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eHealth News from the NITC eHealth Council

Contents

Nebraska News

Nebraska News

NeHII celebrates premiere	1
SNBHIN begins vendor selection	2
SENHIE reduces medication errors	2
eHealth Council begins developing eHealth plan	2
E-Prescribing grows in Nebraska	3
PHR Work Group makes recommendations	3
Governor announces new wellness plan	4

National News

Free software connects to NHIN	5
Consumer interest in PHRs, health IT grows	5
Office of Recovery Act Coordination formed	6
HHS report, website focus on health reform	6
CCHIT forms long term care task force	7
HHS releases health information security and breach guidance	7
FTC publishes proposed breach notification rule for electronic health information	7

NeHII celebrates premiere

NeHII hosted the NeHII Premiere Day on April 2 at BryanLGH in Lincoln, Nebraska to celebrate the successful implementation of the statewide health information exchange. The 90 day pilot project provides the interoperability connection for the health records of four Omaha health systems. The event drew over 200 individuals from across the state. Governor Dave Heineman's comments highlighted what this initiative means for Nebraska. Lt. Governor Rick Sheehy outlined the major milestones in the development of NeHII.

Physician and consumer perspectives were presented by multiple individuals attending the meeting. Dr. Harris Frankel, an Omaha neurologist and president of the Board of Directors of NeHII, was the Master of Ceremonies. He explained the multiple benefits of a Health Information Exchange (HIE). The high-level functionality of the system was demonstrated by Dr. George Reynolds, Chief Medical Information Officer Pediatric Intensive Care Unit at Children's Hospital & Medical Center. The benefit of having information available in one location was clearly outlined by Dr. Thomas Tape, Professor and Chief, General Internal Medicine at the University of Nebraska Medical Center. Concluding the physician and consumer perspectives was Mrs. Linda Dobry. She offered her viewpoint on the benefits the system would provide the consumer.

David Merritt, a project manager with the Center for Health Transformation, praised Nebraska's healthcare leaders for their determination and willingness to collaborate ensuring a successful implementation. "NeHII is a model that other states and communities can and should follow to modernize their health systems with information technology."

Following a positive question and answer session, a celebratory luncheon was held at the Great Hall Train Station in downtown Lincoln. Ken Lawonn was Master of Ceremonies for the luncheon and closed the event with a powerful

eHealth News

Call to Action. The luncheon keynote speaker was Bill Beighe, chief information officer of the Santa Cruz RHIO. The Santa Cruz RHIO is one of the longest standing RHIOs in the country and also uses the Axolotl software which is the product that supports the NeHII HIE. John Reifenger, Vice President of HIE Development for Axolotl Corporation, gave the closing comments.

As interest continues to grow, Deb Bass and Chris Henkenius are available to present information about NeHII to any interested groups and/or individuals. Please contact Bass and Associates at 402.346.1505.

SNBHIN begins vendor selection

The Southeast Nebraska Behavioral Health Information Network (SNBHIN) is making steady progress on finalizing the system requirements for the Behavioral Health Information Exchange. A nationally recognized technology consultant, Steve Lazarus, of Boundary Information Group (BIG), has been retained and is working with SNBHIN leadership in crafting and overseeing the vendor selection process.

A behavioral health provider IT Capabilities Assessment has been completed to assure that current needs of the provider group are incorporated into the hardware and software acquisition requirements. This information will also be used for training and system implementation planning.

A thorough research process has been completed that identified an exhaustive list of potential vendors. A Request for Information (RFI) has been issued to a broadly representative group and will be utilized to narrow the field of vendors who will receive the Request for Proposals (RFP) to those that best fit SNBHIN business needs. The RFP will be issued to this select group of vendors in late April, with return vendor proposals anticipated in June.

A Selection Committee including many of the behavioral health provider representatives that serve in different organizational roles has been appointed. This group is working with Mr. Lazarus and SNBHIN Leadership in a rigorous deliberative process. It is anticipated that selection decisions will be concluded in summer, with acquisition of the system components and vendor contract negotiations concluded by late fall of 2009. All questions regarding the vendor selection process are being routed to Wende Baker, Network Director in Lincoln at (402)441-4388 or wbaker@region5systems.net.

SENHIE reduces medication errors

The Southeast Nebraska Health Information Exchange (SENHIE) is improving the quality of care and increasing efficiency in Thayer County. Through a \$1.6 million Critical Access Hospital Health Information Technology Grant, Thayer County Health Services has implemented the state's first health information exchange. Medical information on patients in Thayer County now flows seamlessly among providers, including physicians at satellite clinics or at Thayer County Health Services in Hebron, physicians and pharmacists at St. Elizabeth's Regional Medical Center, emergency responders, pharmacists, and long term care facilities. Thayer County Health Services is totally electronic, including eMAR (electronic medication administration record), CPOE (computerized physician order entry), and e-prescribing. They have achieved 100% medication reconciliation, and medication errors have been significantly reduced.

eHealth Council developing eHealth plan

The eHealth Council has begun developing a state eHealth Plan. In developing a statewide eHealth plan, the eHealth Council has identified guiding principles for the development of health information exchange in the state. The development of health information exchange in Nebraska will:

- Improve quality of care and performance of health care providers.
- Improve patient safety.
- Ensure privacy and security.
- Enhance public health and disease surveillance efforts.
- Utilize national standards and certification to facilitate interoperability.
- Utilize solutions which are cost-effective and provide the greatest return on investment.
- Utilize a sustainable business model.
- Leverage existing eHealth initiatives and investments in Nebraska.
- Reduce health care costs by reducing medical errors, reducing duplicate tests, increasing use of preferred drug formularies.

eHealth News

- Encourage greater patient involvement in personal health care decisions.
- Support the work processes of providers.

The eHealth Council has also initially identified several broad strategies which will be included in the state plan. These strategies include:

- Encouraging and supporting health IT adoption by providers.
- Encouraging and supporting e-prescribing.
- Encouraging and supporting the adoption of personal health records.
- Supporting the development and expansion of health information exchanges to improve the quality and efficiency of care.
- Encouraging free electronic exchange of health data to state and local public health entities.
- Leveraging the state's role as a payer to support health information exchange.
- Continuing to address health information security and privacy concerns of providers and consumers.
- Addressing issues related to governance, oversight, and financing of health information exchange.
- Promoting the development of a robust telecommunications infrastructure.

For more information, please contact Anne Byers at anne.byers@nebraska.gov.

E-Prescribing grows in Nebraska

The number of prescribers and pharmacies accepting e-prescriptions in Nebraska grew significantly from August 2008 to February 2009. Chad Aicklen from Sure-ScriptsRXHub spoke to the eHealth Council's E-Prescribing Work Group on Feb. 18, 2009 and shared the following numbers:

- In Lincoln, 39 pharmacies (62%) accept e-prescriptions, up from 31 in August 2008.
- In Omaha, 113 pharmacies (61%) accept e-prescriptions, up from 75 in August 2008.
- In non-metro areas of Nebraska, 105 pharmacies (42%) accept e-prescriptions, up from 69 in August 2008.
- Three out of four pharmacies in South Sioux City accept e-prescriptions.
- A total of 261 pharmacies (52%) now accept e-prescriptions in Nebraska.
- There are 276 active prescribers (as of Feb. 11, 2009) in Nebraska up from 98 in August 2008.

The eHealth Council's E-Prescribing Work Group has been discussing issues related to e-prescribing and is developing recommendations.

PHR Work Group makes recommendations

The eHealth Council formed a Personal Health Record (PHR) Work Group to:

- Gain a greater understanding of the different types of PHRs available, and make recommendations on engaging consumers and providers in the use of PHRs to manage health care.
- Help understand the interface between PHRs and EMRs and make recommendations on how to encourage providers of health information to populate PHRs with health information.
- Make recommendations on engaging employers and payers in the adoption of PHRs.
- Identify and disseminate best practices.

Members of the work group include:

- Marsha Morien, UNMC
- Ellen Jacobs, College of St. Mary

eHealth News

- Dan Griess, Box Butte General Hospital
- Clint Williams, Blue Cross Blue Shield of Nebraska
- Lisa Fisher, Blue Cross Blue Shield of Nebraska (alternate)
- Dr. James Canedy, Simply Well
- Michelle Hood, Nebraska Department of Health and Human Services, Immunization Registry
- Kevin Fuji, Creighton University
- Roger Wilson, State of Nebraska, Human Resources
- David Lawton, Nebraska Department of Health and Human Services
- Karen Paschal, Creighton University
- Health care providers may also require education in incorporating PHRs into patient care and assistance in making adjustments in the practice workflow.
- PHRs as part of a broader health management program can help consumers reduce their health risks, better manage their health, and reduce their health care expenditures.

PHRs as part of a broader health management program can help employers reduce their health care related costs.

- The PHR Work Group also developed the following recommendations:
- The State of Nebraska should explore making immunization data from the state's new immunization registry available to consumers through PHRs.
- Efforts should be made to encourage Nebraska's providers and health information exchanges to make patient data available to patients through PHRs in the future.
- The utilization of PHRs in conjunction with a broader health management program for State employees should be periodically evaluated as a potential way to reduce health care costs. Continued developments in PHRs may reduce implementation costs and increase the ROI.
- The utilization of PHRs in conjunction with a broader health management program for Medicaid recipients should be periodically evaluated as a potential way to reduce health care costs. Continued developments in PHRs may reduce implementation costs and increase the ROI.
- The eHealth Council should look for opportunities to partner with other organizations in educational efforts targeting consumers and providers on the use of PHRs.
- Continued research on the benefits of PHRs and the ROI for PHRs should be done.

The recommendations were approved by the eHealth Council and will be considered for inclusion in the state's eHealth plan currently under development.

After discussing issues related to PHRs over the course of several months, the group reached the following conclusions:

- Significant progress is being made in PHR interoperability standards and in the development of privacy and security protections.
- PHRs which are interoperable with other types of electronic medical records offer more value and convenience to consumers by reducing the need to personally enter data and by improving the timeliness, availability and accuracy of data.
- PHRs with financial management functions may offer further value to consumers by providing cost and benefit information to support decision making.
- PHRs which are interoperable may offer more value to health care providers. PHRs populated by data from providers may be viewed as being more reliable by health care providers.
- PHR adoption will require consumer education and incentives. Consumers may be more receptive to PHR adoption in conjunction with certain events such as the birth of a child, enrollment in college, the diagnosis of a chronic disease, or the need to manage care of a parent.

eHealth News

Governor announces new wellness plan

Gov. Dave Heineman outlined a wellness program for state employees and the option to choose a health insurance plan offering better coverage for preventative health and wellness. Nebraska is one of the first states to offer state workers a comprehensive plan for health insurance designed to encourage wellness and healthy lifestyles.

The state has contracted with HealthFitness Corp., which works with Fortune 500 companies to provide employees with services that improve health and productivity. The wellness program is connected to a wellness-oriented health insurance plan offering full coverage for annual exams and basic health screenings.

In the first year, state employees signing up for the Wellness PPO plan will be eligible for lower premiums and better coverage for certain screenings by first completing a health risk assessment. The survey covers individual health and lifestyle factors such as current medical conditions and medications, height and weight, and family history and activity. Based on survey responses, HealthFitness will recommend coaching education programs to help improve general wellness, lower health risk factors and improve management of existing chronic conditions.

Survey responses will only be reviewed by HealthFitness. Individual data will not be reported to the State of Nebraska or the state's insurance provider. Information will only be reported in aggregate to help determine the success of the program.

National news

Free software connects to NHIN

The Federal Health Architecture is making software available as a first step to help public and private health information technology systems communicate to the Nationwide Health Information Network (NHIN), a federal initiative to facilitate the electronic exchange of health information. The Federal Health Architecture, an E-Gov initiative led by the Office of the National Coordinator for Health Information Technology (ONC), is making this free software, called CONNECT, and supporting documentation available at www.connectopensource.org.

The ONC has facilitated development of the NHIN, which

will tie together health information exchanges, integrated delivery networks, pharmacies, government health facilities and payors, labs, providers, private payors and other stakeholders into a "network of networks." The NHIN provides a mechanism for previously disconnected systems and exchanges to connect to each other and share data. The NHIN uses interoperability standards recognized by the Secretary of Health and Human Services, as well as public and private sector specifications, participation agreements and policies. To enable health information exchanges over the NHIN, the ONC is working to develop the necessary governance processes and legal framework for participation in the network.

"This software will strengthen our health systems' ability to share data electronically and provide a wide range of benefits to citizens," said Robert Kolodner, M.D., National Coordinator for Health Information Technology. "Benefits include up-to-date records available at the point of care; enhanced population health screening; and being able to collect case research faster to facilitate disability claims, as demonstrated by transfers of information already underway between the Social Security Administration and MedVirginia, a regional health information organization."

Consumer interest in PHRs, health IT grows

As health care providers determine how they will take advantage of the \$19 billion allocated in the stimulus package to help jumpstart advances in health information technology (HIT), consumer appetite for electronic health records (EHRs), online tools and services is also growing, according to the results of the 2009 Deloitte Survey of Health Care Consumers (www.deloitte.com/us/2009consumersurvey).

While only 9 percent of consumers surveyed have an electronic personal health record (PHR), 42 percent are interested in establishing PHRs connected online to their physicians. Fifty-five percent want the ability to communicate with their doctor via email to exchange health information and get answers to questions. Fifty-seven percent reported they'd be interested in scheduling appointments, buying prescriptions and completing other transactions online if their information is protected. Technologies that can facilitate consumer transactions with providers and health plans, like integrated billing systems that make bill payment faster and more convenient, are also appealing to nearly half (47 percent) of consumers surveyed.

eHealth News

Despite strong consumer demand, many are still reluctant about privacy and security of their medical information. Nearly four in 10 (38 percent) of consumers surveyed are very concerned about the privacy and security of personal health information. Another 24 percent said they had no reservations about it; interestingly, women over the age of 65 and men between the ages of 18 to 24 were least risk-averse to sharing personal health information online. Women are also more likely than men to seek online access to doctors, medical records and tools. They are also more interested in using secure websites and slightly more trusting of the information they locate about care and treatment through independent health-related websites, the study revealed.

Additional findings from the survey:

- Six in 10 endorse government establishment of standards for how medical information is collected, stored and exchanged.
- Four in 10 (42 percent) favor increasing government funding and incentives to support the adoption of electronic medical records by doctors, hospitals and health plans (2 in 10 oppose). Support is highest among Gen Y (44 percent); Gen X (43 percent); and seniors (43 percent).
- Sixty-eight percent are interested in home or remote monitoring devices that permit them to monitor their conditions and electronically report it to their physicians; interest is particularly high among seniors (78 percent) and those with chronic conditions (75 percent).
- Thirty percent of prescription medication users say they purchased medications online or through mail order in the previous 12 months; Medicaid enrollees were the most likely to report this (37 percent).
- Forty-one percent of all consumers say they'd be likely to order medications online or by mail order if they were to develop a health condition that required regular medication.

According to additional Deloitte analysis, "Reducing Costs While Improving the U.S. Health Care System: The Health Care Reform Pyramid" (www.deloitte.com/us/healthreformpyramid), the investment of \$50 billion for HIT over five years, to which the administration has pledged \$19 billion in the stimulus package, has the potential to achieve net-present-value (NPV) savings as high as \$90

billion over 10 years. The advantages of personalized medicine in tandem with comparative effectiveness and HIT could achieve NPV savings as high as \$140 billion over 10 years.

Office of Recovery Act Coordination formed

The Department of Health and Human Services today announced the creation of the Office of Recovery Act Coordination. The Office will help ensure the timely, organized and transparent distribution of an estimated \$137 billion in Recovery Act Funds managed by the Department of Health and Human Services.

Dennis Williams will lead the new office and serve as HHS' Deputy Assistant Secretary for Recovery Act Coordination. Mr. Williams has served in the department for more than 20 years in offices including the Health Resources Services Administration and the Office of the Assistant Secretary for Management and Budget.

The Department of Health and Human Services has distributed \$3 billion in Recovery Act funds as of March 11, 2009, to support a variety of policies and programs including Community Health Centers and Medicaid.

To track the progress of HHS activities funded through the ARRA, visit www.hhs.gov/recovery. To track all federal funds provided through the ARRA, visit www.recovery.gov.

HHS report, website focus on health reform

Americans expressed serious concerns regarding health care in a new report released by the Department of Health and Human Services. The report, *Americans Speak on Health Reform: Report on Health Care Community Discussions*, summarizes comments from the thousands of Americans who hosted and participated in Health Care Community Discussions across the country and highlights the need for immediate action to reform health care.

The report is available on a new Web site dedicated to health reform: www.healthreform.gov. The Web site will allow Americans to share their thoughts about health reform with the Obama Administration.

eHealth News

CCHIT forms long term care task force

In an effort to provide broad provider, industry and government strategic guidance for its new Long Term Care Spectrum (LTCS) certification development, the Certification Commission for Healthcare Information Technology (CCHIT®) has assembled a special LTCS Advisory Task Force.

This volunteer task force, composed of representatives with skilled nursing facility, assisted living, home care, hospice, health information technology and public payer experience, will assist the Commission in assessing the current landscape and advising on the appropriate direction and scope of work for the LTCS Work Group. Members will deliver their recommendations to the Commission and the Work Group prior to the initiation of development work scheduled to begin in July 2009 for a certification program launch planned for July 2010. More information is available at www.cchit.org.

HHS releases health information security and breach guidance

The U.S. Department of Health and Human Services (HHS) published guidance on April 17 regarding technologies and methodologies to secure health information and prevent harm by rendering health information unusable, unreadable, or indecipherable to unauthorized individuals. The American Recovery and Reinvestment Act required publication of the guidance by April 18. This builds on the existing requirements of the HIPAA Privacy and Security Rules, which are unchanged.

The guidance issued today provides steps entities can take to secure personal health information and establishes the trigger for when entities must notify that patient data has been compromised. This guidance is related to “breach notification” regulations, which will be issued by HHS and the Federal Trade Commission respectively. The HHS regulations will apply to entities covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the FTC regulation will apply to vendors of personal health records and certain others not covered by HIPAA. The Recovery Act requires that these regulations be published within 180 days of enactment.

The guidance was developed through a joint effort by the HHS Office for Civil Rights (OCR), Office of the National

Coordinator for Health Information Technology (ONC), and Centers for Medicare & Medicaid Services (CMS). The guidance released today can be read by visiting www.hhs.gov/ocr/privacy.

The guidance issued this month must be updated annually but HHS may update and reissue it this year, after public comment is considered and at the same time HHS’s breach notification regulation is published.

FTC publishes proposed breach notification rule for electronic health information

The Federal Trade Commission announced that it has approved a Federal Register notice seeking public comment on a proposed rule that would require entities to notify consumers when the security of their electronic health information is breached.

The American Recovery and Reinvestment Act of 2009 (the Recovery Act) includes provisions to advance the use of health information technology and, at the same time, strengthen privacy and security protections for health information. Among other things, the Recovery Act recognizes that there are new types of Web-based entities that collect or handle consumers’ sensitive health information. Some of these entities offer personal health records, which consumers can use as an electronic, individually controlled repository for their medical information. Others provide online applications through which consumers can track and manage different kinds of information in their personal health records. For example, consumers can connect a device such as a pedometer to their computers and upload miles traveled, heart rate, and other data into their personal health records. These innovations have the potential to provide numerous benefits for consumers, which can only be realized if they have confidence that the security and confidentiality of their health information will be maintained.

To address these issues, the Recovery Act requires the Department of Health and Human Services to conduct a study and report, in consultation with the FTC, on potential privacy, security, and breach notification requirements for vendors of personal health records and related entities. This study and report must be completed by February 2010. In the interim, the Act requires the Commission to issue a temporary rule requiring these entities to notify consumers if the security of their health information is

eHealth News

breached. The proposed rule the Commission is announcing today is the first step in implementing this requirement.

In keeping with the Recovery Act, the proposed rule requires vendors of personal health records and related entities to provide notice to consumers following a breach. The proposed rule also stipulates that if a service provider to one of these entities experiences a breach, it must notify the entity, which in turn must notify consumers of the breach. The proposed rule contains additional requirements governing the standard for what triggers the notice, as well as the timing, method, and content of notice. It also requires entities covered by the proposed rule to notify the FTC of any breaches. The FTC can then post information about the breaches on its Web site, and notify the Secretary of Health and Human Services.

The Commission vote approving issuance of the Federal Register notice was 4-0. The notice will be published in the Federal Register shortly, and is available now on the FTC's Web site as a link to this press release. Public comments are being accepted through June 1, 2009, after which the Commission will issue a final interim rule. To file a public comment, please click on the following link: <https://secure.commentworks.com/ftc-healthbreachnotification> and follow the instructions at that site.



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