eHealth News from the NITC eHealth Council

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Contents

Nebraska News

eHealth Council will meet Feb. 11

The eHealth Council will meet Feb. 11 from 9:00 AM CT to 12:00 noon.   The main meeting location will be at Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor, Lincoln.   Video sites will be available in Chadron, North Platte and Omaha (UNMC). The agenda and meeting information will be posted on the Nebraska Information Technology Commission Web site (www.nitc.ne.gov).

Nebraska HISPC forms legal and education work groups

The Nebraska Health Information Security and Privacy Committee has formed legal and education work groups.   The Education Work Group discussed the following goals:

- Learning what other states are doing and evaluate their resources for possible use in Nebraska.
- Learning what other health information security and privacy educational efforts are underway in Nebraska and nationally and determine if we can piggyback our efforts with the efforts of other organizations.
- Developing educational materials for consumers and providers on health information security and privacy.
- Developing a strategy for delivering and evaluating educational materials developed.
- Developing a strategy for involving consumers in policy discussions related to health information security and privacy.

The Legal Work Group discussed examining Nebraska's laws to identify barriers to the exchange of health information and to identify areas in which patient privacy may need to be strengthened.

The next meeting of the Nebraska HISPC is Feb. 22 from 10:00 AM CT to 12:00 noon CT. If you are interested in participating in one of the work groups, please contact Anne Byers (anne.byers@nebraska.gov) or Dennis Berens (dennis.berens@dhhs.ne.gov.).

Nebraska participates in 10-state HISPC Collaborative

Nebraska has submitted an application to participate in a 10-state collaborative to facilitate the development of interchangeable privacy and security business standards. If this one year contract with ONC which is being facilitated by RTI is approved, the collaborative will have the

opportunity to demonstrate to other states how collaboration and practice standards can foster the secure exchange of personal health data. This is a first step to work on the social integration issues, not the technical issues of EHR. The proposal also includes funding for Nebraska to continue to address health information security and privacy issues through the Nebraska HISPC and its work groups.

Nebraska scores perfect 10 in public health preparedness

Trust for America's Health (TFAH) released the fifth annual "Ready or Not? Protecting the Public's Health from Disease, Disasters, and Bioterrorism" report, which found that while important progress has been made, critical areas of the nation's emergency health preparedness effort still require attention. In addition, the continuing trend of annual cuts in federal funding for state and local preparedness activities threatens the nation's safety.

The "Ready or Not?" report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. All 50 U.S. states and the District of Columbia (D.C.) were evaluated. Thirty-five states and D.C. scored eight or higher on the scale of 10 indicators. Illinois, Kentucky, Nebraska, New Jersey, Pennsylvania, Tennessee, and Virginia scored the highest with 10 out of 10. Arkansas, Iowa, Mississippi, Nevada, Wisconsin, and Wyoming scored the lowest with six out of 10.

TFAH's report was supported by a grant from the Robert Wood Johnson Foundation. TFAH's report and state-by-state materials are available at: http://www.healthyamericans.org.

Gov. Heineman announces workplace wellness award

Gov. Dave Heineman announced the creation of a new award to encourage businesses in Nebraska to recognize the successful efforts of employers who promote workplace wellness. Companies and organizations with employee wellness programs are invited to apply for the Governor's Award of Excellence in Wellness.

The Governor's Award of Excellence in Wellness is divided into two categories. The Sower's Award is intended to recognize organizations that have developed quality wellness programs. The Grower's Award will honor the accomplishments of businesses and organizations demonstrating significant improvement in employee health behaviors.

Application information is available on the state Web site, http://www.Nebraska.gov. Applications are due by May 1. The first recipients of the Governor's award will be honored this summer.

CIO Brenda Decker recognized

Gov. Dave Heineman announced that Chief Information Officer (CIO) Brenda Decker has been named one of the top information technology (IT) leaders in business and government for 2008.

Decker was selected as one of the Premier 100 IT Leaders for 2008 by Computerworld. She will be honored during the Premier 100 IT Leaders Conference being held in Orlando, March 9-11.

Decker has served as CIO since 2005, when she was appointed by Gov. Heineman. She has managed the consolidation of the state's communications division and information management services and is currently over-seeing the consolidation of the state's e-mail programs. In addition, the Office of the CIO is responsible for implementing policies of the Nebraska Information Technology Commission.

National News

Public health stakeholders invited to review HIT white paper

The Public Health Data Standards Consortium (PHDSC) and the Integrating the Healthcare Enterprise (IHE) invite public health, clinical and information technology experts to review the White Paper on "Building a Roadmap for Health Information Systems Interoperability for Public Health." The white paper has been developed by the PHDSC-IHE Task Force participants to facilitate standardization of health information exchanges between clinical care and public

health. The objective of the white paper is to engage the public health community in a dialogue with health information technology (HIT) vendors to assure that the work processes and data needs of public health stakeholders in health information exchanges are 1) well understood and agreed upon by the stakeholders and then (2) communicated to the developers of the interoperable clinical Electronic Health Record (EHR) systems and Public Health information systems (EHR-PH Systems).   The public review period will be open through January 19, 2008.

To download the white paper, please go to http://www.ihe.net/Technical_Framework/upload/IHE_PHDSC_Public_Health_White_Paper_2007_10_11.pdf .   .

Please submit your comments to the thread "Public Comments on PHDSC White Paper" at http://forums.rsna.org/showthread.php?threadid=1297 .

Please note that the Radiology Society of North America (RSNA) serves as a host for the White Paper public review process. When in the "Public Comments on PHDSC White Paper" thread, please use Post Reply button to submit your comments to the thread. You do not need to register with RSNA/IHE to submit your comments. When you click Post Reply button, you will be seen as an Unregistered User. Please provide your name, affiliation and e-mail address at the end of your comment.

Best practices for employers offering person health records developed

Health Privacy Project, the California HealthCare Foundation, and a group of corporate leaders released "Best Practices for Employers Offering Personal Health Records (PHRs)". While a number of companies already are offering PHRs to their employees, concerns about consumer anxiety and regulatory uncertainty persist. The ten best practices are designed to address these concerns. Go to http://www.healthprivacy.org/bestpractices to see the press release, the best practices, and an overview paper that puts them into context.

Researchers examine the state of RHIOs, raise concerns over viability

A recent article in *Health Affairs* by Julia Adler-Milstein, Andrew P. McAfee, David W. Bates, and Ashish K. Jha examined the state of regional health information organizations RHIOs. The researchers surveyed 145 RHIOs and found that only 20 RHIOs were of modest size and exchanging clinical data.   Most early successes were primarily focused on the exchange of test results.   Thirteen of the operational RHIOs received regular fees from participating organizations.   Eight were funded through grants.   The researchers raise concerns about the viability of RHIOs.

"The State of Regional Health Information Organizations: Current Activities and Financing" can be found at http://content.healthaffairs.org/cgi/content/abstract/hlthaff.27.1.w60 .

Responses to the article further discuss issues related to the value and sustainability of RHIOs. (See http://content.healthaffairs.org/cgi/eletters/hlthaff.27.1.w60v1#3279.)

eHealth Initiative releases health information exchange survey results

eHealth Initiative (eHI) released the results of its 2007 Fourth Annual Survey of Health Information Exchange at the State, Regional and Community Levels, taking stock of 130 community-based efforts designed to improve health and healthcare through the mobilization of health information electronically. The survey results can be found at http://www.ehealthinitiative.org/2007HIESurvey/default.asp.

The key findings are summarized below.

State of the field: What's happening?

- Health information exchange initiatives are continuing to mature.
- Some health information exchange initiatives are no longer moving forward.
- The most important drivers include those related to improving quality, improving

patient safety, and addressing inefficiencies experienced by providers.

What is the primary focus of health information exchange initiatives?

♦ Increasingly, health information exchange efforts are exchanging clinical data.
♦ Supporting direct care delivery continues to be the focus of health information exchange efforts, but providing population health related services continues to be an emphasis for some—particularly more advanced stage initiatives.
♦ Health information exchange initiatives are increasingly adding support functions to augment data services.

Who's leading? How are they organized?

♦ Health information exchange initiatives are continuing to formalize their operations through the creation of formal legal entities.
♦ Clinicians, community health centers, employers, health plans, hospitals, patients, and quality improvement organizations are most likely to play a governance role in health information exchange efforts.

Issues around financing are the most pressing challenges

♦ The most significant challenge for health information exchange initiatives is the development of a sustainable business model.
♦ While health information exchange initiatives continue to rely on federal and state agencies for up-front funding, the level of funding provided by hospitals is up considerably from 2006, moving ahead of government funding as the top funding source.
♦ Funding for ongoing operations is increasingly reliant upon non-governmental sources.

Operational initiatives offer guidance for success

♦ Advanced stage initiatives—those fully operational—share some common characteristics that offer guidance for a path forward.
♦ Three quarters of operational initiatives are no longer dependent on "non-operating revenue", which are described as grants or advance payments.
♦ Operational initiatives derive their revenues for ongoing operations from hospitals (58 percent), physician practices (46 percent), private health plans (46 percent), laboratories (33 percent), and the federal government as well as philanthropic organizations (both 29 percent).
♦ Most operational initiatives utilize subscription fees or membership fees from data providers (92 percent) or data users (85 percent) to support ongoing operations. Seventy eight percent of operational initiatives charge transaction fees to data users while 67 percent charge transaction fees to data providers.
♦ About half (52 percent) of operational initiatives received their start-up funding from the federal government, while nearly half (48 percent) received start-up funding from hospitals, 30 percent from private payers, 30 percent from the state, and 30 percent from philanthropic sources.
♦ Three quarters (seventy five percent) of operational initiatives offer "results delivery" as one of their services, followed by clinical documentation at 63 percent.
♦ A strong majority of operational initiatives are exchanging outpatient episodes (84 percent), outpatient laboratory results (76 percent), laboratory results (73 percent), inpatient episodes (64 percent), and radiology results (63 percent).

What about the states? What role do they plan in health information exchange?

♦ State policymakers are continuing to demonstrate leadership in using health information technology and health information exchange to drive improvements in health and health care.

Alliance for Health Reform publishes health IT toolkit for journalists

The Alliance for Health Reform's latest toolkit will help journalists and others understand how health information technology (IT) is slowly changing health care, and how analysts disagree about the value of some technologies. Issues such as protecting patient privacy and the cost of new technologies are included. This resource also offers story ideas for reporters, selected experts with contact information, selected websites of interest and a glossary. The development of the toolkit is supported by the Robert Wood Johnson Foundation. The toolkit is available at http://www.allhealth.org/.

NGA State Alliance for eHealth will examine models for financing HIE

To assist governors and state legislators in making decisions, the State Alliance would like to examine the trade-offs of different models for financing and ensuring accountability for electronic HIE. The National Governors Association Center for Best Practices (NGA Center) is seeking a contractor to examine models and identify options for states regarding the financing of electronic exchange of health information and mechanisms for states to ensure accountability of public dollar investments and protection of consumer information. Required letters of intent are due by 5:00 p.m. Eastern time on January 8, 2008 and completed proposals are due by 5:00 pm Eastern time on January 22, 2008.   The successful contractor will present an integrative final report to the State Alliance by August 6, 2008.

AHIC will meet Jan. 22

The Secretary's schedule has required ONC to change the date of the next meeting of the American Health Information Community (AHIC) to January 22nd, 2008. For more information about the meeting, please visit the AHIC page at http://www.hhs.gov/healthit/community/background/ .

NGA State Alliance for eHealth will meet Feb. 22

NGA State Alliance for eHealth will meet Feb. 22. Meetings are usually webcast. For more information, go to www.nga.org/center/ehealth/ .

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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