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eHealth News from the NITC eHealth Council

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Nebraska News

Report assesses EHR use in South Dakota

The Creighton Health Services Research Program has released a report that evaluates the status of health information technology in South Dakota. The report, *Status of Health Information Technology in South Dakota: Focus on Electronic Health Records in Physician Offices*, was created to help South Dakota physicians adopt EHRs as well as improve patient safety and increase workflow efficiency. The project helps physicians assess their readiness to adopt, assess their current workflow and business practices, and learn about HITs. Twenty-nine percent of physicians in office practices in South Dakota are using EHRs. The report finds that physicians who use EHRs are more likely to use patient care applications and send electronic prescriptions. Two major barriers to EHR adoption are financial and interoperability. Also, the report will help provide physician education and awareness on the importance of EHRs and information to help manage current challenges of adoption.

To view the full report visit <http://chrp.creighton.edu/>.

eHealth News

eHealth Council will meet August 13

The eHealth Council will meet August 13, 2008 from 9:15 AM CT – 12:00 noon at the Governor's Residence, 1425 H Street in Lincoln.

Nebraska HISPC will meet Sept. 19

The Nebraska Health Information Security and Privacy Committee (HISPC) will meet on Sept. 19, 2008 from 12:30 to 1:30 PM at the Nebraska State Office Building, lower level, conference room C, 301 Centennial Mall South, in Lincoln. The Legal and Education Committees will meet from 1:30 to 2:30 PM. The phone bridge number is 402 472-6295.

National News

Patient privacy focus of PHR Task Force

A special task force created by the Certification Commission for Healthcare Information Technology to provide strategic guidance on development for certification of personal health records (PHRs) has completed its work, recommending a strong focus on patient privacy, with attention to security and interoperability as well.

The PHR Advisory Task Force delivered its recommendations to the Certification Commission which approved them unanimously. The Commission's PHR Work Group received the recommendations and began the process of developing criteria for certification of PHRs.

During its six weeks of work, the Task Force agreed that, with the PHR market still evolving, certification should create a "big tent" that can accommodate a diversity of models and architectures for delivering personal health information to consumers. The group also emphasized that certification should be simple for consumers to understand, offering them a "safety zone" where they could be comfortable that their information was private and secure.

The Advisory Task Force, which includes healthcare, corporate and consumer representatives, will continue to provide input about PHR certification to the Certification Commission's PHR Work Group. In addition, the Task Force recommends that the PHR Work Group and the Commission's Interoperability Work Group collaborate to develop criteria that will ensure that PHRs can send and receive data from as many potential sources as possible, such as ambulatory EHRs, hospital EHRs, payers, pharmacies and labs.

The PHR certification program is expected to launch in mid-2009. Information about the Advisory Task Force's recommendations and its members can be found at <http://cchit.org/phratf>.

Scorecard for U.S. health care system finds no overall improvement

A new national scorecard from The Commonwealth Fund Commission on a High Performance Health System finds that the U.S. health care system has failed to improve overall and that scores on access have declined significantly since the first national scorecard in 2006. Despite spending more on health care than any other industrialized nation, the U.S. overall continues to fall far short on key indicators of health outcomes and quality, with particularly low scores on efficiency.

In the report, [Why Not The Best? Results From The National Scorecard on U.S. Health System Performance, 2008](#), the U.S. scored an average of 65 out of a possible 100 across 37 key indicators of health outcomes, quality, access, efficiency, and equity—slightly below the overall score in the 2006 scorecard. The scores compare U.S. average performance to rates achieved by top performers within the U.S. or internationally.

Even more troubling, the health system is on the wrong track when it comes to access and affordability. The number of uninsured and underinsured continues to rise. As of 2007, 42 percent of all working age adults were either uninsured or underinsured—up from 35 percent in the four years since 2003.

The U.S. also failed to keep up with improvements made in other countries, falling from 15th to last among 19 industri-

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alized nations when it comes to premature deaths that could potentially have been prevented by timely access to effective health care. Comparing U.S. average national performance to benchmarks of achieved performance, the scorecard shows that the U.S. health care system could save 100,000 lives and up to \$100 billion annually if it improved performance on key indicators.

To view the full report visit
<http://www.commonwealthfund.org/publications/>.

AHRQ web conference addresses clinical decision support

The AHRQ National Resource Center for Health IT is sponsoring a web conference on clinical decision support on September 19, 2008 from 3:30 p.m.—5:00 p.m. ET.

The first in a series of four teleconferences on clinical decision support, this teleconference will address how clinical decision support—a clinical system, application, or process that helps health professionals make good patient care decisions—can help health professionals improve the care delivered to patients. Featured are presenters affiliated with AHRQ's two recently awarded clinical decision support demonstration contracts: Blackford Middleton directs the Clinical Decision Support Consortium; Richard Shiffman directs Guidelines Into Decision Support (GLIDES). Drs. Shiffman and Middleton will discuss the development, adoption, implementation, and evaluation of best practices using clinical decision support, as well as their demonstrations' plans for creating, storing, and replicating clinical decision support elements across multiple clinical sites and ambulatory practices.

To register for this conference, visit
<https://nrc.webex.com/mw0305l/mywebex/default.do?siteurl=nrc>.

Minnesota announces health initiatives

Minnesota Governor Tim Pawlenty announced initiatives that will help consumers take control of their personal health care information, encourage more patient-directed spending decisions for state employees, and engage Min-

nesotans in health care policy discussions.

Governor Pawlenty announced the following actions today:

- A proposal to give all Minnesotans access to an online personal health portfolio by 2011. As the first step, the Governor has directed the Department of Finance and Employee Relations (DFER) to seek proposals for a secure and portable online personal health portfolio for each of the state's approximately 50,000 employees in 2009.
- As a result of better than expected trends with the Minnesota Advantage Health Plan, the Governor directed DFER to establish a Health Reimbursement Account of up to \$250 for state employees. The creation of a new debit card will also help state employees better manage their existing Flexible Spending Accounts.
- The Governor directed the Minnesota Department of Health to solicit and gather input from Minnesotans on the health care system and how they can be more engaged in health care decision-making.
- To provide an easier and more convenient way to shop for health care, Minnesota's private health plans have agreed to provide pricing and quality data on a single website.

Survey finds Americans dissatisfied with U.S. healthcare system

Americans are dissatisfied with the U.S. health care system and 82 percent think it should be fundamentally changed or completely rebuilt, according to a new survey released by The Commonwealth Fund.

The survey of more than 1,000 adults was conducted by Harris Interactive in May 2008; and the vast majority of those surveyed—nine out of ten—felt it was important that the two leading presidential candidates propose reform plans that would improve health care quality, ensure that all Americans can afford health care and insurance, and de-

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crease the number of uninsured. One in three adults report their doctors ordered a test that had already been done or recommended unnecessary treatment or care in the past two years. Adults across all income groups reported experiencing inefficient care. And, eight in ten adults across income groups supported efforts to improve the health system's performance with respect to access, quality and cost.

For more information, visit www.commonwealthfund.org.

To receive *eHealth News from the NITC eHealth Council*, please contact Anne Byers, by calling 402 471-3805 or e-mailing anne.byers@nebraska.gov.

Check out the eHealth Clearinghouse at www.nitc.ne.gov/eHc/clearing/.

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