eHealth News from the NITC eHealth Council

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EHR adoption increases in Nebraska, U.S.

On January 13, the Office of the National Coordinator for Health IT released the following data on EHR adoption in the United States and Nebraska:

Acute Care Hospitals in U.S.

- According to the most recent results of the American Hospital Association's Survey of IT adoption, 15.1 percent of acute care non-federal hospitals have adopted at least a "basic" EHR. This represents growth of nearly 75% since 2008.

- In addition, 80.8 percent of acute care non-federal hospitals plan to apply for EHR incentive payments. Of those hospitals, 80.1 percent plan to apply in 2011 or 2012.

Acute Care Hospitals in Nebraska

- Approximately 9 percent (+/-4%) of acute care non-federal hospitals report having at least a "basic" EHR in place.

- Approximately 81 percent (+/-6%) plan to apply for EHR incentive payments.

Office-based Physicians in U.S.

- According to the most recent results from the National Center for Health Statistics Survey of IT adoption in physician practices, 24.9 percent of office-based physicians have adopted at least a "basic" electronic health record. This represents growth of nearly 50% since 2008.

- Growth in electronic health record adoption was strongest among primary care physicians last year, 29.6 percent of whom have now adopted at least a basic EHR.

- In addition, 41.1 percent of office based physicians plan to apply for EHR incentive payments. Of those physicians, 79.1 percent plan to apply in 2011 or 2012.

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Office-based Physicians in Nebraska

- Approximately 28 percent of office-based physicians have at least a "basic" EHR in their practices. The estimated adoption rate among primary care physicians is 27 percent.

- An estimated 44 percent of office-based physicians plan to apply for EHR incentive payments.

Sources/Notes

Hospital Source: American Hospital Association Information Technology Survey, 2008-2010. Physician Source: National Center for Health Statistics, National Ambulatory Medical Center Survey, 2008-2010.

"Basic" electronic health records are defined as electronic capability for managing: **Physicians:** Patient demographic information, patient problem lists, patient medication lists, clinical notes, orders for prescriptions, and viewing laboratory and imaging results; **Hospitals:** Patient demographic information, physicians' notes, nursing assessments, patient problem lists, patient medication lists, discharge summaries, lab and radiologic reports, diagnostic test results, and orders for medications. They are defined in the following sources: Physicians: Hsiao CJ, et al. Electronic Medical Record/ Electronic Health Record Systems of Office-based Physicians: United States, 2009 and Preliminary 2010 State Estimates Health E Stats. National Center for Health Statistics, Centers for Disease Control. Hospitals: Jha AK, et al. Use of Electronic Health Records in U.S. Hospitals. *N Engl J Med. 2009* 360;16

ONC approves Nebraska eHealth plans

The Office of the National Coordinator for Health IT (ONC) approved Nebraska's strategic and operational eHealth plans on Nov. 5, 2010. Nebraska is the 11th state to have its eHealth plans approved. The State of Nebraska and its subrecipients (NeHII, eBHIN, the Nebraska Statewide Telehealth Network, and the Nebraska Department of Health and Human Services Division of Public Health) are now beginning implementation activities. The state eHealth plans are available from the NITC's website (nitc.nebraska.gov). Plans will be updated annually.

eHealth Council will meet April 1

The eHealth Council will meet April 1 from 9:30 to 12:00 at Nebraska Educational Telecommunications, NET, 1800 N. 33rd St. and UNMC (Durham Research Center Room 1006).

E-Prescribing Work Group reconvenes

The eHealth Council has reconvened the E-Prescribing Work Group to make recommendations on e-prescribing goals and to further develop the state's e-prescribing strategies. The work group met on Nov. 30, 2010 and will meet again on Feb. 22, 2011 from 4:00 to 6:00 PM at Mahoney State Park. If you are interested in participating, please contact Anne Byers by e-mailing anne.byers@nebraska.gov or calling 402-471-3805.

Dr. Frankel honored by eHealth Initiative

Dr. Harris Frankel, President of the NeHII Board of Directors, received the eHealth Initiative (eHI) Physician Advocate of the Year Award on January 19, 2011. He was honored for his leadership and commitment to technological advancements leading to the implementation of NeHII. The award was presented during the Fourth Annual eHealth Conference and Awards held by the eHealth Initiative. Dr. Frankel championed the development of NeHII beginning in 2005 and led its pilot implementation in March 2009.

"Dr. Frankel's outstanding leadership and accomplishments exemplify the unique ability of physicians to effect significant positive change on behalf of their patients" said Jennifer Covich Bordenick, CEO of eHI.

NeHII implementing additional functionality

With funding from the State HIE Cooperative Agreement, NeHII is working to implement additional functionality which will help providers meet current Stage I and future meaningful use requirements.

In April 2010, MGMA (Medical Group Management Association) indicated that 99% of physicians surveyed were aware the federal government was offering incentives to encourage physicians to implement and use EHRs in a meaningful way. Dr. Leslie Spry thinks that NeHII or some other entity will be necessary to meet the upcoming demands of Meaningful Use. Dr. Spry said, "None of the systems that I have seen in any of the hospitals or any other vendors offers the connectivity that is needed to meet

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these new definitions. The platform on which NeHII is built at least offers the connectivity with the state and Omaha that is needed in Lincoln to try and meet this connectivity." Dr. Spry continued, "Having a populated database from which we can pick and choose the information we need in our office and then share that with other offices, hospitals, other health care providers, insurance companies, and pharmacies (including Pharmacy Benefit Managers) will be needed and I see NeHII as the logical platform on which to stair step your way into an electronic medical record that has as its core – connectivity."

NeHII is also working on establishing a connection to the Nationwide Health Information Network (NWHIN). NWHIN is creating the foundation for a nationwide health information exchange for accurate, appropriate, timely, and secure exchange of data that corresponds with a consumer and allows physicians and other providers the comprehensive health records and public health information that providers need to streamline the decision making and diagnostic care for their consumers and patients. The timely and expensive process of acquiring past patient data - for example tying VA health records to Medicaid in Iowa and an office visit at a participating NeHII Omaha hospital during an emergency room visit or at the point of patient care will be appreciated by providers at all service levels. These measures will drastically be improved by this initiative designed at bringing these data sources together seamlessly. Through a nationwide hub of network information exchanges including the NeHII information exchange, the health records can be exchanged by a variety of sources and allow ease of use and access for those initiating, maintaining, or determining treatment measures. The steps NWHIN is taking to create these data connections are improving quality of care, getting benefits to those in need with more expediency and cutting costs for all providers and consumers but not at the expense of compromising patient security and privacy measures.

Deb Bass and Chris Henkenius, NeHII's Program Director, maintain busy schedules, which in addition to managing NeHII operations, includes serving as featured presenters in Nebraska and throughout the U.S. at conferences and events. They are available for community presentations and may be contacted at 402-981-7664.

eBHIN prepares to go live in March

eBHIN (Electronic Behavioral Health Information Network) is developing a system to exchange behavioral health information, starting with a pilot in Southeast Nebraska. Over the last quarter, the eBHIN team has been finalizing the work to support the Network HIE "Go Live" scheduled for March 29th. The equipment needed to build the data center has been ordered and is in the process of set-up. The co-location and system administration contracts with Heartland Community Health Network (HCHN) are now in final stages of negotiation. Network participation agreements have been issued for the 13 participating behavioral health organizations. An important step in the process of adopting participation contracts is to finalize the operations manual and supporting policies. eBHIN obtained a copyright license to utilize the NeHII Operations Manual as well as the model Privacy and Security Policies to further development of eBHIN policies and procedures. These policies have been adapted for the eBHIN operating environment and the specialized procedures needed to support the "opt-in" approach to information exchange. A specialized authorization for release of information is in development in order to assure compliance with the special protections required for substance abuse record management. These releases will be utilized by all Network participants. eBHIN is working with a small group of consumers to advise on the content of descriptive brochures to help consumers understand how the authorization process works, as well as the potential benefits and risks of "opting In" to the HIE. These will be made available at the point of care as part of the authorization process.

Wide River TEC announces special pricing

Due to an overwhelming response last fall, Wide River Technology Extension Center (TEC) has decided to offer promotional pricing again. This special promotional pricing is only available until Friday, March 18, 2011.

Wide River TEC is offering services at no out-of-pocket cost to eligible practices. That means for each priority primary care physician (PPCP) who engages with Wide River TEC during this promotional period, the normal fee of up to

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$1,500 per physician will be waived. Eligible physicians could earn an incentive of up to $44k from Medicare or $64k from Medicaid, if eligible, for meeting meaningful use criteria.

To be eligible for this promotional pricing, the practice must meet all the required conditions available at http://www.widerivertec.org/home/promotionalpricing.aspx.   To obtain the official contract, please send an e-mail to info@widerivertec.org or call 402-476-1700.

Wide River TEC receives additional funding

On Feb. 8, 2011, Dr. David Blumenthal, national coordinator for health information technology , announced an additional $12 million in additional funding for 48 regional extension centers. Wide River Technology Extension Center received an additional $1,068,000 to help Nebraska's critical access hospitals (CAHs) and rural hospitals adopt and become meaningful users of certified health information technology.

Wide River TEC hosts forum and vendor lab

Wide River TEC is hosting its second E-Health Forum and Vendor Lab on Tuesday, March 8, 2011, at the Embassy Suites in La Vista - Omaha, Nebraska. This event offers Nebraska healthcare providers a personal, hands-on experience with a variety of leading vendors. It is designed to engage, motivate and educate attendees regarding meaningful use and the clinical value of using health information technology. The agenda and registration details are available at www.widerivertec.org. To be added to the Wide River TEC mailing list, go to www.widerivertec.org/home/subscribe.html.

For questions regarding this event, please contact Jennifer Rathman, Wide River TEC Communications Manager, at jrathman@widerivertec.org or 402-476-1700.

Metropolitan Community College cohort to receive health IT diplomas this month

Metropolitan Community College (MCC) is the recipient of a coalition training grant from ARRA/HHS to provide Health Information Technology training for the entire state of Nebraska. MCC launched its 100% online Health Information Technology (HIT) college credit program in September 2010. Currently MCC has had approximately 100 students participate in HIT courses with the first cohort scheduled to receive their specialist diploma this February. These students will be among the first in the nation to receive health IT specialist diplomas.

The HIT specialist diploma consists of a series of online college credit classes designed for incumbent workers in either the health careers or information technology fields. The specialist diploma can be earned in identified workforce roles after about six months of study with the successful completion of three courses each quarter (six courses in total).

Work force roles are:

Practice Workflow and Information Management Redesign Specialist. Workers in this role assist in reorganizing the work of a provider to take full advantage of the features of health IT in pursuit of meaningful use of health IT to improve health and care.

Implementation Manager. Workers in this role provide on-site management of mobile adoption support teams for the period of time before and during implementation of health IT systems in clinical and public health settings.

Implementation and Technical/Software Support Specialist. Workers in this role provide on-site user support for the period of time before and during implementation of health IT systems in clinical and public health settings. These individuals will provide support services, above and beyond what is provided by the vendor, to be sure the technology functions properly and is configured to meet the needs of the redesigned practice workflow.

In addition, workers in this role might be involved with maintenance of systems, including patching and upgrading of software. They might also provide one-on-one support,

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in a traditional "help desk" model, to individual users with questions or problems.

Health IT Trainer. Workers in this role design and deliver training programs, using adult learning principles, to employees in clinical and public health settings.

Classes begin each quarter with Spring quarter beginning March 9, 2011. HIT Grant Scholarship funds are available to pay 100% tuition and fees for those who qualify. Applications and additional information are available at www.mccneb.edu/hitp or contact Janee Pannkuk at jpannkuk@mccneb.edu or 402-457-2451.

Telehealth network strengthens infrastructure

Working with nearly $1.3 million in federal grant funding between 2008 and 2012, the Nebraska Statewide Telehealth Network (NSTN) has been able to strengthen the technological infrastructure of the Network. The NSTN has replaced aging and obsolete cameras with high definition equipment in 38 sites; expanded tele-emergency capabilities to nearly every hospital in Nebraska; implemented network monitoring software and in now beginning to implement peripheral equipment. This equipment will allow for clinical consults that require a stethoscope or otoscope as well as provide handheld cameras to tele-emergency sites for use in wound examination.

One of the most important technological upgrades may well be the expansion of telehealth to physician offices, allowing specialists to provide medical consultations directly from their own clinics to any site in Nebraska. The NSTN hopes that by placing equipment directly into these offices, specialists will begin to incorporate telehealth into their culture, seeing the telehealth patient as just another patient to care for in the daily schedule.

During 2010, as part of the effort to enhance decision making capabilities, the NSTN expanded the Governing Committee to include representation from hospitals, health departments and mental health centers across the state. The new Committee provides a better cross section of members, helping to ensure that those the NSTN serves have a voice in its destination. In addition, several member sites

were added, including the Nebraska Department of Health & Human Services.

The NSTN is engaged in number of projects to move the network forward. The NSTN continues to work with Public Service Commissioner and USAC Board Member Anne Boyle and the FCC to permanently grandfather sites at risk of losing funding. Governing Committee members have entered into formal discussions with the Veterans Administration to determine the best ways to connect these networks to better serve veterans who are sometimes hundreds of miles away from the nearest VA facility. The goal of these discussions is for Nebraska to serve as a beta site for a structure that can be replicated nationwide. Trauma coordinators across the State are discussing how tele-emergency may improve a trauma patient's clinical outcomes. The NSTN continues to consider alternate formal structures that may enhance the ability to remain financially stable and even move towards greater financial independence. And, meetings are taking place with surrounding states to look at regionalization opportunities and the strength regionalization will provide, which really is the future. The nation doesn't need silos.

The NSTN is a vehicle that has the potential of changing the way care is delivered, helping Nebraska to continue supporting the rural way of life.

eHealth Council sets 2011 goals

The eHealth Council has set 2011 goals related to the implementation of Nebraska's State HIE Cooperative Agreement. The goals can be found on the following pages.

The eHealth Council will monitor progress in achieving these goals. E-Prescribing goals will also be monitored by the E-Prescribing Work Group. Through a recent agreement between SureScripts and the Office of the National Coordinator, states will receive quarterly data on e-prescribing utilization to assist in monitoring progress.

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Nebraska 2011 eHealth Goals

Connectivity Goals—2011	Baseline—2010	Target—End of 2011
Hospitals	**NeHII** 15 hospitals 13% of Nebraska hospitals 39% of hospital beds	**NeHII** 21 hospitals 22% of Nebraska hospitals 45% of hospital beds **eBHIN** 1 hospital
Providers	**NeHII** 1,288 total users, including physicians, mid-levels, nurses, pharmacists, and staff 500 Physician and Physician Extenders out of 4,266 in state 12% of physicians and physician extenders	**NeHII** 2,000 total users, including physicians, mid-levels, nurses, pharmacists, and staff 900 physicians and physician extenders out of 4,266 in state 21% of physicians and physician extenders **eBHIN** 776 providers out of 3,929 behavioral health providers 20% of behavioral health providers
Health Plans	1 health plan (BlueCross BlueShield of Nebraska) currently participates	1 health plan **Note:** By mid-2011, Nebraska's Medicaid program will have submitted its State Medicaid HIT Plan. The plan will include recommendations on how Nebraska Medicaid will participate in health information exchange.
Lab Connectivity Goals	**NeHII** 0 out of six independent reference labs 10 hospital labs out of 90 hospital labs 10% of 96 hospital and major independent reference labs	**NeHII** 1 out of six independent reference labs 21 hospital labs out of 90 hospital labs 21% of hospital and independent reference labs **eBHIN--**N/A. eBHIN will most likely go through

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Public Health Goals	Baseline—2010	Suggested 2011 Target
# of providers submitting data to the immunization registry	238	An increase of 20% to 286
# of labs submitting data to NEDSS	12	An increase of 30% to 16
# of hospitals submitting data to the syndromic surveillance system	6	16

E-Prescribing Goals—2011	Baseline--End of 2009	End of 2011
Pharmacists	78% of community pharmacists activated for e-prescribing	90% of community pharmacists activated for e-prescribing
Physicians/ Prescribers	11% of physicians in Nebraska routed prescriptions electronically	50% of physicians in Nebraska routing prescriptions electronically

Nebraska Medicaid Program will conduct EHR Incentive Program survey

The Nebraska Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care will be conducting a survey of Health Information Technology as part of planning efforts to implement the Medicaid Electronic Health Record EHR Incentive Program. The survey is focused on obtaining information from Eligible Professionals and Hospitals and will be available for completion from February 15, 2011 through March 8, 2011. Visit the Medicaid Electronic Health Record (EHR) Incentive Program web page, located at: http://www.dhhs.ne.gov/med/EHR.htm to participate and obtain additional program information.

Doctors and patients support health IT

Doctors and patients overwhelmingly agree on key requirements for information technology (IT) to increase the quality, safety, and cost-efficiency of care, as well as core privacy protections, according to a national survey released Jan. 31, 2011 by the Markle Foundation.

The Markle Survey of Health in a Networked Life found that:

- Among the doctors, **74 percent** would prefer computer-based means of sharing patient information with each other. (Only 17 percent of doctors predominantly use such means today.)

- Nearly half (**47 percent**) of the doctors would prefer

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computer-based means of sharing records with their patients. (Only 5 percent do so today.)

- Yet **74 percent** of doctors said patients should be able to share their information electronically with their doctors and other practitioners.

- Among the public, **10 percent** reported currently having an electronic personal health record (PHR)—up from 3 percent who reported having one in Markle's 2008 survey.

- Roughly 2 in 3 of both groups (**70 percent** of the public and **65 percent** of the doctors) agreed that patients should be able to download their personal health information online.

- **70 percent** of the public said patients should get a written or online summary after each doctor visit, but only 36 percent of the doctors agreed. (Only 4 percent of doctors say that they currently provide all their patients a summary after every visit).

- Majorities of **70 percent to 80 percent** of both patients and doctors support privacy-protective practices, such as letting people see who has accessed their records, notifying people affected by information breaches, and giving people mechanisms to exercise choice and correct information.

- Majorities (**65 percent of the public and 75 percent of doctors**) agreed that it's important to have a policy

against the government collecting personally identifiable health information for health IT or health care quality-improvement programs.

- If there are safeguards to protect identity, however, **at least 68 percent of the public and 75 percent of the doctors** expressed willingness to allow composite information to be used to detect outbreaks, bioterror attacks, and fraud, and to conduct research and quality and service improvement programs.

- Large majorities of the public (**75 percent**) and the doctors (**73 percent**) said it will be important to measure progress on improving health care quality and safety to ensure the public health IT investments will be well spent. Both groups (each at **69 percent**) agreed on theimportance of specific requirements to improve the nation's health in areas like heart disease, obesity, diabetes, and asthma.

- Many are unaware of the health IT incentives: **85 percent** of the public and **36 percent** of doctors describe themselves as not very or not at all familiar with the health IT incentives program, which makes subsidies available for doctors and hospitals to increase use of information technology.

Knowledge Networks conducted the surveys between August 10 and 26, 2010.

Results are available at www.markle.org .

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