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Health IT adoption in Nebraska advances

This week is National Health IT Week. Co-sponsored by CHIME and HIMSS, the week includes several activities to raise awareness of health IT. Nebraska is well-positioned to enjoy the benefits of health IT. Much has been accomplished over the past year. The coming year promises to bring us even closer to achieving our goal of improving patient care and increasing efficiency by providing complete patient information at the point of care.

NeHII has expanded to over 1800 users across the state and now includes data on nearly 1.9 million individuals, making NeHII one of the largest and most comprehensive health information exchanges in the country. NeHII is working on additional functionalities. NeHII and the Nebraska Department of Health and Human Services Division of Public Health have been working on exchanging immunization data. The exchange of laboratory test results is another area in which NeHII is taking an innovative approach. NeHII is planning a pilot to exchange lab data using the DIRECT protocol later this year. NeHII has also been exploring cost-effective options for connecting Critical Access Hospitals.

Nebraska is also a leader in the exchange of behavioral health information. eBHIN has gone live with 11 behavioral health practices in Southeast Nebraska. The practices are utilizing the NextGen EHR to enter data and upload to the State's Administrative Services Organization for registration and service reimbursement. It is anticipated that these organizations will be exchanging the Shared Behavioral Healthcare Summary Record through the HIE applications by the end of the year.

Recently, Panhandle Mental Health Center received a grant for \$900,000 for expansion of the eBHIN Network throughout the Region I service area over the next three years. They will begin implementation of the electronic practice

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management (EPM) applications immediately and will be added to the Behavioral Health HIE early next year. An additional 8 sites will participate with the ability to refer and look-up patient records across Regions.

NeHII and eBHIN have developed an innovative method for managing consent and authorization to allow for the exchange of behavioral health information with patient consent, laying the foundation for statewide health information exchange.

Wide River Technology Extension Center is working with hundreds of primary care providers to achieve meaningful use of electronic health records. U.S. Department of Health and Human Services Secretary Kathleen Sebelius recognized Wide River Technology Extension Center this week during the HHS Consumer Health IT Summit for signing up nearly all rural primary care providers in the state.

As of August, 79 Metropolitan Community College students had completed a health IT certificate program, placing Metropolitan Community College among the top 15% of participating community colleges in the number of students receiving certificates.

Thank you to all of those who have worked so enthusiastically and tirelessly over the past few years to advance health IT and health information exchange in Nebraska.

NeHII expansion includes focus on security/privacy and Critical Access Hospitals

by Deb Bass

Many have heard me mention my personal opinion that the greatest challenge to standing up health information exchange is the development of privacy/security policies to protect the information from outside hackers and data breach, yet allow for the flow of ePHI to improve safety and enhance quality care for all. I have vivid memories of the hours the NeHII team spent developing our policies to manage the privacy and security of the data while allowing those who were providing treatment and/or payment ser-

vices electronic access. After nearly three years of endless discussion and debate I am confident our policies stand true to the intent for which they were developed and we have been recognized nationally for the work we have done. More than 15 states and RHIOs are using our policies as template to develop their own. The state of Arkansas recently credited NeHII for the privacy and security policies we shared and at no cost to them. As we continue to debate the many ever evolving questions surrounding HIP-PA's minimum necessary, technical or policy solutions, episodes of care etc., I am confident NeHII has assembled the best minds in the industry to address the many issues and concerns and move us forward into the next generation of HIE where we can begin to address claims history, payment processing and look for improvement in business processes in the administrative areas of healthcare and drive to standards of care using data analytics. We are anxious to work with Medicaid to enable eligibility verification and then enhanced claims status and other supportive information to be available to those that are waiting for answers. We are only beginning to understand what this healthcare transformation will mean to the everyday consumer, but I am confident there will be endless opportunities to demonstrate value from the availability of free flowing health information.

As NeHII is working to extend the statewide health information exchange to the Critical Access Hospitals across Nebraska, I have been reminded of the value those facilities deliver in the rural communities across the state. Many are the lifeblood of the community, not only delivering healthcare to their populations but also providing jobs and a sense of community pride. You can witness the impact of the hospitals and clinics displayed by those who are happy to provide tours as we greet them at their facilities. I try to emphasize the bi-directional flow of health information through health information exchange and what that free flow in both directions means to them – not only are they able to send their health information on to the physician at the facility where the patient is being transferred, but they will also be able to get the information BACK to their facility once the patient has been discharged from the larger

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health system. When given the option of leaving home communities and the care of people they know as neighbors and friends to go to the larger health systems in a city a distance away or staying in their home community, many patients might prefer to stay close to home. With health information exchange capabilities and telehealth services NeHII is eager to explore the necessity of having to transfer the many patients that we do. What a difference it might make to the CAH to keep even 5% of those referrals in their hospital.

Wide River TEC announces new blog

Wide River TEC is excited to announce a new blog, *The Wide River Current*. This launch coincides with [National Health IT Week](#), (September 12-16). This week celebrates comprehensive health care reform, which is not possible without system-wide adoption of health information technology, which improves the quality of healthcare delivery, increases patient safety, decreases medical errors, and strengthens the interaction between patients and healthcare providers.

Visit [The Wide River Current](http://widerivertec.wordpress.com) at <http://widerivertec.wordpress.com>.

Conference focuses on EHR education

It's time to register for the Oct 12, *Electronic Health Record Education: Building a Tech-Savvy Workforce* conference at the Embassy Suites Hotel in Lincoln, Nebraska. Our goal is to bring educators and health professionals together to learn about ways to address today's challenges in preparing health professionals and staff to use electronic health records (EHRs) in accordance with Meaningful Use standards set by the Office of the National Coordinator for Health Information Technology (ONC). The University of Nebraska is coordinating the Wide River Technology Extension Center's (TEC) Workforce Development Initiative which includes the Electronic Health Record (EHR) Curriculum Development Awards and the Electronic Health Rec-

ord Education conference. For more information and to register online, view the conference website, <http://ehr-edconf.unl.edu/>

Wide River TEC EHR curriculum development awards announced

Wide River Technology Extension Center (TEC) and The University of Nebraska Public Policy Center are pleased to announce 10 new awardees for Round 2 of the Wide River TEC Electronic Health Record Curriculum Development Awards. As a component of the Wide River Technology Extension Center's (TEC) grant to promote adoption of electronic health records in Nebraska, a total of 17 faculty members at post-secondary institutions in Nebraska will receive awards this year to incorporate electronic health records into their curricula. Seven awardees were announced earlier this year. There is a growing need to train health professionals, students and staff to implement and meaningfully use EHRs. Wide River TEC, with funding from the Office of the National Coordinator for Health Information Technology, has contracted with the University of Nebraska Public Policy Center to coordinate the Workforce Development Initiative. This initiative includes the curriculum development awards and upcoming Oct 12, Electronic Health Record Education: Building a Tech-Savvy Workforce conference.

In January and May 2011, educators affiliated with accredited post-secondary institutions in NE were invited to apply for up to \$3,000 to develop and teach an EHR-related curriculum (degree or non-degree leading course, training module, workshop, etc.) Awardees from both rounds expect to train over 900 health care professionals, staff or students within the first year.

The Wide River TEC EHR Curriculum Development award-ees for Round 2 are:

- Siti Arshad-Snyder, MSCSM, Clarkson College, will incorporate an EHR component into an existing 3-credit Project Design and Management (BU425) course beginning fall 2011.
- Kathleen Duncan RN, PhD and Christie Campbell-Grossman, RN, PhD, University of Nebraska Medical

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Center, College of Nursing Lincoln Division will incorporate EHR content into two sequential leadership courses required for first year BSN undergraduate nursing students.

- Gretchen Jopp, RHIA, CPC, Clarkson College, will revise and redesign a 2-credit hands-on EHR course in the Health Information Management department that will be available online to all healthcare students at Clarkson College.
- Donald LaFleur, BS, RDMS, RDCS, BryanLGH College of Health Sciences, will revised the required Ultrasound Physics and Instrumentation course to include modules on the functionality of PACS (picture archiving and communication systems) within an EHR, and Understanding Issues related to EHRs.
- Kim Leighton, PhD, RN, CNE, and Jodi Nelson, MSN, RN, CNE, BryanLGH College of Health Sciences, will integrate EHRs throughout the Patient Simulation Curriculum. Initially approximately 200 students and faculty will receive training though coursework offered by the Center for Excellence in Clinical Simulation.
- Michelle Rule, CPHIT, CPEHR, Metropolitan Community College, will develop a workshop to help nursing students develop an understanding of EHRs that can be applied directly to the clinical setting.
- Joni Schlitz, MS, RHIT, Central Community College, will update four existing Health Informatics courses by developing a separate hands-on EHR project for each course. The Health Informatics courses are targeted to students in Health Information Management, Medical Technology, Nursing, and Information Technology.
- Barbara Sittner RN, PhD, University of Nebraska Medical Center, College of Nursing-Lincoln Division, will make substantial revisions to integrate EHR content and Meaningful Use standards into a required graduate course titled, NRS804 - Health Systems Improvement and Innovation.
- September Stone RN, MSN, Nebraska Health Care

Association and the Nebraska Health Care Learning Center, will develop a workshop to be held early in 2012 that explores the process of incorporating computerized records in a variety of long-term care settings. Future plans are to offer training modules from the workshop on the NHCA website.

- Jacy VerMaas-Lee, MA, OTR/L, Kelly Nelson, PT, DPT, PCS, Cortni Krusemark, OTD, OTR/L, and Helene Lohman, OTD, OTR/L, Creighton University School of Pharmacy and Health Professions, will develop a website with learning modules which will contain a mock EHR and case studies pertaining to occupational therapy and physical therapy practice.

For more information on all aspects of Wide River TEC's Workforce Development Initiative, see the Curriculum Funding tab on the Wide River TEC web site (www.widerivertec.org) or contact Elizabeth Willborn (ewillborn@nebraska.edu).

eHealth Council and E-Prescribing Work Group meetings scheduled

The E-Prescribing Work Group will meet on Tuesday, Sept. 27 from 4:00 to 6:00 at Mahoney State Park. The eHealth Council will meet on Wednesday, October 5 from 9:30 to 12:00 at Mahoney State Park. For more information, contact Anne Byers, anne.byers@nebraska.gov.

MedlinePlus Connect links EHRs to health information

The National Library of Medicine (NLM) recently announced MedlinePlus Connect (<http://medlineplus.gov/connect>), a free service that allows electronic health records (EHR) systems to link patients and consumers to MedlinePlus (<http://medlineplus.gov>), an authoritative up-to-date health information resource for patients, families, and health care providers. MedlinePlus provides information about conditions and disorders, medications, and health and wellness.

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MedlinePlus Connect accepts requests for information on diagnoses (problem codes) and medications. NLM mapped MedlinePlus health topics to two standard diagnostic coding systems used in EHRs: ICD-9-CM and SNOMED CT CORE Problem List Subset. When an EHR submits a request to MedlinePlus Connect, the service returns the closest matching health topic as a response. MedlinePlus Connect also links EHR systems to drug information written especially for patients. For medication codes, MedlinePlus Connect accepts RXCUIs and NDCs. The service also conforms to the HL7 Context-Aware Knowledge Retrieval (Infobutton) Knowledge Request URL-Based Implementation specification.

MedlinePlus responds to problem code requests in either English or Spanish. Currently, it supports requests for drug information in English only. NLM has also added laboratory test responses to MedlinePlus Connect. And it will support an XML-based Web service.

Additional information can be found at the links below:

- Background and technical information at <http://medlineplus.gov/connect>
- Free email list at <http://www.nlm.nih.gov/medlineplus/connect/emaillist.html>
- Contact Us link <http://apps.nlm.nih.gov/medlineplus/contact/index.cfm>.

Surescripts announces upgrade, certification for e-prescribing controlled substances

Surescripts announced that it has upgraded its nationwide network to support electronic prescribing of controlled substances (EPCS). In addition to its deployment of the network upgrade, Surescripts has begun its initial certification of prescriber software vendors and pharmacy applications for EPCS. Certified vendors and pharmacies have, in turn, begun the initial deployment of EPCS in the United States. The deployment involves a select number of certified and audited vendors and their users located in states where EPCS is legal.

The announcement represents an important step in the industrywide collaboration between pharmacies, technology vendors, pharmacy benefit managers, Surescripts and other networks to plan and implement support for U.S. Drug Enforcement Administration and state pharmacy board rules.

For this initial deployment of EPCS, Surescripts is actively monitoring the end-to-end characteristics of EPCS usage. Aspects such as physician credentialing, workflows, processing times, quality and others are being actively monitored across the Surescripts network as well as for participating vendors, prescribers and pharmacies. At the completion of this initial monitoring period, which currently is planned to end later this year, Surescripts will make EPCS support available to all appropriately certified participants.

All software vendors and pharmacies must complete Surescripts certification and DEA-required third-party audits before connecting to the Surescripts network for EPCS. Surescripts will be supporting both of the DEA-recognized approaches to securely signing a prescription - i.e., supporting both public key infrastructure and the indication of a signing "flag." By establishing a framework by which prescribers can electronically prescribe controlled substances, the DEA provided a path for prescribers to manage all their prescriptions within an electronic workflow, rather than separate paper-, telephone- and fax-based methods for controlled substances and electronic processes for all other medications.

In order to electronically prescribe controlled substances, some of the major DEA requirements prescribers must adhere to include:

- Use of an e-prescribing application that is certified for this purpose.
- Completion of a compliant identity-proofing process.
- Use of a secure, two-factor authentication process to sign prescriptions for controlled substances.

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Campaign encourages consumer involvement Proposed rule would allow patients to access test results

Addressing the dangerous divide between the high quality of care the U.S. health care system is capable of delivering and the uneven quality that it actually delivers, the Robert Wood Johnson Foundation (RWJF) announced *Care About Your Care*, a month-long effort in September to increase awareness about what consumers can do to identify and receive better health care.

Convened by RWJF and supported by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) and Office of the National Coordinator for Health Information Technology (ONC), along with other national organizations and TV's Dr. Mehmet Oz, the initiative will galvanize attention about the state of health care quality and spark conversation about the steps Americans can take to improve their care.

The effort will shine a spotlight on local efforts to improve the quality of care that are gaining momentum across the country. These local efforts include: [Aligning Force for Quality](#), RWJF's signature program to lift the quality of care in 16 communities and provide models for national reform; the [Beacon Community Cooperative Agreement Program](#), HHS' program to develop secure, private, and accurate systems of electronic health record adoption in 17 communities; and AHRQ's [Chartered Value Exchange](#) program, made up of 24 community quality alliances.

A central component of the month-long effort will be a new Web site to launch September 1, www.CareAboutYourCare.org, which will include resources to help people better understand what quality care is, how they can find out more about the care provided by doctors and hospitals in their community, and how they can become more engaged patients.

HHS Secretary Kathleen Sebelius proposed [new rules](#) that would expand the rights of patients to access their health information through the use of health information technology (IT). Specifically, the new rules would empower patients and allow them to gain access to test results reports directly from labs. They would ensure that labs covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provide such information, upon request, directly to patients or their personal representatives.

The Notice of Proposed Rulemaking (NPRM), jointly drafted by the Centers for Medicare & Medicaid Services, the HHS Office for Civil Rights (OCR), and the Centers for Disease Control and Prevention, proposes to amend the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations and HIPAA privacy regulations to strengthen patients' rights to access their own laboratory test result reports.

For more information about the proposed amendments to the CLIA and HIPAA Privacy regulations, please visit https://www.cms.gov/apps/media/fact_sheets.asp.

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



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