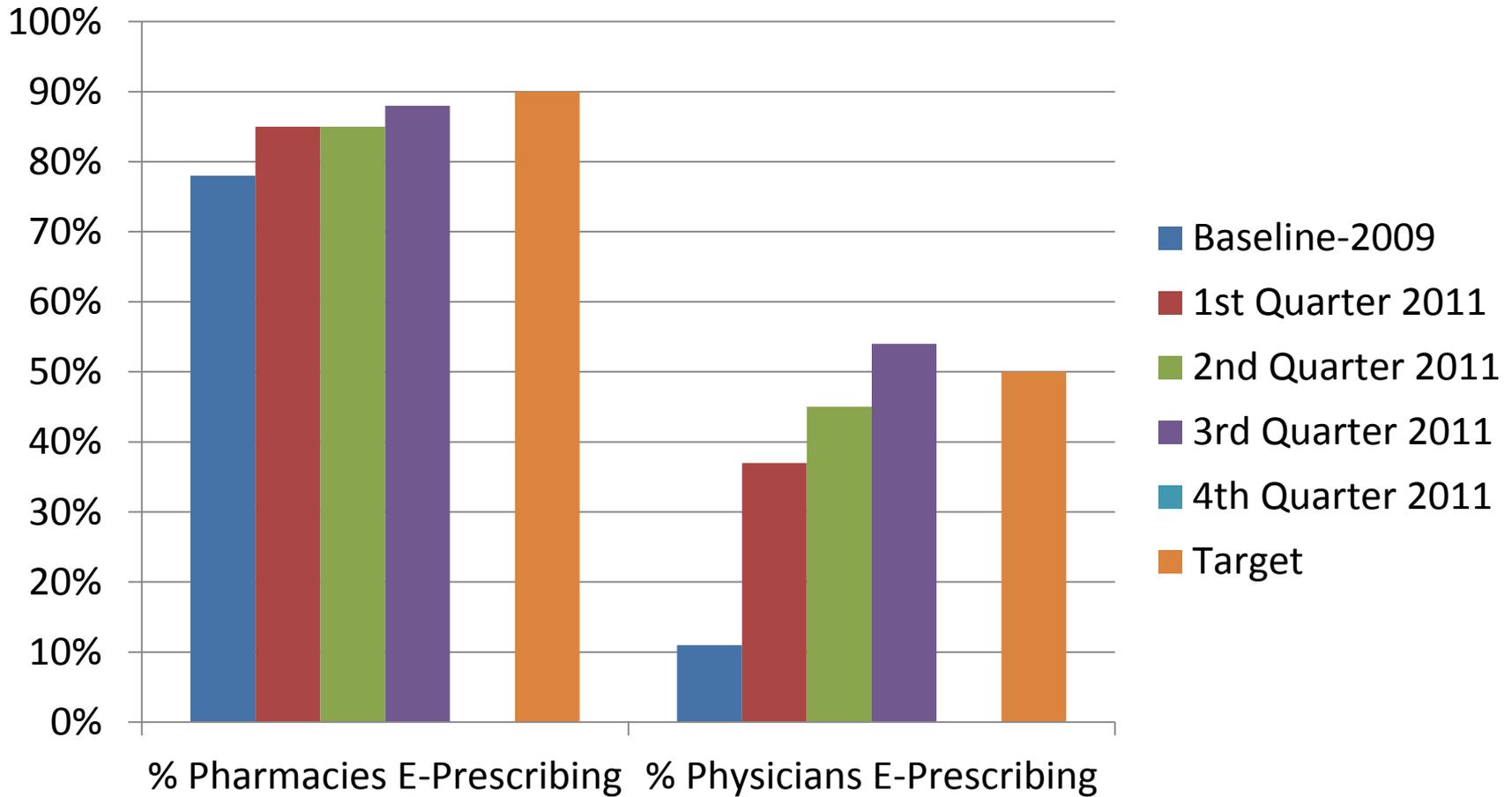
- E-prescribing adoption has been cautious, but is growing.
 - 54% of physicians are e-prescribing (August 2011)
 - Up from 31% in January 2011
 - 2011 goal – 50% of physicians e-prescribing

Nebraska E-Prescribing



- 88% of Nebraska pharmacies are activated for e-prescribing (Aug 2011).
- 15 counties have a pharmacy, but the pharmacy is not activated for e-prescribing.
- 18 counties don't have a pharmacy.
- Very few communities have a prescriber, but not an e-prescribing pharmacy.

E-Prescribing Adoption



E-prescribing Strategy

Summary of Approved Strategy	Tactics to Implement Strategy (Now until end of 2011)	Target Milestones for December 2011*	Performance Measure/Target Value**
<p>Fostering a better understanding of the e-prescribing process</p>	<ul style="list-style-type: none"> • Study of e-prescribing errors • Survey of pharmacists • Encouraging conversations between pharmacists and prescribers • Including pharmacists in HIE 	<ul style="list-style-type: none"> • Increase the % of Nebraska Nebraska community pharmacies activated for e-prescribing from 83% in January 2011 to 90% in Dec. 2011. • Increase the % of physicians e-prescribing to 50% of physicians e-prescribing. 	<ul style="list-style-type: none"> • 90% of Nebraska community pharmacies are activated for e-prescribing based on Aug. 2011 Surescripts data. • 54% of Nebraska physicians are e-prescribing based on Dec. 2011 data.

*The target milestone is the concrete, measurable result or impact you expect to achieve by implementing your strategy, e.g., reduce the share of pharmacies that are not participating in eRX by 50%.

** The performance measure or target value is how you will measure progress toward the target milestone. e.g., demonstrate that 40/80 of the unconnected pharmacies are connected in December using the Surescripts data.

Lab exchange strategy

Summary of Approved Strategy	Tactics to Implement Strategy (Now until end of 2011)	Target Milestone for December 2011*	Performance Measure/Target Value
<p>To increase laboratory participation in HIE by adding hospital-based laboratories when hospitals join NeHII and by working with independent reference labs to identify a cost-effective method for connection.</p>	<p>To increase independent laboratory participation, NeHII will partner with specific Health Information Service Providers (HISPs) to enable the use of the Direct Project for results delivery. The first such pilot project is targeted for October in North Platte.</p> <p>Hospital-Based Laboratories are added automatically when the hospital becomes a participant in NeHII.</p>	<p>Increase laboratory participation in NeHII to 1 out of six independent reference labs and 21 hospital labs out of 90 hospital labs. This would be 21% of hospital and independent reference labs.</p>	<p>1 out of six independent reference labs and 21 hospital labs out of 90 hospital labs.</p>

Care summary exchange strategy

Summary of Approved Strategy	Tactics to Implement Strategy (Now until end of 2011)	Target Milestone for December 2011*	Performance Measure/Target Value
<p>Initial efforts at exchange care summary information will focus on exchanging information from eBHIN and NeHII.</p>	<p>NeHII is planning the upgrade of its existing statewide provider directory to support HISP service offerings using the NHIN Direct secure e-mail messaging to enable the secure exchange of ePHI. The upgrade is dependent on standards being published by ONC. This functionality will allow the exchange of ePHI using a CCD document or simply the ePHI data element requested by one known entity/provider from another known entity/provider.</p>	<p>NeHII is planning on having the Direct pilot project successfully completed with Pathology Services by December 2011. NeHII is hoping to be providing Direct services statewide by end of 2011. NeHII's goal is to exchange ePHI with eBHIN providers through Direct, provided that eBHIN is ready, by end of 2011.</p>	<p>To send a Direct message containing ePHI from an eBHIN provider to a NeHII provider.</p>

Strategy for one additional high priority area

Summary of Approved Strategy	Tactics to Implement Strategy (Now until end of 2011)	Target Milestone for December 2011*	Performance Measure/Target Value
<p>Use electronic syndromic surveillance data through direct access and eventually the HIE to drive intervention, education, policy and action to improve the health of Nebraskans.</p>	<p>Implement cardiovascular disease monitoring program pilot.</p>	<p>Cardiovascular disease monitoring program pilot will be completed using direct access.</p>	<p>Implementation of cardiovascular disease monitoring program pilot.</p>

5. Implementation metrics (appendix)

	Last month (September 2, 2011)	Last year (September 2010)
Number of active* participants for query exchange <ul style="list-style-type: none"> Hospitals (Number of hospitals and number of unique users at each) 	17 Alegent Health System –595 Childrens Hospital /Med. Ctr –16 Creighton Univ Med Ctr—9 Mary Lanning Mem Hosp—32 Neb Methodist Health System—43 Nebraska Medical Center—83	16
<ul style="list-style-type: none"> Ambulatory providers (Number of unique users)—NeHII Ambulatory providers (Number of unique users)—eBHIN Labs (Number of individual labs) Other 	1,522 175 17 6 pharmacies	1,088 16
Number of transactions <ul style="list-style-type: none"> Lab results sent to HIE Discharge summaries sent (from hospital to unaffiliated ambulatory care provider) Care summaries sent (from ambulatory care provider to unaffiliated provider/hospital) Number of patient record queries 	17,184,926 265,717 1,078 2,212,677	10,202,866 166,730 0 1,155,762

5. Implementation metrics (appendix)

	Last month (August, 2011)	Last year (September 2010-August 2011)
Public Health Reports <ul style="list-style-type: none">• Lab results sent for disease surveillance• Syndromic surveillance records/patient encounters• Immunization records entered manually• Immunization entered from data exchange	33,364 18,575 160,025 49,926	283,978 222,906 889,980 252,941

Photo credits

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