AGENDA
NEBRASKA INFORMATION TECHNOLOGY COMMISSION
Nebraska Educational Telecommunications Center
1800 North 33rd Street
Lincoln, Nebraska
Thursday, November 9, 2017
10:00 a.m.

10:00 a.m.   1.   Roll call; meeting notice; Open Meetings Act information.

               2.   Public comment.

               3.   **Approve minutes of the meeting on July 12, 2017.*** *(Attachment 3)*

10:15 a.m.   4.   Reports from the advisory councils and Technical Panel.
- a.   eHealth Council report – Anne Byers. *(Attachment 4-a)*
  - i.   ONC grant update – Deb Bass.
  - ii.   **Approve Statewide Technology Plan action items.***
- b.   Community Council report – Anne Byers. *(Attachment 4-b)*
  - i.   **Approve council membership nomination.***
  - ii.   **Approve Statewide Technology Plan action items.***
- c.   Education Council report – Tom Rolfes.
  - i.   Network Nebraska and digital education updates.
  - ii.   **Approve Statewide Technology Plan action items.***
    (Attachment 4-c-ii)
- d.   GIS Council report – John Watermolen. *(Attachment 4-d)*
  - i.   **Approve council membership nominations.***
  - ii.   GIS consolidation and integration update.
  - iii.   **Approve Statewide Technology Plan action items.***
- e.   Technical Panel report – Walter Weir.
  - i.   **Approve Proposal 17-03, relating to state government web pages.*** *(Attachment 4-e-i)*
  - ii.   Enterprise project status dashboard report. *(Attachment 4-e-ii)*
- f.   State Government Council report – Ed. Toner.
  - i.   **Approve council charter amendments.*** *(Attachment 4-f-i)*
  - ii.   **Approve Statewide Technology Plan action items.***
    (Attachment 4-f-ii)

11:30 a.m.   5.   Presentation: Broadband update – Cullen Robbins, Public Service Commission.

12:00 p.m.   6.   Adjourn.

         * Indicates an action item.

The Commission will attempt to adhere to the sequence of the published agenda, but reserves the right to adjust the order and timing of items and may elect to take action on any of the items listed.

Meeting notice was posted to the NITC website and the Nebraska Public Meeting Calendar on July 27, 2017. The agenda was posted to the NITC website on November 3, 2017.

Nebraska Open Meetings Act

Future Meeting Dates:

- March 8, 2018
- July 12, 2018
- November 8, 2018

VIDEOCONFERENCING SITES
[Neb. Rev. Stat. § 84-1411(2)]

Nebraska Vocational Rehabilitation
1212 W. Benjamin Avenue
Norfolk, Nebraska

Nebraska Vocational Rehabilitation
505 Broadway, Suite 500
Scottsbluff, Nebraska

NEBRASKA INFORMATION TECHNOLOGY COMMISSION
Wednesday, July 12, 2017 10:00 a.m.
Northeast Community College
Lifelong Learning Center, Suites C & D
801 East Benjamin Avenue
Norfolk, Nebraska
MEETING MINUTES

MEMBERS PRESENT:
Ed Toner, Chief Information Officer, Chair
Shane Greckel, Greckel Farms, LLC
Dr. Terry Haack, Bennington Public Schools
Dorest Harvey, US Strategic Command/J84
Dan Spray, Precision Technologies, Inc.
Walter Weir, University of Nebraska
Gary Warren, Hamilton Telecommunications

MEMBERS ABSENT:
Senator Bruce Bostelman, Nebraska Legislature
Randy Meininger, Mayor, City of Scottsbluff
Dan Shundoff, Intellicom

CALL TO ORDER; ROLL CALL; MEETING NOTICE; AND OPEN MEETINGS ACT INFORMATION

The Chair, Ed Toner, called the meeting to order at 10:09 a.m. Roll call was taken and found seven voting members present to achieve a quorum. The meeting notice was posted to the NITC website and the Nebraska Public Meeting Calendar on June 14, 2017. The agenda was posted to the NITC website on June 30, 2017. The Nebraska Open Meetings Act was available on the table located by the entrance door.

PUBLIC COMMENT

There was no public comment.

APPROVAL OF MINUTES - MARCH 9, 2017

Commissioner Harvey moved to approve the March 9, 2017 meeting minutes. Commissioner Spray seconded. Roll call vote: Toner-Yes, Greckel-Yes, Haack-Yes, Harvey-Yes, Spray-Yes, Warren-Yes, and Weir-Yes. Results: Yes-7, No-0, Abstained-0. Motion carried.

REPORTS FROM THE ADVISORY COUNCILS AND TECHNICAL PANEL

COMMUNITY COUNCIL REPORT

Approve membership. The Community Council has nominated Timothy Lindahl, general manager for Wheat Belt Public Power District, to serve on the Community Council. Public power has not been represented on the council before. The Community Council felt that representation of public power could be beneficial in exploring how public-private partnerships could be leveraged to advance broadband deployment.

Commission Haack moved to approve the nomination of Timothy Lindahl to serve on the Community Council. Commissioner Greckel seconded. Roll call vote: Weir-Yes, Warren-Yes,

Spray-Yes, Harvey-Yes, Haack-Yes, Greckel-Yes, and Toner-Yes. Results: Yes-7, No-0, Abstained-0. Motion carried.

Nebraska Broadband Today! The Nebraska Telecommunications Association is partnering with the Nebraska Broadband Initiative (Nebraska Public Service Commission, University of Nebraska, Nebraska Information Technology Commission, and Nebraska Library Commission) on the Nebraska Broadband Today conference which will be held on October 26 at the Cornhusker Marriott in Lincoln. Commissioners asked to be invited to attend the conference.

Nebraska Library Commission's Makerspace Grant. The Nebraska Library Commission, in partnership with the University of Nebraska-Lincoln, Nebraska Innovation Studio, Nebraska Extension, and Regional Library Systems, has received a $530,732 grant from the Institute of Museum and Library Services (IMLS). The project, which will begin July 1, 2017 and conclude June 30, 2020, will work with 30 libraries to host traveling Library Innovation Studios makerspaces to stimulate creativity, innovation, and idea exchange to facilitate entrepreneurship, skill development, and local economic development. The deadline for the first application cycle is July 10, 2017.

Nebraska and the Digital Divide Index. Rural broadband and the Digital Divide is getting significant attention both nationally and within Nebraska. The *Digital Divide Index 2015* by Roberto Gallardo provided some interesting insights into broadband availability and adoption in Nebraska. Nebraska fares fairly well on socioeconomic indicators, ranking 21 out of the 50 states and District of Columbia and scores a not-great-but-respectable 35 on the composite index for both socioeconomic and infrastructure measures. However, the report ranks Nebraska 48th on infrastructure measures, ahead of only Mississippi, Montana, and Alaska. The report also included state-level tables for further analysis. Ms. Byers' analysis found:

- Broadband availability in Nebraska is improving. Broadband of at least 25 Mbps down and 3 Mbps up was available to 84.6% of Nebraskans in 2015, up from 79.3% in 2014.
- Average advertised download and upload speeds in Nebraska lag behind the United States and most neighboring states. Nebraska had an average advertised fixed download speed of 20.4 Mbps compared to the U.S average of 32.6 Mbps and an average advertised fixed upload speed of 8.5 Mbps compared to the U.S. average of 12.8 Mbps.
- There are significant differences in average upload and download speeds between the state's more populous and less populous counties. Nebraska counties with populations greater than 20,000 had an average advertised fixed download speed of 36.5 Mbps and an average advertised fixed upload speed of 16.2 Mbps. In comparison, Nebraska counties with populations less than 20,000 had an average advertised fixed download speed of 16.8 Mbps and an average advertised fixed upload speed of 6.8 Mbps.
- Although the data seems to indicate that there is an urban-rural divide in Nebraska, this paints an overly simplistic picture of Nebraska. It is important to note that some rural counties performed quite well on several of the indicators. For example, Keith County with a population of 8,062 had the highest advertised upload and download speeds over in the state. Additionally, a look at the Nebraska Broadband Map shows fiber deployments in some very rural parts of Nebraska.
- Additionally, affordability and adoption of broadband at higher speed tiers—especially in some of the state's more rural counties—may be exacerbating the Digital Divide in Nebraska. Nebraska lags the U.S. and our neighboring states in the subscription rate to higher speed tiers of broadband (10 Mbps down and 3 Mbps up or greater). In half of the counties in Nebraska, fewer than 20% of households subscribe to broadband at speeds of 10 Mbps down and 1 Mbps up or greater.
- There are limitations to any method of ranking states. The Digital Divide Infrastructure Score was derived by first calculating county scores for broadband availability, average download speed, average upload speed, and subscription rates. The state score for each indicator was calculated by averaging the county scores. Using this method McPherson County which has no incorporated towns is given the same weight as Douglas County. This method provides a good picture of a measure across the geography of the state—but not the population of a state.

Commissioners discussed the connectivity needs, issues and concerns of rural Nebraska. It is costly for service providers to provide that last mile. The Nebraska and federal Universal Service Fund programs are being modernized to provide support for broadband as well as voice services. The contribution base of the funds is shrinking. The Nebraska Public Service Commission has a docket underway to reform the contribution method. Commissioner Warren suggested the NITC support the PSC's efforts to reform the Nebraska Universal Service Fund. Libraries and educational institutions are affected as well. This has been a continuing issue for the Commission. Commissioners wanted to take action on this issue rather than just discussion.

Commissioner Haack moved to direct the NITC and the OCIO to work with the PSC to address the issue of connectivity for rural Nebraska. Commissioner Haack seconded. Further discussion followed.

If the state opts in for the FirstNet project, it will need lots of broadband. FirstNet estimates that Nebraska will have 99.7% broadband coverage. Towers will need to be built for the FirstNet project, and those towers will need a fiber connection. The Commissioners suggested establishing a work group or separate council to address this issue.

Mr. Becker recommended that this go back to the Community Council to further develop this initiative and action items.

After further discussion, Commissioner Haack withdrew the motion. Commissioner Spray seconded the withdrawal.

The NITC Chair directed Ms. Byers and Mr. Rolfes to work with the PSC to address this issue and report back at the November meeting.

EHEALTH COUNCIL REPORT

ONC Grant Update. Nearly two years ago, the NITC received a $2.7 million grant from the U.S. Department of Health and Human Services Office of the National Coordinator for Health IT (ONC). The grant got off to a slow start due to challenges with recruiting health care providers and NeHII's move to a new health information exchange (HIE) platform. The grant is now in high gear as NeHII works to implement as many facilities as possible by July 26, 2017. While the project will not meet all of its targets, ONC is pleased with the progress to date. Implementing health information exchange isn't easy. Barriers and challenges include costs, interoperability issues, and time and resource limitations of the health information exchange, participating facilities, the health information exchange vendor, and the Electronic Health Record vendors of participating facilities. The cost to participating facilities is one of the greatest barriers. NeHII's new pricing model makes participation more affordable for Critical Access Hospitals and has led to increased interest from these small hospitals. The grant covers implementation costs which further addresses the cost barrier.

Here is a summary of the grant progress as of June 29th:
- **Adding HL7 Data Sharing Participants.** One of the major components of our grant includes adding 19 Critical Access Hospitals and other facilities to NeHII as data sharing providers using HL7. Currently, 12 facilities have been implemented, 3 are scheduled to go live the week of July 10, and 8 more are starting implementation. There could possibly have up to 22 or 23 implementations.
- **Implementing Population Health Analytics.** NeHII has also is also implementing Spectrum Population Health Analytics for five facilities. Nemaha County Hospital, Mary Lanning Health Care are in the process of provisioning users and validating data. NeHII is working to identify two additional participants.

- **Adding Direct Secure Messaging Users.** NeHII had set a goal to add Direct Secure Messaging users at 50 long-term care and other facilities. 14 facilities have been implemented. Recruiting facilities is hard, but implementation is easy.
- **Adding 5 C-CDA Data Sharing Participants.** Work is underway with 3 health care providers—CHI Health-TPN Clinics, Think Whole Person Healthcare, and Family Practice of Grand Island. Montgomery County clinic in Red Oak, IA is in progress. Some technical issues with sending the SAML token for secure transport were encountered with the Grand Island Clinic.
- **Sending Data between 5 Other Health Information Exchanges.** Work with the Kansas Health Information Network (KHIN) and Missouri Health Connect is in progress. Unity Point in Iowa is also moving ahead.
- **Admission Discharge and Transfer Alerts via Mobile Messaging.** There is unfortunately not much demand for this service. Providers want to receive the messages using devices in their offices. This is a small part of our grant. We have removed this project.
- **Sending Data from 8 Hospitals to the State's Syndromic Surveillance System.** Two hospitals--Community Hospital in McCook and St. Francis Memorial in West Point--have been implemented. Children's Hospital is in progress. Johnson County Hospital is scheduled to start soon.
- **Working with Providers in 2 Rural Communities to Implement Health Information Exchange into their Workflow.** Project partners from UNMC with assistance from NeHII have been working with health care providers in Auburn and O'Neill to identify their needs, implement appropriate health information exchange technology, and to integrate the technology into their workflow. The project is going very well and generating interesting lessons learned. Training modules are also being developed to share information on the process and lessons learned.
- **Increasing Consumer Awareness**. A consumer awareness campaign including newspaper, radio, billboards, and social media is kicking off.

NeHII Annual Meeting. Nebraska Health care providers and policy makers are invited to attend the NeHII Annual Meeting on August 3 at the Younes Conference Center in Kearney. Dr. Donald Rucker, the National Coordinator for Health IT will be the keynote speaker. A panel of participants from the Auburn Integrated Community project will also share their experiences and lessons learned.

EDUCATION COUNCIL REPORT

Approve membership. The Education Council would like to recommend approval of the following slate of membership renewals to serve on the Education Council for the 2017-2019 term:
Higher Education Renewals:
Mark Askren, UN System
Mike Carpenter, Independent Colleges & Universities
Derek Bierman, Community College System
Steve Hotovy, State College System
K-12 Education:
Dr. Ted DeTurk, Educational Service Units
Dr. Mike Lucas, Administrators
Stephen Hamersky, Private Education
Matt Chrisman, Public Teachers

Commissioner Warren moved to approve the Education Council's membership renewals for the 2017-2019 term. Commissioner Haack seconded. Roll call vote: Spray-Yes, Warren-Yes, Weir-Yes, Toner-Yes, Greckel-Yes, Haack-Yes, and Harvey-Yes. Results: Yes-7, No-0, Abstained-0. Motion carried.

Action items update. Mr. Rolfes wanted to bring attention to the following action items:

Network Nebraska

1.1 Develop strategy to accommodate community affiliate connections.
Other entities, such as Natural Resource Districts and libraries may be eligible to participate in Network Nebraska.

1.4 NNAG & CAP to guide OCIO decision and practices and strategize future services.
Three longhaul backbone contracts were awarded and new circuits purchased on 7/1/2017, with a 51% overall reduction in cost.

Digital Education
3.1 Form a joint study group to identify opportunities/action to ensure equitable access.
Community Council and Education Council study group have met four times to consider options to achieve equity of access and digital inclusion. An Equity of Access essay was published in the NETA Newsletter and the state broadband newsletter.
3.2 Work with other stakeholders to insure equitable Internet access for all students.
Beatrice Public Libraries was awarded a $15,000 IMLS TV White Space grant from the Gigabit Libraries Network and San Jose State University. They will be working with Beatrice Public Schools and ESU 5 to implement. Chadron Public Schools and Chadron Public Library have begun to collaborate on a shared Internet augmentation project. In addition, the Office of the CIO is submitting a USDA grant for $183,000 to provide online education field trips opportunities to 16 Nebraska museums.

GIS COUNCIL REPORT

The Chair, Mr. Toner, introduced John Watermolen, the new GIS State Coordinator. Mr. Watermolen provided a brief biography about himself, as well as his GIS background and experience.

Approve Nebraska Statewide Imagery Program-Business Plan. On February 15, 2017, the GIS council approved the business plan for review and approval by the NITC. The plan proposes to have the state imagery done every 4 years with option for priority areas to be done every 2 years. The imagery would be collected at a minimum of 12 inch resolution with an option to put up to a higher resolution. Various studies have shown that the imagery can have an estimated 34-1 return on investment. This is what other states have experienced. This data would be available through NebraskaMAP and accessible for NextGen911 along with a wide range of uses. The business plan also gives the specifications to do an RFP for data collection. Funding of the business plan will involve contributions from stakeholders and partnerships. Several Federal, state, and local governments have expressed an interest in obtaining this type of imagery. The project anticipates that partners will see a cost savings within the first year. A recent example of this was the Public Service Commission's release of an RFP for data collection. They approached the OCIO for assistance to host a repository for data to be collected and used for Next Generation 911. By creating the data repository within PSC, the agency was able to save a considerable amount of money and resources.

Commissioner Harvey moved to approve the Nebraska Statewide Imagery Program-Business Plan. Commissioner Warren seconded. Roll call vote: Toner-Yes, Greckel-Abstain, Haack-Yes, Harvey-Yes, Spray-Yes, Warren-Yes, and Weir-Yes. Results: Yes-6, No-0, Abstained-1. Motion carried.

TECHNICAL PANEL REPORT

TECHNICAL STANDARDS AND GUIDELINES

Approve Proposal 17-02 Definitions

There were no recommendations or changes from the Commission.

Commissioner Harvey moved to approve the Proposed 17-02 Definitions. Commissioner Warren seconded. Roll call vote: Spray-Yes, Harvey-Yes, Haack-Yes, Greckel-Yes, Toner-Yes, Weir-Yes, and Warren-Yes. Results: Yes-7, No-0, Abstained-0. Motion carried.

Approve Proposal 17-01 Information Security Policy

Chris Hobbs, State Information Security Officer, reported that the policy has been reviewed by the State Government Council, as well as the 30-day public comment period. The OCIO has established a compliance team to address non-compliance issues.

Commissioner Haack moved to approve Proposal 17-01 Information Security Policy. Commissioner Spray seconded. Roll call vote: Weir-Yes, Warren-Yes, Spray-Yes, Harvey-Yes, Haack-Yes, Greckel-Yes, and Toner-Yes. Results: Yes-7, No-0, Abstained-0. Motion carried.

ENTERPRISE PROJECTS; PROJECT STATUS DASHBOARD

Commissioner Weir provided an update on the enterprise projects. There were concerns regarding two of the projects.

Enterprise Resource Management Consolidation. Commissioners had concerns about the functionality of the system, patches and redundancy. The Technical Panel will be closely monitoring this project. Chair Toner thanked Commissioner Weir for his persistence in assuring that the project succeeds.

Nebraska State Accountability (NeSA). Commissioner Haack is concerned that there have been connectivity issues for two out of the past three years since the project started. Yet, the project has self-reported that the project is in the green. The Technical Panel has the same concerns and have asked the Nebraska Department of Education to report at the August Technical Panel meeting.

STATE GOVERNMENT COUNCIL REPORT

Update on CIO Roadmap. Due to the consolidation initiative, 33 IT positions have been eliminated. This is a 12% reduction in staff with no loss of quality and a marked improvement in time to resolution on service requests. Phase 2 included server consolidation and to date, DHHS is about 52% complete with moving servers into the OCIO enterprise environment. This will assist in controlling and patching servers and systems. Phase 3 consolidation focused on Site Support and establishing regional support centers across the state. Eight-eight staff across the state were identified as being a part of this new team. Rather that staff traveling out-state from Lincoln to provide technical service, the regional service center will service that area. In addition, some minor GIS consolidation is occurring in the area of imaging. Due to Nebraska's success, Chair Toner has been asked to doing a presentation in Arkansas in September.

The Office of the CIO Administrators were acknowledged for their work and involvement with the consolidation initiative.

Approve strategic initiatives to be included in the Statewide Technology Plan for 2017-2018.

Every two years the Statewide Technology Plan is updated. The first step to the update is the approval of the strategic initiatives. Once these have been approved, the councils will develop action items to work towards and accomplish the initiatives. Staff recommends removing the cloud strategy initiative; elements of that initiative will be included in the state government IT strategy initiative.

Commissioner Haack moved to approve the current strategic initiatives with the following changes: (1) remove the cloud strategy initiative, and (2) include a rural broadband focused initiative. Commissioner Greckel seconded. Roll call vote: Weir-Yes, Warren-Yes, Spray-Yes, Harvey-Yes, Haack-Yes, Greckel-Yes, and Toner-Yes. Results: Yes-7, No-0, Abstained-0. Motion carried.

ADJOURNMENT

Commissioner Spray moved to adjourn. Commissioner Harvey seconded. All were in favor. Motion carried.

The meeting was adjourned at 12:30 p.m.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by the NITC managers.

Nov. 1, 2017

To: NITC Commissioners

From: Anne Byers

Subject: eHealth Council Report

Advance Interoperable Health IT Services to Support Health Information Exchange Grant. On July 27, 2015, the Nebraska Information Technology Commission was awarded a $2.7 million Advance Interoperable Health IT Services to Support Health Information Exchange (HIE) cooperative agreement (Grant Number 90IX0008) from the Office of the National Coordinator for Health Information Technology to support the adoption of health IT, the exchange of health information, and the interoperability of health information technology. Partners in the two-year grant included the Nebraska Health Information Initiative (NeHII) and the University of Nebraska Medical Center (UNMC).

The grant supported the adoption of health information exchange through NeHII in 47 facilities and health systems—including 21 Critical Access Hospitals (CAHs)—in 31 counties in Nebraska and in Montgomery County, Iowa. Through the grant, the number of hospitals and providers sharing data with NeHII increased from 28 to 53. Over 700 providers and clinical staff were added as users. New functionality implemented included population health analytics, the use of C-CDA exchange to provide information to NeHII, and an HIE to HIE gateway with the Missouri Health Exchange. Two Critical Access Hospitals were also successfully implemented to share syndromic surveillance data with the State's syndromic surveillance system.

Here are highlights:

- NeHII added 22 facilities as data sharing participants, including 15 Critical Access Hospitals (CAHs) and 5 clinics, through HL7 data exchange during the grant period. Prior to the grant, 9 CAHs out of 64 CAHs in Nebraska and 4 in Western Iowa were participating in NeHII. Over 600 users have been added at these facilities. **Grant Target:** 19 facilities

- NeHII added 2 independent ambulatory clinics and a provider network to NeHII through C-CDA data sharing. Prior to the grant, no NeHII facilities were exchanging data through C-CDA exchange. **Grant Target:** 5 facilities

- NeHII implemented Direct Secure messaging in 15 facilities with an emphasis on long-term care and post-acute care facilities. **Grant Target:** 50 facilities

- Team members from UNMC worked to increase the utilization and integration of HIE into the provider workflow by creating two integrated communities, developing use case-based training modules, conducting structured interviews of the recipients of Admission Discharge and Transfer (ADT) alerts, and conducting a quality improvement study of NeHII users.

- NeHII increased the ability to exchange data between HIEs by implementing 1 HIE to HIE gateway. NeHII currently has no HIE to HIE gateways in place. **Grant Target:** 5 Gateways

- NeHII increased interoperability by connecting 2 Critical Access Hospitals to the State of Nebraska's syndromic surveillance system. Prior to the grant, one Critical Access Hospital was submitting data to the syndromic surveillance system through NeHII. **Grant Target:** 8 Hospitals

- NeHII increased interoperability by implementing population health analytics for six facilities. Prior to the grant, population health analytics was not available through NeHII at baseline. **Grant Target:** 5 facilities

- NeHII and UNMC team members worked to increase interoperability by developing demonstration projects which integrated HIE data for comparative effectiveness research.

A more detailed progress report has been included in the meeting materials.

Action Items.* The eHealth Council's previous action item—supporting the ONC—has been completed. The Council has identified supporting the modernization of the Nebraska Statewide Telehealth Network, data governance, and supporting public health through better data as areas in which the Council should focus its efforts. With your approval, they will continue to flesh out these action items.

NITC Strategic Initiatives Status Report			
Strategic Initiative, Action Item and Deliverable/Target			
eHealth		Status	2017-2019 Recommendation
1	**Work with NeHII and UNMC to Support HIE through ONC grant.**	**Completed.**	Completed.
1.1	18 Critical Access Hospitals, labs and other facilities implemented through HL7 exchange.	22 implemented	
1.2	5 ambulatory clinics and long-term care facilities implemented through C-CDA exchange	3 implemented	
1.3	50 long-term care and other facilities implemented for Direct	15 facilities implemented	
1.4	5 HIE to HIE gateways developed	1 implemented; 1 finished after the grant ended	
1.5	40 providers implemented for mobile ADT alerts	Discontinued	
1.6	8 Critical Access Hospitals to send syndromic surveillance data	2 implemented	
1.7	5 facilities implemented for population health	6 implemented	
1.8	Assistance with workflow analysis and integration provided	Completed	
1.9	6 training modules developed	Completed	
1.10	2 demonstration projects which integrate HIE data developed	1 completed before the end of the grant: 1 completed after the grant	

2	Support efforts to modernize the Nebraska Statewide Telehealth Network	New	New
3	Learn more about data governance and discuss follow-up steps including possibly forming a Data Governance Work Group	New	New
4	Learn more about how health IT can support public health, including the priorities identified in the 2017-2021 Nebraska State Health Improvement Plan, and discuss follow-up steps.	New	New

Nebraska Advance Interoperable Health IT Services to Support HIE
Project Summary, Progress, and Impact
September 2017

On July 27, 2015, the Nebraska Information Technology Commission was awarded a $2.7 million Advance Interoperable Health IT Services to Support Health Information Exchange (HIE) cooperative agreement (Grant Number 90IX0008) from the Office of the National Coordinator for Health Information Technology to support the adoption of health IT, the exchange of health information, and the interoperability of health information technology. Partners in the two-year grant included the Nebraska Health Information Initiative (NeHII) and the University of Nebraska Medical Center (UNMC).
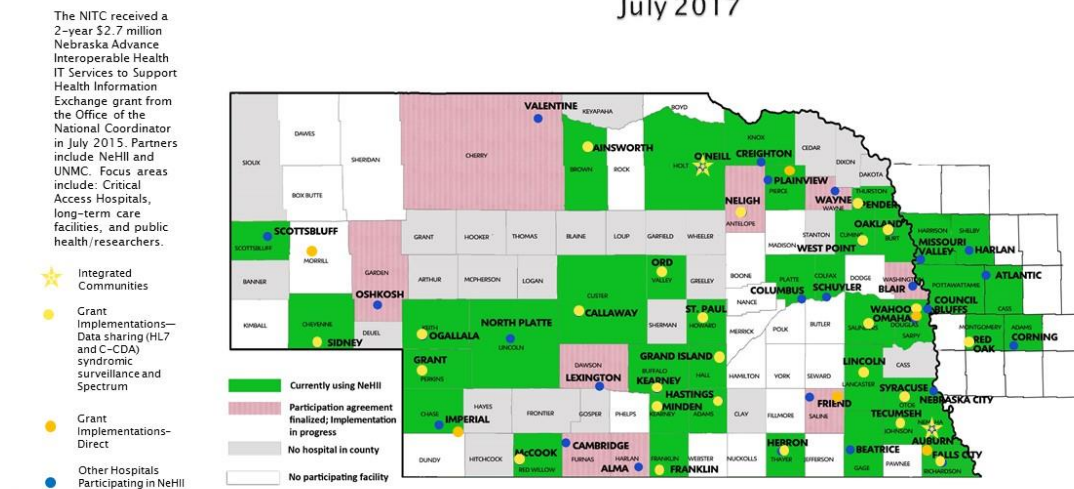
The grant supported the adoption of health information exchange through NeHII in 47 facilities and health systems—including 21 Critical Access Hospitals (CAHs)—in 31 counties in Nebraska and in Montgomery County, Iowa. Through the grant, the number of hospitals and providers sharing data with NeHII increased from 28 to 53. Over 700 providers and clinical staff were added as users. New functionality implemented included population health analytics, the use of C-CDA exchange to provide information to NeHII, and an HIE to HIE gateway with the Missouri Health Exchange. Two Critical Access Hospitals were also successfully implemented to share syndromic surveillance data with the State's syndromic surveillance system.

The grant also helped health care facilities integrate health information technology into their workflow. UNMC provided assistance in workflow integration to facilities participating in two rural communities selected as integrated communities. Lessons learned are being shared through use case-based training modules. UNMC partners also worked with NeHII to demonstrate the ability to utilize NeHII to conduct research.

The map below shows the implementations funded through this grant.

NeHII Adoption and ONC Grant Implementations
July 2017

The NITC received a 2-year $2.7 million Nebraska Advance Interoperable Health IT Services to Support Health Information Exchange grant from the Office of the National Coordinator in July 2015. Partners include NeHII and UNMC. Focus areas include: Critical Access Hospitals, long-term care facilities, and public health/researchers.

★ Integrated Communities

○ Grant Implementations—Data sharing (HL7 and C-CDA) syndromic surveillance and Spectrum

● Grant Implementations–Direct

● Other Hospitals Participating in NeHII

- Currently using NeHII
- Participation agreement finalized; Implementation in progress
- No hospital in county
- No participating facility

Updated July 27, 2017

Progress and Effort

Adding HL7 Data Sharing Participants

NeHII added 22 facilities as data sharing participants, including 15 Critical Access Hospitals (CAHs) and 5 clinics, through HL7 data exchange during the grant period. Prior to the grant, 9 CAHs out of 64 CAHs in Nebraska and 4 in Western Iowa were participating in NeHII. Over 600 users have been added at these facilities. Grant Target: 19 facilities

Project Description. Critical Access Hospitals play a crucial role in providing access to care for rural Nebraska residents. These hospitals often serve as the focal point or hub for all health care services in a region. Health information exchange and the expanded exchange of patient data is vital to improving care coordination, monitoring and improving quality of care, access to specialty care and increasing patient access to clinical history information. NeHII has worked with the Nebraska Office of Rural Health to identify additional funding sources to defray both implementation costs and on-going costs for HIE participation. Once a facility commits to sharing data with NeHII, the NeHII CEO ensures that the appropriate legal agreements are in place. The technical implementation that follows includes the configuration of the connectivity between NeHII and the facility, the sending and subsequent validation of test messages, the training of hospital providers and staff on the use of the system, and education for the hospital team on patient consent and patient education regarding HIE. The facility team works closely with NeHII for data validation and training efforts. The EHR and HIE vendors provide technical expertise and ensure connectivity and data integrity.

Impact. The addition of 22 data sharing participants has significantly increased the information available within NeHII, enhancing care coordination and increasing the value of the health information exchange. With the addition of 15 Critical Access Hospitals, NeHII now covers over 50% of the CAH beds in Nebraska. This allows for a greater exchange of pertinent data for patients who transition between these rural health care hubs and the acute care facilities in the Nebraska. These additional hospitals also support additional HIE users who increase the use of the data available in the exchange. The increased use of data leads to improved care coordination and a reduction in duplicated procedures and tests resulting in a better patient experience. In addition, the increased hospital participation creates more comprehensive readmission reports for each facility which can lead to a reduction in hospital penalties and the associated cost savings. The overall impact of the increased participation in the HIE by Critical Access Hospitals is a higher quality of care provided by all facilities.

This project also significantly increased the number of NeHII users. Over 600 users were added at the 22 grant-funded HL7 facilities.

Challenges. Cost, including the interface fees charged by EHR vendors, remains the biggest barrier to the adoption of health information exchange by Critical Access Hospitals. Grant funding, in addition to NeHII's new pricing structure which reduced the annual fee for participation by Critical Access Hospitals, significantly reduced this barrier.

HL7 Implementations			
Facility	**Facility Type**	**County**	**County Classification**
1) Physicians Lab	Lab	Douglas, Lancaster	Urban
2) Community Memorial Hospital (Syracuse)	Critical Access Hospital	Otoe	Rural
3) Auburn Family Health Center	Clinic	Nemaha	Rural
4) Community Medical Center (Falls City)	Critical Access Hospital	Richardson	Rural
5) Colglazier Medical Clinic (Grant)	Clinic	Perkins	Frontier
6) CHI Health – Nebraska Heart Institute Clinics (Lincoln)	Clinic	Lancaster	Urban
7) Pender Community Hospital	Critical Access Hospital	Thurston	Rural
8) Oakland Mercy Hospital	Critical Access Hospital	But	Rural
9) Simply Well (Omaha)	Wellness Program	Douglas	Urban
10) Think Whole Person Healthcare (Omaha)	Clinic/ACO	Douglas	Urban
11) Callaway District Hospital	Critical Access Hospital	Custer	Rural
12) Ogallala Community Hospital (Banner Health)	Critical Access Hospital	Keith	Rural
13) Saunders County Medical Center (Wahoo)	Critical Access Hospital	Saunders	Rural
14) Thayer County (Hebron)	Critical Access Hospital	Thayer	Rural
15) Perkins County Health Services (Grant)	Critical Access Hospital	Perkins	Frontier
16) Howard County Medical Center (St. Paul)*	Critical Access Hospital	Howard	Rural
17) Community Medical Center – Falls City Family Medicine Clinic	Clinic	Richardson	Rural
18) Valley County Health System	Critical Access Hospital	Valley	Rural
19) Franklin County Memorial Hospital	Critical Access Hospital	Franklin	Frontier
20) Johnson County	Critical Access Hospital	Johnson	Rural
21) Kearney County Health System	Critical Access Hospital	Kearney	Rural
22) Brown County Hospital	Critical Access Hospital	Brown	Frontier

Adding C-CDA Data Sharing Participants

NeHII added 2 independent ambulatory clinics and a provider network to NeHII through C-CDA data sharing. Prior to the grant, no NeHII facilities were exchanging data through C-CDA exchange. Grant Target: 5 facilities

Project Description. The C-CDA project participants consist of independent physician clinics and clinic networks. These facilities many times do not have IT capabilities to send HL7 messages to share their data; however, their certified EHR platforms can send structured documents in the consolidated clinical document architecture or C-CDA. Care coordination for patients who receive primary and/or specialty care from these facilities is challenging without access to the clinical data available in these documents. The Nebraska grant team worked with the ONC to ensure grant funding is available to defray implementation and resource costs for this project as well. Once a facility commits to sharing data in this format with NeHII, the NeHII CEO ensures that the appropriate legal agreements are in place. The technical implementation that follows includes the configuration of the connectivity between NeHII and the facility, the sending and subsequent validation that the document meets all specifications, the review of the parsing of the source data into the designated locations for information in the NeHII HIE, the training of clinic providers and staff on the use of the system, and education for the clinic team on patient consent and patient education regarding HIE. The facility team works closely with NeHII for data validation and training efforts. The EHR and HIE vendors provide technical expertise and ensure connectivity, compliance with document specifications, and data integrity.

Progress

C-CDA Implementations			
Facility/Organization	**Facility Type**	**County**	**County Classification**
CHI Health – TPN Clinics (23 primary care and specialty clinics connected)	Clinic/Provider Network	Lancaster, Buffalo, Hall, Otoe, Saline	Urban, Rural
Family Practice of Grand Island	Clinic	Hall	Urban
Montgomery County Memorial Hospital Clinic (Red Oak, IA)	Clinic	Montgomery (IA)	Rural

Impact. The addition of two clinics and 23 CHI Health-TPN primary care and specialty clinics as data sharing participants significantly increased the information available in NeHII, enhancing care coordination and making the health information exchange more valuable. Over 80 users have been added at these facilities with additional users expecting to be added after the end of the grant period. This project also demonstrated the feasibility of sharing data with NeHII through C-CDA exchange and provided valuable lessons learned, which will facilitate the addition of additional facilities through C-CDA exchange.

Challenges. As with HL7 exchange, costs, including interface fees from EHR vendors, is the biggest barrier. Additionally, technical barriers related to security requirements of the HIE platform also posed a barrier to facilities with electronic health record systems which could not meet the security requirements.

Implementing Direct Secure Messaging

NeHII implemented Direct Secure messaging in 15 facilities with an emphasis on long-term care and post-acute care facilities. Grant Target: 50 facilities

Project Description. Nebraska's long-term care and post-acute care facilities are faced with challenges associated with coordinating care for patients transitioning to and from multiple and diverse care settings. Challenges to adopting HIE include cost; workforce related challenges; differences in clinical processes and information needs; lack of capacity to acquire, implement and use technology; and lack of awareness of the need for interoperable HIE. Direct secure messaging is a comparatively low cost of entry technology solution that is standards-based and easy to implement from a technical perspective. Engagement of LTPAC facilities usually starts with an overview of Direct secure messaging and how it relates to the exchange of patient information between the long-term care or post-acute care facility and its referral partners. Once a facility commits to the project, the NeHII CEO ensures that the appropriate legal agreements are in place. The technical implementation that follows includes the formal verification of the business and the primary responsible individual in keeping with DirectTrust requirements, the assignment of Direct secure addresses by NeHII's HISP provider, ICA (Informatics Corporation of America), and training of the facility personnel on ICA's web-based Direct webmail system. In addition to these ICA webmail implementations, NeHII, within the scope of this project, is also implementing ICA's XDR integration with Howard County Medical Center's EHR system to allow sending of continuity of care documents directly from the EHR to long-term care, post-acute care and other referral partner Direct secure addresses.

Direct Secure Messaging				
Confirmed Facilities/Providers	**Facility Type**	**County**	**County Classification**	**User Counts**
VNA of Omaha and Council Bluffs	Home Health	Douglas	Urban	21
Immanuel Pathways (Omaha)	Daycare Program for Elderly	Douglas	Urban	9
Sunrise Heights (Wauneta)	LTPAC	Chase	Frontier	9
Ambassador Health Omaha	LTPAC	Douglas	Urban	6
Florence Home - Omaha - Midwest Geriatrics	LTPAC	Douglas	Urban	5
Public Health Solutions (Crete)	Public Health	Saline	Rural	4
Osmond General Hospital (Osmond)	Critical Access Hospital	Pierce	Rural	4
Blue Cross Blue Shield Nebraska	Payer	Douglas	Urban	4
Colonial Acres (Humboldt)	LTPAC	Richardson	Rural	3
Hillcrest Health Services (Bellevue)	LTPAC	Sarpy	Urban	3
Royale Oaks - Midwest Geriatrics (Omaha)	LTPAC	Douglas	Urban	2
Skyview at Bridgeport (Bridgeport)	LTPAC	Morrill	Frontier	2
House of Hope - Midwest Geriatrics (Omaha)	LTPAC	Douglas	Urban	1
Home Nursing with Heart (Omaha)	LTPAC	Douglas	Urban	1
Howard County (St. Paul)	Critical Access Hospital	Howard	Rural	1
Total: 15 facilities implemented				**75 users**

Impact. While NeHII cannot quantitate the traffic of messages delivered through the ICA Direct email, we have been able to anecdotally determine that the increased access and use of Direct Secure messaging has resulted in improved care coordination between hospitals and long-term care and post-acute care facilities. Long-term care and post-acute care facilities are using this method of communication prior to discharge to communicate their ability to provide the appropriate level of care Use cases for Direct are still not well developed or widely used in Nebraska, making Direct a hard sell. The Integrated Community project identified several use cases for Direct and provided an opportunity to better learn about the information needs of LTPACs. As use cases for Direct become more widely used, the use of Direct is expected to increase. The implementation process identified above is simple, straightforward and does not require complex IT infrastructure which makes its impact significant in the long-term care and post-acute care community which has varying levels of health IT capabilities.

Challenges. Use cases for Direct are still not well developed or widely used in Nebraska, making Direct a hard sell. The Integrated Community project identified several use cases for Direct and provided an opportunity to better learn about the information needs of LTPACs. As use cases for Direct become more widely used, the use of Direct is expected to increase.

Increasing Utilization and Integration of HIE

Team members from UNMC worked to increase the utilization and integration of HIE into the provider workflow by creating two integrated communities, developing use case-based training modules, conducting structured interviews of the recipients of Admission Discharge and Transfer (ADT) alerts, and conducting a quality improvement study of NeHII users.

Integrated Communities

Project Summary. Project team members from NeHII and UNMC worked to identify communities in which the hospital, clinic, long-term care/post-acute care facility, and pharmacy were interested in exchanging health information. Facilities in Auburn and O'Neill agreed to participate in the project. Team members worked with participants to identify and prioritize possible scenarios for the use of health IT or use cases. The project team then worked with participants to match use cases to the appropriate technology, implement the technology, test the technology, evaluate the quality and timeliness of the information sent and received, and integrate the technology into the provider workflow.

Progress. The following activities have been completed:

- UNMC investigators conducted on-site needs assessments to identify HIE "use cases" of value at all participating organizations in both integrated communities.
- NeHII personnel matched HIE technologies to the "use cases" identified by the participating facilities. Querying patient information through NeHII's Community Patient Profile (CPP) and transmitting Continuity of Care Documents (CCDs) via Direct exchange supported a number of use cases.
- The technologies required to support use cases were successfully tested in the Auburn integrated community (hospital, clinic and 2 long-term care facilities).
- "Use cases" were implemented into workflow in the Auburn integrated community.

Impact. Members of the Auburn integrated community championed the adoption of a collaborative community-based approach to realize the value and utility of HIE. The hospital, ambulatory care clinic, and long-term care facility reported improved patient care and efficiency outcomes as a result of adopting electronic health information exchange technologies to support information exchange among their community partners. Community members were willing to adopt HIE solutions to meet their own needs and the needs of their community partners for the benefit of patients across the continuum of care.

This project can provide a roadmap for other communities considering the adoption of HIE.

Training Modules

Project Summary. Project team members from UNMC worked with production specialists to script, record and produce training modules. Additionally participants in the Auburn Integrated Community were filmed talking about the project and how they are using health information exchange. The first module introduces electronic health information exchange and its potential to improve safety, quality, and efficiency in health care. Module 2 walks providers through how to conduct a needs assessment to identify gaps in information exchange and opportunities to improve it. Module 3 discusses electronic health information exchange technologies that may serve as solutions to support your identified information needs. Module 4 discusses some of the use cases addressed and includes clips of Integrated Communities participants. Modules 3 and 4 each include two segments, for a total of six videos.

Progress. The modules have been completed and are now accessible through the NeHII website to a local and national audience. The modules are available at https://www.unmc.edu/pharmacy/research/HIEGuide/Index.html.

Impact. The training modules will be used to educate clinicians and administrators about Health Information Exchange including:

- How to conduct a needs assessment to identify institutional value
- Common "Use cases" identified by peer organizations
- Existing technologies that support the exchange of health information
- Workflow considerations necessary for the successful adoption of HIE technologies.

Structured Interviews of Recipients of Admission, Discharge and Transfer (ADT) Alerts

Project Summary. Project Team Members from UNMC and the NITC developed a list of questions for the interviews with users of NeHII's Admission, Discharge and Transfer (ADT) alert service, scheduled and conducted interviews with users, transcribed the interviews, and have completed report of the findings.

Progress. The project has been completed.

Impact. The study has helped team members better understand how ADT alerts are being used. Lessons learned include:

- Effective implementation requires careful attention to the specific workflow of the organization and the roles of the users.
- It is usually more effective for messages to flow to case nurses rather than physicians.
- It is difficult to make ADT message content and format consistent because of differing EMR source material and differences in charting conventions between institutions.
- Users were satisfied that ADT improved services to patients and increased efficiencies and reduced costs by avoiding unnecessary deployment of personnel resources when patients were admitted to another facility.

Quality Improvement Project: Evaluating Providers' Ability to Query NeHII, Nebraska's Health Information Exchange

Project Summary. The purpose of this quality improvement project was to evaluate the training that Nebraska Health Information Initiative (NeHII) users currently receive and identify opportunities for improvement. The survey assessed the ability of NeHII users to navigate NeHII's Community Patient Profile (CPP) and identify demographic and clinical information from a "test" patient.

Approximately 1,200 users received an email invitation to complete the online survey evaluation. The emailed invitation to participate included a link that takes the NeHII user to an online data collection form. The survey contained several demographic questions and 5 questions that could be answered using information found in the test patient's record contained in the NeHII CPP. Non-respondents to the survey received 2 follow-up reminders at approximately 1-week intervals. A total of 134 surveys were completed successfully.

Impact. The results were shared with NeHII. NeHII is working with training staff and the HIE vendor to make improvements to address some of the findings of the survey.

Implementing HIE to HIE Gateways

NeHII increased the ability to exchange data between HIEs by implementing 1 HIE to HIE gateway. NeHII currently has no HIE to HIE gateways in place. Grant Target: 5 Gateways

Project Description. Once an HIE commits to sharing data with NeHII, the NeHII CEO ensures that the appropriate legal agreements are in place. The technical implementation that follows includes an evaluation of the configuration options and consensus gathering for the best method of connecting whether it be through system query and response, cross community access, or the exchange of notifications. Once the method of the connectivity between NeHII and the HIE is determined and the method of sending data is confirmed, the organizations send and validate test messages to ensure compliance with specifications. The HIE team works closely with NeHII on data validation and training efforts. The HIE vendors provide technical expertise and ensure connectivity and data integrity.

Progress. The NeHII team worked with Missouri Health Connection to complete a gateway. Work on a connection with Unity Point in Iowa was underway when the grant ended. Work on the gateway will continue using other funding sources.

HIE to HIE Gateway
Facility/Organization
Missouri Health Connection

Challenges. NeHII team members reached out to several health information exchanges in surrounding states. Several barriers were encountered in implementing this project. The time to enter into the necessary participation agreements is a barrier to this type of health information exchange. The availability of resources from neighboring health information exchange is another barrier. Lastly, some technical barriers related to security requirements were also encountered.

Impact. This project demonstrated the feasibility of exchanging health information with another HIE and provided learning opportunities for NeHII staff. Over the next few months, NeHII will work with Missouri Health Connection to assess the impact of the connection.

Connecting Hospitals to Nebraska's Syndromic Surveillance System

NeHII increased interoperability by connecting 2 Critical Access Hospitals to the State of Nebraska's syndromic surveillance system. Prior to the grant, one Critical Access Hospital was submitting data to the syndromic surveillance system through NeHII. Grant Target: 8 Hospitals

Project Description: Once a facility commits to using NeHII to submit syndromic surveillance data to the Nebraska Department of Health and Human Services Division of Public Health (NDHHS DPH) through NeHII, the NeHII CEO ensures that the appropriate legal agreements are in place. The technical implementation that follows includes the configuration of the connectivity between NeHII and the facility (if not already connected), evaluation of the data content compliance with the NDHHS DPH specifications, the addition of required elements that are not already being sent, the validation of data content, and the confirmation of data delivery to DPH. The facility team works closely with NeHII and the NDHHS DPH team for data element evaluation and appropriate modifications. The DPH team confirms compliance with requirements and receipt of the data. The EHR and HIE vendors provide technical expertise and ensure connectivity and data integrity.

Progress. Two Critical Access Hospitals were connected to Nebraska's syndromic surveillance system through NeHII. Two additional facilities were underway when the grant period ended and will be completed using another funding source.

Syndromic Surveillance Projects			
Facility/Organization	**Facility Type**	**County**	**County Classification**
1) Community Hospital–McCook	Critical Access Hospital	Red Willow	Rural
2) St. Francis Memorial – West Point	Critical Access Hospital	Cuming	Rural

Impact. The use of NeHII for submission of syndromic surveillance data from hospitals enables the hospital and NDHHS DPH to reduce the number of data feeds that they need to maintain. Submission through NeHII also results in more robust data to NDHHS DPH and more comprehensive patient data available in the HIE for exchange. This work has also increased the number of hospitals sending their syndromic surveillance data to NDHHS DPH.

Challenges. Time is the biggest challenge to implementation of syndromic surveillance projects. The sending of additional data elements not found in a common ADT demographic feed, including specific clinical observation information (e.g. height, weight, blood pressure, smoking status) that are important from a syndromic surveillance perspective, takes time to identify the electronic health record (EHR) sources of data and to assess the capabilities of the EHR to extract that data to populate the messages sent to NDHHS. The formatting of the data must meet the NDHHS Syndromic Surveillance Event Detection of Nebraska (SSEDON) implementation guide strict requirements and requires involvement from hospital and vendor interface development resources to provide compliant data elements that successfully populate the NDHHS syndromic surveillance repository.

Implementing Population Health Analytics

NeHII increased interoperability by implementing population health analytics for six facilities. Prior to the grant, population health analytics was not available through NeHII at baseline. Grant Target: 5 facilities

Project Description. NeHII has partnered with their HIE vendor, Optum, to implement a population health analytics tool to increase the understanding of the patient data in the HIE at an aggregate level. The project consists of source to standard mapping for data fields from each facility, data review, user interface validation, measure identification and development, measure implementation and validation, consent implementation, user access evaluation through the NeHII use case process, user training and finally access to the tool.

Users can query the following measures to assess adherence to quality measures and to improve population health:

- **Measure 1: Inpatient 30 Day Readmit.** Describes the number of patients admitted to an inpatient encounter within 30 days of a discharge from a previous inpatient encounter out of the total number of patients admitted to an inpatient stay (not including skilled nursing or long-term care).
- **Measure 2: Emergency Room Frequent Users.** Describes the number of patients with more than 3 ER visits during a one year time frame out of the total number of patients who have received care in an ER setting.
- **Measure 3: Undiagnosed Diabetes.** Describes the number of patients with a hemoglobin A1c lab test result equal to or greater than 8.0 without a diabetes diagnosis out of all patients that have A1c greater than or equal to 8.0.
- **Measure 4: Diabetes Short-Term Complications Admission Rate.** Describes the number of patients over the age of 18 who were admitted as an inpatient with a short-term diabetes complication (ketoacidosis, hyperosmolarity, or coma) out of all patients who were admitted as an inpatient during the specified period.
- **Measure 5: Hypertension Admission Rate.** Describes the number of patients over the age of 18 who were admitted as an inpatient for hypertension out of all patients who were admitted as an inpatient during the specified period.
- **Measure 6: Angina without Procedure Admission Rate.** Describes the number of patients over the age of 18 who were admitted as an inpatient for angina without a corresponding procedure code for a cardiac procedure out of all patients who were admitted as an inpatient for angina during the specified period.
- **Measure 7: Colorectal Cancer Screening – Based on ACO Measure # 19.** Describes the number of patients age 50-75 who have had the appropriate screening for colorectal cancer out of the total number of patients in this age category.
- **Measure 8: Ambulatory Care Sensitive Conditions: Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults– Based on ACO Measure # 9.** All discharges with an ICD-10 principal diagnosis code for COPD or Asthma in adults ages 40 years and older with risk-adjusted comparison of observed discharges to expected discharges.

- **Measure 9: Heart Failure Admission Rate by Zip Code – Based on PQI #8.** Discharges, for patients ages 18 years and older, with a principal ICD-10-CM diagnosis code for heart failure.

Progress. Six facilities and health systems have been provisioned to use the Spectrum population health analytics tool.

Population Health Analytics			
Facility/Health System	**Facility Type**	**County**	**County Classification**
1) Nemaha County Hospital, Auburn	Critical Access Hospital	Nemaha	Rural
2) Mary Lanning Healthcare	Health System	Adams	Urban
3) Montgomery County Memorial Hospital	Critical Access Hospital	Montgomery (IA)	Rural
4) Nebraska Methodist	Health System	Douglas	Urban
5) CHI Health	Health System	Douglas, Lancaster, Hall, Buffalo, Otoe	Urban, Rural
6) Sidney Regional Medical Center	Critical Access Hospital	Cheyenne	Rural

Impact: NeHII will work with users at participating facilities to determine the impact of this project.

Developing Demonstration Projects for Research

NeHII and UNMC team members worked to increase interoperability by developing demonstration projects which integrated HIE data for comparative effectiveness research.

PCORnet Project

Project Summary. UNMC and Nebraska Medicine are a participating site in the National Patient Centered Research Network (PCORnet.org). UNMC maintains a de-identified, standardized data mart containing detailed patient level records extracted from the Nebraska Medicine EHR and linked to other patient level data.

The goal of this project is to extend clinical data on de-identified patient records by linking NeHII encounter records to Nebraska Medicine patient records. The data will be included in the UNMC supported PCORnet data mart. The team explored a number of options to receive, link and de-identify patient records. The proposed plan finally received NeHII privacy and security committee approval at the beginning of July.

Working with Nebraska Medicine IT, NeHII and Optum the team identified HL7 message types to be sent to a Secure FTP site shared between NeHII and Nebraska Medicine. Initial messages were sent and test mappings were performed. We learned July 24th that reconfiguring the SFTP gateway disrupted the current Nebraska Medicine - NeHII linkage. The team lost days while the VPN was reconfigured and was unable to begin the data feed at the end of the grant period.

The team intends to complete the work as part of the Nebraska Medicine – NeHII collaboration as resources allow.

NeHII as a Data Source for Comparative Effectiveness Research

Project Summary. The purpose of this project was to develop a simple retrospective research project using data from the Health Information Exchange (HIE) that demonstrates the potential of the HIE to provide a more powerful research database than either individual health system electronic medical records (EMR) or insurer claims databases. The promise of using an HIE, in this case NeHII, for research is that the data available will cover all patients seen at any participating data provider and will include clinical information not seen in insurance claims data.

This project sought to describe the incidence of influenza like illness (ILI) and definitively diagnosed influenza by practice setting over the 2015-16 and 2016-17 flu seasons. Further, the study sought to identify the frequency of influenza testing and whether the test result (positive or negative) was linked to specificity of diagnosis (ILI or influenza). Utilizing a query of HIE data, researchers were able to identify a significant number of patients across practice settings with both a broad diagnostic definition (ILI) and a narrow diagnosis (influenza). From there researchers were able to link patient level influenza lab tests and results, which signals a methodological improvement over either insurance claims data or individual provider electronic medical records.

Impact. This straightforward influenza project demonstrates the potential of using NeHII for research purposes. In order to achieve its potential, efforts will have to be taken to improve the completeness and access to the data.

Lessons Learned

Recruitment and Engagement of Long-Term Care and Post-Acute Care Facilities (LTPACs) and Critical Access Hospitals (CAHs)

- It takes a lot of work to engage Critical Access Hospitals and long-term and post-acute care facilities.

  o The biggest barrier to health information exchange remains cost, including interfaces fees from the electronic health record vendors of hospitals, clinics, long-term and post-acute care facilities, and other health care providers.

  o Many long-term care facilities are owned by companies with facilities in multiple states. This made recruitment of facilities more difficult as corporate decision-makers were often unfamiliar with NeHII and wanted to maintain consistency in the use of health IT in all of their facilities.

  o A health information exchange is most valuable to participants when their key medical trading partners also participate. When a key hospital chooses to not participate, it can negatively affect recruiting efforts. The creation of private health information exchanges can present challenges to a public statewide health information exchange.

  o Patients are the primary beneficiary of health information exchange. More information on the impact of health information exchange on patient outcomes is needed to help facilities better understand the value of health information exchange.

  o Having a partnership with the State of Nebraska has been helpful particularly for the syndromic surveillance project. The support of the State of Nebraska adds credibility and increases the utility of participating.

Better Understanding the Needs of Long-Term and Post-Acute Care Facilities

- Work on the Integrated Community project has helped us better understand the needs of long-term and post-acute care facilities and the importance of including long-term care and post-acute care facilities and others providers in the health information exchange. Through the grant, the team has developed several use cases for exchanging health information with long-term and post-acute care facilities. Demonstrating the value of different use cases will facilitate efforts to engage long-term and post-acute care facilities. Some of the use cases currently being implemented in an integrated community include:

  o Long-term care facilities access the query-based health information exchange to support the pre-admission process for a patient being discharged from the hospital and admitted to the long-term care facility.

  o Long-term care facilities receive a continuity of care document (CCD) from the discharging hospital to support admission to the LTC facility.

  o A long-term care facility sends a continuity of care document to a physician clinic when a resident of the long-term care facility has an appointment at the clinic.

  o The Critical Access Hospital receives a continuity of care document from a large tertiary care hospital when a patient is transferred to assist with the admission of the patient to the Critical Access Hospital.

- A physician's clinic receives a continuity of care document whenever a patient is discharged from the hospital to improve the continuity of care.
- A long-term care facility and physician's clinic check the query-based health information exchange for lab results to ensure appropriate dosing of medications.
- An emergency room physician checks the Prescription Drug Monitoring Program (PDMP) for controlled substances prior to prescribing an opiate.

Integration of Health Information Exchange into the Provider Workflow

- The process developed for the Integrated Communities Project is proving to be useful in engaging providers and helping them integrate health information exchange into their workflow.

  - The process started by bringing together providers within a community, including the hospital, clinic(s), pharmacy, and long-term and post-acute care facilities, to discuss their interest in sharing health information and to kick off the process.

  - The facilitators/workflow integration specialists from UNMC set up follow-up meetings with providers to identify what health information was needed from other health care providers.

  - With technical assistance from a NeHII project manager, the appropriate technologies for exchanging health information exchange were matched to each use case.

  - The team worked with facilities to prioritize use cases.

  - The team then worked with facilities to implement the appropriate technologies, test the technologies, evaluate the quality and timeliness of the information sent and received, and integrate the new process into the provider workflow.

- The process works best when a local health care provider acts as a community champion, encouraging community health care providers to participate in the progress.

- Having a facilitator to start the engagement process is another key component. It was also very helpful to have a project manager from NeHII as part of the team to provide technical assistance.

- Having all participating providers set up with both Direct and query-based exchange early in the process allows for the implementation of a greater number of use cases.

- Health information exchange isn't plug and play. It takes time and effort to integrate health information exchange into the provider workflow. For example, the NeHII Community Patient Profile (CPP) is easy to implement, but usage doesn't usually take off unless the CPP can be accessed with single sign on from the electronic health record. Direct has been touted as an easy first step for health information exchange, but in reality it takes time and effort to identify use cases and to work with other health care providers to begin exchanging information.

- Structured interviews were conducted with ADT subscribers to understand how ADT messaging was implemented and used and the impact and user satisfaction with the service.
  - Effective implementation requires careful attention to the specific workflow of the organization and the roles of the users.
  - It is usually more effective for messages to flow to case nurses rather than physicians.

- It is difficult to make ADT message content and format consistent because of differing EMR source material and differences in charting conventions between institutions.
- Users were satisfied that ADT improved services to patients and increased efficiencies and reduced costs by avoiding unnecessary deployment of personnel resources when patients were admitted to another facility.

Nov. 1, 2017

To: NITC Commissioners

From: Anne Byers

Subject: Community Council Report

Membership.* The Nebraska Public Service Commission has nominated Mary Ridder to represent the Commission on the Community Council. Her bio is included in the meeting materials. I will be asking you to approve her nomination.

Nebraska Broadband Today! Approximately 135 individuals attended the Nebraska Broadband Today conference on Oct. 26 at the Marriott Cornhusker in Lincoln. The Broadband 101 and 102 sessions were recorded and are being edited.

Broadband Map Update. The Nebraska Broadband Map (broadbandmap.nebraska.gov) has been updated. An updated map showing changes in broadband availability between 2010 and 2016 can be found at the end of this report. Cullen Robbins from the Nebraska Public Service Commission will share additional information about the update of the map and other PSC efforts to advance broadband during the NITC meeting.

Broadband Task Force. The NITC Community Council discussed the following five questions posed to the Broadband Task Force. The responses were shared with the Broadband Task Force on Oct. 10

1. Should there be a Nebraska-specific definition of broadband? Should it be based on minimum speeds or some other measurement?

   The Council did not make a recommendation on this question. The Council needed more information on how the definition would be used, how it would be adjusted, etc. in order to make an informed recommendation.

2. Should Nebraska formally adopt a policy goal of ensuring ubiquitous broadband availability, regardless of cost?

   The Council felt that Nebraska should adopt a policy goal of ensuring ubiquitous broadband availability, but that cost should be a consideration.

3. Should there be technology preferences for the means by which broadband availability is deployed?

   The Council did not recommend establishing a technology preference. The Council recognized that while fiber offers the best performance, it may not be cost-effective to deploy fiber in all areas. Wireless technologies may be the most cost-effective method of deploying broadband in some areas. Since wireless technologies require fiber to the tower, small cell or other transmitting device, consideration should be given to getting fiber further out.

4. Should the State of Nebraska maintain restrictions on the provision of broadband services by political subdivisions of the state? In the alternative, should exception be allowed that would enable the formation and operation of public-private partnerships that enable broadband deployment?

   Council members supported maintaining restrictions on the provision of broadband services by political subdivisions of the state. Council members were very supportive of private-public partnerships. The City of Lincoln provides a good model for public-private partnerships. Public power may be a potential partner.

5. Are existing cost recovery mechanisms adequate to ensure that all Nebraskans will have access to broadband services that are reasonably comparable in cost and service quality?

Council members felt that the PSC and those in the industry would be better able to answer this question.

Council members felt that if existing cost recovery mechanisms were adequate to ensure that all Nebraskans will have access to broadband services that are reasonably comparable in cost and service quality, we probably would not be having these conversations.

LR 176 Interim Study to Examine the Provision of Broadband Telecommunications Services in the State. Hearings will be held:

Nov. 28, 2017   1:30 PM   McCook Community College, 1205 E 3rd St., McCook, NE

Nov. 30, 2017   1:30 PM   City Council Chambers, 1702 31st St., Central City, NE

Dec. 1, 2017   1:30 PM   Room 113, State Capitol, Lincoln, NE

Action Items.* The Community Council has drafted action items. With your approval, these will be included in the Statewide Technology Plan. See the following page.

1. **Action: Support the efforts of communities to address broadband-related development by sharing broadband-related news and highlighting exemplary programs through the Broadband Nebraska newsletter, social media, and other activities through the Nebraska Broadband Initiative.**

    Lead: NITC Community Council, University of Nebraska-Lincoln Extension and Center for Applied Rural Innovation, Nebraska Public Service Commission, and Nebraska Library Commission

    Participating Entities: NITC Community Council, Nebraska Public Service Commission, University of Nebraska-Lincoln Extension and Center for Applied Rural Innovation, the AIM Institute, and other interested stakeholders.

    Timeframe: 2017-2018

    Funding: Leveraging existing resources

    Targets/Deliverables:

    1. At least 4 issues of Broadband Nebraska newsletter per year
    2. Other partnership activities

2. **Action: Support the efforts of Network Nebraska and the Education Council to address digital equity and to explore partnerships to improve library broadband access.**

    Lead: Community Council and Education Council

    Participating Entities: NITC Community Council, Education Council, Nebraska Broadband Initiative

    Timeframe: 2017-2018

    Funding: Leveraging Existing Resources

    Targets/Deliverables:

    1. Develop and share educational materials and profiles of exemplary programs.
    2. Explore opportunities to further this initiative

3. **Action: Expand awareness and address the need for digital inclusion and equitable broadband access through educational materials, best practices and community outreach.**

    Lead: Community Council and Education Council

    Participating Entities: NITC Community Council, Education Council, Nebraska Broadband Initiative

    Timeframe: 2017-2018

    Funding: Leveraging Existing Resources

    Targets/Deliverables:

    1. Develop Work with the Community Council, Education Council and Nebraska Broadband Initiative to develop an outreach program to help communities better understand and address digital equity issues. and share educational materials and profiles of exemplary programs.

    2. Work with the Community Council, Education Council and Nebraska Broadband Initiative to develop an outreach program to help communities better understand and address digital equity issues.

NITC Strategic Initiatives Status Report

Strategic Initiative, Action Item and Deliverable/Target

Community IT Development		Status	2017-2019 Recommendations
1	**Support the efforts of communities to address broadband-related development by recognizing outstanding programs and developing a series of best practices and case studies.**	Completed	Continue with Modifications
1.1	First Nebraska Community Broadband Awards awarded Oct. 21, 2015	Completed	Discontinue for the time being.
1.2	At least 6 best practices/case studies developed by Oct. 2016 At least 4 issues of Nebraska Broadband will be published each year.	Completed	Continue
1.3	Other partnership activities	New	New
2	~~Support the Network Nebraska Advisory Group's efforts serve as a communication hub for new and existing Network Nebraska participants.~~ **Support the Efforts of Network Nebraska and the Education Council to address digital equity and to explore partnerships to improve library broadband access**	In progress	Continue with Modifications
2.1	Develop and share educational materials and profiles of exemplary programs	In progress	
2.2	Explore opportunities to further this initiative.	In progress	
3	**Expand awareness and address the need for digital inclusion and equitable broadband access through educational materials, best practices and community outreach.**	New	New
3.1	Develop and share educational materials and profiles of exemplary programs	In progress	
3.2	Work with the Community Council, Education Council and Nebraska Broadband Initiative to develop an outreach program to help communities better understand and address digital equity issues.	In Progress	

Commissioner Mary Ridder- District 5

Professional Career: Elected to Nebraska Public Service Commission, 2016
- Jenkins for Senate, communications, 2014
- SCORR Marketing, independent contractor, 2013
- Authored *Roots of Change: Nebraska's New Agriculture*, University of Nebraska Press/Bison Books, 2007
- Ridder Ranch Tours, owner, 2004-2011
- Core Impact Professionalism Workshops, co-owner, 2004-2007
- Ray Brown & Associates, marketing assistant, 2003-2004
- Authored *In Benton*, Dageforde Publishing, Inc., 2002
- KNOP-TV, Kearney Hub, KCNI/KBBN, statepaper.com, news reporter, 1998-2002
- Ridders Communications, owner, 1996-2016
- Ridder Half Circle, Inc. dba Ridder Hereford Ranch, co-owner, 1982-present

Current Member:
- St. Boniface Catholic Church (Council of Catholic Women, Pastoral Council)
- Hereford Women of Nebraska
- Nebraska Hereford Association
- Nebraska Cattle Women
- Nebraska Cattlemen

Former Member:
- Callaway School Board (8 years)
- Grand Island Diocesan Long Range Strategic Planning Committee (2 years)
- Home Town Competitiveness (4 years)
- Callaway Community Foundation (9 years)
- Callaway Public School Strategic Planning Committee (5 years)
- Grand Island Diocesan Religious Education Board (3 years)
- Rep. Tom Osborne's Agriculture Advisory Committee (1 year)
- Nebraska Rural Health Advisory Commission Consumer Representative (2 years)
- Custer County Development Revolving Loan Board (2 years)
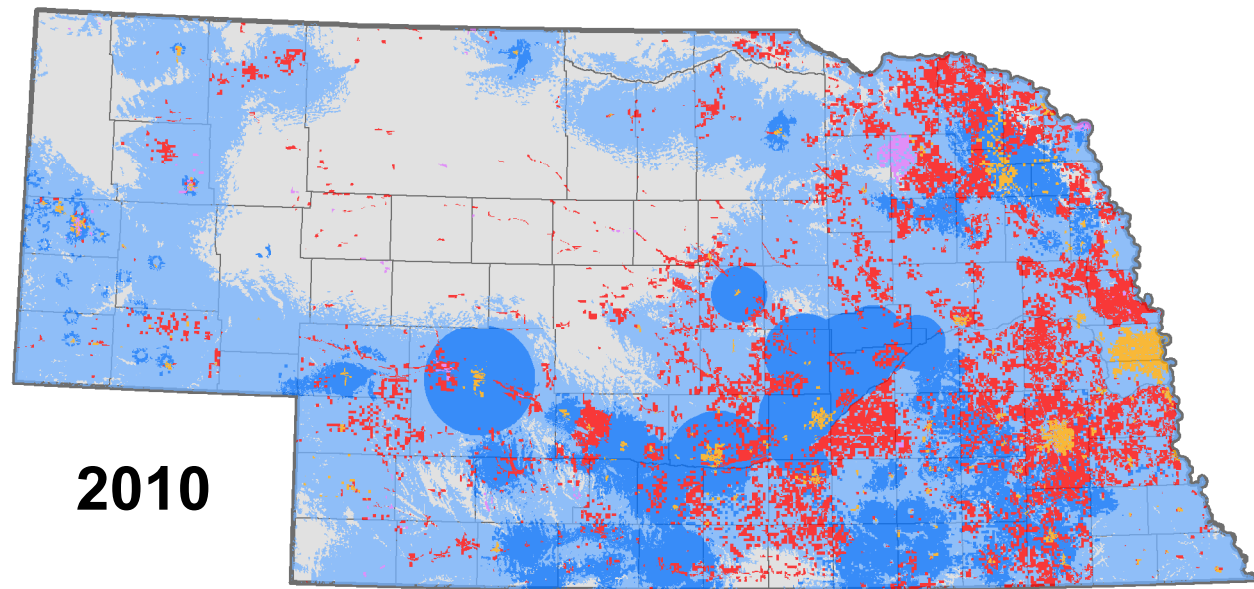
Honors and Awards:
- Citizenship Award, Center for Rural Affairs, 2004
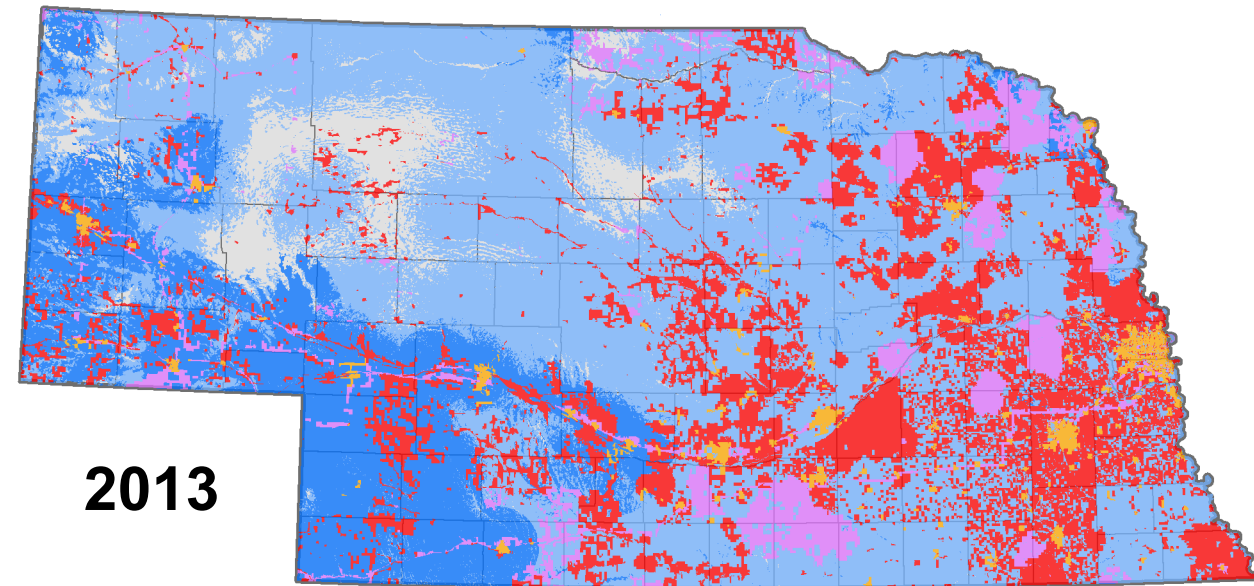
Education:
Creighton University, BA in English Literature, support areas in Secondary Education, Business, Math
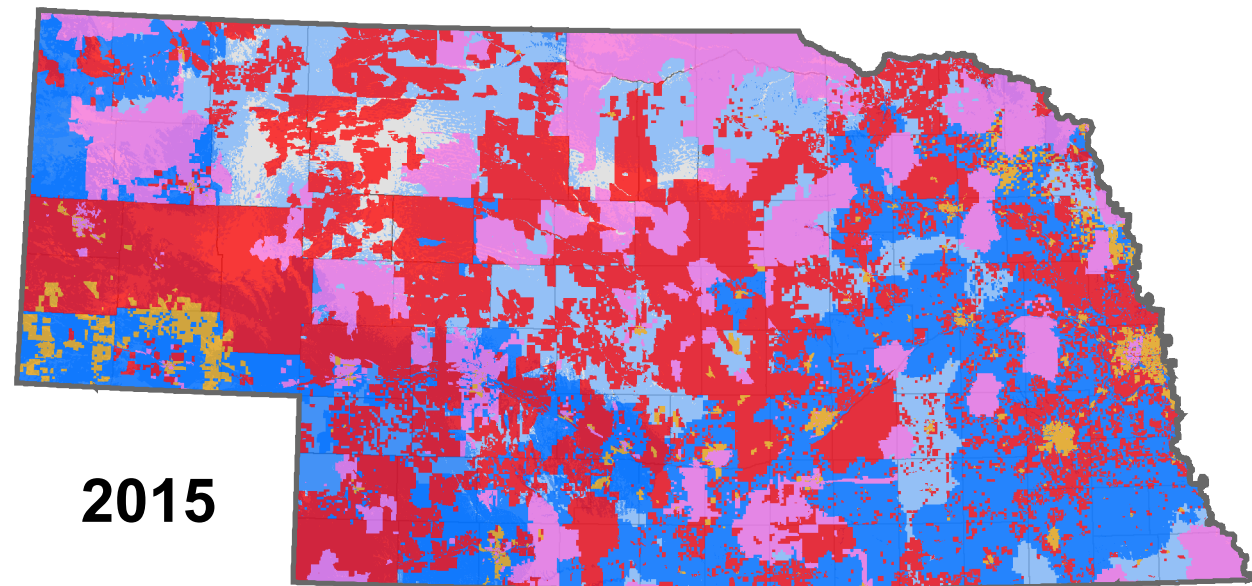
Personal Data:
Born in Schuyler, Nebraska. Married to John Ridder. Two sons and daughters-in-law. Four daughters. Two grandchildren
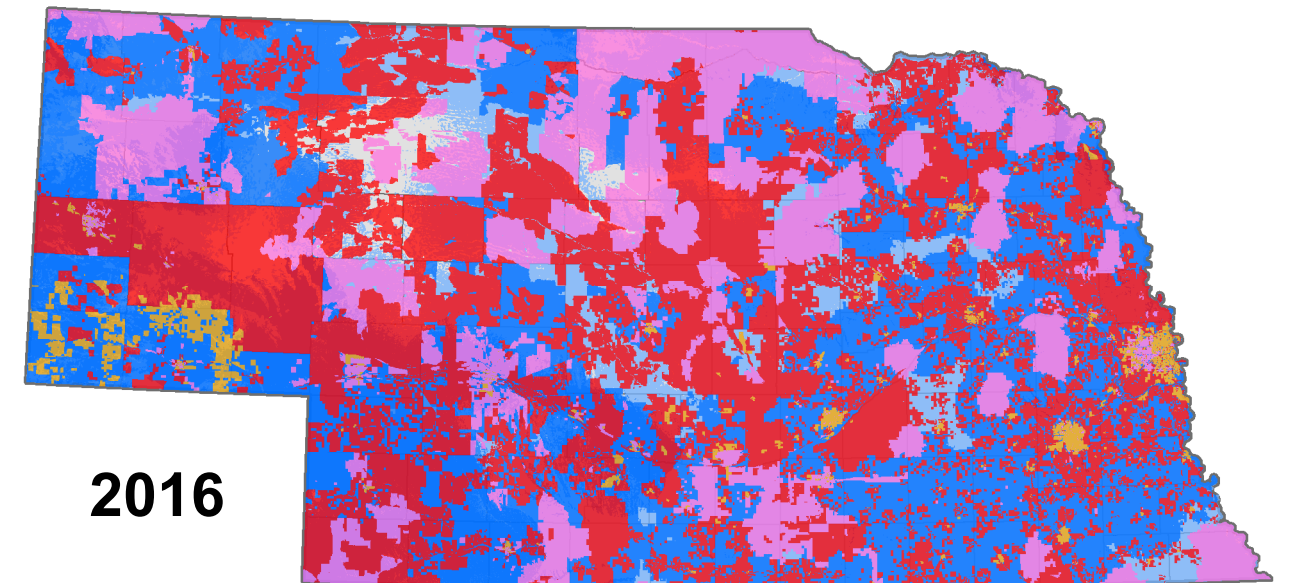
2010

2013

2015

2016

Technology of Transmission

- Cable
- DSL
- Fiber
- Mobile Wireless
- Fixed Wireless

Prepared By: Nebraska PSC - Communications
10/5/2017

NITC Strategic Initiatives Status Report (10/20/2017)		
Strategic Initiative, Action Item and Deliverable/Target		
Network Nebraska (Education Council)	**Status**	**2017-2019 Recommendation**
1 **Prepare for the future of Network Nebraska**		
1.1 Develop strategy to accommodate community affiliate connections	In progress	Continue with modifications
1.2 Use automated tools to monitor network uptime and web depiction	In progress	Continue with modifications
1.3 Implement incident management and change control frameworks	In progress	Continue with modifications
1.4 NNAG & CAP to guide OCIO decisions about network growth/reliability	In progress	Continue as is
1.5 Review and update security services and practices and strategize future services	In progress	Discontinue
2 **Serve as the communication hub for new and existing Participants**		
2.1 Develop and implement a communications strategy	In progress	Continue as is
2.2 Conduct an annual services survey of all Participants to guide service development	In progress	Continue as is
3 **Review NITC IT Security and Government IT Strategy Initiatives**		
3.1 Develop applicable practices and strategies for security and cloud applications in educational environments.	In progress	New
3.2 Determine how to incorporate cloud and security strategies within Network Nebraska services.	In progress	New

NITC Strategic Initiatives Status Report (10/20/2017)		
Strategic Initiative, Action Item and Deliverable/Target		
Digital Education (Education Council)	**Status**	**2017-19 Recommendation**
1 **Create professional development opportunities for Nebraska educators**		
1.1 Establish a multimodal, virtual communities of practice for all levels of educators	In progress	Continue as is
2 **Address students' technical challenges in high school to college transition**		
2.1 Conduct a research project to identify existing infrastructure and pedagogy efforts	In progress	Continue as is
2.2 Identify opportunities for collaboration to ease student transition to college	In progress	Continue as is
2.3 Identify key challenges for transitioning students and mitigate the challenges	In progress	Continue as is
2.4 Create an effective practices guide for using flexible learning technologies	In progress	Continue as is
2.5 Develop a strategy to encourage vendors to implement data exchange standards	In progress	Continue as is
3 **Address the need for equity of access as it relates to digital education**		
3.1 Form a joint study group to identify opportunities/actions to ensure equitable access	In progress	Continue as is
3.2 Work with other stakeholders to ensure equitable Internet access for all students	In progress	Continue as is
3.3 Identify and promote accessible products and services to achieve equitable access	In progress	Continue as is

November 2, 2017

To: NITC Commissioners

From: John Watermolen, State GIS Coordinator
        Jon Kraai, Chair, GIS Council
        Sudhir Ponnappan, Vice-Chair, GIS Council
        Tim Cielocha, Past-Chair, GIS Council

Subject: GIS Council Report

Membership Renewals: Needs action from the Committee

Federal Agency Representative:

James Langtry- (has held the position since 2007) – National Map Liaison @ DOI/US Geographical Survey – previously GIS Manager @ Lancaster County Engineering Department; member of the Mid America GIS Consortium – served as Chair and Board Member; participates in similar boards in Kansas and Iowa as the Federal Representative

At Large Members:

Michael Schonlau, Douglas County GIS Coordinator, currently is an at large member
Michael Preston, Omaha – GIS Manager @ Velosys – served on the Council previously

County (NACO nominated) Representatives:

Jennifer Myers – Palmer – Administrator/GIS@ Merrick County Assessor's Office – NACO Planning and Zoning Affiliate President 2010-2016; NACO Institute of Excellence Graduate; served on OJJDP Train the Trainers for Disproportionate Minority Contact, NE Crime Commission Grant Reviewer, etc.

Danny Pitman – Papillion – Sarpy County Assessor – Past NACO Board Member; Past President of NE Assessor's Association; Past President of Southeast District Assessor's Association; served in the U.S. Navy; elected Sarpy County Assessor in 1999, License Real Estate Appraiser

Nebraska Spatial Data Infrastructure (NESDI) Updates

At the November 1, 2017 GIS council meeting, the council voted proceed with "continue as is" for all the strategic initiatives. The council also recommended that each working group to reconvene and review action items, goals to determine if any need to be updated, added or deleted, especially with the current GIS coordinator still getting up to speed on all the initiatives and actions items.

Nebraska Statewide Imagery Program
Statewide Imagery Program-Business Plan: We have revisited the RFI and in the process of trying to update the quote. We are also planning on surveying cooperators and see if they still have a need for leaf off imagery. With the state budget being tight, we are looking at other options or pushing back the capture of the imagery.

Administrative and Political Boundaries
A new Administrative and Political Boundary Working Group has formed and has met several time since. A list of all the commonly used boundaries were documented so they could be prioritized on which ones to start assessing for attribution and geometric placement. The group is in the process of classification of the different data sets for the appropriate categories. The boundaries that were prioritized included municipalities, counties, and emergency service zones. Many other boundaries are dependent on these core boundaries. Some of the core boundaries are predicated on NESDI data layers such as street centerlines and parcels. The geometric placement will be important to address between data layers before finalizing the final placement of administrative and political boundaries.
Several working group members have been tasked to take lead on researching and identifying data for these layers. Items such as legal descriptions, statutes and laws, data stewardship, and metadata will be documented through the assessment phase of the program.

Nebraska Street Centerline and Address Program
The Street Centerline and Address working group has identified goals and objectives for the draft business plan. The goal is to develop and maintain a seamless statewide street centerline and point address referencing program for Nebraska. This involves developing and maintaining statewide geodatabases that provides map coordinates for the centerlines of all the state's highways, streets, and roads, along with their associated names and address ranges. In addition, this program will provide a statewide point address geodatabase representing discrete point locations that contains detailed information such as physical address, parcel information, and other detailed information necessary for state needs.

The following are specific objectives for the program.
1. Establish a program management team and operations plan with administrative coordination from the Geographic Information Office, Nebraska Department of Transportation, and Public Service Commission.
2. Establish and maintain standards, policies and strategies to emphasize cooperation and coordination among state, municipalities, county, and federal stewards.
3. Develop implementation and maintenance workflow roles and responsibilities for statewide aggregation and data exchanges between data stewards and the Geographic Information Office, Nebraska Department of Transportation, and Public Service Commission.
4. Identify and develop funding sources for program implementation and long term sustainability.
5. Implement procurement and vendor selection processes for product and services, if or where needed, to support the development and maintenance of street centerline address databases and overall network.
6. Develop and maintain the Nebraska Street Centerline Database (NSCD) and the Nebraska Address Database (NAD) including related geocoding, routing, and other networking datasets and map services.
7. Expand existing data sharing and distribution methods to leverage databases and the network so they are accessible, both publicly and for secure uses.
8. Provide communications, technical assistance and education outreach activities supporting the efficient utilization of databases and the network.
9. Conduct an annual evaluation and make necessary programmatic adjustments to standards, and other processes that impact activities and outcomes of the program.

The assembly of current address data through the Nebraska Address Database (NAD) continues within the OCIO Geographic Information Office. More than twelve counties and other state datasets have started to be compiled and incorporated into the standardized geodatabase.

Nebraska Statewide Elevation Program
Collection is complete and on schedule with the dates in the USGS agreement documents. The Sandhills data is due to USGS for review at the end of December with final delivery as February 28, 2018. The Hat Creek-White River area is due to USGS September 1 and final delivery to NRCS on Dec 30, 2017. The South Platte Basin data has been delivered and is having some post processing done by DNR before public consumption. The report to the state from the USGS for the Sandhills area in September states that the contractor is about 80% complete for the LIDAR classification and hydro-flattening break line collection.

Geodetic and Survey Control Inventory and Assessment
We have been working with ESRI to get our PLSS data into a format that is easy to use and have been in contact with other states to see how they are proceeding with this task

Nebraska Map
We are planning to do a redesign and upgrade to the current NebraskaMap site in 2018

OCIO and Agency GIS Consolidation/Integration:

OCIO: We have been building the infrastructure and architecture to be able to support the agencies. We are working on an agreement with ESRI to provide us higher level technical support for our GIS Ecosystem.

We are working on workflows, standard operating procedures and best management practices to utilize the Enterprise GeoDatabases

We have developed a cost recovery rate and have been sharing with the various agencies for feedback and susatainability. We have been transparent with them on how we came up the costs and have listened to feedback from the agencies before finalizing them. We have had 5 to 6 agencies have stated support for the cost rate and willingness to pay the amount, but none have actually provided the necessary coding. The reasons being trying to find money within the agency, that it is in the middle of a fiscal year, or that they aren't completely migrated to the state domain.

I have been visiting with state agencies every few months and have started to compile a list of needs that the agencies would like to do with GIS

Department of Transportation- Consolidation and Integration- This is an ongoing process. We are making progress. We have met with all the divisions at DOT and have an understanding their data needs and workflows. We have gotten a few surprises of web mapping applications that weren't documented in our initial inventory and then someone mentions the application and we have to determine what data is used, the work flow, how the agency uses the application, and if it is an internal or external application. We are at the point of starting to migrate data and review the licensing needs of the agency. DOT hired a GIS manager to help them organize and migrate to the Enterprise GIS Ecosystem.

Department of Natural Resources- The OCIO GIS team is starting the GIS consolidation process with DNR. We have met with them several times and they have completed their data inventory. We recently met with them to discuss the next steps in consolidation and to address concerns that they have about GIS data consolidation.

OCIO Geospatial/GIS Enterprise Public Service Commission Agreement: has been extended and we have started working with PSC on the next phase of the data collection and repository needs as NG 911 progresses. PSC has made the data from the repository available to the public.

ESRI- GIS License Consolidation: We have consolidated 3 agencies server licenses to OCIO. Any agencies that are new to using GIS and wanting the software, the OCIO is providing the licenses to them from the OCIO account as part of a cost rate.

OTHER GIO news
We have had an increase presence of Federal Agencies to the GIS council meetings. NRCS has been participating and has been a large funding contributor to the collection of LiDAR data across the state.

We are working with Douglas, Sarpy and Lancaster County to host recently collected LiDAR data for them.

Attended a Clearinghouse Summit for MAGIC- learned that the upcoming Census will be very GIS intensive and will require collaboration across many agencies and local entities. We were able to make contacts with other states and see what challenges they are encountering.

GIS Day- On Wednesday Nov 15th we will be having a meeting at DOT to highlight GIS projects in state government and in the afternoon we have planned a hands on demonstration with a mobile application to collect data in the field (Collector for ArcGIS). The next day we are partnering with UNL to provide training for how to create and use ESRI's story map

NITC Strategic Initiatives Status Report		
Strategic Initiative, Action Item and Deliverable Target	Status	2017-2019 Recommendations
Nebraska Spatial Data Infrastructure (NESDI)		
1 Formalize the definition of the Nebraska Spatial Data Infrastructure (NESDI) and data stewardship		Continue As Is
1.1 Establish an ad hoc committee of GIS Council representatives	Completed	
1.2 Develop a document that defines the NESDI and the role of data stewardship	In Progress	
2 Geodetic and Survey Control Inventory and Assessment		Continue As Is
2.1 Establish an ad hoc committee involving stakeholders from government, private industry and the survey community	Completed	
2.2 Develop a current inventory and assessment report of geodetic and survey control	In Progress	
3 Nebraska Statewide Elevation Program		Continue As Is
3.1 Establish an Elevation Working Group	Completed	
3.2 Identify standard elevation product(s) and develop a set of standards	Completed	
3.3 Develop a business plan	Completed	
3.4 Implement the program	In Progress	
4 Nebraska Statewide Imagery Program		Continue As Is

4.1	Establish an Imagery Working Group	Completed	
4.2	Identify standard imagery product(s) and develop a set of standards	Completed	
4.3	Develop a business plan	Completed	
4.4	Implement the program	Not Started	
5	Street Centerline-Address Database		Continue As Is
5.1	Establish a Street Centerline and Address Working Group	Completed	
5.2	Identify standard street centerline and address product(s) and develop a set of standards	Completed	
5.3	Develop a business plan	In Progress	
5.4	Implement the program	In Progress	
6	Statewide Land Record Information System		Continue As Is
6.1	Establish a Land Records Working Group	Completed	
6.2	Update the current NITC 3-202 Land Record and Information Mapping Standards	In Progress	
6.3	Develop a Nebraska Statewide Parcel Geodatabase Development and Maintenance Plan	Completed	
6.4	Implement the program	In Progress	
7	NebraskaMAP - A Geospatial Data Sharing and Web Services Network		Continue As Is
7.1	Establish a NebraskaMAP Working Group	Completed	
7.2	Develop NebraskaMAP Geospatial Data Sharing and Web Services Network Business Plan	In Progress	

| 7.3 | Develop and implement NebraskaMAP data clearinghouse enterprise platform | In Progress | |

State of Nebraska
Nebraska Information Technology Commission
Technical Standards and Guidelines

Proposal 17-03
Final

A PROPOSAL relating to state government web pages; to amend section 4-201; to remove the requirements relating to a header brand graphic; to revise the footer requirements and adopt as guidelines; and to repeal the original section.

Section 1. The following provisions constitute a revised section 4-201:

4-201~~.: Web Branding and Policy Consistency~~ State government web pages; footer guidelines.

The footer of each Nebraska state government web page should include the following:

(1) a link to the Nebraska state government home page, http://www.nebraska.gov; and

(2) a link to the Nebraska.gov website policies page, http://www.nebraska.gov/policies/; or a link to the agency's website policies page; or both.

~~1. Standard~~

~~1.1 Header~~

~~1.1.1~~

~~The Brand Graphic shall appear in the upper left of every web page.~~

~~1.1.2~~

~~Any method of skipping links will come after the Brand Graphic.~~

~~1.1.3~~

~~The Brand Graphic must be saved on the individual web site.~~

~~1.1.4~~

~~The Brand Graphic will have an alt tag stating "Official Nebraska Government Website" (see Section 4.3.2).~~

~~1.1.5~~

No changes may be made to the physical layout of the Brand Graphic without approval of the Nebraska Webmasters Working Group (see Section 4.3)

1.1.6

The Brand Graphic may be used as a link to the Nebraska home page, Nebraska.gov (see Section 4.3.2).

1.2 Footer

1.2.1

The bottom of each web page will contain a link to Nebraska.gov, the official State home page

1.2.2

The bottom of each web page will contain a link to the State privacy policy, or the agency's privacy policy.

1.2.3

The bottom of each web page will contain a link to the State security policy, or the agency's security policy.

2. Purpose

2.1 Header

The purpose of the Brand Graphic is to make it clear that the web page being viewed is an official State of Nebraska web page with an image that cannot legally be used on non-State of Nebraska web pages.

2.2 Footer

The purpose of the footer requirements is to ensure that the public can easily view the privacy and security policies and that every web page has them available.

3. Definitions

Brand Graphic: The Brand Graphic is an image consisting of a filled outline of Nebraska with a star in the lower right hand area, with the words Official Nebraska Government Website, all on a colored background. The Brand Graphic is a fifteen (15) pixel tall image. If the optional drop shadow is used, the Brand Graphic is a twenty (20) pixel tall image.

Footer: The footer is a space at the bottom of a web page, generally of a smaller font than the rest of the page, where legal information and links are usually placed.

Web Page: A document stored on a server, consisting of an HTML file and any related files for scripts and graphics, viewable through a web browser on the World Wide Web. Files linked from

a Web Page such as Word (.doc), Portable Document Format (.pdf), and Excel (.xls) files are not Web Pages, as they can be viewed without access to a web browser.

Web Site: A set of interconnected Web Pages, usually including a homepage, generally located on the same server, and prepared and maintained as a collection of information by a person, group, or organization.

4. Responsibility

4.1 Header Placement

Each agency is responsible for ensuring the Brand Graphic is placed upon their web site, in compliance with the Standard.

4.2 Header Availability

The Nebraska Webmasters Working Group shall maintain a portion of their web site to house a collection of Brand Graphics for use and add to it whenever a modified version is created.

4.3 Header Changes

Should an entity wish a color scheme for the Brand Graphic different than is available, that entity will have two options. The first option is to contact the Chair of the Nebraska Webmasters Working Group. The Chair will put an authorized member in contact with the requester. The member will modify the Brand Graphic within certain parameters (see section 4.3.1). The Brand Graphic will then be placed on the Nebraska Webmasters Working Group web site for use. The second option is to obtain the original file from the Nebraska Webmasters Working Group website and make the allowable changes (see Section 4.3.1) using the appropriate software.

4.3.1 Allowable Changes to the Brand Graphic

Allowable changes for the Brand Graphic are:

- The color of the text

- The color of the state

- The color of the background

- The color of the star

- The drop shadow is optional

- The length of the graphic. CSS (Cascading Style Sheets), background filler images, or other similar methods may be used to allow the Branding Graphic to visually stretch across the width of the browser. Examples of this are available at Nebraska Webmasters Working Group.

- The use of HTML attributes to dynamically decrease the size of the Brand Graphic in relation to the web page across varying resolutions and devices.

The following changes are not allowed for the Brand Graphic:

- The size of the text

- The font of the text

- The size and position of the state

- The size and position of the star

- The size and position of the drop shadow (if used)

Additionally, the colors for the text and the background of the Brand Graphic must be clearly visible/high contrast with clearly legible text.

4.3.2 Brand Graphic Alt Tag and Link

The Brand Graphic has the option of being a link to the home page of Nebraska, Nebraska.gov. If this option is taken, the appropriate alt tag will be "Official Nebraska Government Website. Go to Nebraska.gov".

4.4 Footer Placement

Each agency is responsible for ensuring the footer elements are placed upon their web site, in compliance with the Standard.

5. Exemption

5.1 Standard Exemption

Any web page that cannot be accessed from outside of an agency web site is exempted. Example: A document specifically called up from a database, that cannot be found through a search engine.

6. Related Documents

- Brand Graphic Options

- State Privacy and Security Policies

Sec.2. Original section 4-201 is repealed.

Sec.3. This proposal takes effect when approved by the Commission.

Nebraska State Accountability (NeSA- Reading, Math, Science and Writing)

NITC | Nebraska Information Technology Commission

PROJECT DESCRIPTION

Legislative Bill 1157 passed by the 2008 Nebraska Legislature required a single statewide assessment of the Nebraska academic content standards for reading, mathematics, science, and writing in Nebraska's K-12 public schools. The new assessment system was named Nebraska State Accountability (NeSA), with NeSA-R for reading assessments, NeSA-M for mathematics, NeSA-S for science, and NeSA-W for writing. The assessments in reading and mathematics were administered in grades 3-8 and 11; science was administered in grades 5, 8, and 11; and writing was administered in grades 4, 8, and 11.

PROJECT DETAILS

Project Manager: John Moon

Start Date: 07/01/2017
Finish Date: 06/30/2018

Total Estimated Costs:	Actual Costs to Date:	Estimate to Complete:
$9,881,194.00	$0.00	$9,881,194.00
		0%

PROJECT STATUS - October 2017

Overall	Schedule	Scope	Budget

The NDE has negotiated three contracts for the 2017-2018 state testing.

1. ACT will be administered at the high school tests for ELA, math, and science on April 3, 2018 for paper/pencil and April 3 through April 12 (Tuesday, Wednesday, and Thursday only) for the online testing.

2. The ELA /Math general testing for grades 3 through 8 along with science testing for grades 5 and 8 will be administered by Northwest Education Association (NWEA) during the test window March 10 – April 27. 2018. In addition a balanced assessment system will be provided for all districts where each student may complete the Map Growth as an interim assessment three times per year and unique classroom assessments can be developed by teachers using TestWiz throughout the school year.

3. The alternate testing for grades 3 through 8 and 11 will be given during the same window as the general assessments and will be administered by Data Recognition Corporation (DRC).

At this time each vendor is meeting with NDE to determine the fundamentals/requirements for each assessment. Trainings for ACT and NWEA are being offered throughout the state in October and November. Training will be offered via WebEx closer to the assessment window for all three assessments.

Summary for 2016-2017
Preliminary reports/data files were delivered to districts and the state on July 17. NDE and the districts have reviewed the data for correction. Districts submitted corrections to the NDE and NDE contacted districts about zero scores. All corrections were sent to DRC on August 4th. Final reports along with Individual Student Reports were shared on September 18. The data will be shared in state reporting as well as DRC reports. The last task to accomplish will be the delivery of NeSA and NeSA-AA Technical Reports on September 29.

KEY ACCOMPLISHMENTS (since last report)
Almost 340,000 student/subject records were processed for 2017 NeSA testing. A little over 95% of the students completed the assessments online. The 2017 testing for the most part was uneventful.

UPCOMING ACTIVITIES (in next reporting period)
--

PROJECT STATUS - August 2017

Overall	Schedule	Scope	Budget

Preliminary reports/data files were delivered to districts and the state on July 17. NDE and the districts have reviewed the data for any correction. Districts have submitted corrections to the NDE and NDE has contacted districts about zero scores. These will be sent to DRC on August 4th. Final reports along with Individual Student Reports will sent pm September 18. The last task to accomplish will delivery of the NeSA and NeSA-AA Technical Reports on September 29.

Nebraska State Accountability (NeSA- Reading, Math, Science and Writing)

Almost 340,000 student/subject records were processed for 2017 NeSA testing. This data will be presented in state reporting as well as DRC reports. The 2017 testing for the most part was uneventful.

KEY ACCOMPLISHMENTS (since last report)
--

UPCOMING ACTIVITIES (in next reporting period)
--

Nebraska Regional Interoperability Network (NRIN)

PROJECT DESCRIPTION

The Nebraska Regional Interoperability Network (NRIN) is a project that will connect a majority of the Public Safety Access Points (PSAP) across the State by means of a point to point microwave system. The network will be a true, secure means of transferring data, video and voice. Speed and stability are major expectations; therefore there is a required redundant technology base of no less than 100 mbps with 99.999% availability for each site. It is hoped that the network will be used as the main transfer mechanism for currently in-place items, thus imposing a cost-saving to local government. All equipment purchased for this project is compatible with the networking equipment of the OCIO.

PROJECT DETAILS

Project Manager: Sue Krogman

Start Date: 10/01/2010
Finish Date: 08/31/2018

Total Estimated Costs:	Actual Costs to Date:	Estimate to Complete:
$12,500,000.00	$10,405,204.00	$2,094,796.00
		83%

PROJECT STATUS - October 2017

Overall ⚠	Schedule ⚠	Scope ◆	Budget ⚠

Cass County is almost complete – waiting on MOU from locals for the Union Water Tower. – Connection to the Lexington Dispatch is underway. – Burchard WT equipment being removed for painting of the WT. KUTT is almost complete. A lot of work has been completed since the last update. A new grant cycle will begin shortly which will allow more work to be completed.

KEY ACCOMPLISHMENTS (since last report)
Finished tower installation at Cass EOC and in Tecumseh

UPCOMING ACTIVITIES (in next reporting period)
Finish Cass County

PROJECT STATUS - August 2017

Overall ⚠	Schedule ⚠	Scope ◆	Budget ◆

Work continues on all of Cass County with an estimated completion date of September 2017. Tower installation is being done at both the Cass EOC as well as in Tecumseh. KUSO has been given the approval to build, rocker arm was installed and the 8 foot dish is on order. FCC licensing for the Humphrey WT to Platte Center has been changed to a different frequency (per the FCC) – waiting on approvals and OCB.

KEY ACCOMPLISHMENTS (since last report)
--

UPCOMING ACTIVITIES (in next reporting period)
--

Medicaid Management Information System Replacement Project (MMIS)

NITC | Nebraska Information Technology Commission

PROJECT DESCRIPTION

Nebraska's current Medicaid Management Information System (MMIS) has supported DHHS Medicaid operations since 1977. Medicaid is an ever-changing environment where program updates occur quickly. The need for access to data is increasing and technological enhancements are necessary to keep pace with program changes. Recognizing the need to implement new technology, and with the support of the Legislature, DHHS embarked on the planning phase for replacement of MMIS functionality.

PROJECT DETAILS

Project Manager: Don Spaulding

Start Date: 07/01/2014
Finish Date: 06/30/2020

Total Estimated Costs:	Actual Costs to Date:	Estimate to Complete:
$113,600,000.00	$8,189,191.00	$105,410,809.00
		7%

PROJECT STATUS - October 2017

Overall ⚠	Schedule ✖	Scope ◆	Budget ◆

DMA RFP posted an Intent to Award to Optum Government Solutions, Inc. on December 30, 2016. Due to an upheld protest, a revised intent to Award contract to Deloitte Consulting LLP was posted on February 1, 2017. All protests have been closed.

Schedule is red due to procurement delays and contract negotiation duration. The original DMA 9/30/2018 go-live date is unattainable and a revised contract start date of 2/1/2018 has been proposed. The existing Truven contract is being extended to mitigate the risk and OAPD being drafted.

The IAPD-U and contract were formally approved by CMS on 9/21/17.

The Project Coordination Committee (PCC) and the MLTC Integration Team meet regularly formally addressing system integration across all MMIS Replacement Projects and related systems such as Eligibility and Enrollment.

Independent Verification and Validation (IV&V) activities with First Data Government Solutions, LP are active and publishing monthly DMA status reports to CMS.

KEY ACCOMPLISHMENTS (since last report)
• The IAPD-U and contract were formally approved by CMS on 9/21/17.
• CMS Medicaid Enterprise Certification Lifecycle (MECL) required documents including Goals & Objectives, System Security Plan, Privacy Impact Analysis, Project Mgmt Plan, Con Ops, Risk Mgmt Plan and Project Schedule are being finalized.
• DMA Proof of Need initial draft is complete.
• CMS certification checklists were completed under MECL 2.1.1 and checklist transition to MECL 2.2 is complete.
• MECL Project Initiation Milestone Review 1 (R1) work plan and schedule is complete. CMS R1 targeted for mid Jan 2018.
• Population of checklist requirements evidence for R1 has commenced.
• Q4 SFY2017 Legislative Report posted to legislative website on 8/30/17.
• DMA Newsletter, Issue 2 published on 9/18/17.
• Data & Analytics and Program Integrity current state business discovery continues.
• Readiness activities include facilities preparation and resource planning are ongoing.

UPCOMING ACTIVITIES (in next reporting period)
• Confirm revised 2/1/2018 contract start date.
• Finalize and submit all MECL required deliverables and formal R1 request letter to CMS.
• Complete population of checklist requirements evidence for R1.
• Finalize and submit DMA Proof of Need.
• Draft and publish DMA Newsletter, Issue 3.
• Complete Data & Analytics, Program Integrity and MLTC SME Peer Review current state business discovery exercises.
• Commence IS&T MMIS Reporting inventory discovery.
• Commence readiness planning and project preparation activities with Deloitte Consulting LLP.

PROJECT STATUS - August 2017

Overall ⚠	Schedule ✖	Scope ◆	Budget ◆

Medicaid Management Information System Replacement Project (MMIS)

DMA RFP posted an Intent to Award to Optum Government Solutions, Inc. on December 30, 2016. Due to an upheld protest, a revised intent to Award contract to Deloitte Consulting LLP was posted on February 1, 2017. All protests have been closed.

Schedule is red due to procurement delays and contract negotiation duration. The original DMA 9/30/2018 go-live date is unattainable and will be revised. The existing Truven contract is being extended to mitigate the risk.

The Project Coordination Committee (PCC) and the MLTC Integration Team meet regularly formally addressing system integration across all MMIS Replacement Projects and related systems such as Eligibility and Enrollment.

Independent Verification and Validation (IV&V) activities with First Data Government Solutions, LP has been engaged.

KEY ACCOMPLISHMENTS (since last report)
- Agreement has been reached with Deloitte Consulting, LLP on contract terms and conditions.
- The IAPD-U, contract and certification checklists were submitted on 7/21 to CMS for approval.
- Peer review of current state business discovery artifacts is ongoing by MLTC Business SMEs.
- CMS Medicaid Enterprise Certification Lifecycle (MECL) required documents including Goals & Objectives, Privacy & Security Plan, PM Plan and ConOps and are being finalized.
- CMS Certification Checklists have been completed and executive approvals attained.
- Fourth quarter legislative report draft is in progress.
- Ongoing readiness activities include facilities preparation and resource planning.
- First Data Government Solutions, LP, the IV&V contractor is formally engaged and publishing monthly DMA status reports to CMS.

UPCOMING ACTIVITIES (in next reporting period)
- Complete DMA Proof of Need and resource planning.
- Finalize, review and submit fourth quarter legislative report.
- Draft second DMA newsletter for publication.
- Schedule and prepare for MECL Project Initiation Milestone Review 1 with CMS.
- Complete current state business discovery SME peer review exercises – Care Mgmt, E&E, Encounters/FFS, Finance, Pharmacy/MDR, Prior Auth, Provider and TPL.
- Conduct current state business discovery - Data & Analytics and Program Integrity.
- Continue readiness planning and preparation activities.

Medicaid Eligibility & Enrollment System

PROJECT DESCRIPTION

The Affordable Care Act (ACA) included numerous provisions with significant information systems impacts. One of the requirements was to change how Medicaid Eligibility was determined and implement the changes effective 10/1/2014. As a result of the lack of time available to implement a long-term solution, the Department of Health and Human Services implemented a short-term solution in the current environment to meet initial due dates and requirements. This solution did not meet all Federal technical requirements for enhanced Federal funding but was approved on the assumption that a long-term solution would be procured. An RFP was developed and procurement has been completed with Wipro selected as the Systems Integrator for the IBM/Curam software.

PROJECT DETAILS

Project Manager: Don Spaulding

Start Date: 10/28/2014
Finish Date: 02/02/2019

Total Estimated Costs:	Actual Costs to Date:	Estimate to Complete:
$57,741,564.00	$21,301,064.00	$36,440,500.00
		37%

PROJECT STATUS - October 2017

Overall ⚠	Schedule ⚠	Scope ◆	Budget ◆

A new collaborative development approach using end-to-end scenarios to build out working Curam functionality has launched. The first round of scenario based development is complete. Collaborative testing, triage and defect management for scenario one has finished. A scenario development product demo of Non IV-E Special Needs Adoption in Curam for project stakeholders was given.

The ACCESSNebraska portal and Curam Citizen portal design will be presented to the Project Board on 10/3/17. The portal design provides a single point of entry and seamless access multiple functions. Medicaid, EA and DD client information is available and shared as part of the integrated solution.

The NTRAC project leadership team is evaluating the new CMS E&E system implementation process. The new CMS process includes a methodology that is called Medicaid Eligibility & Enrollment Toolkit (MEET).

Initiation and Planning Phase – Complete
Requirements Phase – Complete
Architecture Phase – Complete
Design Phase – 98%
Data Conversion and Migration Design Phase 76%
MCI Development Phase – 30%
Development – 34%
Testing Phase – 13%
Training Phase – 19%
Implementation Phase – Not Started

KEY ACCOMPLISHMENTS (since last report)
-The integrated testing environment has been installed and configured
-Portal requirements, process flows and wireframes are complete
-Collaborative scenario based development and testing pilot is complete. The first end to end scenario was developed, tested and presented to project stakeholders
- Collaborative approach testing of scenario 2 will complete on 10/6
-Completed the relevant business rules development for Scenario -2 (MAGI_MAGI Medicaid-Medicaid Parent caretaker relative and family) and released for testing
-MCI search and add services were deployed and the team is working through identified issues
-Traceability mapping is now being done in the IBM Rational tool. Mapping requirements through design, development and testing

UPCOMING ACTIVITIES (in next reporting period)

-Collaborative development and testing for scenarios 3
-State disability rules design sessions
-Screen content review for the portal solution
-Federal Data Services Hub (FDSH) interfaces development & unit testing
-House hold evidence data conversion will be demonstrated to the State team
-Communication team created email communication related to MCI Early GO-LIVE & NTRAC GO-LIVE Dates
-Collaborative approach scenario 1 demo of training materials

PROJECT STATUS - August 2017

Overall ⚠	Schedule ⚠	Scope ◆	Budget ◆

The EES/ NTRAC Project Board and Steering Committee solidified a February 2019 go-live date. Careful consideration of all project phases, the master schedule, business impacts, training duration and staffing were considered.

The decision was made to implement the Master Client Index (MCI) early to get core functionality operational. Implementing the MCI early will operationalize a production environment and start support and maintenance processes. The project phases were evaluated and the schedule produced a mid-April 2018 MCI go live date.

Initiation and Planning Phase – Complete
Requirements Phase – Complete
Architecture Phase – Complete
Design Phase – 97%
Data Conversion and Migration Design Phase 75%
MCI Development Phase – 10%
Development – 21%
Testing Phase – 11%
Training Phase – 19%
Implementation Phase – Not Started

KEY ACCOMPLISHMENTS (since last report)
Display Rules were reviewed for the following areas:
• MAGI Medical
• TMA (Transitional Medicaid Assistance)
• Emergency Medicaid
• Presumptive Medicaid
• 599 CHIP

Curam software development is packaged into 38 modules called sprints. Sprints 14 & 15 have been developed and testing is complete. These 2 sprints included components of Presumptive Medicaid, MAGI IEG, MAGI Eligibility, and MAGI Case Management.

MMIS interface design work sessions are complete. A draft ICD document has been delivered to the state team for review.

Basic interface testing for File Director is complete. Server connection with search & upload function testing was successful.

UPCOMING ACTIVITIES (in next reporting period)
A work group is examining the Curam case note narrative documentation screens and transaction log records.

The NTRAC screen and help text workgroup is updating help text in Curam where applicable.

The project team is planning and preparing for the CMS Final Detailed Design Review (FDDR). The FDDR will be 4th quarter of 2017. 35 design documents will provided to CMS. A formal design review meeting will be held with CMS.

ACCESSNebraska and Curam Portal design work sessions will cover the client benefit inquiry and capture presumptive provider scenarios.

Enterprise Resource Management Consolidation

PROJECT DESCRIPTION

Migrate five current disparate IT systems individually supporting human resource and benefit management, employee recruiting and development, payroll and financial functions, and budget planning to a cloud-based single enterprise platform. The migration will include implementation of two new modules: E-Procurement and Budget Planning. The end state would be the realization of operational, process, and expense synergies by moving to a single enterprise platform at the end of this migration.

PROJECT DETAILS

Project Manager: Michael Rasmussen

Start Date: 07/13/2017
Finish Date: 01/15/2020

Total Estimated Costs:	Actual Costs to Date:	Estimate to Complete:
$17,758,000.00		

PROJECT STATUS - October 2017

Overall	Schedule	Scope	Budget

Project has been approved by NITC, Governor, and has been briefed to the Appropriations Committee. Migration funding and appropriations were approved for the project with both funds being transferred and appropriations made available starting on July 1, 2017.

DAS selected KPMG & Civic Initiatives as migration contractors for this program. A soft kick-off meeting was conducted on Tuesday, 5/23/17 and a three-day planning/workshop was conducted on 7/11/17 to 7/13/7. This workshop was to help establish the start date of this program and it's projects to plan for targeted implementation dates of the three projects/phases over the next 2.5 years.

KEY ACCOMPLISHMENTS (since last report)
Oracle Terms & Conditions Contract completed & signed.
KPMG Terms & Conditions Contract completed & signed.
fuzioN Program presentations made to the following groups:
- Cabinet, Code Agencies
- Non-code Director's Staff meeting
- DAS HR
- DAS State Personnel
- BUG group
- HHS Leadership
- State Auditors Staff
Program work area identified and office space build-out started.
Started initial Oracle Fusion R13 training via Oracle University

UPCOMING ACTIVITIES (in next reporting period)
Complete fuzioN Program office space build-out
Move Program resources into fuzioN Program work area
Complete contracts with the following:
- Civic Initiatives
- Denovo
- Contegix
Establish fuzioN sharepoint site for reporting & document repository
Continue Oracle Fusion R13 training via Oracle University
Finalize list of Agency resources identified to engage with fuzioN Program
Schedule Kick-off with KPMG to initiate the KPE methodology

PROJECT STATUS - August 2017

Overall	Schedule	Scope	Budget
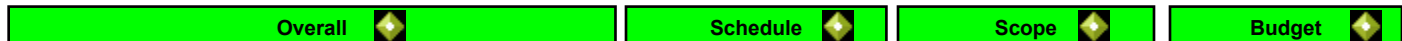
Project approved by NITC, Governor, and briefed o the Appropriations Committee. Migration funding and appropriations approved the project with both funds being transferred and appropriations made available starting on July 1, 2017.
DAS selected KPMG and Civic Initiatives as migration contractors for this project. An initial meeting was conducted on May

23, 2017. This meeting will formally establish the start date of this project and also established the targeted implementation dates of the three phases over the next 2.5 years   A three-day workshop/project/campaign plan was conducted on July 11-13, 2017.

KEY ACCOMPLISHMENTS (since last report)
Three-day workshop/project/campaign plan was conducted on July 11-13, 2017, lead by KPMG.   ~104 people from across DAS and several agencies participated in the workshop.
Work space for the Program was identified and Building Division is working to prepare it for resources to occupy.

UPCOMING ACTIVITIES (in next reporting period)
Finalize work space area and ready it for consultants and State resources to occupy.
Continue to identify key program/project resources needed to execute on the KPMG implementation methodology.

Attachment 4-f-i

Nebraska Information Technology Commission

State Government Council Charter

1. Introduction

The Nebraska Information Resources Cabinet ("IRC") was created in January 1996 by Executive Order 96-1. The IRC was re-established as the Government Council of the Nebraska Information Technology Commission (hereafter referred to as "Commission") through Executive Order 97-7 in November 1997. The Commission became a statutory body in Laws 1998, LB 924, and the Commission re-established the State Government Council (hereafter referred to as "Council").

2. Purpose

The purpose of this charter is to clarify the role of the Council and its relationship with the Commission.

3. Authority

The Nebraska Information Technology Commission shall: "Establish ad hoc technical advisory groups to study and make recommendations on specific topics, including workgroups to establish, coordinate, and prioritize needs for education, local communities, intergovernmental data communications, and state agencies[.]" Neb. Rev. Stat. § 86-516(7).

~~"Information technology means computing and telecommunications systems, their supporting infrastructure, and interconnectivity used to acquire, transport, process, analyze, store, and disseminate information electronically." Neb. Rev. Stat. § 86-507~~

4. Commission Mission and Responsibilities

4.1 Commission Mission. The mission of the Nebraska Information Technology Commission is to make the State of Nebraska's information technology infrastructure more accessible and responsive to the needs of its citizens, regardless of location, while making investments in government, education, health care and other services more efficient and cost effective.

4.2 Commission Responsibilities. The responsibilities and duties of the Commission are codified at Neb. Rev. Stat. § 86-516.

5. Council Mission and Responsibilities

5.1 Council Mission. To provide direction and oversight for state government information technology vision, goals and policy.

5.2 Council Responsibilities.

5.2.1   Establish, coordinate, and prioritize technology needs for state agencies;

5.2.2   Review and make recommendations to the Commission on requests for funds from the Government Technology Collaboration Fund;

5.2.3   Review and make recommendations to the Commission on agency technology projects requesting funding as part of the state budget process;

5.2.4   Assist the Commission in developing, reviewing and updating the statewide technology plan;

5.2.5   Recommend planning and project management procedures for state information technology investments;

5.2.6   Evaluate and act upon opportunities to more efficiently and effectively deliver government services through the use of information technology;

5.2.7   Recommend policies, guidelines, and standards for information technology within state government; and

5.2.8   Such other responsibilities as directed by the Commission.

6.   **Membership**

~~**6.1 Number of Members.** The Council shall have 25 Members.~~

~~**6.2**~~**6.1 Members.** The Council shall consist of:

~~6.2.1~~6.1.1 The agency director, or his or her designee, from the following agencies:
    ~~6.2.1.1~~6.1.1.1   Administrative Services, Department of;
    ~~6.2.1.2~~6.1.1.2   Banking and Finance, Department of;
    ~~6.2.1.3~~6.1.1.3   Correctional Services, Department of;
    ~~6.2.1.4~~6.1.1.4   Crime Commission;
    ~~6.2.1.5~~6.1.1.5   Environmental Quality, Department of;
    ~~6.2.1.6~~6.1.1.6   Governor's Policy Research Office;
    ~~6.2.1.7~~6.1.1.7   Health and Human Services, Department of;
    ~~6.2.1.8~~6.1.1.8   Labor, Department of;
    ~~6.2.1.9~~6.1.1.9   Motor Vehicles, Department of;
    ~~6.2.1.10~~6.1.1.10   Natural Resources, Department of;
    ~~6.2.1.11~~6.1.1.11   Revenue, Department of;
    ~~6.2.1.12~~6.1.1.12   State Patrol, Nebraska; and ~~Roads, Department of~~
    ~~6.2.1.13~~6.1.1.13   Transportation, Department of.~~State Patrol, Nebraska~~

~~6.2.2~~6.1.2 ~~Other Members~~The following individuals, or their respective designee:
    ~~6.2.2.1~~6.1.2.1   Chief Information Officer;

6.2.2.26.1.2.2   Office of the CIO - IT Administrator, Enterprise
Computing Services;

6.2.2.36.1.2.3   Office of the CIO - IT Administrator, Network Services;

6.2.2.46.1.2.4   Education, Department of - Administrator - Data, Research
and EvaluationChief Information Officer;

6.2.2.56.1.2.5   Secretary of State;

6.2.2.66.1.2.6   State Budget Administrator;

6.2.2.76.1.2.7   State Court Administrator;

6.2.2.86.1.2.8   Workers' Compensation Court Administrator;

6.2.2.96.1.2.9   One additional representative of Non-Codenon-code state
agencies, to be appointed by the Commission; and

6.2.2.106.1.2.10   Two (2)One representatives from the general public with
extensive IT experience, to be appointed by the Commission

6.2.3   Other Members - Nonvoting
6.2.3.1   Legislative Fiscal Office, Director

6.36.2 Alternates. Each member of the Council may designate one (1) official voting
alternate. This official voting alternate shall be registered with the Office of the Chief
Information Officer and, in the absence of the official member, have all the privileges
as the official member on items of discussion and voting.

6.46.3 Member Responsibilities; Conflicts of Interest. A Member with a potential
conflict of interest in a matter before the Council or a potential interest in a contract
with the Council is subject to the provisions of the Nebraska Political Accountability
and Disclosure Act including sections 49-1499.02 and 49-14,102. A Member with a
potential conflict of interest or a potential interest in a contract shall contact the
Nebraska Accountability and Disclosure Commission and take such action as
required by law.

7. **Meeting Procedures**

   7.1 Chair. The Chief Information Officer shall serve as the Chair of the Council.

   7.2 Quorum. A quorum consists of at least 50% of the voting membership.

   7.3 Voting. Issues shall be decided by a majority vote of the voting members present.

   7.4 Non-Member Agencies. Attendance and input by non-member state government
   agencies is encouraged. The director of a non-member agency may submit to the
   Council the name of a contact person within his or her agency to receive notification
   of Council meetings.

   7.5 Meeting Frequency. The Council shall meet not less than four times per year.

   7.6 Notice of Meetings. Notice of the time and place of each meeting of the Council shall
   be made at least seven (7) calendar days prior to the meeting. Notice shall be
   published on the Council's website at http://www.nitc.ne.gov/.

Approved by the Nebraska Information Technology Commission on June 29, 1999. Amendments approved on June 13, 2001; September 16, 2002; February 22, 2007; June 27, 2007; and November 15, 2011.

NITC Strategic Initiatives Status Report		
Strategic Initiative, Action Item and Deliverable/Target	**Status**	**2017-2019 Recommendation**
State Government IT Strategy		
1	**Single Help Desk Solution - Incident Management Implementation**		Continue as is
1.1	Implement solution and migrate initial group of agencies.	Completed	
1.2	Migrate remaining agencies in phases.	In progress	
2	**Service Catalog Implementation**		Completed
2.1	Create service catalog for OCIO.	Completed	
3	**~~Change Management Solution Implementation~~Enterprise Tool Consolidation**		Continue with modifications
3.1	Implement new change management process for OCIO.	Completed	
3.2	~~Add~~ Consolidate use of enterprise project management tool for other cabinet agencies.	In progress	Continue with modifications
3.x	Consolidate use of an enterprise Kronos tool.		New
3.x	Consolidate use of an enterprise tool for project time entry.		New
4	**~~Enhance Information Security~~**		Continue as part of IT Security initiative.
5	**Enhanced Operations Center**		Completed
5.1	Develop system performance reports and dashboards.	Completed	
5.2	Combine Operations and Help Desk.	Completed	
5.3	Implement fully functional 24/7 Operations Center.	Completed	
5.4	Migrate from Help Desk to Service Desk.	Completed	
5.5	Establish Problem Management process.	Completed	
5.6	Establish Service Manager Program.	Completed	
6	**IT Cost Efficiencies**		Continue as is
6.1	Review process in support of the State's IT spending.	Completed	
6.2	Assess environment, including existing infrastructure and applications, through Agency IT Plans.	Completed	
6.3	Enhance server virtualization and optimization.	In progress	

6.4	Implement a configuration management database (CMDB) and full asset management processes.	In progress	
6.5	Develop a Cloud Strategy	Completed	
6.6	Develop a Mobile Application Platform Strategy.	Completed	
7	**Operationalize IT and Project Governance**		Continue as is
7.1	Enterprise Application governance (i.e., Service Desk tool)	Completed	
7.2	Enterprise Project Governance through the Project Management Office	Completed	
7.3	~~Enterprise~~ Implement Project Governance at the agency level.	Not started	Continue with modifications
8	**Consolidate on STN Domain**		Continue as is
8.1	Implement phased migration.	In progress	
9	**Data Center Consolidation - Agency Server Migration**		Continue as is
9.1	Implement phased migration.	In progress	
10	**~~Initiate Active/Hot Standby Solution - Enterprise Apps~~ Network Migration (New World)**		Continue with modifications
10.1	Install core network equipment at both locations.	Completed	
10.2	Implement phased migration.	In progress	
X	**Application Process Maturation (DevOps)**		New
X.1	Identify a single job scheduling tool.		New
X.2	Create a job scheduling team.		New
X.3	Identify a single software configuration management tool.		New
X.4	Create a configuration management team.		New
X.5	Identify a single application scanning tool.		New
X.6	Create a DevOps team.		New
X.7	Consolidate DBA team.		New
X.8	Identify .net and Java programers.		New
X.9	Process and procedures development.		New
Cloud Strategy			Completed
1	**Develop a strategy for the use of cloud-based services by Nebraska state government.**		
1.1	Cloud Strategy Document	Completed	

	State IT Spending Analysis		Discontinue
1	**Create new accounting codes to better capture IT-related spending.**		Completed
1.1	Develop new accounting codes and definitions.	Completed	
1.2	Pilot test new codes.	Completed	
1.3	Roll-out new codes to cabinet agencies.	Completed	
2	Develop reporting tools using the new accounting codes.		Discontinue
2.1	Design reports to be generated by the accounting system using the new codes.	In progress	
3	Prepare an analysis of information technology spending by Nebraska state government.		Discontinue
3.1	IT Spending Analysis Document	Not started	
	IT Security		
1	Complete Mobile Device Management solution implementation (MaaS360 from Fiberlink / IBM)Deploy mobile device management.		Continue with modifications
1.1	MaaS360 will be installed on all mobile devices authenticating to the State of Nebraska networkImplement phased deployment of mobile device management.	In progress	Continue with modifications
2	**Complete transition to Security Mentor Security Awareness videos for all State employees.**		Completed
2.1	Security Awareness videos will be delivered to all State employees through the Learning Management System on a semi-monthly basis.	Completed	
2.2	Emails that re-inforce the video will be sent to all State employees on the off months.	Completed	
3	**Perform a complete IT hardware inventory of all State agencies.**		Continue as is
3.1	Itemized list of IT-related hardware used within the State of Nebraska network	In progress	
4	**Perform a complete IT application inventory of all State agencies.**		Continue as is
4.1	Itemized list of applications used within the State of Nebraska network	In progress	
5	**Complete Nebraska Security Operation Center.**		Continue as is
5.1	Enterprise Security Information and Event Management (SIEM) system	In progress	
5.2	Enterprise Security Operations Centers in multiple locations 24 x 7 for redundancy	Not started	

5.3	Service Level Agreements with all participants	Not started	
5.4	Written Charter	Not started	
6	**Complete update of NITC standards and guidelines according to gap analysis**		Completed
6.1	Updated NITC 8-101 Information Security Policy	Completed	
6.2	Updated NITC 8-102 Data Security Standard	Completed	
6.3	Updated NITC 8-103 Minimum Server Configuration Standard	Completed	
6.4	Updated NITC 8-201 Information Technology Disaster Recovery Plan	Completed	
6.5	Updated NITC 8-301 Password Standard	Completed	
6.6	Updated NITC 8-303 Remote Access Standard	Completed	
6.7	Updated 8-304 Remote Administration of Internal Devices Standard	Completed	
X	**Qualys Scan Implementation/Enhancement**		New
X.1	Establish vulnerability scans for entire state network.		New
X.2	Feed Qualys Scan results into QRadar.		New