

eHealth News from the NITC eHealth Council

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Nebraska News

Report finds 30% of physicians in Nebraska use EHRs

Creighton Health Services Research Program and the EHRNebraska program have published a new report, *Status of Health Information Technology in Nebraska: Focus on Electronic Health Records in Physician Offices*. This report describes the status of electronic health record adoption in physician offices in Nebraska along with other related implications for health information technology. The researchers found that 30% of physicians in Nebraska are using electronic health

records, 50% are planning to implement an EHR system, and 20% have no plans for adoption. Over 70% of the EHR users would recommend their EHR system to their colleagues. Over 40 different EHR systems are currently in use in Nebraska.

The report is available at the EHRNebraska Web site (<http://ehrnebraska.org/interact/>) and CHRP Web site (<http://chrp.creighton.edu>).

Nebraska ranks 43rd in e-prescribing

SureScripts' "National Progress Report on E-Prescribing" summarizes key statistics on the status of e-prescribing adoption and utilization in the U.S. The report estimates that 2% of total prescriptions in the United States were transmitted electronically. Nebraska ranks 43rd in e-prescribing. In Nebraska, .5% of total prescriptions were transmitted electronically in 2007. While 70% of community pharmacies nationally are e-prescribing, only 34% of Nebraska community pharmacies are e-prescribing. The "National Progress Report on E-Prescribing" is available at <http://www.surescripts.com/report/>. The Nebraska report is available at <http://www.surescripts.com/Safe-Rx/nonsaferx-state.aspx?sid=27>.

eHealth Council develops action plan

The eHealth Council has developed seven action items which will be included in the Nebraska Information Technology Commission's *2008 Statewide Technology Plan*. The action items the eHealth Council will be addressing are listed below:

- ◆ Work with Lt. Governor Sheehy and other policymakers to develop a process to assess, evaluate and prioritize health IT activities (including statewide initiatives, proposed eHealth projects of the eHealth Council or other state entities, and eHealth components such as e-prescribing) in order to make funding recommendations. Criteria used to evaluate eHealth activities will include return on investment (ROI) as well as additional

evaluation criteria determined by the eHealth Council with input from policy makers.

- ◆ Develop a sustainable action plan to facilitate progress (present and future) in assuring privacy and security protections in the exchange of health information for and by each of our citizens.
- ◆ Develop a plan and resources to inform citizens, health care providers, and other stakeholders about issues related to health information security and privacy and involve them in policy discussions.
- ◆ Ensure that an in-depth short-term study of existing laws and regulations, with guidance from representatives from the health professions, health educators and health organizations, be done in order to identify health information security and privacy and make recommendations.
- ◆ Support efforts of the Nebraska Statewide Telehealth Network Governing Board to advocate for ongoing support for line charges for telehealth. Activities supporting this action item could include writing letters of support to policy makers as well as sharing information on this issue with policymakers.
- ◆ Support efforts of the Nebraska Statewide Telehealth Network Governing Board to advocate for the reduction of barriers to connectivity posed by federal Universal Service Fund rules, regulations, and policies. Activities supporting this action item could include writing letters of support to policy makers as well as sharing information on this issue with policymakers. The eHealth Council will also explore the development of a position paper no longer than four pages in length which clarifies the issue, identifies barriers, specifies what action needs to be taken, and identifies opportunities that can be leveraged.
- ◆ Explore the optimal method for identifying clients in health information exchange.

eHealth Council will meet April 15

A working meeting of the eHealth Council is scheduled for April 15 from 1:30 to 4:30 at Nebraska Educational Telecommunications, Board Room, 1800 N. 33rd St. in Lincoln. Arrangements for video sites are pending. The agenda will be posted to the NITC Web site (www.nitc.ne.gov). For more information, contact Anne Byers (anne.byers@nebraska.gov).

Nebraska HISPC will meet April 22

The Nebraska Health Information Security and Privacy Committee (HISPC) will meet on April 22, 2008 from 10:00 a.m. to 11:00 a.m. The Education and Legal Subcommittees will meet from 11:00 a.m. to noon. The location will be announced later. For more information, contact Dennis Berens (dennis.berens@dhhs.ne.gov) or Anne Byers (anne.byers@nebraska.gov).

Syracuse hospital receives loan for computers, software

Community Memorial Hospital in Syracuse has received a \$726,000 loan from USDA Rural Development for the acquisition of new computers and software. This technology will enhance medical record keeping and improve delivery of information between the hospital and adjoining clinic.

National News

NGA State Alliance for eHealth report examines state eHealth activities

A new report looks at state eHealth activities in 2007. The report is based on surveys of the states conducted by the National Governor's Association in partnership with Health Management Associates and with support from The Commonwealth Fund.

The report found:

- ◆ All states now place a high priority on e-health activities.
- ◆ According to the survey, state governors' two highest e-health priorities over the next two years were the development of electronic HIEs and of policies fostering local or state-level electronic HIEs, to assure interconnectivity among health care providers.
- ◆ State HIT initiatives span a broad range of activities.
- ◆ eHealth applications are enabling states to implement quality and transparency initiatives.
- ◆ Privacy and security remain key concerns of states and a clear focus for state action.
- ◆ The greatest barrier to release of health information within an electronic HIE lies in differing consent requirements, especially for service related to substance abuse, mental health, and HIV/AIDS; the second greatest barrier identified was federal privacy requirements.
- ◆ States demonstrate interest in knowing and improving the availability of medical data to health care providers and Medicaid enrollees.
- ◆ States have formed public-private consortiums to develop standardized measures of utilization and performance.
- ◆ States have adopted HIT activities across a wide variety of programs.
- ◆ Public health has extensive experience operating registries, which will be foundational to other e-health activities.
- ◆ Almost all states reported e-health initiatives in Medicaid.
- ◆ Obtaining funding for both implementation and long-term operations is the most significant barrier to the widespread adoption of interoperable HIT and a nationwide network of electronic HIEs.
- ◆ States indicated that the most important "lesson learned" was the need for collaboration and stakeholder engagement.

State e-Health Activities in 2007: Findings from a State Survey is available at http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=669309 .

National Alliance for HIT defining key health IT terms

NAHIT, the National Alliance for Health Information Technology, has posted an interim draft report on its website, "Defining Key Health IT Terms." The report is available at <http://definitions.nahit.org/reports.php>.

Health Record Banking Alliance develops principles

The Health Record Banking Alliance announced its draft [principles](#), which have been developed over the past several months. The principles are divided into three sections relating to consumer ownership and control of health records, operation of health record banks, and operation of HRBA. The Alliance welcomes and encourages additional participation in the continuing review and refinement of these principles. The principles can be found at <http://www.healthbanking.org/docs/HRBAPinciplesMay07.pdf> .

GAO reports HSS has not developed a national health IT strategy

United States Government Accountability Office has published the Testimony of Valerie C. Melvin, the Director of Human Capital and Management Information Systems Issues before the Senate Committee on the Budget on "Health Information Technology: HHS Is Pursuing Efforts to Advance Nationwide Implementation, but Has Not Yet Completed a National Strategy." In her testimony, Ms. Melvin reports that HHS has made progress in certification of electronic medical records; trial implementations of nationwide health information exchange; and the protection of health information security and privacy. However, HHS has not yet completed a national strategy for health information exchange. The testimony is available at <http://www.gao.gov/new.items/d08499t.pdf> .

States taking common approaches to protecting electronic health information

Most states have made substantial progress in defining their privacy and security approaches for electronic health information exchange, according to a report released by the Office of the National Coordinator for Health Information Technology (ONC) and the Agency for Healthcare Research and Quality (AHRQ), both part of the U.S. Department of Health and Human Services. The thirty three states and Puerto Rico make up the Health Information Security and Privacy Collaboration (HISPC) formed as part of the ONC-AHRQ co-managed Privacy and Security Solutions for Interoperable Health Information Exchange contract (Privacy and Security Solutions Project).

During the past 18 months, HISPC participants have gained a greater understanding of and ability to address the variation in business practices, policies, and state laws that affect the electronic exchange of health information.

The *Impact Analysis Report* provides an assessment of the progress made by states since the inception of the project by comparing the current landscape for privacy and security to the baseline as reported by the state teams in early 2006. The report discusses the impact of work among and between participants in five key areas: legislation, executive orders, leadership and governance, stakeholder education and knowledge, and development of health information exchange networks. The analysis also describes the collaborative work between states in seven key areas and it provides a state-by-state discussion of recent progress.

Progress made during the past two years includes:

- ◆ 23 states cite increased awareness of privacy and security issues among stakeholders as a key component of success in the development and sustainability of statewide Health IT and Health Information Exchange (HIE) plans;
- ◆ 14 states indicated the Privacy and Security Solutions Project has served to increase support for planned HIEs;
- ◆ 11 states reported legislative activities aimed at updating and aligning privacy and

security statutes to prepare for electronic health information exchange with four states having already passed some legislation;

- ◆ Three state governors have issued executive orders formalizing support for the HISPC in their state and have provided members of their state HISPC teams with leadership roles in other initiatives; and
- ◆ Seven collaborative work groups involving 43 states and 2 territories are now focused on implementing shared privacy and security solutions.

For more information regarding the *Impact Analysis Report*, visit: <http://healthit.ahrq.gov/privacyandsecurity>. The ONC-AHRQ-sponsored report was prepared by RTI International, which is implementing the Privacy and Security Solutions Project.

Grants available for distance learning and telemedicine

The USDA Distance Learning and Telemedicine anticipates having \$24,763,815 available for 100% grants. The maximum grant is \$500,000. The minimum is \$50,000. The application deadline is April 14, 2008. More information is available at <http://www.usda.gov/rus/telecom/dlt/dlt.htm>.

Report calls for better communication between first responders, health facilities

A recently released government report highlights the need for improved communications between emergency responders and health facilities, a key lawmaker said today. The report, issued by the Joint Advisory Committee on Communications Capabilities of Emergency Medical and Public Health Care Facilities, underscores the need for nationwide improvements to the way emergency

The Joint Advisory Committee is a bipartisan taskforce of experts in communications and emergency medical and public health care, including representatives of Federal, State, and local governments, industry and non-profit health organizations, and academia and educational institutions.

Among its proposals, the Joint Advisory Committee's report calls for the development of a national, interoperable broadband network for emergency communications, a subject that the Committee on Energy and Commerce has focused on during this Congress.

The report is available at
<http://energycommerce.house.gov/>

Meeting on AHIC Successor scheduled

LMI and the Brookings Institution will hold the first of three public meetings on the transition to the American Health Information Community (AHIC) Successor on March 10, 2008. The meeting will also be available via webcast and teleconference. These meetings are intended for parties interested in the establishment and design of the Successor organization. More information is available at
<http://www.ahicsuccessor.org>.

Minnesota reports on eHealth accomplishments

The Commissioner of the Minnesota Department of Health's Report to the 2008 Minnesota Legislature *From Vision to Action—the Minnesota e-Health Initiative* summarizes the progress in advancing the adoption of health IT in Minnesota in 2007. The report includes a Standardized Consent Form for Release of Health Information and is available at
<http://www.health.state.mn.us/e-health/>.

To receive *eHealth News from the NITC eHealth Council*, please contact Anne Byers, by calling 402 471-3805 or e-mailing
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Check out the eHealth Clearinghouse at
www.nitc.ne.gov/eHc/clearing/.

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