

eHealth Council

Oct. 31, 2013

1:30-3:30

Wells Fargo Building, 13th and O, 5th floor, Lincoln, NE

Tentative Agenda

Meeting Materials

1:30	Roll Call Notice of Posting of Agenda Notice of Nebraska Open Meetings Act Posting Approval of May 1, 2013 minutes* Public Comment
1:40	Provider Satisfaction Survey —Lina Lander, UNMC
2:00	Public Health Use Cases for HIE —Dr. Anne O’Keefe, Douglas County Health Department; Kathy Cook, Lincoln-Lancaster County Health Department, Michelle Hood, DHHS; Jennifer Roberts-Johnson, DHHS; Deb Bass, NeHII
2:30	Discussion/Updates on eHealth Topics <ul style="list-style-type: none">• Patient Engagement—Deb Bass, NeHII• Direct—Deb Bass, NeHII and Wende Baker, eBHIN• E-Prescribing of Controlled Substances
3:00	Membership <ul style="list-style-type: none">• Max Thacker* Action Items for NITC Statewide Technology Plan and Broadband Plan*
3:30	Adjourn

Meeting notice posted to the NITC and Public Meeting Websites on Oct. 11, 2013. The agenda was posted on Oct. 28, 2013.

* Indicates action items.

EHEALTH COUNCIL
May 1, 2013, 1:30-4:00 p.m. CT
State Capitol, Room 1023, Lincoln, Nebraska
MINUTES

MEMBERS PRESENT:

Marsh Morien, Co-Chair
Dr. Delane Wycoff, Co-Chair
Wende Baker
Kevin Borchert
Sara Briggs, Alt. for Vivianne Chaumont
Jason Davis, Alt. for September Stone
Joel Dougherty
Alice Henneman
Rama Kolli, Alt. for Susan Courtney
Ken Lawonn
Sharon Medcalf
Jenifer Roberts-Johnson,
Greg Schieke
Nancy Shank

ABSENT: Carol Brandl, Senator Annette Dubas, Congressman Fortenberry, Marty Fattig, Kim Galt, Harold Krueger, Kay Oestmann, John Roberts, Patrick Werner

ROLL CALL, NOTICE OF POSTING OF AGENDA, NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING

Co-Chair Marsha Morien called the meeting to order at 1:38 p.m. Roll call was taken. There were 10 members present. A quorum did not exist to conduct official business. The meeting notice was posted to the NITC and Public Meeting websites on April 18, 2013. The agenda was posted on April 29, 2013.

APPROVAL OF FEBRUARY 8, 2013 MINUTES

With the arrival of three members after roll call, a quorum was present. **Mr. Lawonn moved to approve the [February 8, 2013](#) minutes as presented. Ms. Medcalf seconded. Roll call vote: Baker-Yes, Briggs-Yes, Kolli-Yes, Borchert-Abstained, Dougherty-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Abstained, Morien-Yes, Schieke-Yes, Shank-Yes, Davis-Yes, and Wycoff-Yes. Results: Yes-11, No-0, Abstained-2. Motion carried.**

PUBLIC COMMENT

There was no public comment.

INTRODUCTIONS AND DISCUSSION WITH LT. GOVERNOR LAVON HEIDEMANN

Members welcomed Lt. Governor Heidemann and were given an opportunity to share information about their eHealth efforts.

DIRECT DISCUSSION (moved up in the agenda)

There are two models of exchanging health information exchange electronically: directed health information exchange and query model health information exchange. Nebraska has implemented query model health information exchange. The Office of the National Coordinator (ONC) required states without existing query model exchange to implement Direct secure messaging first. Direct provides automatic encryption and also includes a process for user authentication and validation. Attachments are supported by Direct. While other states have found Direct useful, recruiting Direct users has been a challenge in Nebraska. One challenge has been the development and integration of Direct products by HIE vendors. The \$15 per user/per month fee is another barrier. There are several Direct use cases for care coordination and transitions of care.

Ms. Baker left the meeting.

STATE HIE COOPERATIVE AGREEMENT UPDATE

ONC/CMS Record of Progress. The Office of the National Coordinator and the Centers for Medicare and Medicaid Services jointly released a record of progress on HITECH programs.

Letter to Federal Office of Health and Human Services. The meeting materials included a letter that was sent to Kathleen Sebelius, Secretary of Health and Human Services from Senators Lamar Alexander, Richard Burr, Tom Coburn, Mike Enzi, Pat Roberts, and John Thune regarding the 2009 HITECH Act. The letter also included a list of questions the Senators wanted addressed.

ONC E-Mail to State HIE Programs State HIE programs received a message from the Office of the National Coordinator regarding the phasing plans and drawdown expectations. According to the memo, nearly half of all phased states are still implementing the first phase of their strategic and operational plans. At the April State HIE meeting, recipients were told that recipients had collectively expended a little over half of their funds. Because the grant was structured to require an increasing percentage of match each federal fiscal year with a 33.33% match required this federal fiscal year, many states will be challenged to meet the matching requirements. Because our plan leveraged the services of an operational health information exchange (NeHII), our implementation has been relatively smooth in comparison to other states. Nebraska has expended 91% of our State HIE funds.

Nebraska State HIE Update

A summary of Nebraska State HIE expenditures follows.

	Expended	Allocated	% of Expended	Balance
NeHII	\$4,821,468.49	\$4,898,275.00	98%	\$76,806.51
State/NITC	\$100,699.04	\$157,075.00	64%	\$56,375.96
Eval/UNMC	\$93,313.71	\$269,435.00	35%	\$176,121.29
eBHIN	\$982,627.53	\$1,112,275.00	88%	\$129,647.47
Pub Health	\$100,533.15	\$326,500.00	31%	\$225,966.85
Telehealth	\$70,802.01	\$73,620.00	96%	\$2,817.99
Total	\$6,215,761.66	\$6,837,180.00	91%	\$667,736.07

PROPOSAL(S) FOR REALLOCATING STATE HIE FUNDS*

Priorities. Approximately \$17,500 in State HIE funds which were originally allocated for state travel will likely go unused unless reallocated. NeHII and eBHIN were invited to submit proposals. Priorities for the proposals include the following:

- Implementation or pilot of new functionality or projects which advance the exchange of care summary information
- Project which can be implemented within the next 6 months (by November 1st)
- Additional review criteria:
 - Value of functionality/project
 - Number of potential users/beneficiaries of the functionality/project

Proposals. A proposal has been submitted by NEHII for Direct secure messaging and single sign-on. The proposal included user licenses for 400 users for six months of service and single sign on implementation fees for two health systems. The proposal also included \$30,000 in funding that had previously been allocated for a consumer eHealth project.

Mr. Schieke moved to approve the Direct Messaging Adoption and Single Sign-on (SSO) Connectivity to NEHII proposal. Mr. Dougherty seconded. Roll call vote: Briggs-Yes, Kolli-Yes, Borcher-Yes, Dougherty-Yes, Henneman-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, Shank-Yes, Davis-Yes, and Wycoff-Yes. Results: Yes-13, No-0, Abstained-0. Motion carried.

STATE PLAN REVISIONS-DUE MAY 8, 2013

At the last meeting, the council organized a volunteer work group to review and develop the vision goals, and objectives. Work group members included Marsha Morien, Joel Dougherty, Jenifer Roberts-Johnson, Greg Schieke, and Jason Davis. Their recommendations are before the Council today for approval.

Draft Vision, Goals, Objectives and Strategies

There were no recommended changes or additions to the draft vision, goals, objectives and strategies.

Ms. Medcalf moved to approve the vision, goals, objectives and strategies. Mr. Kolli seconded. Roll call vote: Briggs-Yes, Kolli-Yes, Borcher-Yes, Dougherty-Yes, Henneman-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, Shank-Yes, Davis-Yes, and Wycoff-Yes. Results: Yes-13, No-0, Abstained-0. Motion carried.

Ms. Baker previously left the meeting and was not present to vote.

Operational Plan —Required Updates

Anne Byers has been working with NeHII, eBHIN and other stakeholders to revise the operational eHealth plan. The revised plan is due May 8. In advance of the meeting, council members received the operational plan to review which included the following:

- Privacy and Security Framework
- Sustainability Plan
- Project Management Plan
- Evaluation
- Tracking Program Progress-Setting 2013 Goal for providers sharing care

The Tracking Program Progress section includes setting 2013 goals for a number of measures. Council members set goals for all but two of the measures in February. 2012 data for the percent of hospitals and the percent of ambulatory providers sharing electronic care summaries electronically were not available when the eHealth Council met in February. Data on the % of hospitals sharing care summaries electronically was provided by ONC on March 11. Members voted on a target via survey monkey in order to submit our target to ONC by March 29. Last week our project officer, Brett Andriesen, e-mailed information on the percent of ambulatory providers sharing care summaries with other providers electronically. According to the 2012 NAMCS survey, 4% of Nebraska ambulatory providers are electronically sharing care summaries with other providers. This seems to be a Direct-centric measure. It probably does not capture the information that is shared via a NeHII query. The median is 9% and the 75% quartile is 12%. ONC's national goal is 20%. Members discussed setting a 2013 goal for this measure. A goal of 6% was suggested and agreed upon.

There were no other changes or recommendations to the operational plan.

Dr. Wycoff moved to approve the operational plan. Ms. Medcalf seconded. Roll call vote: Wycoff-Yes, Shank-Yes, Schieke-Yes, Morien-Yes, Medcalf-Yes, Lawonn-Yes, Henneman-Yes, Dougherty-Yes, Borcher-Yes, Kolli-Yes, and Briggs-Yes. Results: Yes-12, No-0, Abstained-0. Motion carried.

Mr. Davis and Ms. Roberts-Johnson stepped out of the room and were not present at time of vote.

Evaluation Report

Ms. Morien reviewed the study of e-prescribing discrepancies. A total of 602 prescriptions written by 33 prescribers for 48 patients were evaluated from participating ambulatory care clinics. Unintended discrepancies were identified by comparing prescriber intent as documented in the patient's chart to what was entered into the clinic's e-prescribing software, and what was ultimately dispensed by the pharmacy as indicated on the prescription label.

Overall, the number of discrepancies was low. The most frequent discrepancies identified were associated with generic substitution followed by differences in package size (inhalers, creams/ointments), differences in concentration (250mg/5ml substituted for 125mg/ml with appropriate volume adjustment), and differences in dosage form (liquid dispensed instead of a solid dosage form). It is unlikely that these discrepancies were errors.

Differences between the directions included on the electronic prescription and the directions on the prescription label were the most common type of discrepancy observed in the adult clinics. In each case, more information was recorded in the e-prescription than the pharmacy label.

Discrepancies between the prescriber's intent and the clinic's e-prescribing software (MD/EHR) were more common in the pediatric clinic (3.9%; 6 of 152) compared to the adult clinics, while discrepancies between the e-prescription and pharmacy label (EHR/PHARM) were similar (1.5%; 3 of 199).

Discrepancies involving duration of therapy and directions for administration were most common.

The Evaluation Team has been working on a provider satisfaction survey. To date, two consumer satisfaction focus groups have been conducted. A study on the value of NeHII's PDMP functionality is also planned, pending the resolution of the NeHII-Optum contract dispute.

Mr. Davis left the meeting.

MEMBERSHIP

There are two vacancies on the Council. Ms. Byers asked the members to send her nominations and recommendations.

UPDATES

H.R. 1331 Electronic Health Records Improvement Act. Wide River Technology Extension Center posted information on H.R. 1331 on their blog. Congressman Fortenberry is one of the sponsors of the bill.

NeHII. Boys Town will be going live on May 22nd. NeHII is currently working on implementations with Beatrice Community Hospital, Montgomery County Hospital in Red Oak, Iowa; and Chase County Community Hospital in Imperial.

Seventeen (17) webinars have been scheduled to inform critical access hospitals about NeHII and proposed funding for implementation fees from Medicaid 90/10 funding.

E-Prescribing Issues. In order to meet meaningful use, 40% of prescriptions must be e-prescribed. There is an exemption for providers in areas in which no pharmacy accepts e-prescriptions. One practice in Nebraska can't meet this threshold because several pharmacies in the area do not accept e-prescriptions. The transaction fees charged by Surescripts and the pharmacy system vendors present a barrier for pharmacies. Independent pharmacies often pay a higher transaction fee than chain pharmacies. The e-Prescribing Work Group is developing a position paper on this issue.

eBHIN. Ms. Baker provided the report earlier in the meeting during discussion with Lieutenant Governor Heidemann.

Wide River Technology Extension Center. Wide River Technology Extension Center continues to work with eligible providers and critical access hospitals. Mr. Schieke provided a sheet with statistical information.

Medicaid. Sarah Briggs, working on an RFP for a system which would support meaningful use attestation. To date, participation in the EHR incentive program has been greater than originally anticipated.

Division of Public Health. Ms. Roberts-Johnson reported that testing of immunization data has been occurring with Boys Town. Michelle Hood has taken a new position within DHHS. She is still working on HIE/meaningful use efforts at this time.

Nebraska Statewide Telehealth Network and HIT Policy Committee. No reports were given.

ADJOURNMENT AND NEXT MEETING

With no further business, Ms. Morien adjourned the meeting at 4:01 p.m.

Ms. Byers will poll the members for the next meeting date.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by Anne Byers of the Office of the CIO/NITC.



Health Information Exchange in Nebraska - Provider Satisfaction

Executive Summary

**Lina Lander ScD, Daniel E. Lomelin BS, Marsha Morien MSBA FHFMA FACHE,
Gary L. Cochran PharmD SM, Donald G. Klepser PhD MBA**

University of Nebraska Medical Center

October 28, 2013

EXECUTIVE SUMMARY

Health Information Exchange (HIE) systems are implemented nationwide to better integrate patient health information and facilitate communication among healthcare providers. The HIE in Nebraska is provided by the Nebraska Health Information Initiative (NeHII). The objectives of this study were to evaluate provider satisfaction with HIE in Nebraska and to determine utilization barriers.

We surveyed 5,618 Nebraska healthcare providers in 2013 and received 615 completed questionnaires (11%). One hundred providers (16.3%) were NeHII users and 19 providers (3.1%) indicated intention to use NeHII within the next 12 months. Of the 100 providers currently using NeHII, 79 (79%) indicated satisfaction with NeHII. Cost (N=233, 38%) and loss of productivity (N=220, 36%) were indicated as the “major barriers” to adoption. The most common reasons for adoption were improvement in patient care (N=111, 18%) as well as sending (N=80, 13%) and receiving information (N=95, 15%) in the referral network. Accessing a comprehensive patient medication list was identified as the most important feature of the HIE (N=422, 69%).

Cost and loss of productivity were identified as the primary areas of concern among providers. Streamlining HIE access through integration with Electronic Medical Records to minimize workflow interruption, as well as keeping costs reasonably low for providers may increase participation. More efficient access to laboratory values and medication information were indicated as important features for providers. Finally, additional education for providers on HIE practice integration may alleviate perceived barriers in the areas of technical support and staff training, which may move provider expectations toward the benefits that HIE can offer.



Community Betterment Through HIE

*"Engaging Community Stakeholders
to Create a Sustainable, Large-Scale HIE"*

eHealth Council Meeting

Consumer Engagement Through Health IT

October 31, 2013

Consumer Engagement & NeHII

- Consumer Advisory Council Created in 2008
- Past Chair: Sandy Johnson
- Current Chair: Delane Wycoff
- Limited Funding
- Encourage Consumers To Have a Voice In Their Healthcare Decisions
- Ask Their Physician If They Are a NeHII Participant

Consumer Consent: NeHII & The Opt-Out Platform

- Opt-Out: The ePHI is in the System Until the Consumer is Educated at the Point of Care and Has the Right to Opt-out
- Via Website or Support Desk
- Opt-out Rate Since 2009 < 3%
- Currently 2.53% or 67,877
- Opted Back In 6.33% or 4,301
- Consumer Can Change Status As Often As They Wish

Consumer Advisory Council

- Summary of Past Activities
 - Decision Accelerator Participants and Presenters
 - Implementation Discussions Surrounding Statewide Consumer Education Campaign
 - Explore Consumer/Provider Engagement Strategies
 - Develop Ax the Fax Campaign
 - Copyright License YouTube Video To Other States
 - Explore Personal Health Record Offering (PHR)
 - Implement Direct Services Offering
- Future Goals
 - Identify Partnership Avenue For a PHR Offering
 - Identify Additional Provider/Consumer Engagement Strategies




NeHII Connect the Docs & Ax the Fax Campaign

- NeHII Supporter Campaign For Physician Offices
 - Window Clings
 - Counter Cards
- Stress Dolls With Connect the Docs Message
- Addition of Ax the Fax Reminders - Notepads to Providers

Connect the “Docs” Sample

We appreciate your help in sharing information on

Connect the “Docs”



Share information with your patients about NeHII through our informational YouTube video. Link located at:
www.youtube.com/watch?v=vLqi7-jD4N8

*Consider running this on informational kiosks or video screens in your facility.
*Share with your staff and physicians through an e-mail link to the YouTube video.

NeHII Nebraska Health Information Initiative

Consumer Microsite

Home Participating Providers About NeHII Security Policy Opt Out or Opt Back In



What is NeHII?
NeHII is a statewide Health Information Exchange designed to share clinical and administrative data among sponsored providers...[read more...](#)



Participating NeHII Providers
Currently there are more than 2,000 healthcare professionals participating across Nebraska. [read more...](#)



Welcome to NeHII!

Watch the Video

YouTube Video

- <http://connectnebraska.net/>
- Hospital Implementation Support Tool
- Interest From Other States

NeHII Website - www.nehii.org

Home ▾ For Consumers ▾ For Providers ▾ Downloads ▾ HIE/HIT News ▾ Successes ▾ Contact About ▾

NeHII

Nebraska
Health
Information
Initiative

Health Care Transformation Through a Community Betterment Collaboration

Latest News

Breaking News

HOT! HOT! HOT! NeHII - Nebraska Health Information Exchange - Annual Meeting to be held July 24, 2012

Gering, Neb., - Regional West Health Medical Center will be hosting this year's event at the Gering Civic Center. The meeting will include NeHII's projected plans for continued expansion of Health Information Exchange (HIE) in the state of Nebraska.

[Read More ...](#)

HOT! HOT! HOT! Regional West Physicians Clinic Laboratory Joins NeHII - Nebraska Health Information Exchange

Scottsbluff, Neb., -

Welcome to NeHII

NeHII is leading the effort to create a secure, online, web-based Health Information Exchange (HIE) designed to serve the state of Nebraska. Improved delivery of health care information and reduced health care costs are good for all citizens of Nebraska. The state has a proud tradition and reputation of providing the finest health care possible to its citizens. The HIE will help health care providers take health care to the next level.

Over the next few years the HIE will be rolled out across the state and ultimately will become part of a planned Nationwide Health Information Network (NHIN). This partnership will again improve the level of health care for Nebraska as well as for the Nation as a whole.

Best of all, these information exchanges will help improve the quality of health care and control the rapidly increasing cost of health care.

The mission, vision, and goals of NeHII provide the ideals and constructs for development of the HIE.

NeHII Proposes PDMP CEU Program

Alegent Health and NeHII will be sponsoring a PDMP CEU

Main Menu

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- NeHII Log In
- Product Services
- Direct Services
- Weekly Fact Sheet
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News and Events

- February, 2011
- October, 2010
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- April, 2010
- March, 2010
- February, 2010
- January, 2010
- December, 2009
- November, 2009
- October, 2009

Personal Health Record Offering

- Vendors in Consideration: Microsoft HealthVault and NoMoreClipboard
- Channel Partner or Referral Source
- Possibility of Revenue Generation
- Consumer to Receive CCD or Office Visit Summary to PHR of Choice At No Cost
- Meaningful Use Stage 2 Requirements

ONC Funded Project With PHRIgnite

- Purpose: Study Gap in Healthcare Delivery Between Urban and Rural Settings
- Pilot Site: Columbus Community Hospital, Columbus, NE
- Process: Focus Groups Collecting Feedback From Consumers and Providers to Report Findings to ONC
- Timeline: November 2013

NeHII Contact Information

- Dr. Harris Frankel (President, NeHII Board of Directors)
- Deb Bass (Chief Executive Officer, NeHII)

NeHII, Inc.
P.O. Box 27842
Omaha, NE 68127

Cell: 402.981.7664
dbass@nehii.org

www.nehii.org

eHealth Action Plans for Statewide Technology Plan

Draft Oct. 24, 2013

- 1. Support the development of statewide health information exchange through the State HIE Cooperative Agreement Program, including developing strategic and operational plans, overseeing implementation, and conducting an evaluation.**

Lead: eHealth Council

Participating Entities: eHealth Council, eBHIN, UNMC evaluation team, and others

Timeframe: 2013-2014

Funding: State HIE Cooperative Agreement Program

Status: Continuation

- 2. Monitor developments in health information exchange (including Direct, consumer eHealth, and e-prescribing controlled substances) and, when appropriate, work with stakeholders to support these efforts.**

Lead: eHealth Council

Participating Entities: eHealth Council, NeHII, eBHIN, E-Prescribing Work Group and others

Timeframe: 2013-2014

Funding: Leveraging existing resources

Status: New