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# eHealth News from the NITC eHealth Council

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**Dr. Todd Sorenson** graciously gave participants in the Nebraska State HIE Cooperative Agreement a tour of Regional West Medical Center—including the helipad

## ONC site visit & NeHII Annual Meeting bring stakeholders together in Scottsbluff-Gering

The NeHII Annual Meeting was held on July 24 at the Gering Civic Center in Gering. The meeting, hosted by Dr. Todd Sorenson, CEO of Regional West Medical Center, drew more than 60 attendees from Wyoming, Colorado, and Nebraska. The meeting's keynote speakers included Marty Fattig, CEO Nemaha County Hospital, member of the HIT Policy Committee for Meaningful Use Workgroup; Brett Andriesen, ONC Project Officer for Nebraska; and Tim Breaux, VP, Clinical Cost, Quality & Access Government Solutions, Optum.

The first NeHII Annual HIT Visionary Award was presented to Steven Martin, President and CEO of Blue Cross Blue Shield for Nebraska, from Dr. Harris Frankel. Martin has been a key contributor and supporter of a state-wide health information exchange from 2005 when discussions to form a state-wide exchange first began.

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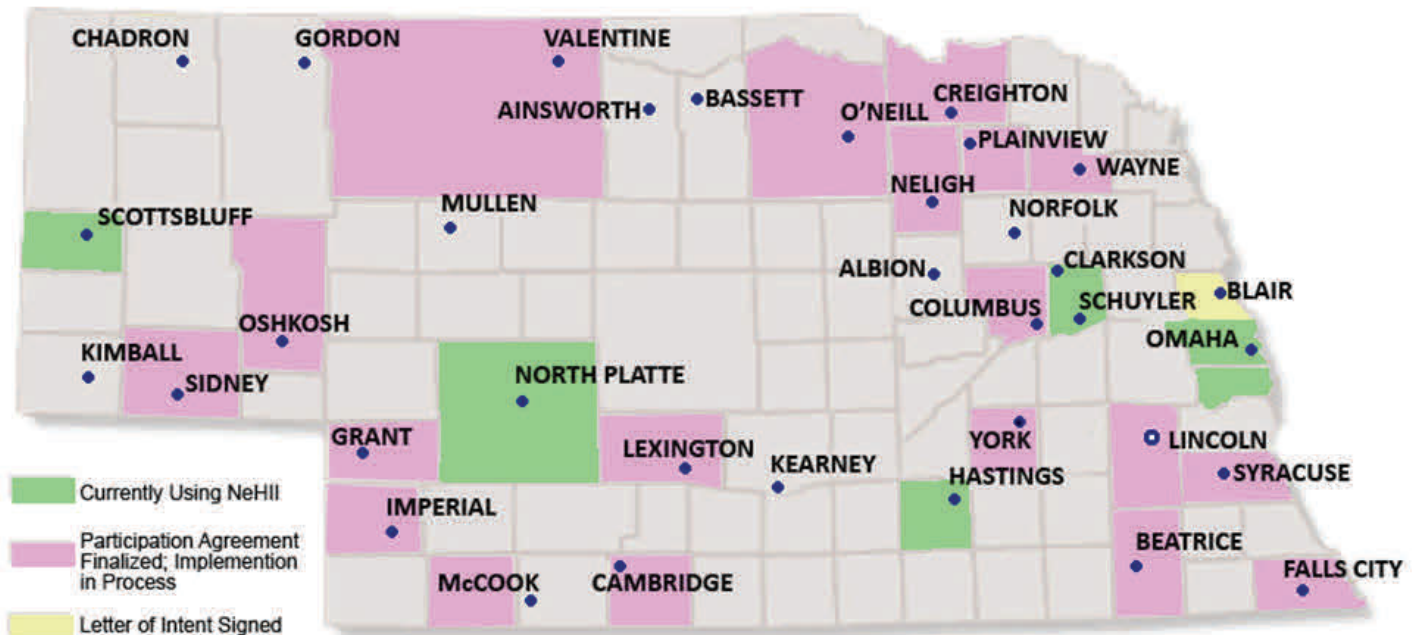
On July 24-25, Deb Bass from NeHII; Wende Baker from eBHIN; and Marsha Morien, Don Klepser, and Gary Cochran from UNMC met with ONC Project Officer Brett Andriesen and Brendan Boerbaitz, a consultant from Deloitte, as part of a site visit for the Nebraska State HIE Cooperative Agreement. Highlights of the site visit included a tour of Regional West Medical Center by Dr. Sorenson and a visit to Region I Behavioral Health Authority.

## State eHealth plans updated

Nebraska's strategic and operational health plans have been updated. The updated operational plan includes the state's privacy and security framework, sustainability plan, project management plan, evaluation plan, and measures for tracking program progress. The strategic plan includes the state's vision, guiding principles, goals, and objectives. Sections on the HIE landscape, EHR adoption, e-prescribing, structured laboratory results, summary care record exchange, and the exchange of public health data have been updated. The revised plans are available from [www.nitc.nebraska.gov](http://www.nitc.nebraska.gov).

## NeHII adds physicians, hospitals

**NeHII Implementation Status.** NeHII continues to add physicians, health care providers, and hospitals. Over 2,000 physicians and health care providers are using NeHII to access patient health information, with over 150 physicians signing participation agreements in the first quarter of 2012, 70 in the second quarter, and 105 in the third quarter. Regional West Medical Center joined NeHII in 2012. Additionally, Columbus Community Hospital, York General Hospital and Sidney Regional Medical Center have begun the implementation process to join NeHII. Other participating health systems and hospitals include Alegent Health, Children's Hospital and Medical Center, Methodist Health System, The Nebraska Medical Center, Mary Lanning Memorial Hospital (Hastings), Creighton University Medical Center, Great Plains Regional Medical Center (North Platte). An additional 20 hospitals (17 in Nebraska and 3 in Iowa) have signed participation agreements to join NeHII. When all of these hospitals have completed the implementation process, approximately two-thirds of the state's hospital beds will be covered by NeHII. The map below shows NeHII implementation status as of July 2012:



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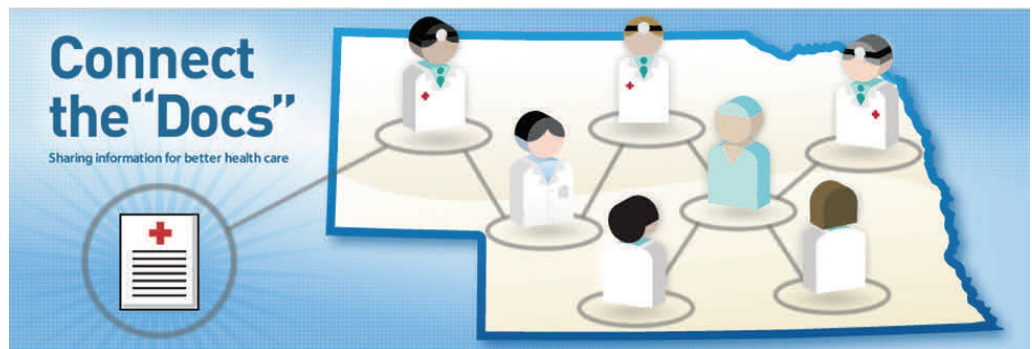
## Prescription Drug Monitoring Program Functionality.

In 2011, Governor Heineman signed LB 237 which authorized the Nebraska Department of Health and Human Services to collaborate with NeHII to establish a prescription drug monitoring program. NeHII's functionality allows physicians to view a patient's medication history and other clinical information through NeHII's Virtual Health Record, enabling physicians to more safely prescribe controlled substances. Nebraska's approach to establishing a Prescription Drug Monitoring Program reflects Nebraska's relatively low drug overdose death rate. Nebraska's drug overdose age-related death rate per 100,000 people in 2008 was 5.5, the lowest rate in the country compared to the highest at 27. Nebraska also ranks lowest in rate of non medical use of prescription pain killers and 3<sup>rd</sup> lowest in the kilograms of prescription pain killers sold. Only Illinois and the District of Columbia had lower rates in amounts sold. Nebraska's Prescription Drug Monitoring Program is focused on improving patient care and **is not** accessible by law enforcement officials. Participation by physicians and other health care providers is voluntary. The MITRE organization is working with NeHII, Mary Lanning Memorial Hospital, EPOWERdoc and the State Public Health team to implement a PDMP pilot with Mary Lanning Memorial Hospital using single sign-on functionality between the EHR and HIE to signal possible drug seeking activities to physicians. The pilot is on schedule for a September go-live. Alegent Health, COPIC and NeHII will be sponsoring a PDMP CEU program on October 8th, 2012 at the McAuley Center on Alegent Health's campus. The PDMP CEU program's goal is to provide physicians with tools to identify and manage potential drug seekers in the clinic and ED settings.

**Immunization Registry.** NeHII and the Nebraska Department of Health and Human Services Division of Public Health have been working to exchange data between

NeHII and the State's immunization registry (NESIIS). Bidirectional exchange between NeHII and NESIIS is expected to be operational in the fourth quarter of 2012.

**Consumer Campaign.** NeHII has launched a new consumer campaign using Connect the "Docs" as the theme. The campaign includes a consumer website (<http://www.connectnebraska.net/>), Youtube video (<http://www.youtube.com/watch?v=vLqi7-jD4N8>), consumer brochure, and public service announcements.



**NeHII's consumer education campaign—Connect the "Docs"—provides an easy-to-understand description of health information exchange.**

## eBHIN HIE goes live

The Electronic Behavioral Health Information Network (eBHIN) has gone live with its health information exchange functionality in Region 5 in Southeast Nebraska. eBHIN is one of the nation's first health information exchanges focusing on the exchange of behavioral health information. As of Sept. 17, ten out of the fifteen Region 5 sites had begun using the HIE functionality. Sites in Region 1 in the Panhandle and Region 6 in the Omaha area will begin going live with the HIE functionality as early as November 2012. Regions 2, 3 & 4 have received a HRSA planning grant to determine the resources needed to participate. These regions will consider participation based on costs and logistics identified on the planning process.

eBHIN provides shared record exchange across treatment settings, closed loop referrals, wait list management and interim services tracking, medication reconciliation, and

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aggregate reporting at provider, region and state levels. eBHIN is also working with NeHII to utilize Direct secure messaging to exchange information—with patient consent—between behavioral health and medical providers.

## UNMC study examines barriers to pharmacy participation in e-prescribing

As part of the evaluation of the Nebraska State HIE Cooperative Agreement, a team of researchers at UNMC conducted a telephone survey of Nebraska community pharmacies which were identified by Surescripts as not accepting e-prescriptions.

Of the 23 participants, 10 (43%) reported planning to implement e-prescribing sometime in the future. Nine participants (39%) reported no intention to e-prescribe in the future citing startup costs for implementing e-prescribing, transaction fees and maintenance costs, happiness with the current system, the lack of understanding about e-prescribing's benefits and how to implement e-prescribing. Four participants were already e-prescribing.

The barriers to e-prescribing identified by both late adopters and those not willing to accept e-prescriptions were similar and were mainly initial costs and transaction fees associated with each new prescription. The findings also suggest that local competition and physician demand are likely important drivers for pharmacies to begin accepting e-prescriptions, regardless of financial or other concerns. Pharmacies who expressed a willingness to begin accepting e-prescriptions were more likely to have a local e-prescriber (70% vs. 44%) and/or have a local competitor pharmacy already accepting e-prescriptions (50% vs. 22%) compared to pharmacies who do not plan to accept e-prescriptions.

The UNMC research team who conducted the study includes Lina Lander, ScD; Donald G. Klepser, PhD; Gary L. Cochran, PhD; Daniel Lomelin, BS; and Marsha Morien, MSBA.

## E-Prescribing in Nebraska grows

E-prescribing in Nebraska continues to grow. As of July 2012, 3,165 prescribers including 2,331 MDs were e-prescribing. This is up from 1,399 e-prescribers in Jan. 2011. The following table shows the growth in prescribers between Jan. 2011 and July 2012.

Month and Year	Total E-Prescribers	MDs Prescribing
Jan. 2011	1,399	1,006
July 2011	2,277	1,769
Jan. 2012	2,595	1,979
July 2012	3,165	2,331

Pharmacy participation in e-prescribing is also growing, although at a slower rate. In July 2012, 403 Nebraska community pharmacies were activated for e-prescribing, up from 363 in Jan. 2011. Approximately 94% of Nebraska community pharmacies can now receive e-prescriptions. The following table shows the growth in pharmacy participation between Jan. 2011 and July 2012.

Month and Year	Pharmacies on Surescripts Network
Jan. 2011	363
July 2011	377
Jan. 2012	400
July 2012	403

## Wide River TEC plans conference Oct. 30

Wide River TEC will hold its fall conference, **Advancing HIT in Nebraska**, on Tuesday, October 30, 2012, at the Holiday Inn Convention Center in Kearney, Nebraska. The goal of the **Advancing HIT in Nebraska** conference is to improve the quality of healthcare available in the state's communities by exploring the continued use and implementation of health information technology solutions. The event seeks to inform participants about the advances be-

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ing made in HIT in Nebraska through peer-lead discussions, presentations by industry leaders and one-on-one vendor opportunities.

The agenda will include items such as:

- A panel of NE healthcare providers and facility leaders will share their strategies for full-year Meaningful Use reporting
- Nebraska's HIE Success Story
- Updates from Nebraska Medicaid
- Special breakfast session on Stage 2 Meaningful Use
- User Groups sessions
- Numerous HIT and EHR vendors

Additional information is available at [www.widerivertec.org](http://www.widerivertec.org).

## Wide River TEC Center assists 192 eligible providers in attesting to Meaningful Use

Wide River Technology Extension Center is currently working with 1,065 eligible primary care providers to help them adopt, implement, or upgrade certified EHR technology and demonstrate Meaningful Use. Over 800 of these eligible primary care providers are at go-live, and 192 have attested to Meaningful Use. Wide River TEC is also working with 54 Critical Access hospitals. Twenty-seven of these Critical Access Hospitals are at go-live, and 15 have attested to Meaningful Use.

Wide River TEC also provides information on the use of EHRs through webinars, conferences (see the article above), and its blog--the Wide River Current (<http://widerivertec.wordpress.com>).

## Providers receive EHR incentive payments

Since the Nebraska Medicaid program launched the EHR incentive program, nearly \$12 million in incentive payments has been paid to Nebraska providers. Here is the breakdown (as of Sept. 14, 2012):

- \$2,018,750.00 has been paid to EPs (95)
- \$9,949,660.63 has been paid to EHs (27)
- In total, \$11,968,410.63 has been paid in Nebraska EHR Medicaid Incentive payments

Additionally, 414 Medicare providers in Nebraska have been paid a total of \$23,952,985 (as of July 2012).

## Metropolitan Community College expands health IT program to full associate degree

Metropolitan Community College's funding for a health IT certificate program through the Office of the National Coordinator's Community College Consortium grant program ends on Sept. 30, 2012. Since the program began two years ago, 561 total students have enrolled. Over 313 students had completed the program as of late August with another 50 expected to complete the program by Sept. 5. The program will be expanded to a full associate degree.

## ONC Dashboard details health IT adoption

The Office of the National Coordinator for Health Information Technology (ONC) has launched a new [Health IT Dashboard](http://dashboard.healthit.gov) (<http://dashboard.healthit.gov>). The new web content presents some of the initial results from ONC's research and monitoring into patterns of health care provider adoption and use of electronic health records (EHR). Metrics for the State HIE program will be available later this year.

## ONC releases security training game

ONC's Office of the Chief Privacy Officer announced the release of its first Web-based security training module, CyberSecure: Your Medical Practice. The security training module, which was developed with the assistance of the Regional Extension Center Program's Privacy and Security Community of Practice, uses a game format that requires users to respond to privacy and security challenges often

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faced in a typical small medical practice. The security training game can be found at [www.healthit.gov/providers-professionals/privacy-security-training-games](http://www.healthit.gov/providers-professionals/privacy-security-training-games)

## eHealth Council, e-Prescribing Work Group Meetings scheduled

The eHealth Council will meet Oct. 19 from 1:30 to 4:00 p.m. in Lincoln. The E-Prescribing Work Group will meet on Oct. 24 from 4:00 to 6:00 p.m. at Mahoney State Park. For more information, contact Anne Byers, 402 471-3804 or [anne.byers@nebraska.gov](mailto:anne.byers@nebraska.gov).

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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](mailto:anne.byers@nebraska.gov).



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## Meetings/Events

eHealth Council	Oct. 19
E-Prescribing Work Group	Oct. 24
Nebraska Information Technology Commission	Oct. 29