

# eHealth News from the NITC eHealth Council

Oct. 2007

[www.nitc.nebraska.gov](http://www.nitc.nebraska.gov)

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## Nebraska News

### USDA telemedicine grants benefit Nebraska hospitals

Acting Agriculture Secretary Conner announced the selection of 78 grant recipients for USDA Distance Learning and Telemedicine grants totaling \$22.3 million in 31 states.

In Nebraska, **Faith Regional Health Services**, Inc. of Madison will use \$149,435 to benefit residents of Antelope, Holt, Knox, Madison and Pierce counties. Monies will make available wireless cardiac monitors for patients that are closely examined by hospital staff. Remote telehealth consults in areas of psychiatry, infectious disease, nephrology and other specialties will also be gained. Enhanced training opportunities through recording of conferences for viewing on demand will be made possible.

**Good Samaritan Hospital Foundation of Kearney** received \$116,952 that will help the residents of

Buffalo, Brown, Chase, Custer, Dawson, Dundy, Franklin, Furnas, Harlan, Holt, Kearney, Phelps, Red Willow, Rock, Valley and Webster counties of Nebraska as well as Jewell Norton, Phillips, and Smith counties of Kansas. Telemedicine equipment will be used for telepharmacy, forensic interviewing and Hispanic medical interpretation for 22 rural sites in the two states. These sites will be electronically linked to a regional hospital center in Kearney.

**Avera Health of Sioux Falls, SD** will utilize \$488,354 to assist residents in the states of South Dakota, Iowa, Minnesota and Nebraska. Holt county residents in Nebraska will benefit from this project. Telehealth and distance learning equipment will provide access to Telehealth Emergency Response services, electronic critical intensive care, teleradiology and additional/ upgraded videoconferencing equipment. Project consists of twenty-one end-user sites and six hubs.

Your Nebraska contact for information on the Distance Learning and Telemedicine Program is Andre Boening, (402) 543-2129 or [aboening@wdc.usda.gov](mailto:aboening@wdc.usda.gov).

## Meetings

### eHealth Council

Dec. 10, 1:30 to 4:30  
Lincoln and videoconferencing sites  
[www.nitc.ne.gov](http://www.nitc.ne.gov)

### Health Information Security and Privacy Committee

Nov. 16, 10:00 AM to 12:00 noon  
College of St. Mary, Walsh Administration Building,  
Second Floor Conference Room  
Phone Bridge: 402/472-6292

## National News

### State Alliance for eHealth approves recommendations

The NGA State Alliance for eHealth met on Aug. 15 and Oct. 3, approving recommendations from the

Alliance's three taskforces. The recommendations from the taskforce reports follow.

### **Health Information Protection Taskforce Report (August 15)**

**Recommendation 1.0:** The State Alliance should encourage states to recognize the certification of newly acquired electronic health record (EHR) applications and network components by the Certification Commission for Health Information Technology (CCHIT) or other certification body designated by the Secretary of the U.S. Department of Health and Human Services.

**Recommendation 1.1:** The State Alliance should encourage the President to call on the Secretary of the U.S. Department of Health and Human Services to designate a single, national certification body (such as CCHIT) for use by all relevant federal agencies, and require product and network certification for participants in all federally funded programs, grants, and contracts for newly acquired products or network components.

**Recommendation 1.2:** The State Alliance should encourage states to become engaged and provide input into the certification process by supporting the participation of State Chief Information Officers (CIOs), public program CIOs and state health IT coordinators (or equivalent-level personnel) in the CCHIT, HITSP, or similar federally-endorsed activities in order to ensure that the state perspective is incorporated, and to ensure applicability of the requirements in the state environment.

**Recommendation 2.0:** The State Alliance should encourage states to continue to (1) educate leaders of the executive and legislative branches on the importance of interstate alignment of privacy protections and (2) sustain efforts through financial and political support or other means, to reduce the variability of state privacy requirements within and across states, in a manner that ensures appropriate consumer protections are in place.

**Recommendation 2.1:** The State Alliance should call on the Executive Branch of the federal government to work with the Alliance to identify challenges in current federal statutory and regulatory requirements (such as HIPAA, FERPA, 45 CFR Part 2, Federal Medicaid regulations, CLIA, etc.) and create mutually acceptable solutions that would allow for alignment of these

requirements as they relate to the privacy and security of health information and health information exchange.

The report is available at

<http://www.nga.org/Files/pdf/0708EHEALTHREPORT.PDF>.

### **First Health Care Practice Taskforce Report (August 15)**

**Recommendation 1.1:** The State Alliance for e-Health should recommend that state medical, nursing, and pharmacy boards work to implement online licensure applications.

**Recommendation 1.2:** The State Alliance for e-Health should recommend that all state nursing and pharmacy boards develop common core licensure application forms, and state medical boards adopt the [Federation of State Medical Board's] Common Licensure Application Form (CLAF). Individual states may include state specific requirements.

The report is available at

<http://www.nga.org/files/pdf/0708EHEALTHHCPREPORT.PDF>.

### **Second Health Care Practice Taskforce Report (Oct. 3)**

**Recommendation 1.3:** The State Alliance should recommend that each health care professional board (e.g., nursing, medicine, pharmacy) develop, with its counterparts in other states, a nationwide core set of credentialing requirements that their respective health professionals would have to meet in order to obtain a license. Individual states may include state specific requirements in addition to the core requirements.

**Recommendation 1.4:** In order to reduce and/or eliminate the need for repeated primary source verification, the State Alliance for e-Health should recommend the governors require their medical, pharmacy, and nursing regulatory boards utilize a single centrally coordinated credentials verification organization (CVO) for each profession to conduct the primary source one-time only verification of license applicants' static credentials (e.g. professional school graduation) and update and maintain the verification of dynamic credentials (e.g. licensure status).

**Recommendation 1.5:** The State Alliance should recommend that all state boards require that applicants for initial professional state licensure must

undergo state and federal criminal background checks prior to obtaining a license. These background checks may be conducted periodically thereafter.

**Recommendation 1.6:** The State Alliance should recommend that all Health Care Practice Taskforce recommendations, as applicable, be used as a model for other licensed health care professionals, (e.g. physical therapists) contingent upon verification that there are no unique requirements applicable to those professions.

The report is available at

<http://www.nga.org/Files/pdf/0710EHEALTHHCPREPORT.PDF>.

## Health Information Communication and Data Exchange Taskforce Report (Oct. 3)

**Recommendation 1.0 (Approved in principal, will be reworked):** The State Alliance should direct NGA to provide states guidance for the development of executive orders and direct NCSL to provide guidance related to legislation. Relative to public programs, components should, at a minimum, include:

- A set of specific objectives for Medicaid/SCHIP participation in eHIE, particularly as it relates to quality, transparency, and cost containment;
- Procedures for designing an eHIE roadmap;
- Indemnity;
- Requirement that all state agencies adopt and utilize interoperable HIT;
- Consumer protections to ensure appropriate access to health data;
- Commitment to inclusiveness and diversity in eHIE activities amongst health care providers, payers, and consumers; and
- State procurement rules that enable fair and flexible innovations, require the adoption of interoperable HIT applications, and align with any state-wide eHIE/HIT policies.

**Recommendation 2.0:** Each state should develop or adopt a vision for state eHIE that leverages existing and planned public and private eHIE efforts and outline an eHIE roadmap by the end of 2008 that must be implemented by 2014. Components of the roadmap should, at the least, include how the state plans to (1) organize the implementation of eHIE in the state; (2) engage diverse stakeholders, including consumers, providers and payers; (3) develop and test exchange architectures incorporating existing and approved standards; (4)

build financial, political support, and legislative authority for eHIE development; (5) ensure consumer protections are in place; (6) train and sustain an eHIE-capable workforce; and (7) enable intrastate collaboration and data exchange.

**Recommendation 2.1 (Approved in principal, will be reworked):** In close coordination with ONC and other federal agencies (e.g. CMS), NGA should play a leadership role on behalf of all governors to facilitate the coordination of individual state roadmaps in the context of a national interstate eHIE strategy.

**Recommendation 3.0:** Governors should designate a single authority for the state to coordinate state government based eHIE implementation activities and work, in collaboration, with public/private eHIE efforts.

**Recommendation 4.0:** Governors and state legislatures should align to establish flexible financial mechanisms to support and ensure sustainable eHIE.

**Recommendation 5.0:** To successfully implement HIT and eHIE initiatives and to adopt MITA, state Medicaid agencies will require new technology, project management, policy, legal, consumer protection and programmatic competency development. Therefore, states should fund greater development of technical assistance resources for state Medicaid/SCHIP and information technology agencies to build workforce competency for eHIE.

**Recommendation 6.0:** State Medicaid agencies implementing electronic health record systems in the Medicaid program, should implement a standards-based personal health record function that is portable and includes appropriate privacy and other consumer protections. When available, state Medicaid programs should require use of certified electronic health records and networks with standards-based information exchange capabilities.

**Recommendation 6.1:** State Medicaid agencies should ensure portable, private and secure access to personal health information to their enrollees through HIT systems such as personal health records. The State Alliance should encourage states to provide human and financial resources to develop cultural and linguistic competency required to engage diverse Medicaid/SCHIP enrollees.

**Recommendation 7.0:** State Medicaid agencies should implement incentive programs and, or

reimbursement policies such as pay for participation, rate adjustment, case management, and quality pay for performance that will encourage provider adoption and use of HIT systems and participation in eHIE.

The report is available at

<http://www.nga.org/Files/pdf/0710EHEALTHHICDEREPORT.PDF>.

## HHS awards contracts for Nationwide Health Information Network

HHS Secretary Mike Leavitt announced the award of contracts totaling \$22.5 million to nine health information exchanges (HIEs) to begin trial implementations of the Nationwide Health Information Network (NHIN). These contracts will create a secure foundation for basic health information exchange between select HIEs upon which more complex functions will be possible over time.

Awardees include the following organizations, representing broad-based state and regional health information exchanges:

- CareSpark -- Tricities region of Eastern Tennessee and Southwestern Virginia
- Delaware Health Information Network -- Delaware
- Indiana University -- Indianapolis metroplex
- Long Beach Network for Health -- Long Beach and Los Angeles, California
- Lovelace Clinic Foundation -- New Mexico
- MedVirginia -- Central Virginia
- New York eHealth Collaborative -- New York
- North Carolina Healthcare Information and Communications Alliance, Inc. -- North Carolina
- West Virginia Health Information Network -- West Virginia

These contractors will participate in the NHIN Cooperative -- a collaborative to test and demonstrate the exchange of private and secure health information among providers, patients and other health care stakeholders.

HHS' Centers for Disease Control and Prevention is expected to announce contract awards in December, 2007, that will complement these efforts to further develop the NHIN. This joint work will ensure that health information exchanges using the

NHIN infrastructure can support the community-based activities of public health agencies.

Interim NHIN results will be shared through three public forums and other public demonstrations of real-time information exchange at the end of the first contract year (September 2008).

More details on these contracts are available at <http://www.hhs.gov/healthit>.

## eHealth Initiative unveils 'Blueprint' for Health IT

The eHealth Initiative released a consensus report on how the use of IT can enhance health care. The report, called "eHealth Initiative Blueprint: Building Consensus for Common Action," makes recommendations in five key areas:

- Engaging consumers;
- Transforming health care delivery;
- Boosting population health;
- Aligning financial and other incentives; and
- Ensuring privacy, security and confidentiality.

The report is available at

<http://www.ehealthinitiative.org/blueprint/>.

## State RHIO project examines governance and interoperability

The State Level Health Information Exchange Consensus Project has published a new preliminary report, *State Level Health Information Exchange: Roles in Ensuring Governance and Advancing Interoperability*. The report contains the following recommendations:

1. Standards and associated qualification criteria and methods for accrediting HIE entities should be developed related to both of the two primary organizational roles (governance and technical operations).
2. Each state should support and participate in a single state-level public-private entity that takes on a distinct state-level HIE governance role, affording it recognition and authority as appropriate, and enabling it to receive particular types of financial and nonfinancial benefits.
3. The state-level HIE governance role must include consensus-based implementation of HIE policies and practices, particularly related to

- privacy and security, that are consistent with state and federal laws.
4. States should designate a formal point of leadership and coordination within state government to facilitate HIE participation, investments, and strategies across the executive branch and agencies.
  5. States and state-level HIEs should work in concert and develop mechanisms to advance interoperability through the increased adoption of certified technology and other standards.

The report is available at [www.staterhio.org](http://www.staterhio.org).

## Kentucky develops eHealth Plan

Kentucky has published their state eHealth Action Plan. The plan is available at <http://ehealth.ky.gov/NR/rdonlyres/0AC2A0FA-86B9-40EC-AD7C-9873C7400D2C/0/eHealthActionPlan.pdf>.

## Microsoft launches HealthVault

Microsoft has unveiled HealthVault ([www.healthvault.com](http://www.healthvault.com)), a free ad-supported online health portal. The service allows people to upload their medical records to the Web and share their health information with health care providers.

## Milken Institute examines economic impact of chronic disease

*An Unhealthy America: The Economic Burden of Chronic Disease Charting a New Course to Save Lives and Increase Productivity and Economic Growth*, a new report by the Milken Institute, finds that the annual economic impact on the U.S. economy of the most common chronic diseases is more than \$1 trillion. The study also estimates the avoidable costs if a serious effort were made to improve Americans' health. State data is included.

The full report is available at <http://www.milkeninstitute.org/publications/publications.taf?function=detail&ID=38801018&cat=ResRep>.

State summaries are available at <http://www.chronicdiseaseimpact.com/>.

## Partnership for Value-driven Health Care publishes guides for purchasers

The Partnership for Value-driven Health Care has developed three guides to help purchasers support value-driven health care. Last February, the first guide was introduced: "The Purchaser Guide to Value-driven Health Care." Two additional Guides – "A Guide for State Employee Benefits Purchasers" and "A Guide for State Medicaid Agencies" – were released in May.

The reports are available at [http://www.leapfroggroup.org/news/leapfrog\\_news/Purchaser\\_Guide](http://www.leapfroggroup.org/news/leapfrog_news/Purchaser_Guide).

## Conferences

### 4th NHIN Forum: Trial Implementations

December 11-12, 2007  
Long Beach, California  
<http://www.blsmmeetings.net/nhinf/>  
<http://www.hhs.gov/healthit/healthnetwork/forums/>

### Building Sustainable Health Information Exchange: Roles for State Level Public-Private Partnerships

November 5-6, 2007  
Washington, DC  
<http://staterhio.org/conference/registration.asp>.

### Health Affairs Summit

Thursday, November 1, 2007  
Washington, DC  
<http://www.healthaffairs.org/summit.php>

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Check out the eHealth Clearinghouse at [www.nitc.ne.gov/eHc/clearing/](http://www.nitc.ne.gov/eHc/clearing/).

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