

eHealth Council

Sept. 17, 2015

1:30-3:30 p.m.

Executive Building, 521 South 14th St., Lincoln, first floor video conferencing room

Public Participation Sites [NEB. REV. STAT. § 84-1411(6)]:

UNMC, Business Service Center (4230 Building), 42nd and Leavenworth, Room 3037 B

There is parking on the north side of the building (backside of the building). The north entrance is the only way to enter the building. Once in the parking lot, look for the green, metal awning over the main entrance. Enter the bldg, take the steps (there's an elevator too) to the 3rd level turn left, walk down the hall to Rm# 3037, (first door on the left). If someone needs assistance, they are welcome to call Brenda Jeter at 402-559-3868

Great Plains Regional Medical Center, GPWest Physician's Lounge, North Platte

Tentative Agenda

[Meeting Materials](#)

1:30	Roll Call Notice of Posting of Agenda Notice of Nebraska Open Meetings Act Posting <i>Approval of March 30, 2015 minutes*</i> <i>Approval of Nov. 13, 2014 minutes*</i> Public Comment
1:40	Introductions <ul style="list-style-type: none"> • My education and training include _____ • My skills and previous work experience include _____ • I am currently spending most of my time (location _____) as (work position / retired position / volunteer activities) _____ • I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels) _____ • My hobbies and/or free time interests include _____ • My special interests related to e-Health include _____ • I would be interested in learning more about _____ • Issues and challenges I face related to health IT include _____
2:10	Orientation/Review of Role of eHealth Council, Member Responsibilities

	<ul style="list-style-type: none"> • Role and Relationship to NITC • Key Contacts • Public Meeting Requirements • Charter/Responsibilities of Council • Conflict of Interest • Naming Alternates
2:25	<p>Approval of New Member</p> <ul style="list-style-type: none"> • Dr. Shawn Murdock
2:45	<p>Updates</p> <ul style="list-style-type: none"> • ONC Advance Interoperable Health IT Services to Support HIE Cooperative Agreement http://www.healthit.gov/buzz-blog/uncategorized/onc-grant-funding-opportunities-advance-interoperable-health-leverage-community-practices-train-health-workforce/ • CDC Prescription Drug Overdose Prevention for States Grant http://www.cdc.gov/drugoverdose/states/state_prevention.html)
3:00	<p>Action Items</p> <ul style="list-style-type: none"> • Support Advance Interoperable Health IT Services to Support HIE cooperative agreement • Other action item(s)

Meeting notices were posted on the Public Meeting calendar on Sept. 4, 2015 and NITC websites on Sept. 15, 2015.* Indicates action items. Meeting agenda posted on Sept. 15, 2014.

EHEALTH COUNCIL
Thursday, Nov. 13, 2014, 9:30 a.m. to 12:00 noon CT
Executive Building, Videoconferencing room
521 South 14th Street, Lincoln, Nebraska

Video Sites: [NEB. REV. STAT. § 84-1411(6) - Public Participation]: UNMC, Harold M. and Beverly Maurer Center for Public Health, Room 313; Nemaha County Hospital; Great Plains Regional Medical Center

MINUTES

Members Present

Wende Baker (arrived at 9:40)
Rama Kolli for Susan Courtney
Kevin Borchner
Marty Fattig (at Nemaha County public participation site)
Kevin Conway
Jenifer Roberts-Johnson
Marsha Morien
Taylor Thompson for John Roberts
Max Thacker (at UNMC public participation site)
Delane Wycoff (at UNMC public participation site)

Members Absent: Joel Dougherty, Senator Annette Dubas, Congressman Jeff Fortenberry, Kimberly Galt, Harold Krueger, Sharon Medcalf, and Greg Schieke.

ROLL CALL, NOTICE OF POSTING OF AGENDA, NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING, & REVIEW OF MINUTES

Co-Chair Marsha Morien called the meeting to order. Roll call was taken. Six members and alternates were present in Lincoln at time of roll: Rama Kolli, Kevin Borchner, Kevin Conway, Jenifer Roberts-Johnson, Marsha Morien, and Taylor Thompson. A quorum was not present. Approval of the minutes was tabled.

Marsha Morien noted that the meeting announcement was posted on the NITC and Nebraska Public Meeting websites on Nov. 4. The agenda was posted on Nov. 7. An electronic copy of the Nebraska Public Meeting Act was available.

E-Prescribing Controlled Substances Update—Kevin Borchner

The order of updates was modified because Wende Baker had not yet arrived and work was still underway setting up equipment for the NeHII presentation.

Kevin Borchner provided an update on Nebraska Methodist Health System's use of e-prescribing controlled substances. Methodist implemented electronic prescribing of controlled substances (EPCS) on June 21, 2014 using the Cerner EHR system. Nebraska Methodist is the first health system to use the

Cerner system and the first health system to implement electronic prescribing of controlled substances in Nebraska. Between June 21 and Nov. 9, over 29,000 prescriptions e-prescriptions were written by 162 providers and sent to 276 pharmacies including over 10,000 electronic prescriptions for controlled substances. The major chains including Walgreens, CVS, Walmart, and Target as well as local/regional chains such as HyVee, Kohll's and Kubat's accept e-prescriptions for controlled substances. A number of independent pharmacies are also using software which is certified for e-prescribing controlled substances.

DEA regulations require prescribers to use certified systems which use two-factor authentication. Nebraska Methodist prescribers have used biometrics, fobs, and a soft token on an iPhone.

In the early stages of the pilot, some pharmacies had questions about filling e-prescriptions for controlled substances. Joni Cover has included information in materials sent to members of the Nebraska Pharmacists Association about three times.

Outside of the Omaha area, only a few prescribers are using systems certified for e-prescribing controlled substances. Nebraska Medicine is in the process of implementing e-prescribing controlled substances. Members suggested including information on e-prescribing controlled substances in the Nebraska Hospital Association's newsletter. Deb Bass suggested including information on e-prescribing controlled substances in the next NeHII webinar in February or March.

NeHII and Direct Update—Lianne Stevens

NeHII now has approximately 4,000 users. With the approval of the IAPD by CMS for 90/10 matching funds to support health information exchange in Nebraska, NeHII is working with several hospitals to schedule their implementations. Interface fees charged by the hospital EHR vendors is a barrier.

NeHII announced a partnership with ICA in July and started planning the implementation of Direct in August 2014. Current Direct participants include Wayne Family Medicine, Colgazier Demmel Medical Clinic, and CHI Health. As of Sept. 25, 2014, 21 hospitals have tested Direct messaging successfully. Change management and impact on workflow is a significant issue. Some providers have commented that CCDs are not always the most useful document to send/receive. One CCD was 100 pages long.

Marty Fattig asked if there were plans to develop a provider directory. NeHII is developing a proposal to create a provider directory. Lianne Stevens is participating on the Mid-States Consortium Provider Directory Work Group. Marty Fattig, Kevin Conway, Anne Byers, and Wende Baker volunteered to participate in a provider directory work group. Anne Byers will work with Jenifer Roberts-Johnson and Ruth Vineyard to see if DHHS would like to have representatives participate.

eBHIN Update—Wende Baker

Wende Baker gave an update on EBHIN. The end of State HIE Cooperative Agreement funding and vendor delays in implementing the HIE led to sustainability issues for eBHIN. As a response, eBHIN

dropped its HIE services and partnered with its data center to reduce administrative costs. Regions can contract with the data center directly. The NextGen EHR includes Direct functionality. Direct is being piloted with People's Health Center and eBHIN providers.

HRSA initially declined to fund the proposal from Region 3. However, additional funding was found and the Region 3 proposal was funded.

Other Updates

With the election of Pete Ricketts as governor, state agencies are preparing for the transition to the new administration. Anne Byers informed members that state statute specifies that the NITC be chaired by the Governor or the Governor's designee. Currently, it is unclear who will be appointed to chair the NITC by Governor-elect Ricketts. The Lt. Governor has traditionally been named chair.

Anne Byers also briefly updated members on the state broadband plan. A copy of the executive summary was included in the meeting materials.

Members discussed changes in leadership at ONC. Marty Fattig has continued to communicate with Dr. DeSalvo and has extended an informal invitation for her to visit Nebraska. Members offered to help facilitate a meeting.

Next Steps

Marsha Morien led a discussion about next steps for the eHealth Council. The discussion generated the following points:

Roles. Members discussed the following roles:

- Identify and address issues related to health IT which require the involvement of multiple stakeholders;
- Act as an advocate for health IT;
- Provide information/education on issues related to health IT; and
- Encourage adoption of health IT.

Issues. Members identified the following issues which may be appropriate for the eHealth Council to address:

- **Provider Directory**--With Direct secure messaging now available in Nebraska through NeHII and other HISPs, there is a need for a statewide provider directory. NeHII is developing a proposal to create a provider directory. Because there are multiple HISPs and other potential uses for a statewide provider directory, this an issue which should involve NeHII as well as other stakeholders. Anne Byers, Wende Baker, Kevin Conway, and Marty Fattig volunteered to work with NeHII on a provider directory work group. Anne will also see if representatives of Medicaid and the Division of Public Health would like to be involved.

- **Prescription Drug Monitoring Program**--The Nebraska Medical Association has been providing leadership in bringing stakeholders together to address issues related to the Prescription Drug Monitoring Program. The eHealth Council may be able to support efforts by providing information to the NITC and other stakeholders.
- **Supporting Provider Adoption of Health IT**
- **Encouraging the Utilization of Health IT to Improve Quality of Care and Patient Outcomes**
- **Supporting Telehealth**
- **Encouraging Consumer Engagement and Consumer Use of Health IT**
- **Supporting Efforts to Leverage Health Information for Quality Reporting, Analytics, and Population Health**--The Health Care Database Advisory Group will be releasing recommendations soon.

Recommendations. eHealth Council members agreed that working with NeHII and other interested stakeholders in developing a provider directory was an appropriate role for the eHealth Council.

The eHealth Council could decide to address the other issues at some point in the future.

Members suggested meeting in the spring to further discuss membership and the role of the Council.

Adjournment

The meeting was adjourned at 11:40 a.m.

EHEALTH COUNCIL

March 30, 2015, 1:30 p.m. CT – 3:30 p.m. CT

Main Site:Nebraska Educational Telecommunications, Lower Level Conference Room, 1800 No. 33rd Street,
Lincoln**Video sites:**

UNMC, Business Service Center (4230 Building), 42nd and Leavenworth, Room 3037B

MINUTES**Members Present**Wende Baker
Kevin Borchert
Joel Dougherty
Marty Fattig
Kevin Conway
Marsha Morien
Max Thacker**Members Absent:** Susan Courtney, Congressman Jeff Fortenberry, Kimberly Galt, Sharon Medcalf,
Jennifer Roberts-Johnson, John Roberts, Delane Wycoff**ROLL CALL NOTICE OF POSTING OF AGENDA NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING**

Ms. Morien called the meeting to order at 1:30 p.m. There were seven voting members present. A quorum was not present. Meeting notices were posted on the Public Meeting website on Feb. 23, 2015 and on the NITC website on March 13, 2014. The meeting agenda posted on March 25, 2015. A copy of the Nebraska Open Meetings Act was available on the wall.

APPROVAL OF NOVEMBER 13, 2014 MINUTES

Approval of the minutes was tabled until a quorum was present.

PUBLIC COMMENT

There were no public comments.

UPDATES

New NITC Chair. Anne Byers reported that Felix Davidson, the Chief Operating Officer for the State of Nebraska, has been appointed chair of the NITC. The NITC met for the first time with Mr. Davidson as chair on Friday, March 27.

NeHII Update. Deb Bass and Lianne Stevens provided an update on NeHII, including the implementation of Direct secure messaging, plans to develop a provider directory, and the migration to a new platform.

Direct messaging is a secure encrypted e-mail service that supports electronic communication between health care providers and patients. Direct is being used to support Stage 2 Meaningful Use objectives related to transitions of care and patient engagement. Current Direct participants include Wayne Family Medicine, Colglazier Demmel Medical Clinic, CHI Health, five long-term care facilities, and Home Nursing with Heart.

NeHII has been exploring options for developing a statewide provider directory for Direct and has contacted Surescripts, Cerner, and ICA to discuss sharing of their provider directories. DirectTrust announced a pilot program to create a directory of Direct e-mail addresses. NeHII is planning a simplistic low cost interim solution.

NeHII is working with Optum to migrate to the HIE 2.0 platform which is an Oracle cloud-based solution providing increased functionalities and flexibility. Migration meetings have begun. The migration is planned to take six months and should be completed by the end of December 2015.

Deb Bass also gave an update on the request for 90/10 federal Medicaid funding. The IAPD was approved by CMS in October 2014 and the contract between NeHII and the Nebraska Department of Health and Human Services was approved by CMS in March 2015. Funding is available to add 35 Critical Access Hospitals, Federally Qualified Health Centers, and 6 remaining major hospitals. The IAPD also offers 12 months of free usage of the VHR to providers. IAPD funding will also be used to fund added functionalities including adding comprehensive clinical data to ADTs, Open Access to allow the exchange of the C-CDA document, and a redesigned Public Health Gateway. NeHII is working with Nemaha County Hospital to pilot the exchange of syndromic surveillance data to the State's syndromic surveillance system.

E-Prescribing Controlled Substances-Kevin Borchert

Kevin Borchert shared some statistics from Surescripts on the status of e-prescribing controlled substance (EPCS) in Nebraska and nationally:

Prescriber Readiness

- 452 providers in Nebraska are actively e-prescribing and are now EPCS enabled
- Nebraska ranks 3rd for "prescriber readiness"
- 8.6% of approximately 10,000 prescribers in Nebraska have used EPCS in the last 30 days
 - National average 3.2%
- 14 of 84 counties have at least 1 enabled provider

Pharmacy Readiness

- 76% of Nebraska pharmacies are EPCS enabled
 - 72% nation-wide average
- 327 of 431 Nebraska community pharmacies are enabled
- 113 pharmacies within 10 miles of 68114 are EPCS enabled
- 62 of 84 counties have at least 1 enabled pharmacy

Nebraska Statewide Telehealth Network-Max Thacker, UNMC

Last year's annual report for the Nebraska Statewide Telehealth Network was included in the meeting materials. Due to time constraints, Mr. Thacker was only able to provide a brief update. In 2013, 3,271 clinical consultations were delivered via the telehealth network. The majority of the consultations were for mental health services (1,732 consultations). The University of Nebraska Medical Center Network (1,319 consultations) and Good Samaritan Hospital Network (1,152 consultations) reported the most consultations.

BEHAVIORAL HEALTH CDS AND DIALOG

Lisa Schafers and Heather Wood

The Nebraska Department of Health and Human Services Division of Behavioral Health has a contract with Magellan Health for managing behavioral health services and collecting data. The contract ends in June 2016. An RFP was released last year and the Department of Health and Human Services has signed a contract with Orion for a behavioral health centralized data system (CDS). Orion is working with

H4 Technology on the project. Chris Henkenius from H4 Technology was present to answer any questions. Ms. Schafers and Ms. Wood shared a diagram of the data flow for the new system. The new system will enable the Division of Behavioral Health, the behavioral health regions, and providers to query and run reports. Providers are excited about the new system.

PCORNET (Patient Centered Outcome Resource Network)--Dr. James McClay, UNMC

The Affordable Care Act included funding for Patient-Centered Outcomes Research that is pragmatic and likely to change practice. The Greater Plains Collaborative is a network of 10 leading medical centers in seven states committed to a shared vision of improving healthcare delivery through ongoing learning, adoption of evidence-based practices, and active research dissemination. Partners by state include:

- Kansas, the University of Kansas Medical Center;
- Missouri, Children's Mercy Hospital;
- Iowa, University of Iowa Healthcare;
- Wisconsin, the University of Wisconsin-Madison, the Medical College of Wisconsin, and Marshfield Clinic;
- Minnesota, the University of Minnesota Academic Health Center;
- Nebraska, the University of Nebraska Medical Center;
- and Texas, the University of Texas Health Sciences Center at San Antonio and the University of Texas Southwestern Medical Center.

The Greater Plains Collaborative is applying for a second round of funding. The University of Missouri and University of Indiana have been added as partners in the new proposal.

Phase 1 research centered on 3 patient cohorts: obesity, ALS, and breast cancer. Dr. McClay and NeHII have been discussing the policies and technical solutions needed to enable researchers to access data from NeHII.

ONC PROPOSAL

On February 3, the Office of the National Coordinator for Health IT (ONC) announced a funding opportunity to Advance Interoperable Health Information Technology Services to Support Health Information Exchange. A team consisting of Deb Bass (NeHII), Rachel Houseman (NeHII), Lianne Stevens (NeHII), Connie Pratt (NeHII), Marsha Morien (UNMC), Gary Cochran (UNMC), Don Klepser (UNMC), Dr. James McClay (UNMC), Michelle Hood (DHHS), Jenifer Roberts-Johnson (DHHS), and Anne Byers (NITC) is developing a grant proposal for nearly \$3 million over two years. The funding opportunity is focused on better integrating health information exchange into the workflow of providers to support care coordination. The application is due April 6, 2015.

The proposal will target Critical Access Hospitals, long-term care facilities, as well as public health and research. The proposal includes three primary activities: 1) increasing adoption by bringing new facilities on board the exchange with a specific focus on critical access hospitals/rural hospitals and long-term care facilities; 2) providing additional value-added functionality for existing participants; and 3) implementing information exchange with neighboring states via the HIE to HIE Gateway. For intra-state exchange, the proposed project will target facilities by in three regions: the Northwest Region centered in Scottsbluff, Nebraska; the East-central Region centered in Fremont, Nebraska; and the East region centered in Omaha.

1) Increasing adoption.

- a. **New data sharing participants for the HIE** - NeHII currently has 26 critical access hospitals (CAHs) participating or preparing to participate in the HIE in Nebraska and Western Iowa. 7 more CAHs in Nebraska, two specialty hospitals, two long-term care hospitals and five long-term care (skilled nursing) facilities will be added.

- b. **New data sharing participants via C-CDA exchange** - Facilities can provide data to the exchange by providing C-CDA documents. NeHII will accept, parse, and integrate the information into the exchange. 20 additional CAH facilities, non-participating acute hospitals, and physician provider networks affiliated with these hospitals will be added.
 - c. **New Direct secure messaging participants** – Facilities that do not have EHR software can still receive C-CDA documents via Direct secure messaging. 50 additional long-term care/skilled nursing facilities in the targeted regions will be added.
- 2) **Provide existing participants with additional services to increase the use of NeHII.**
- a. Work flow analysis for new and existing participants to incorporate HIE and C-CDA data into daily processes.
 - b. Population health data analytics for participants electing to add the Optum One services to their NeHII functionality suite.
 - c. Syndromic surveillance functionality for data submission directly to the Nebraska DHHS reporting system.
 - d. Provider directory for Direct participants to foster data sharing.
 - e. Pain contract information displayed in the NeHII VHR.
- 3) **Implement HIE-to-HIE Gateway**
- a. Enable interstate information exchange with Kansas, Iowa, South Dakota, Missouri, and Colorado.

Ms. Byers presented a summary of the proposed project to the NITC on March 27 and the NITC approved the submission of an application.

NEXT STEPS

Marsha Morien suggested forming a nominating committee to suggest prospective new members. Members agreed that this would be a good idea.

ADJOURNMENT

With no further business, the chair adjourned the meeting at 3:36 p.m.

eHealth Council Members

The State of Nebraska

1. **TBD**, State Senator
2. **Sheri Dawson**, Division of Behavioral Health

Health Care Providers

3. **Marty Fattig**, Nemaha County Hospital
4. **Dr. Delane Wycoff**, Pathology Services, PC,
5. **Kevin Borchert**, Nebraska Methodist Health System and Nebraska Board of Pharmacy
6. **Bridget Young**, Visiting Nurse Association
7. **Cindy Kadavy**, Nebraska Health Care Association
8. **Shawn Murdock**, MD, Midlands Family Medicine, North Platte (pending approval)

eHealth Initiatives

9. **Max Thacker**, Nebraska Statewide Telehealth Network and UNMC
10. **Kevin Conway**, NeHII and Nebraska Hospital Association
11. **Anna Turman**, Western Nebraska Health Information Exchange and Chadron Community Hospital

Public Health

12. **Jenifer Roberts-Johnson**, Department of Health and Human Services, Division of Public Health
13. **Dave Palm**, UNMC
14. **Kathy Cook**, Lincoln-Lancaster County Public Health Department
15. **Marsha Morien**, UNMC College of Public Health
16. **Joel Dougherty**, OneWorld Community Health Centers

Payers and Employers

17. **Susan Courtney**, Blue Cross Blue Shield
 - a. Rama Kolli, Blue Cross Blue Shield (alternate)
18. **TBD**, Department of Health And Human Services, Division of Medicaid and Long Term Care
19. **Joni Booth**, Gallup

Consumers

20. **Robin Szwanek**, AARP
21. **June Ryan**, Retired

Resource Providers, Experts, and Others

22. **Kimberly Galt**, Creighton University School of Pharmacy and Health Professions
23. **Todd Searls**, Wide River
 - a. **Patti Schnieder**, Wide River (alternate)
24. **Dr. Jim McClay**, UNMC

***New nominees are listed in turquoise.**

eHealth Council Member Info

Joni Booth

- My education and training include: Bachelor of Business Administration with a Major in Finance and a Masters of Business Administration
- My skills and previous work experience include: Finance & Human Resources at First National Bank of Omaha, Healthcare IT Consulting at NeHII, Adjunct Professor teaching Health Information Technology at Metropolitan Community College and Bellevue University, Organizational Development Consulting at Gallup
- I am currently spending most of my time (location_Omaha_____) as (work position / retired position / volunteer activities): Senior Client Development Consultant at Gallup
- I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels):
- My hobbies and/or free time interests include: Spending time with my family, Sports, Fitness_____
- My special interests related to e-Health include: _Ability for a patient to easily access their health records and to have their records easily accessible at ANY facility that they choose
- I would be interested in learning more about: Progress of the Nationwide health information exchange
- Issues and challenges I face related to health IT include: _Still face issues in regards to record accessibility when switching physicians especially if going to a different health system

James McClay, MD, MS, FACEP

- I am a physician in Emergency Medicine trained in Medical Informatics
- Prior to joining UNMC in 2001 I was involved in selection, implementation of HIT systems, quality improvement projects and director of informatics for a provider company.
- As faculty at UNMC I founded the Biomedical Informatics Graduate Degree Program, serve as part of the HIT governance, and perform research in clinical informatics
- I also serve on many local committees, and am an HL7 co-chair for the Emergency Care Workgroup.
- I am a strong proponent of health information exchange and increasing the comprehensiveness of patient data.
- Issues and challenges I face related to health IT include sustainability of projects, developing a talented workforce and integration of new technologies.

Kathy Cook

- My education and training include _BS in Nursing, Graduate Certificate Program in Public Health
- My skills and previous work experience include 36 years working in Lincoln-Lancaster County in developing and managing information systems and informatics tools to support Public Health
- I am currently spending most of my time (at Lincoln-Lancaster County Health Department as the Division Manager for Information and Fiscal Management.
- I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels) I served for many years on the Public Health Data Standards Consortium Board and on the Executive Committee; I also served on the Informatics Work Group for National Association of City and County Health Officers (12 years)
- My hobbies and/or free time interests include _reading and spending time with my nephew and grandson_
- My special interests related to e-Health include: effective use of technology to support our mission of protecting and promoting the public's health
- I would be interested in learning more about expansion of health information exchange in Nebraska and developing public health use cases
- Issues and challenges I face related to health IT include resource limitations—time and money, readiness for change and use of new technologies; balancing privacy/security with the need to collaborate to best serve the public.

June Ryan

- My education and training include: BS University of Nebraska; MPA the Pennsylvania State University; training in collaboration, management, conflict resolution, health care delivery, mental health, cancer prevention and control, managed care, risk management, utilization review
- My skills and previous work experience include: project management, hospital administration, program director in state government, other health care management, academic research, collaboration and mentoring
- I am currently spending most of my time in Lincoln as retired person engaged in volunteer activities with AARP, the Nebraska Cancer Coalition and my church.
- I also serve on the Lincoln TRIAD, AARP Nebraska Executive Committee, AARP Advocacy work group, AARP Life Re-Imagined and AARP Fraud Watch Network
- My hobbies and/or free time interests include gardening & flowers, caring for my dog Rags, reading and mentoring others
- My special interests related to e-Health include promoting the use of electronic health records to track and measure health care delivery and outcomes, especially for cancer patients
- I would be interested in learning more about the status of Nebraska EHRs
- Issues and challenges I face related to health IT include my personal challenges in using technology; in my career, I had an IT department that I could call; now, I am on my own to solve IT challenges or learn new applications.

Marsha Morien

My education and training include: MSBA Indiana University and Fellow in American College of Healthcare Executives and Healthcare Financial Management Association. Certificate in Public Health Informatics

My skills and previous work experience include: Hospital Administration, Research Administration and Innovation

I am currently spending most of my time (location _____) as (work position / retired position / volunteer activities):

University of Nebraska Medical Center:

- Executive Director, Center for Advanced Surgical Technology
- Instructor, Health Services Research & Administration, College of Public Health
- Export Control Compliance Officer

Nebraska Strategic Research Institute

- Interim Director of Research Compliance

I also serve on (positions, other related councils, committees, task force, advisory body, policy-making agencies, etc at local, state or national levels): NeHII Consumer Advisory Council

My hobbies and/or free time interests include: Golf, water aerobics, travel to national parks

My special interests related to e-Health include _____

I would be interested in learning more about: Meeting Felix Davidson to exchange ideas __

Issues and challenges I face related to health IT include:. Building HIE into clinical practice

Shawn Murdock, MD

- My education and training include Medical Degree from University of Nebraska Medical Center - Family Medicine Board Certified
- My skills and previous work experience include inpatient and outpatient medicine in Family Medicine. Have worked at Midlands Family Medicine for 6 years, am currently the Rural Residency site coordinator for the UNMC Family Medicine Rural Residency program
- I am currently spending most of my time in clinic in North Platte as a Family Medicine Physician
- I also serve as "IT Consultant" at Great Plains Health in North Platte
- My hobbies and/or free time interests include golf, camping
- My special interests related to e-Health include improved, more efficient use of EMR and improvement in exchanges of information
- I would be interested in learning more about ???
- Issues and challenges I face related to health IT include costs, decreased efficiency

Robin Szwanek

- My education and training include : **Graduated from UNK and received state certification as a Social Worker**
- My skills and previous work experience include:
 - **Consumer advocate providing financial, employment, and healthcare information to the 50+ population**
 - **Past director of the Nebraska SHIP (Senior Health Insurance Information Program) with in-depth knowledge on Medicare**
 - **Insurance investigator for 7 years in Life/Health insurance for the Nebraska Dept of Insurance**
 - **Conducted needs assessments for clients applying for General Assistance**
- I am currently spending most of my time (**Lincoln**) as **Associate State Director for AARP Nebraska conducting outreach events, educational forums and volunteer oversight**
- My hobbies and/or free time interests include: **Genealogy**
- My special interests related to e-Health include **consumer access and their capability to comprehend the internet**
- I would be interested in learning more about the **Nebraska Information Technology Commission and our work plan**

Max Thacker

- My education and training include: Broadcast Engineering and Information Technology. Training in Distance Education and Telemedicine
- My skills and previous work experience include: Engineering, Teaching, Management
- I am currently spending most of my time: Omaha – University of Nebraska Medical Center as Associate Director Information Technology Services
- I also serve on: Nebraska Statewide Telehealth Network – Past Chair of the Governing Board
- My hobbies and/or free time interests include: Church Elder, Reading
- My special interests related to e-Health include: Managing Telehealth Technical Support Services; Managing technical support for campus educational spaces
- I would be interested in learning more about: Collaborating with rural communities to provide healthcare services
- Issues and challenges I face related to health IT include: Rapidly changing technology and new campus construction

Anna Turman

- My education and training include: BFA – Bachelor of Fine Arts, I am (CHCIO) Certified Healthcare Chief Information Officer, CPHIMS – Certified Professional Information Management Systems, CPEHR – Certified Professional Electronic Health Record, CPHIT – Certified Professional Health Information Technology and more.
- My skills and previous work experience include CIO and COO of a small rural CAH, I am also the security officer.
- I am currently spending most of my time at Chadron Community Hospital as COO and CIO
- I also serve on Nebraska HIMSS (Health Information Management Systems Society), CHCIO certification committee of CHIME (College of Health Information Management Executives), Pioneer Manor Nursing Home
- My hobbies and/or free time interests include : I don't have free time, but I am a fanatic of my family and everything they do. This weekend is my twins first football game ever and I am excited.
- My special interests related to e-Health include the state of Nebraska being innovative and engaging in the interest of Healthcare and technology improving access.
- I would be interested in learning more about: Broad Question! I am a sponge I get excited about anything I don't know and tend to research it. Just today I had to look up what parasites came from ticks.....Question came from my 4 year old, long story ☹
- Issues and challenges I face related to health IT include: Security

SHERI DAWSON

Office Phone: 402-471-7856 Cell Phone: 402-580-2810
 E-mail: sheri.dawson@nebraska.gov or bjdawson2@juno.com

Education

B.S. Health Science – Nebraska Wesleyan University, Lincoln, Nebraska 1982
 Member of Beta Beta Beta Biology Honorary
R.N. Diploma - Bryan School of Nursing, Lincoln, Nebraska 1982
 Graduated with Distinction
 Received Mary Portray Owens Leadership Award

Professional Experience

Acting Director 2015 – Present
 DHHS – Division of Behavioral Health

Deputy Director/Administrator CBS 2011-2014
 DHHS – Division of Behavioral Health

Managed Care and QI Administrator 2008-2011
 DHHS - Division of Behavioral Health
 Lincoln, NE

Program Specialist 2006-2008
 DHHS - Division of Behavioral Health
 Lincoln, NE

Nurse Surveyor/Consultant 2001- 2006
 DHHS - Regulation & Licensure, Credentialing Division
 Lincoln, NE

Nurse Manager 1993-2000
 Child and Adolescent Mental Health Services
 Chairperson of the Child and Adult Advocacy Team
 BryanLGH West
 Lincoln, NE

Associate Director of Nursing 1988-1993
Director of Nursing In service and Quality Coordinator
 Lincoln Regional Center
 Lincoln, NE

Nurse Instructor, Access Nurse 1987-1988
 Willowbrook Psychiatric Hospital
 Waxahachie, TX

Nursing Coordinator 1984-1987
 Dr. William Elkins and Associates
 Charlton Methodist Hospital
 Dallas, TX

Staff Nurse, Charge Nurse 1982-1984
 Annie Jeffrey Memorial County Hospital
 Osceola, NE

Awards Received

DHHS Supervisor of the Year 2011
 Employee of the Year - DHHS Regulation and Licensure 2005
 One Child, One Time, One Place Award - Lincoln Child Advocacy Center 2003

Bridget A. Young, RN, BSN, MBA

402.639.2525

2109 South 88th Street, Omaha, NE 68124

byoung@thevna cares.org

Work Experience: Visiting Nurse Association, Omaha, Nebraska**Chief Operating Officer: 2013 to present**

- Support service line Vice Presidents in program development to drive quality outcomes and improvement efforts
- Facilitate annual budgeting in clinical services departments
- Manage all hands-on operational aspects of the agency including IT and Facilities

Vice President of Operations: 2010 to 2013

- Established, developed and supported an integrated clinical infrastructure for agency operations including licensure, certification, accreditation and quality initiatives.
- Developed agency wide quality program to achieve targeted clinical outcomes and accreditation
- Assisted in the development of reports and data analysis for the service lines.

Vice President of Quality and Accreditation: 2004 to 2010

- Established, develop and support licensure, certification, accreditation and quality initiatives.
- Established a framework for the VNA Quality Program. Assist service lines in setting quality goals and performance measures as well as obtaining and analyzing data for quality studies.
- Lead project management activities for quality improvement
- Provided leadership in clinical and regulatory expertise and staff education.

Vice President of Clinical Services: 1997 - 2004

- Developed and communicated the VNA vision and strategic plan
- Defined the overall vision and focus for clinical services division within the Agency vision and goals.
- Oversaw budget preparation and fiscal management for a variety of clinical services departments.
- Assured compliance with applicable federal, state and local laws and regulations, standards of accreditation, and Agency policy.

Director of Clinical Services: 1992 - 1997

- Directed day to day home health care clinical services
- Created and maintained focus on client-centered care, excellence in clinical practice, innovative programs and cost effective care.
- Facilitated a team effort toward realization of agency goals and mission.

Clinical Manager, Public Health 1982 - 1987; Home Care 1987 - 1992

- Managed two groups of clinical nursing staff serving 400 clients.
- Provided leadership, guidance and consultation to staff regarding client assessment, intervention and evaluation of effectiveness and outcome of care.
- Contributed to development and maintenance of home health care policies and procedures.
- Participated in coordination of educational programs for local university nursing students.

Public Health Nurse: 1975 - 1982

- Provided direct nursing services in the areas of maternal/child health, school programs, child health clinics, adult health maintenance centers and home health care.

Education/Workshops/Seminars:

- University of Nebraska at Omaha, Executive MBA, 1995
- Creighton University, Bachelor of Science in Nursing, 1975
- HealthWyse Executive Summit, 2013. *Presentation: Care Transitions Pilot*
- Visiting Nurse Associations of America, 2013 Annual Conference, *Presentation: Care Transitions*
- Visiting Nurse Associations of America, Vulnerable Patient Study *Technical Expert Panel*, 2013
- Nebraska Nurse Association 2006 Convention. *Presentation: Documentation and the Omaha System: Past, Present, and Future.*

Professional Organizations and Honors:

- Creighton University College of Nursing Alumni Advisory Board, 2013 - present
- Visiting Nurse Associations of America, Administrative Manager of the Year, 2006
- INFLUENCE XVI participant. Leadership development program sponsored by ICAN (Institute for Career Advancement Needs). Omaha, Nebraska 1997
- Sigma Theta Tau International, Iota Tau Chapter, induction 1988
- Mary Longmaid Offutt Award, Visiting Nurse Association of Omaha, 1987.

ANNA TURMAN, CIO, COO***CHCIO, CPHIMS, FHIMSS, CPEHR, CPHIT***

Anna Turman is a strategic business partner providing information systems vision, process efficiencies, and daily management as the Chief Operating Officer and Chief Information Officer for Chadron Community Hospital and Health Services. Chadron Community Hospital and Health Services is a 25-bed Critical Access Hospital in Chadron, Nebraska that also provides community services agencies of four communities in three counties of rural Nebraska, two physician-owned clinics, and a Provider Based Rural Health Clinic. Ms. Turman chairs the IT Leadership Team of Rural Nebraska Healthcare Network, which encompasses eight rural hospitals in 11 counties including Chadron Community Hospital, and is currently past president of Nebraska HIMSS Chapter. She is well-versed in the technology and collaboration challenges of similar rural health care organizations. Broadening her healthcare scope and knowledge she is on the Board of Directors of Pioneer Manor Nursing Home. Ms. Turman has faced many of the challenges typically encountered by small rural health care organizations. She has led her organization from a low technology beginning to the current high-tech status, leading the Hospital Technology Team to a full-blown electronic health record in a matter of six short months.

With a bachelor's degree in Fine Arts from Colorado State University, she has found the healthcare industry to be a great place to harness and express her adaptive, creative, innovative spirit, empowering her community, patients, providers, and staff. Ms. Turman has been awarded the CHCIO (Certified Healthcare Chief Information Officer) credential by CHIME in 2011 and FHIMSS Fellow Health Information Management Systems Society) in 2015. She has also earned CPHIMS (certified Professional Health Information Management Systems) certification as well as the Certified Professional in Electronic Health Records (CPEHR) and Certified Professional in Health Information Technology (CPHIT) credentials. She is currently enrolled in the Masters of Health Administration Program at Bellevue University. In her spare time she is married to her husband Ryan of 14 years and raising a set of twin 8 year olds Reese and Peyton, and a three year old Bryce.

Kathleen Cook

Education

[University of North Carolina at Chapel Hill, Management Academy for Public Health \(Gillings School of Global Public Health and Kenan-Flagler Business School\) 2010-2011](#)

Certificate of Achievement

[University of Washington School of Public Health and Community Medicine, Seattle WA. September 1999](#)

Graduate Certificate in Public Health

[University of Nebraska Medical Center College of Nursing-Lincoln, Lincoln NE. May 1980](#)

Bachelor of Science in Nursing

[University of Nebraska Medical Center College of Nursing-Lincoln, Lincoln NE. May 1978](#)

Associate Degree in Nursing

Professional experience

[Lincoln-Lancaster County Health Department, Lincoln NE](#)

Information and Fiscal Manager (February 2003 - present)

- Manager of Information and Fiscal Management Division: develop, coordinate and administer departmental fiscal services, budget, facilities, information technology and general business activities

Program Manager (September 1987 – February 2003)

- Manager of fiscal and computer resource programs: develop, coordinate and administer departmental fiscal services, budget, facilities, information technology and general business activities

[Lincoln-Lancaster County Health Department and Lincoln Area Agency on Aging, Lincoln NE](#)

System Facilitator (February 1986 – August 1987)

- Coordinated and facilitated information and systems level planning, training and development that affected shared service delivery responsibilities of two agencies.

[Lincoln Medical Education Foundation, Lincoln NE](#)

Project Facilitator (July 1982 – January 1986)

- Robert Woods Johnson funded project to develop community-wide systems for sharing information and coordination services for frail elderly

Health Counselor (August 1980 – June 1982)

Robert Woods Johnson funded project to provide case coordination services to frail elderly clients.

**Additional
professional
activities**

National Association of City and County Health Officers (NACCHO) Information Technology Committee member (February 2001 to July 2004); Public Health Informatics Advisory Workgroup (June 2005 to July 2009 and August 2010 to July 2014). Total of 12 years

Public Health Data Standards Consortium member (NACCHO representative) (April 2001 to July 2004; January 2006 to June 2014); [Member of the Board of Directors and Vice President for State and Local Agencies.]

National Association of Public Health Information Technology Executive Committee member at large (May 2004 to May 2007), Treasurer (May 2005-2006)

Recipient of two National Association of County and City Health Officer's Model Practice designations:

- Information Integration Process (2004)
- Public Health Informatics Sustainable and Strategic (2011)

Public Health Accreditation Board Informatics Think Tank participant (July 2012)

Requirements Laboratory: Public Health Information Model Prioritization Meeting Participant, sponsored by Public Health Informatics Institute (September 2012)

Expert Panel Electronic Health Records for Public Health Agencies sponsored by Public Health Informatics Institute (April 2011)

NACCHO Public Health Informatics Business Processes Meeting Participant (December 2010); assisted NACCHO staff to organize the meeting

External Reviewer for "Competencies for Public Health Informaticians 2009" published December 2009;

Expert reviewer of "Knowledge Management for Public Health Professionals", January 2005 publication of the Association of State and Territorial Officers (ASTHO).

Reviewer for Robert Wood Johnson Foundation, InformationLinks: Connecting Public Health with Health Information Exchanges grant program. Twenty grants awarded December 2005.

Expert responder for the American Medical Informatics Association Spring Congress on Public Health Informatics (Spring 2001) and the Centers for Disease Control's 2002 National Electronic Disease Surveillance System Stakeholder Meeting.

HIPAA Privacy Officer City of Lincoln departments and agencies.

Team Leader for Management Academy Business Plan: Worksite Wellness for Small Businesses

Designed, implemented and completed "Public Health Clinic Review" for the Health Department clinics—Report published to the Lincoln-Lancaster County Board of Health March 2007;

Coordinated community planning and compiled: Health People 2010 Health Objectives for the Year 2010 for Lincoln & Lancaster County Nebraska (January 2000) and Healthy People 2010 Mental Health Addendum (December 2002)

Publications
Training
Presentations

Published articles:

- Cook, Kathleen. "Data Standards and Local Public Health", published in the Winter 2004 issue of [NACCHO Exchange](#).
- Cook, Kathleen. "Improving Effectiveness and Efficiency in Meeting Population-based Outcomes", published in the Winter 2008 issue of [NACCHO Exchange](#)

Presentations / Webinars/ Training Developed and Provided

- April 30, 2014: 2014 Public Health Informatics Conference, Combined Learning Session (Modules of Workforce Development) – “Presenting Information People Understand and Can Use”.
- July 12, 2012: 2012 NACCHO Annual Conference, Poster Session: “Presenting Information People Understand and Use”
- April 17, 2012: NACCHO Sponsored Webinar “Selecting the Right Vendors for your Health IT Projects
- August 24, 2011: 2011 Public Health Informatics Conference, Atlanta Session I1: Business Process Analysis (BPA) for Public Health Systems Interoperability: “Business Process Analysis in Local Health Departments”
- June 29, 2011: NACCHO Sponsored Webinar “Use of Electronic Medical Record by a Local Health Department”
- December 3, 2010: NACCHO Public Health Information Technology – Business Processes Meeting
- August 13, 2010: NALBOH Annual Conference, Poster Session: “Role of Local Public Health in the National Health Information Technology Initiatives”
- November 12-13, 2009, PHDSC Annual Business Meeting, “Readiness of Public Health to Support Meaningful Use” (panel moderator) and “Local Health Department Perspective: Electronic Medical Record Software and Health Information Exchanges” (presenter)
- August 25, 2008: CDC’s 2008 PHIN Conference. “Other Practical Applications of Health Information Technology and Informatics in a Local Health Department”.
- June 10, 2008: Johns Hopkins Bloomberg School of Public Health: Department of Health Policy and Management 2008 Summer Institute. “Using HIT in Public Health – Local Health Department Perspective”.
- June 12, 2007: Johns Hopkins Bloomberg School of Public Health: Department of Health Policy and Management 2007 Summer Institute. “Local Health Departments in a Nationwide Health Information Network”
- September 9, 2005: The Second Health Information Technology Summit, Perspectives of Health Information Technology: City/ County Health Department Perspective”.
- July 16, 2004: NACCHO Annual Conference, “Building the Bridge from Data to Knowledge”
- May 26, 2004: CDC’s 2004 PHIN Conference. “PHIN and the Business of Local Public Health” and “Building the Bridge from Data to Knowledge”
- March 16, 2004: PHDSC Annual Meeting. “Public Health Data Standards: Partner Perspectives—National Association of County and City Health Officials”

Joni Booth*Senior Client Development Consultant*

Joni Booth is a Senior Client Development Consultant at Gallup. As a trusted advisor to Gallup clients, she supports them in building top- and bottom-line growth through improved leadership development, customer and employee engagement, employee wellbeing and brand promotion. Joni applies the principles of behavioral economics and her expertise in managing client projects to develop strategic solutions and deliver executive consulting that increases organizational performance. She works with clients in the agricultural, financial services, healthcare, and manufacturing sectors.

Prior to joining Gallup, Joni worked as a healthcare consultant for the Nebraska Health Information Initiative (NeHII) specializing in health information exchange implementation, creating value statements for NeHII use in healthcare systems, and marketing NeHII throughout Nebraska and Iowa. Joni has also taught business and health information technology courses for colleges in the Omaha metropolitan area.

Joni received her bachelor's degree in finance from the University of Iowa and her master's in business administration from the University of Nebraska Omaha.

BIOGRAPHICAL SKETCH

NAME June E Ryan		POSITION TITLE Patient Advocate, Community Member	
eRA COMMONS USER NAME June E Ryan			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Nebraska Lincoln, NE	B.S.	1962-1966	Dietetics and Nutrition
The Pennsylvania State University Harrisburg, PA	M.P.A	1976-1980	Public Administration
Great Plains Public Health Leadership Institute		2008-2009	Public Health
Policy Academy, UNMC COPH Omaha, NE		2011-12	Public Health Policy

NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions below.

A. Personal Statement

I am a retired community member who currently works with NC2 as an independent contractor because of my interest in improving cancer care for patients. My primary role on the project will be as a patient advocate. I am well suited for this role because I am a former caregiver and widow of two spouses, one who died of lung cancer and one who had progressive dementia and Parkinson's Disease. In the caregiver role, I interacted frequently with other caregivers and organizations supporting caregivers. I will represent the caregiver interests of the community.

From 2002 to 2012, I developed the Nebraska Comprehensive Control Program within the Nebraska Department of Health and Human Services and built a statewide partnership comprised of over 350 individuals representing some 150 groups and organizations. Under my leadership, Nebraska wrote its first Comprehensive Cancer Control Plan, began implementation of the Plan and completed one Plan revision. Further, our partnership established itself as a 501 c 3 entity with a Board of Directors, legal counsel and professional support. In collaboration with the American Cancer Society and the Nebraska Chair, Commission on Cancer Physician Liaison Program, I participated in networking all of the Nebraska cancer centers; this network was the first of its kind in the nation. Some pertinent cancer center network results include: (1) Written agreements by 100% of the centers to ensure that all persons testing positive for colorectal cancer through a state-run screening program would receive treatment and follow up care; (2) 100% of the cancer centers participation in a clinical trials collaboration to achieve increased access to cancer clinical trials as well as accreditation compliance; and (3) all of the cancer centers participating in educational webinars to meet new Commission on Cancer patient centered accreditation requirements. I have established relationships with numerous clinical staff at Nebraska's cancer centers which will be called on for successful completion of this

Cancer Survivorship Plan project.

B. Positions and Honors

Independent Consultant Lincoln, Nebraska	<p>Managing projects for the Nebraska Cancer Coalition and /or the Nebraska Comprehensive Cancer Control Program</p> <ul style="list-style-type: none"> • Susan G. Komen for the Cure grant to provide breast cancer screening services for uninsured and high risk patients in Lancaster County, NE. Responsibilities include working with community providers to enroll clients and arrange for screening and follow up services. Also, convening and facilitating statewide coalition for 11 organizations screening and serving low income, un-insured, underinsured and high risk women for breast cancer. • Policy, Systems and Environmental Change Lead. Responsibilities include forming and facilitating work groups to address a variety of cancer prevention and control policy, systems and environmental priorities related to tobacco control, Affordable Health Care Act implementation, cancer survivorship, palliative care, survivorship, tanning beds, cancer clinical trials, childhood obesity and screening. 	<p>May 2012-Sept 2013</p> <p>May 2012-Present</p>
Manager, NE Comprehensive Cancer Control Program Nebraska Dept. of Health & Human Services Lincoln, NE	<p>Managed and directed the statewide, CDC funded Comprehensive Cancer Control Program aimed at reducing cancer incidence/mortality; maintained relationships with CDC and partners to facilitate implementation of the Nebraska Cancer Plan; hired and supervised two staff and mentored students. Developed/managed contracts for evaluators, consultants, others.</p>	2002-2012
Vice President for Government Relations Best Health Care Management Company, Inc. Philadelphia PA	<p>Interim executive director of Community Voices of El Paso, a W.K. Kellogg Foundation funded project; provided technical assistance and consultation during start up. Participated in Medicaid managed care proposal development in PA, MA, TX and LA; negotiated Medicaid contracts and obtained state license in PA and TX; functioned as government liaison for managed care plans in PA and TX. Managed behavioral health contract for 25,000 members.</p>	1993-2001
Adjunct Researcher University of Pennsylvania Dept. of Psychiatry Philadelphia, PA	<p>Developed and tested national curriculum for rural elderly mental health services; evaluated statewide Ombudsman Program for PA Aging Department; developed plan for residential drug and alcohol treatment program and proposed quality assurance indicators for child and adolescent mental health treatment programs.</p>	1992-1999
Administrator/Chief Operating Officer The Horsham Clinic, Ambler, PA	<p>Directed operations of a 138 bed psychiatric/substance abuse hospital; designed and implemented day treatment and outpatient programs and implemented 24-hour crisis intervention program; led hospital activities that resulted in three-year JCAHO accreditation. Increased admissions by 75% over three years.</p>	1988-1993
Various Positions including Director for Standards and Quality Assurance PA Dept. of	<p>Managed statewide licensure of 400 community mental health programs; drafted licensure regulations for state prison mental health units. Developed continuity of care policy/procedures for 43 county programs; reviewed all psychiatric Certificate of Need applications.</p>	1981-1987

Public Welfare Harrisburg, PA		
Various Positions including Associate Director, Division of Hospitals PA Department of Health Harrisburg, PA	Developed and directed systematic statewide Medicare certification program for 32 private and state-owned psychiatric hospitals; contracted with National Institute of Mental Health and managed contracts with psychiatrists, nurses and social workers. Conducted Medicare surveys and reported to state and federal agencies; developed successful proposal to increased licensing staff from nine individual nurse surveyors to 43 interdisciplinary team surveyors in four regions across Pennsylvania.	1970- 1981
Chief Dietitian Holy Spirit Hospital Camp Hill, PA	Supervised diet technicians, taught nutrition and counseled patients; promoted to chief dietitian for 132 bed general hospital in metro-Harrisburg, PA area	1967- 1970
Food Service Consultant PA Dept. of Public Welfare Harrisburg, PA	Provided consultation and technical assistance to state owned health/social welfare facilities; educated dietitians and food service personnel.	1966- 1967

HONORS

- Received first place for a poster presentation at the Public Health Association of Nebraska annual meeting. The poster featured building bridges (relationships) to facilitate research of lung cancer patient preferences for treatment. October 2014
- Selected as one of the first six mentors to implement a National Cancer Institute Research to Reality project. 2011-2013
- Selected to participate in UNMC College of Public Health's first Health Policy Academy 2011-2012
- Selected as a Great Plains Public Health Leadership Institute mentor 2009-2013
- Recognized by the Nebraska Cancer Coalition as an outstanding partner 2003

C. Selected peer-reviewed publications

None

D. Research Support

List both ongoing and completed research projects for the past three years (Federal or non-Federally supported). Begin with the projects that are most relevant to the research proposed in the application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

UNMC CoPH and Northern Plains Epidemiology Center Omaha, NE and Rapid City, SD	Served on data management advisory committee for five year Office of Minority Health Native American Data Project	2007-2012
UNMC CoPH Epidemiology Center Omaha, NE	Co-Investigator on Patient Centered Preferences for Late Stage Lung Cancer Treatment funded by PCORI; conducted 4	2013-2015

	focus groups to get key stakeholder input on patient-centered topics; serve as patient advocate on Core Team.	
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Other Comments:

I am active in community organizations including AARP, the Lincoln Community Foundation and the Oshner Life Long Learning Institute where I take classes as well as volunteer at OLLI events. I am also very active in my church and in January will become chair of the Board of Christian Outreach. I have participated in two mission trips to Pine Ridge Reservation as well as volunteer at Lincoln's Clinic with a Heart that provides free health services to uninsured persons and Matt Talbot free meals and services program.

I am currently an independent contractor with the Nebraska Comprehensive Cancer Control Program, Department of Health and Human Services responsible for policy, systems and environmental change to impact cancer incidence and mortality. For the 2013-2014 Nebraska Congressional Session, I am working in collaboration with others on policy change related to tobacco tax, insurance coverage for participation in cancer clinical trials, teen's use of tanning beds, obesity/physical activity in children and adolescents and implementation of the Affordable Health Care Act. I continue to be on the NC2 Board of Directors and have excellent working relations with over 350 NC2 partners and others in their organizations. My ten-year relationship with administrative, medical and other clinical staff at Nebraska's 12 cancer centers will be a valuable resource for this study should our application be selected.

Todd Searls, Executive Director, Wide River LLC

Mr. Searls currently serves as the Executive Director of Wide River LLC, a Healthcare IT consulting firm, delivering strategic and clinical consulting services to clients nationwide. Previous to this, he served as the Director of Nebraska's Regional Extension Center (REC) program and has lead numerous HIT and strategic initiatives in independent physician practice, as well as large, multi-facility healthcare systems. In these roles he has personally assisted hundreds of physicians in over 25 specialties to research, purchase, implement and optimize their HIT solutions. Mr. Searls is frequently asked to speak and comment on Healthcare IT issues nationally, especially those which impact rural and medically under-served communities.

CURRICULUM VITAE

NAME: James C McClay, M.D., M.S., FACEP

CAMPUS ADDRESS: Emergency Department
University of Nebraska Medical Center
981150 Nebraska Medical Center
Omaha, NE 68198-1150
(402) 559-3587 Office
JMCCLAY@UNMC.EDU

EDUCATION:

June 1979 B.S. Biophysics with Honors, University of Michigan, Ann Arbor, Michigan
June 1984 M.D. Wayne State University, Detroit Michigan
January 1987 M.S. Bioengineering, University of Michigan, Ann Arbor, Michigan

POST-DEGREE TRAINING:

7/84 to 6/86 Resident in General Surgery, St. John Hospital, Detroit Michigan
1/87 to 4/89 Precandidate for PhD in Bioengineering, University of Michigan, Ann Arbor, Michigan
8/90 to 6/93 Research Fellow in Medical Informatics, Decision Systems Group, Harvard Medical School, Boston, Mass.
1/02 to 4/03 Educational Scholars Program, University of Nebraska Medical Center, Omaha, Nebraska
5/06 to 5/07 Faculty Administrative Colloquium, University of Nebraska Medical Center, Omaha, Nebraska
4/12 to 4/13 UNMC Physician Leadership Academy, Omaha, Nebraska

ACADEMIC APPOINTMENTS:

07/09 to Current Associate Professor, Department of Emergency Medicine, University of Nebraska Medical Center
07/09 to Current Associate Professor (Courtesy), Department of Internal Medicine, University of Nebraska Medical Center
07/09 to Current Associate Professor (Courtesy), Information Systems & Quantitative Analysis (ISQA), College of Information Science & Technology, University of Nebraska at Omaha
11/05 to Current Graduate Faculty, University of Nebraska
05/08 to 06/09 Assistant Professor (Courtesy), Department of Internal Medicine, University of Nebraska Medical Center
1/07 to 06/09 Assistant Professor, Department of Emergency Medicine, University of Nebraska Medical Center
1/06 to 06/09 Assistant Professor (Courtesy), Information Systems & Quantitative Analysis (ISQA), College of Information Science & Technology, University of Nebraska at Omaha
4/01 to 12/06 Assistant Professor, Section of Emergency Medicine, Department of Surgery, University of Nebraska Medical Center

HONORS AND AWARDS:

March 2012 Outstanding Professional Achievement, College of Medicine, University of Nebraska
October 2011 Certificate of Appreciation for Leadership, American College of Emergency Physicians
2011 WideRiver TEC EHR Curriculum Development Award
September 28, 2010 American College of Emergency Physicians Lifetime Achievement award in Medical Informatics
2009 UneMed New Invention Award "Emergency Department Patient Information Kiosk"
2009 UNMC Special Achievement Award

BOARD CERTIFICATION AND LICENSES:

2008 to Current Fellow, American College of Emergency Physicians
2005 to 2010 Advanced Disaster Life Support (ADLS) Instructor

2005 to 2012	Pediatric Advanced Life Support (PALS) Provider
2001 to 2012	Advanced Trauma Life Support (ATLS) Provider
2001 to Current	Nebraska Medical License # 21666
2000 to Current	Ohio Medical License 35-07-7785-M
1990 to 2005	Massachusetts Medical Registration # 72931 (inactive)
1985 to Current	Michigan Medical License # 1049076
1983 to Current	Advanced Cardiac Life Support (ACLS) Provider

GRANT/CONTRACT SUPPORT:

2015	“Clinical Data Research Network” Nebraska Tobacco Settlement Biomedical Research Development Fund (NTSBRDF). PI; \$100,000
2014 to 2015	UNMC PI (30%) for Greater Plains Consortium for Comparative Effectiveness Research (P.I. Russ Waitman, PhD, KUMC \$5 million) PCORI CDRN Contract. \$950,000
2013	“Introduction to Biomedical Informatics” eLearning award. PI, \$3000
2011	“Electronic Health Record Curriculum in Informatics Education.” P.I \$3000 curriculum development award
2005 to 2007	“Advancing Academic and Community Practice Through IAIMS.” Start Feb 15, 2005: End 12/14/2007, Budget \$296,000. Principle Investigator: John Windle, MD. National Library of Medicine
2003 to Current	Site PI for National Emergency Airway Registry. PI: Ron Walls, MD,
2002 to 2003	“Development Of Simulation Programs For Emergency Department Educational Programs.” UNMC Dean’s Educational Grant. 4/2002-4/2003. Total budget \$4945. PI: James McClay, MD
2001 to 2006	“Standards-Based Interoperable Guideline Systems” funded by the ATP of NIST starting 11/2001: End 11/2006. Total budget \$18,799,000, Principle investigator: Nick Beard of IDX, Inc; Co-investigators at UNMC: Jim Campbell, MD

OTHER POSITIONS:

1/98 to 12/00	Medical Director and General Partner, Interface Testing Systems, LLC.
7/94 to 7/99	Director of Medical Informatics, Emergency Physicians Medical Group, PC, Ann Arbor, Michigan
8/93 to 7/94	Medical Director of Research and Development, Medical Intelligence, Inc/GMIS, Brookline, Massachusetts
1/91 to 7/94	Emergency Physician, New England Memorial Hospital (later Boston Regional Medical Center), Stoneham, Massachusetts.
10/86 to 3/01	Emergency Physician, St Joseph Mercy Hospital, Ann Arbor, Michigan

CONSULTING POSITIONS:

2014	American College of Emergency Physicians Sections Task Force. Review grant proposals and make funding recommendations to the Board.
11/12 to Current	American Medical Informatics Association Item Writing Committee for Clinical Informatics Certification Practice Exam
5/13 to Current	American College of Emergency Physicians Quality Measures Technical Expert Panel
6/07	Chair, Emergency Department Solutions Track, GE Healthcare PAG-CIO Forum, June 8, 2007; Seattle, WA
10/06	Co-Chair, Information Standards Track: Towards Vocabulary Control for Chief Complaint: A National Symposium. October 18, 2006, Baltimore
10/05 to Current	HL7 Liaison, American College of Emergency Physicians

7/01 to 12/06	Physicians Advisory Committee for IDX Systems Corporation, Seattle, Washington
2/98 to 10/98	Development of the Clinical Performance Manager Workstation a software application to measure and improve the quality of care. Medstat, Inc., Ann Arbor, Michigan.
1995 to 1999	e.MD Editorial Board, McGraw-Hill

MEMBERSHIPS/OFFICES IN PROFESSIONAL SOCIETIES:

Health Information Management Systems Society (HIMSS)
 American College of Emergency Physicians (ACEP)
 Society for Academic Emergency Medicine (SAEM)
 Nebraska Chapter of The American College of Emergency Physicians
 Metro Omaha Medical Society
 American Medical Informatics Association
 Founding member Emergency Department Benchmarking Alliance
 Founding member ACEP Section of Emergency Medical Informatics

INTERNATIONAL

2005 to Current	Co-chair of the Health Level 7 Emergency Care Work Group. Formal responsibility for development of international interoperability standards for Emergency Care Information .
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NATIONAL

2/12 to current	American Medical Informatics Association WorkGroup Committee
2/12 to current	American Medical Informatics Association Education Committee
11/11 to current	Nebraska HIMSS Program Committee
10/08 to 10/11	Chair, Section of Emergency Medical Informatics, American College of Emergency Physicians. This 300 member section provides oversight for emergency medical informatics in the United States.
2007 to 2009	Certification Commission for Healthcare Information Technology (CCHIT) Emergency Department Workgroup. Developed certification criteria for Emergency Department Information Systems
2005 to 2006	SAEM Grants Committee
2005 to 2006	American Medical Informatics Association Publication Committee
2003 to 2004	Program Committee for SAEM Scientific Conference
1999 to 2000	ACEP Public Relations Committee
1999 to 2000	Chair, Technology sub-committee of the ACEP Public Relations Committee

UNIVERSITY AND HOSPITAL COMMITTEE SERVICE:

2013 to current	Chair, OneChart Physician Advisory Team.
2013 to current	Chair, Biomedical Informatics Graduate Program Committee.
2012 to current	UNMC Graduate Council
2012 to 2013	Enterprise OneChart Physician Advisory Team
2013 to current	Enterprise Research and Education Governance Committee
2011 to 2012	OneChart (EHR) Physician Leadership Team
2011 to Current	OneChart (EHR) Clinical Content Integration Governance
2011 to 2012	Clinical Research and Quality Leadership Team
2010 to 2013	Chair, Biomedical Informatics Task Force
2009 to 2012	Clinical Documentation Integrity Steering Committee
2005 to 2012	Chair, the Nebraska Medical Center Information Standards Committee
2005 to 2009	The Nebraska Medical Center Innovations Committee
2005 to 2012	Clinical Safety Initiatives Implementation Committee
2005 to 2012	Physician Workflow Management Steering Committee
2002 to 2012	Clinical Information Management

2002 to 2005 Chair, Clinical Advisory Committee
 2002 to 2005 Chair, Health Informatics Curriculum Committee.
 2001 to 2004 IAIMS Grant Task Force.
 2001 to 2003 Computerized Decision Support Committee.

COMMUNITY SERVICE:

2013 to 2015 Judge, Midwest Student Biomedical Research Forum
 2006 to 2007 Nebraska Health Information Initiative Technical Committee
 2005 to 2010 Metro Omaha Medical Society Informatics Committee
 2005 to 2010 Millard School District Medical Advisory Committee
 2001 to 2006 Omaha Metropolitan Medical Response Steering Committee

BIBLIOGRAPHY:

REFEREED ARTICLES – Published

Kettelhut V, Van Shooneveld T, **McClay JC**, Fruhling A; “Applying the Rules of Image Construction to Graphical Representation of Infection Prevention Contextual Data in a Communicable Format.” HCI International 2015, Los Angeles, CA, August 2-7, 2015

McClay JC, Park P, Janczewski M, Langford L; Standard for Improving Emergency Information Interoperability: The HL7 Data Elements for Emergency Department Systems (DEEDS). J Am Med Inform Assoc 2015; (in press)

Tarrell A, Grabenbauer L, **McClay J**, Windle J, Fruhling AL.; “Toward improved heuristic evaluation of EHRs.” Health Systems 17 October 2014 :1-13; ePub

Campbell WS, Campbell JR, West WW, **McClay JC**, Hinrichs SH. “Semantic analysis of SNOMED CT for a post-coordinated database of histopathology findings.” J Am Med Inform Assoc 2014; May 15, ePub

Windle T, **McClay JC**, Windle R. “The Impact of Domain Knowledge on Structured Data Collection and Templated Note Design.” Appl Clin Inform 2013; 4 (3): 317-330

Farley HL., Baumlin KB, Hamedani AG, Cheung DS, Edwards MR, Fuller DC, Genes N, Griffey RT, Kelly JJ, **McClay JC**, et al. "Quality and Safety Implications of Emergency Department Information Systems." Annals of Emergency Medicine (2013).

Grabenbauer L, Fraser R, **McClay J**, Woelfl N, Thompson C, Campbell J, Windle J.; Adoption of Electronic Health Records: A Qualitative Study of Academic and Private Physicians and Health Administrators. Appl Clin Inf 2011; 2:165-176

Kawamoto K, Del Fiol G, Strasberg HR, Hulse N, Curtis C, Cimino JJ, Rocha BH, Maviglia S, Fry E, Scherpbier HJ, Huser V, Redington PK, Vawdrey DK, Dufour JC, Price M, Weber, JH, White T, Huges, KS, **McClay JC**, Wood, C, Eckert K, Bolte S, Shields D, Tattam PR, Scott P, Liu Z, McIntyre AK; “Multi-National, Multi-Institutional Analysis of Clinical Decision Support Data Needs to Inform Development of the HL7 Virtual Medical Record Standard” JAMIA 2010

Melnick ER, Nielson JA, Finnell JT, Bullard MJ, Cantrill SV, Cochrane DG, Halamka JD, Handler JA, Holroyd BR, Kamens D, Kho A, **McClay J**, Shapiro JS, Teich J, Wears RL, Patel SJ, Ward MF, Richardson LD; Delphi Consensus on the Feasibility of Translating the ACEP Clinical Policies Into Computerized Clinical Decision Support. Ann Emerg Med. 2010 Oct;56(4):317-2

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Tu SW, Musen MA, Shankar R, Campbell J, Hrabak K, **McClay J**, et al.; Modeling Guidelines for Integration into Clinical Workflow: MedInfo, September 2004

Windle J, Van-Milligan G, Duffy S, **McClay J**, Campbell J; Web-based Physician Order Entry: An Open Source Solution with Broad Physician Involvement. Proc AMIA Symp. 2003

McClay J. Wireless Computing And Health Care. J Med Pract Manage. 2003 Mar-Apr;18(5):250-5.

McClay JC, Campbell J. Improved Coding of the Primary Reason for Visit to the Emergency Department Using SNOMED. Proc AMIA Symp 2002:499-503

Augustine JJ, **McClay J**; Best Practices In The Best Places: Benchmarking In The Emergency Department. Best Practices Benchmarking Healthc. 1997 2(6) 274-8

Bergeron, B, **McClay, JC**; Voice Recognition: Current Status as an Enabling Tool for Clinical Data Capture. Healthcare Information Management, 1996 10(3): 67-72

ABSTRACTS AND PRELIMINARY COMMUNICATIONS

Daniel N, Barksdale A, Lander L, Barthold C, **McClay J**; “Are Emergency Medicine Residents “Missing” Central Line Training? Retrospective Review of Central Venous Catheters Placed In and Out of The Emergency Department.” Acad Emerg Med 2014; 21(5) S1. pp S171-2

McClay JC, Coonan K, Langford LH, Kamens D, Park PJ; “The HL7 Specification of the Data Elements for Emergency Department Systems (DEEDS)”, American Medical Informatics Association, November 5, 2012, Chicago, Ill

McClay JC, Park PJ, Langford LH, Marr SD, Coonan K, Kamens, D; “Toward a Standard Model of Emergency Care Information: Application of HL7 Domain Analysis Modeling to Emergency Care”, American College of Emergency Physicians Research Forum, October 8-9, 2012, Denver, CO

Sullivan J, **McClay JC**; “Airway Management at a Regional Trauma Center: An Analysis of Resident Experience”, SAEM Great Plains Regional Research Forum, September 10, 2011, St Louis, MO

McClay JC, Nielson JA, Hersh W; “Analysis of the ACEP-AMIA 10x10 Program to Train Emergency Physicians in Medical Informatics”, AMIA 2009 Annual Symposium, San Francisco, CA.

Cramer J, Windle JR, Duffy S, Grabenbauer LA, **McClay J**; “Facilitating Order Set Management in a CPOE Implementation”, AMIA 2009 Annual Symposium, San Francisco, CA.

Windle, T, McCormick, M, Duffy, S, **McClay, J**, Windle, JR, “Templated Notes: One Size Does Not Fit All”, AMIA 2009 Annual Symposium, San Francisco, CA.

McClay JC, Neilson JS, Hersh W. “The Emergency Informatics Transition Course: A flexible, on-line course in health informatics for Emergency Medicine Clinicians and Trainees” Innovations in Emergency Medical Education, Society of Academic Emergency Medicine, May 16-17, 2009; Chicago, Ill

McClay J. Comparison of Ten-Hour and Twelve-Hour Shifts Demonstrates No Difference in Resident Productivity. Annals of Internal Medicine, 52(4). S151

McClay J, Carson R, Wadman M,. “Resident Shift-Hour Productivity: A New Method for Measuring Resident Productivity that Accounts for Variations in Hourly Patient Volumes. SAEM Western Regional Research Forum, March 29, 2008, Costa Mesa, CA

Grabenbauer L, Fraser-Maginn RS, **McClay** JC, Windle JR. "A Qualitative Analysis of Academic and Private Physicians' and Administrators' Perceptions of Health Information Technology" AMIA 2007 Annual Symposium, Chicago, IL

Abarbanel RM, Berg D, Campbell JR, Glasgow JI, Hrabak KM, Mansfield JG, **McClay** J, McClure R, Nyman MA, Parker CG, Tu SW, Weida T, Scheitel SM. Partnerships In Innovation: How We Accomplished the Objectives of the SAGE Project. AMIA Annu Symp Proc. 2006;:1176-8.

McClay JC, Banet GA, Lewis LM: Epidemiology and Evaluation of Abdominal Pain in Seniors. ACEP Research Forum 2003, Boston, MA

Beard N, Campbell JR, Huff SM, Leon M, Mansfield JG, Mays E, **McClay** J, Mohr DN, Musen MA, O'Brien D, Rocha RA, Saulovich A, Scheitel SM, Tu SW; Poster: Standards-based Sharable Active Guideline Environment (SAGE): A Project to Develop a Universal Framework for Encoding and Disseminating Electronic Clinical Practice Guidelines: Proc AMIA Symp 2002;:973

McClay J, Tran, TP: Epidemiology of Dyspnea in Geriatric Population Presenting to the ED. 12th Annual Midwest Regional SAEM Meeting Sept 13, 2002, Toledo, OH

McClay, J: Workflow Management in Occupational Medicine Using the Simple Workflow Access Protocol (SWAP), in Bakken S, ed. J. Proceedings of the Annual Symposium of AMIA, 2001, Washington DC, page 970

Barr P, Little N, **McClay** JC: Using Emergency Department Admission Rates To Guide Training And Guideline Development In: Chute CG, ed. J. Am Med Inf Assoc, symposium supplement, 1998: 970

McClay, JC: Collecting Data That Counts: An Architecture for Building a Focused Data Dictionary Based on Active Clinical Practice Guidelines. AMIA Spring Conference, San Jose: AMIA, 1997

McClay, JC; Resident Physician Staffing Levels Do Not Alter Attending Physician Productivity in Five Large Academic Emergency Departments. 1996 Annual Meeting of the Society for Academic Emergency Medicine, Denver, Colorado, May 7, 1996

McClay, JC, Greenes, RA: The Clinical Algorithm Processor Shell: An Interactive Educational Environment for Clinical Practice Guidelines. Annals of Emergency Medicine, 22(5), 1993: 906.

McClay J, Greenes RA, Sanchez R, Abendroth, T: Issues in Converting Published Practice Guidelines into Electronic Format. In American Medical Informatics Association Spring Congress, ed. MJ Ackerman and M Musen. Portland, Oregon: 1992.

BOOK CHAPTERS

- 2014 McClay JC. Emergency Department Information Systems; Selection, Installation, and Use. In: Strauss RW, Mayer TA. editors. Emergency Department Management. New York: McGraw-Hill Medical; 2014. p. 390-97
- 1998 Nashed AH, Mandell ML, **McClay** JC; Emergency Department Information Systems; in Managing to Get it Right, Rosen RA. Ed. American College of Emergency Physicians, Houston TX.
- 1997 **McClay**, JC; Information Systems in Risk Management; in Emergency Department Risk Management, Henry G, Sullivan D. ed. American College of Emergency Physicians, Houston.

PUBLISHED STANDARDS

McClay JC, Heerman Langford L, Park P, Kamens D, Marr S.; HL7 Version 3 Specification: Data Elements for Emergency Department Systems (DEEDS), Health Level 7, International, May 2012: available at http://www.hl7.org/implement/standards/product_brief.cfm?product_id=326

Rothenhaus TC, Kamens D, **McClay** J, Coonan K; Emergency Department Information System (EDIS) Functional Profile. HL7 Emergency Care Special Interest Group. Health Level 7 International, 4/15/2007. Available at http://www.hl7.org/implement/standards/product_brief.cfm?product_id=18

HL7 Clinical Decision Support Work Group, Order Set Publication Draft Trial for Standard Use Ballot – September 2008.

Available at HL7 ballot site: <http://www.hl7.org/v3ballot/html/welcome/environment/>

JOURNAL REVIEWER

2014 to present *Applied Clinical Informatics*
 2005 to present *Journal of Biomedical Informatics*
 2002 to present *Annals of Emergency Medicine*
 1994 to present *Journal of American Medical Informatics Association*
 1993 to present *Academic Emergency Medicine*

CONFERENCE REVIEWER

2012 46th Hawaiian International Conference on System Sciences (HICSS-46)
 2011-2012 European Medical Informatics Conference
 2001-2013 American Medical Informatics Association Annual Symposium
 2001-2013 Society for Academic Emergency Medicine Annual Meeting

INVITED PRESENTATIONS:

NATIONAL

2014 “The HL7 Common Model of Emergency Care Information: Driving innovation through Standardization” ACEP Informatics Grand Rounds, December 9, 2014: Dallas, TX

2013 “Defining the Next Generation EDIS: Standards Development at HL7.” ACEP Emergency Informatics Consortium, July 22, 2013: Dallas, TX

2013 “Closing the loop on ED Triage Screening.” Epic Advisory Council Meeting, April 26, 2013; Verona, WI

2011 “Emergency Medical Informatics: Past Present and Future.” Grand Rounds, Department of Traumatology & Emergency Medicine, Hartford Hospital, April 2; Hartford, CT

2010 “The Road to Meaningful Use: Where we’ve been and where we’re going.” American College of Emergency Physicians Scientific Assembly, September 29, 2010; Las Vegas, NV

2009 “The Emergency Informatics Transition Course: A flexible, on-line course in health informatics for Emergency Medicine Clinicians and Trainees” Innovations in Emergency Medical Education, Society of Academic Emergency Medicine, May 16-17; Chicago, Ill

2007 “Emergency Department Solutions: Current Emergency Department Information Systems (EDIS) Needs” GE Healthcare PAG-CIO Forum, June 8, 2007; Seattle, WA

2004 “Implementing Clinical Decision Support in the Emergency Department” National Symposium on Emergency Department Information Systems.” December 7, 2004; Chicago, IL

2004 “Clinical Practice Guidelines in Practice” IDX Users Conference, August 2004; Boston, MA

2004 “Making Medical Reference Information Available at the Point of Care” IDX Users Conference, August 2004; Boston, MA

2003 Windle J, Van-Milligan G, Duffy S, McClay J, Campbell J; Theater-Style Presentation: Rapid Deployment of Physician Order Entry using Web-Based, Disease-Specific Order Sets, November 2003, Washington, DC

2003 Panel: “The SAGE Project: Partnerships in Innovation” American Medical Informatics Association Scientific

Meeting, November 2003, Washington, DC

- 2003 Panel: "Building a CPOE-Implementation Team" Innovative Informatics for Reducing Medication Errors. April 10-11, 2003, Cambridge, MA
- 2002 "Wireless: Which Tools are Best for You?" Session 107 in Healthcare Informatics & e.MD Expo and Conference, April 10-11, 2002 Rosemont, IL
- 2001 "Tools: Wireless, Voice Recognition, Handhelds-The Works" Session e101 in Healthcare Informatics & e.MD Expo and Conference, April 18-19, 2001 Chicago, IL
- 2000 "Introduction to Information Technology in Healthcare" Healthcare Informatics Conference, May 24, 2000 Chicago, IL

REGIONAL

- 2012 "Re-Architecting the Electronic Health Record from the Ground Up: The HL7 EHR System Functional Model." Nebraska Health Information Management Systems Society Spring Meeting, May 4, 2012, Omaha, NE
- 2011 "Making 'Meaningful Use' Meaningful to Informatics Students." EHR Education: Building a Tech-Savvy Workforce, October 12, 2011; Lincoln, NE
- 2007 "Knowledge Translation for Clinical Decision Support: The SAGE Experience." 3rd Annual Nebraska Research and Innovation Conference, March 21, 2007; Omaha, NE
- 2006 "Standardization of Order Sets for Decision Support in CPOE" Metro Omaha Medical Society Informatics Committee, February 7, 2006
- 2005 Visiting Professor: "SAGE: The Standardized, Sharable, Active Guideline Environment. Research Symposium at The University of Texas School of Health Sciences at Houston, Houston, Texas, July 6, 2005
- 2004 "The SAGE Project"; 25th CMIT Research Roundtable, Peter Kiewit Institute, September 24, 2004
- 2000 "Internet in Emergency Medicine" 27th Annual Michigan Emergency Medicine Assembly. July 18, 2000, Bellaire, Michigan
- 1998 "The Benchmarking Process in Healthcare: Pediatric Fever." 78th Annual Coller-Penberthy-Thirlby Medical Conference. July 24-25, 1998, Traverse City.
- 1996 "Information Analysis in the Emergency Department" in Emergency Department Survival in the Age of Managed Care, Sponsored by The Emergency Department Benchmarking Alliance, April 26, 1996
- 1995 "Introduction to the World Wide Web for Physicians" Emergency Physicians Medical Group, November 7, 1995
- 1995 "Medical Informatics Applications in Practice Guideline Development" University of Michigan Bioengineering Course 890, "Introduction to Research Techniques", October 18, 1995

LOCAL

- 2015 "The Greater Plains Collaborative: Developing the National PCORnet Comparative Effectiveness Research Network." Department of Neurological Sciences Mind and Brain Health Series, UNMC, Omaha, February 4, 2015
- 2014 ""Big Data" and Clinical Informatics." UNMC MD/PhD Scholars Program, UNMC, Omaha, November 6, 2014

- 2014 “Biomedical Informatics at UNMC: Big data yields big insights.” UNMC Center for Clinical and Translational Research Seminar. Omaha, March 17, 2014
- 2013 “OneChart Electronic Health Record.” UNMC Department of Emergency Medicine Grand Rounds, Omaha, March 21, 2013
- 2012 “Secondary Use of Clinical Data for Disease Surveillance and Population Health: Translational Informatics at The Nebraska Medical Center”, UNMC College of Public Health, Omaha, April 18, 2012
- 2012 “Electronic Medical Records at The Nebraska Medical Center.” ISQA 8080-A Seminar in Management Information Systems, University of Nebraska Omaha, Jan 27, 2012
- 2011 “The Meaningful Use of Health Information Technology in the Emergency Department” UNMC Department of Emergency Medicine Grand Rounds, Omaha, February 17, 2011
- 2009 “Electrolytes in the emergency department,” UNMC Physician Assistants Seminar, Omaha, 6/2009
- 2008 “Clinical Quality Improvement and the Role of Emergency Medical Informatics”, UNMC Department of Emergency Medicine Grand Rounds, Omaha, October 16, 2008

TEACHING ACTIVITIES:

PARTICIPATION IN TEAM-TAUGHT COURSES

- 2008-2014 Instructor, AMIA-ACEP 10X10 Informatics Transition Course. Trained over 130 Emergency Physicians in informatics.
- 2008-2010 Interprofessional Teams and Quality in Healthcare, UNMC
- 2005 PBL facilitator, UNMC
- 2005-2010 Knowledge Management in Clinical Information Systems, Clinical Systems Architecture and Function
- 2003 PBL facilitator, UNMC

COURSES TAUGHT

- 2013, 2014 BMI 810 Introduction to Biomedical
- 2012-present BI 970 Translational Informatics Seminar
- 2010, 2011 SURG850/ISQA8500 Advanced Topics in Clinical Informatics: Clinical Decision Support
- 2006-2008 Nurs871/ISQA8710: Introduction to Informatics
- 2006, 2008 SURG850/ISQA8500: Readings in Clinical Informatics

CURRICULUM DEVELOPMENT:

- 2013 Joint MS/PhD in Biomedical Informatics at University of Nebraska. Resulted in formal joint program and transition to chair.
- 2011 BI810: Introduction to Biomedical Informatics, course coordinator
- 2010 Chair BioMedical Informatics Task Force Program Development, University of Nebraska
- 2005 Master’s Degree curriculum for Medical Sciences Interdepartmental Area Health Informatics Concentration,

GRADUATE STUDENT SUPERVISION

Bret Gardner, Chair, Dissertation Committee & Faculty advisor MD/PhD Candidate

W. Scott Campbell, Dissertation committee: “A Conceptual Framework for Capture, Retention and Utilization of Pathologist Knowledge Using Whole Slide Imaging” Defended 2/2013. Winner, Thomas Jefferson Ingenuity Award.

Lisa Grabenbauer, Dissertation Committee, PhD candidate

Valaryia Kettelhut, MD, MPH, Chair, Dissertation Committee, PhD candidate

Ann Skinner. Chair of Masters advisory committee (2014)

TUTORIALS:

“Multi-disciplinary Plan of Care.” American Medical Informatics Association Scientific Meeting. November 2003, Washington DC

RESIDENT RESEARCH PRECEPTOR

Nicholas Daniel, MD “Are Emergency Medicine Residents “Missing” Central Line Training? Retrospective Review of Central Venous Catheters Placed In and Out of The Emergency Department.” 2014

Tom Spiegel, MD “The Effect of Barometric Pressure and Temperature Changes on ED Patient Arrivals.” 2008

EMERGENCY MEDICINE RESIDENTS CORE CURRICULUM COURSE

Abdominal Pain, 6/06

Abdominal Trauma, 10/05, 5/07

Acute Coronary Syndromes, 10/04, 2/06, 7/07, 5/08, 7/10

Acute Myocardial Infarction, 5/05, 2/06, 7/07, 7/08

Cost Effective Use of Radiology, 7/04

Cystitis/Pyelonephritis, 11/04, 8/05, 9/08

Elbow and Wrist Injuries, 6/07

Electrolytes I & II, 9/04

Emergency Medical Informatics, 7/04, 3/08

Geriatric Trauma, 10/05, 5/07, 6/08

Health Information Exchange with NeHII, 9/10

Occupational Exposure, 11/04, 11/06

Overuse Syndromes, 3/05, 3/08

Pediatric Asthma, 12/04

Throat Abscesses, 11/05, 6/08

Weak & Dizzy, 7/04, 7/05, 7/06, 7/08

Revised 2/13/2015

eHealth Council Overview

Sept. 17, 2015

- The NITC is a nine-member, governor-appointed commission. The Commission promotes the use of information technology in education, health care, economic development and all levels of government service.

NITC Mission Statement

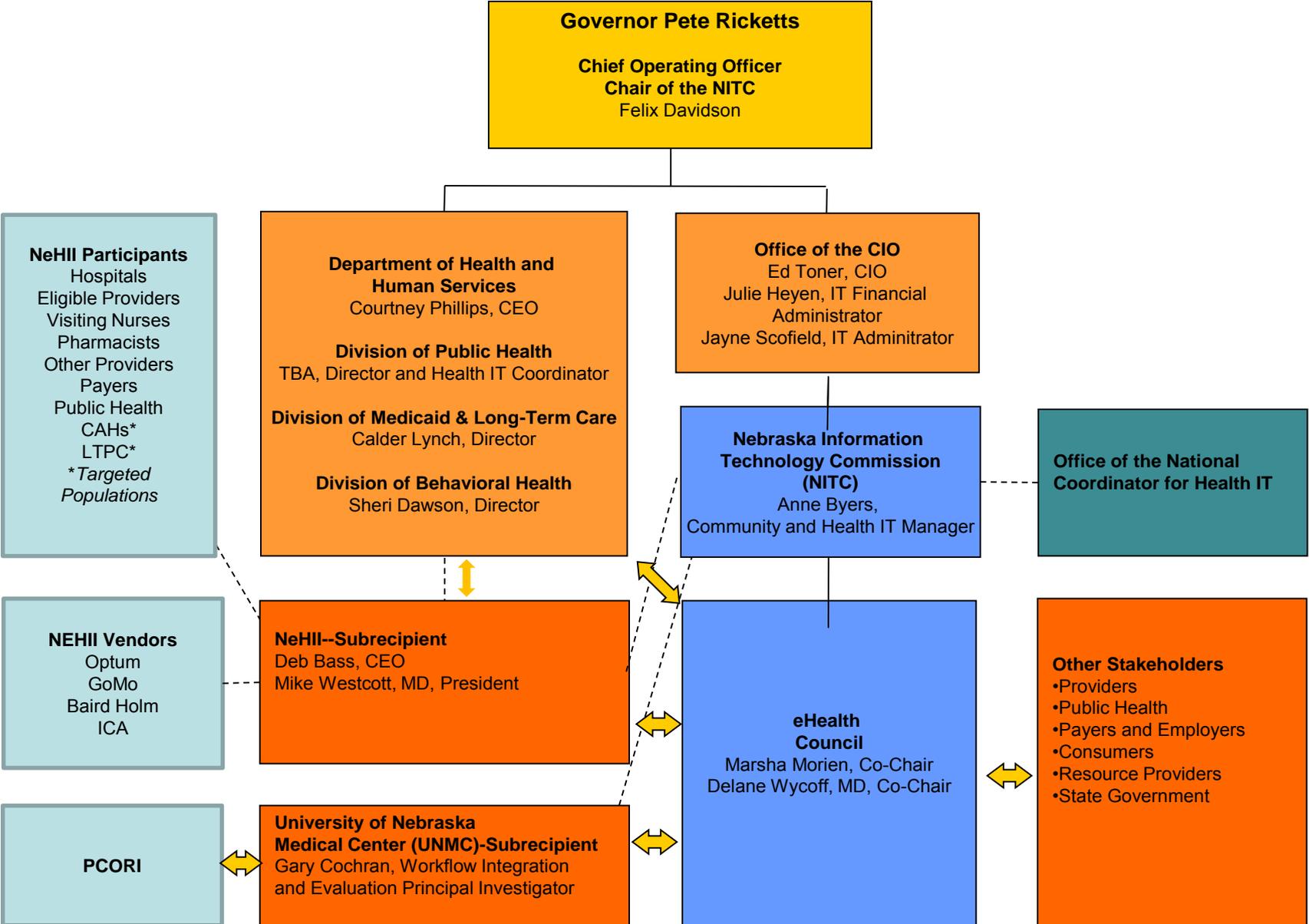
PROMOTING THE USE OF
INFORMATION
TECHNOLOGY
IN EDUCATION HEALTH CARE
ECONOMIC DEVELOPMENT
& ALL LEVELS OF GOVERNMENT

NITC Commissioners

- Felix Davidson, COO, State of Nebraska, Chair
- Sen. Curt Friesen
- Dr. Terry Haack, Bennington Public Schools
- Donna Hammack, Saint Elizabeth Foundation
- Dorest Harvey, USSTRATCom/AFLCMC-HBCC
- Randy Meininger, Mayor, Scottsbluff
- Brad Moline, Allo Communications
- Dan Shundoff, Intellicom
- Gary Warren, Hamilton Telecommunications
- Walter Weir, University of Nebraska

Nebraska Health Information Exchange

eHealth Council Meeting Materials



eHealth Council Mission

- To foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska.

Council Responsibilities

- Assist the Commission in developing, reviewing and updating the statewide technology plan.
- Review the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;
- Address potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;

Council Responsibilities

- Evaluate the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;
- Identify private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;
- Support and promote the use of telehealth as a vehicle to improve healthcare access to Nebraskans;
- Recommend best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology

Representation

- The State of Nebraska
- Health care providers
- eHealth initiatives
- Public health
- Third party payers and employers
- Consumers
- Resource providers, experts, and others if deemed appropriate by the NITC

- Length of service: 3 year staggered terms
- Member responsibilities: Maintaining 2-way communication
- You may designate an alternate
- Council members needing reimbursement must submit a signed request to the Office of the CIO-NITC using the official state accounting forms.

Conflict of Interest

A Member with a potential conflict of interest in a matter before the Council or a potential interest in a contract with the Council is subject to the provisions of the Nebraska Political Accountability and Disclosure Act including sections 49-1499.02 and 49-14,102. A Member with a potential conflict of interest or a potential interest in a contract shall contact the Nebraska Accountability and Disclosure Commission and take such action as required by law.

Open Meeting Laws

- **Declaration of Intent:** The formation of public policy is public business and may not be conducted in secret. [Neb. Rev. Stat. 84-1408 to 84-1414]
- Only half of meetings may be conducted via video conferencing.

Charter

eHealth Council | June 27, 2007

Anne Byers
eHealth & Community
IT Manager
402.471.3805
anne.byers@nebraska.gov

1. Introduction

The eHealth Council (hereafter referred to as “Council”) of the Nebraska Information Technology Commission (hereafter referred to as “Commission”) is an advisory committee of the Commission composed of representatives from the State of Nebraska and federal government; health care providers; eHealth initiatives; public health; payers and employers; consumers; and resource providers. The Council was originally formed by the Nebraska Information Technology Commission on Feb. 22, 2007 to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska.

2. Purpose of Charter

The purpose of this Charter is to clarify the role of the Council and its relationship with the Commission.

3. Authority

The Nebraska Information Technology Commission shall: “Establish ad hoc technical advisory groups to study and make recommendations on specific topics, including work groups to establish, coordinate, and prioritize needs for education, local communities, and state agencies[.]” Neb. Rev. Stat. § 86-516(7).

4. Nebraska Information Technology Commission Responsibilities and Mission

4.1 Commission Mission

The mission of the Nebraska Information Technology Commission is to make the State of Nebraska’s investment in information technology infrastructure more accessible and responsive to the needs of its citizens regardless of location while making government, education, health care and other services more efficient and cost effective.

4.2 Commission Responsibilities (Neb. Rev. Stat. § 86-516)

4.2.1 Annually by July 1, adopt policies and procedures used to develop, review, and annually update a statewide technology plan;

4.2.2 Create an information technology clearinghouse to identify and share best practices and new developments, as well as identify existing problems and deficiencies;

Approved by the Nebraska Information Technology Commission on June 27, 2007.

4.2.3 Review and adopt policies to provide incentives for investments in information technology infrastructure services;

4.2.4 Determine a broad strategy and objectives for developing and sustaining information technology development in Nebraska, including long-range funding strategies, research and development investment, support and maintenance requirements, and system usage and assessment guidelines;

4.2.5 Adopt guidelines regarding project planning and management, information sharing, and administrative and technical review procedures involving state-owned or state-supported technology and infrastructure. Governmental entities, state agencies, and political subdivisions shall submit projects which directly utilize state-appropriated funds for information technology purposes to the process established by sections 86-512 to 86-524. Governmental entities and political subdivisions may submit other projects involving information technology to the commission for comment, review, and recommendations;

4.2.6 Adopt minimum technical standards, guidelines, and architectures upon recommendation by the technical panel;

4.2.7 Establish ad hoc technical advisory groups to study and make recommendations on specific topics, including work groups to establish, coordinate, and prioritize needs for education, local communities, and state agencies;

4.2.8 By November 15 of each even-numbered year, make recommendations on technology investments to the Governor and the Legislature, including a prioritized list of projects, reviewed by the technical panel, for which new or additional funding is requested;

4.2.9 Approve grants from the Community Technology Fund and Government Technology Collaboration Fund;

4.2.10 Adopt schedules and procedures for reporting needs, priorities, and recommended projects; and

4.2.11 Assist the Chief Information Officer in developing and maintaining Network Nebraska pursuant to section 86-5,100.

5. eHealth Council Mission and Responsibilities

5.1 Council Mission

The mission of the Council is to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private

sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska.

5.2 Council Responsibilities

5.2.1 Assist the Commission in developing, reviewing and updating the state-wide technology plan.

5.2.2 Review the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;

5.2.3 Address potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;

5.2.4 Evaluate the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;

5.2.5 Identify private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;

5.2.6 Support and promote the use of telehealth as a vehicle to improve healthcare access to Nebraskans;

5.2.7 Recommend best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

6. Membership

6.1 Selection of Members

The Commission may solicit nominations from organizations or individuals with an active interest or involvement in eHealth in forming the initial set of members.

The Commission may also seek out additional qualified candidates. Nominations shall describe the qualifications of the person relative to the goals of the eHealth Council. In choosing members, the eHealth Council and the NITC shall strive for a balance of perspectives on eHealth issues.

6.2 Representation

The following focus areas will be represented within the eHealth Council

6.2.1 The State of Nebraska

6.2.2 Health care providers

6.2.3 eHealth initiatives

6.2.4 Public health

6.2.4 Third party payers and employers

6.2.5 Consumers

6.2.6 Resource providers, experts, and others if deemed appropriate by the NITC

6.3 Number of Members

The number of members shall be no more than 25.

6.4 Vacancies

The eHealth Council may solicit nominations to fill vacant positions and may recommend new members to the NITC for approval. The Commission may also seek out additional qualified candidates.

6.5 Length of Service

One-third of the members shall initially serve 3-year terms. One-third of members will initially serve two-year terms. One-third of members will initially serve one-year terms. Subsequent terms will be three-years.

6.6 Member Responsibilities

Each member is responsible for maintaining two-way communication with their sector constituents concerning issues brought before the Council.

6.7 Designated Alternates and Non-voting Alternates

6.7.1 Each member of the Council may designate one (1) official voting alternate. This official voting alternate shall be registered with the Office of the Chief Information Officer and NITC and, in the absence of the official member, have all the privileges as the official member on items of discussion and voting.

6.7.2 If the official member and his/her official alternate are unable to attend a Council meeting either in person or electronically, then the sub-sector affected may send a non-voting alternate to gather or share information.

7. Meeting Procedures

7.1 Chair(s)

The elected Chair or Co-Chairs will conduct the meetings of the Council, oversee the establishment, operation and dissolution of committees, propose meeting agendas, and maintain the general operations of the Council. The Chair or Co-Chairs of the Council will serve two year staggered terms, expiring on January 1. If co-chairs are selected initially, one co-chair will serve two years, and one will serve three years. Subsequent co-chairs shall serve 2-year terms.

7.2 Quorum

An official quorum consists of 50% of the official members or their voting alter-

nates. No official voting business may be conducted without an official quorum.

7.3 Voting

Issues shall be decided by a majority vote of the voting members present.

7.4 Meeting Frequency

The Council shall meet on an as needed basis. The eHealth Council will meet no more than 8 and no fewer than 2 times per year.

7.5 Notice of Meetings

7.5.1 Notice of the time and place of each meeting of the Council shall be made at least seven (7) calendar days prior to the meeting. Notice shall be published on the Council's Web site at <http://nitc.nebraska.gov/>.

7.5.2 The notice shall contain an agenda of subjects known at the time of the publicized notice or a statement that the agenda shall be readily available for public inspection at the Office of the Chief Information Officer, 501 S. 14th Street, 4th Floor, Lincoln, NE, during normal business hours by appointment.

7.6 Subcommittees

7.6.1 Subcommittees will be designated by vote of the Council to address specific topics.

7.6.2 Pursuant to provisions of Neb. Rev. Stat. § 84-1409(1), subcommittees of the Council shall not be required to provide notice of meetings.

7.7 Expense Reimbursement

Section 81-1182.01 states: "Any department, agency, commission, council, committee, or board of the state may pay for the reasonable and necessary expenses for the recruitment, training, utilization, and recognition of volunteers providing services to the state and certain providers of services as established by the Director of Administrative Services."

7.7.1 According to NAS Policy CONC-005, "Volunteers shall mean those persons providing services to the State who are not being compensated for their time."

7.7.2 Council members needing reimbursement must submit a signed request to the Office of the CIO-NITC using the official state accounting forms.

**TRAVEL EXPENSE INFORMATION
FOR THE**

NITC COMMISSION AND ADVISORY GROUPS

(Taken from the Department of Administrative Services-Accounting Manual)

Travel reimbursements must be submitted within 60 days after your return on an Expense Reimbursement Form. I have included a sample copy. Receipts are needed for any hotel and meals incurred for an overnight staff. More specific information regarding the Administrative Services Travel Expense Policies is listed below.

TRAVEL EXPENSE POLICIES

4. Lodging - Employees shall report only actual expenses paid for lodging. Business telephone calls ([Reference 10. Long Distance Telephone Calls](#)) and parking charges incurred at the lodging site may be included on the lodging bill. Lodging expenses may either be directly billed to the agency or claimed on an expense reimbursement. If claimed on an expense reimbursement, detailed receipts for lodging are required to be filed with the claim. Lodging may be reimbursed when an employee is "away from home overnight". The Internal Revenue Service states: "You are away from home overnight if your duties require you to be away from the general area of employment for a period substantially longer than an ordinary day's work and, during released time while away, it is reasonable for you to need and to get sleep or rest to meet the demands of your employment or business. The absence must be of such duration that you cannot reasonably leave and return to that location before and after each day's work."

Sales to the State of Nebraska and its agencies are exempt from Nebraska sales, use and lodging tax. Therefore, if in-state lodging expenses are directly billed to the agency, the agency should present a completed copy of [Form 13](#) (Nebraska Resale or Exempt Sale Certificate) to the lodging establishment.

It is State Accounting policy that a person generally be more than 60 miles from his or her workplace in order to be eligible for lodging. We realize there may be reasons to pay for lodging for distances less than 60 miles. Such reasons include, but are not limited to work requirements, medical conditions or weather; in those instances the reason must be clearly stated on the disbursement document.

5. Substantiation of Expenses - Under our accountable plan, the Internal Revenue Service requires employees to substantiate the cost for travel, lodging, meals, and other expenses. To be reimbursed, the expense must be a necessary expense, incurred in the line of duty, reason/purpose of the expense must be clearly stated, all start/stop dates and times must be recorded, and the amount of the expense must be substantiated.

Adequate accounting generally requires the use of a documentation record such as an account book, expense diary or log, or similar record near the time of incurrence of the expense. Such log should list the date, amount, place (e.g. city) or description, and purpose for **each** expense or meal/food cost. A combination of receipts and detailed itemization is permitted. To satisfy the requirement of our accountable plan, the employee should complete the Expense Reimbursement Document correctly ([see instructions](#)) or utilize a documentation record to transfer cost information to the expense reimbursement form so reimbursement can be made.

A request for reimbursement (on an approved expense reimbursement document) for the incurred expense must be submitted by the employee to the appropriate agency office (business office, accounting office). To document that this requirement is met, the agency office will need to have an effective method of recording when the expense document was received.

Such request must be made not later than sixty days after the final day on which the expenses were incurred for which reimbursement is sought. This means that if travel occurs June 15-June 18 and again on June 22- June 25, the request for reimbursement may include both trips, but the request for reimbursement for the first travel period must be submitted no later than 60 days after June 18.

If an employee typically requests reimbursement for non-travel expenses and accumulates the receipts for which reimbursement is sought, each expense will have its own 60 day limit for reimbursement. (Travel is defined as being away from head quarter city longer than one day.)

When a receipt does not provide the essential character of the expense, such as rate or period of use, the agency may require a copy of the rental contract or other billing as supporting documentation to substantiate the expense. For instance, vehicle rental receipts with only an amount would require additional documentation. Screen prints or other support of online purchases should be provided, if possible, to document purchases being made via the internet.

6. Meals

- a. Overnight Travel - Pursuant to Section 81-1174, employees traveling on State business shall claim only actual amounts paid for food/meals. Employees should not submit claims based on any per diem amount. (The Federal maximum per diem rates are only a guideline and should **NOT** be claimed). When requesting or approving food/meal costs, compare the average cost per day for the entire trip with the appropriate daily GSA rate. Exceeding the GSA daily rate by a small amount fits the State definition of reasonableness. Reasonableness in very limited cases may exceed such rates by larger amounts; however, the reasons must be fully documented. No reimbursement may be made for alcoholic beverages. ([GSA meal guidelines](#))

Agencies are responsible to see that all submitted claims for food/meals are adequately substantiated. Unsubstantiated food/meals should not be reimbursed. Receipts are required unless the cost of the food/meal is under \$5.00. Per diem type claims should always be questioned. [Reference 5 – Substantiation of Expenses](#).

- 1) Breakfast - When an employee leaves for overnight travel at or before 0630, breakfast may be reimbursed.
 - 2) Lunch - When an employee leaves for overnight travel at or before 1100 or returns from overnight travel at or after 1400, the noon meal may be reimbursed.
 - 3) Supper - When an employee leaves for overnight travel at or before 1700 or returns from overnight travel at or after 1900, the evening meal may be reimbursed.
- b. One-Day Travel - At the agency head's discretion, one-day travel meal expenses (breakfast and supper only) may be reimbursed when it is deemed necessary for the working conditions of the employee. Only actual amounts paid for meals may be claimed. No reimbursement may be made for alcoholic beverages.

NOTE: Meal expenses incurred in the city or town in which the residence or primary work location of such employee is located, are not reimbursable, except as discussed in [General Policy, Section 22](#) and [Travel Expense Policy, Section 3](#).

The IRS has taken the position that reimbursement for meal expenses incurred on one-day travel is taxable income to the employee unless such reimbursements are deemed "occasional". In order to monitor this provision, all such reimbursements for one-day travel shall be coded to account 571900. When reimbursements for meals for one-day travel exceed \$200 per employee in any one year (December 1 through November 30), the entire amount of such reimbursements will be considered taxable income. If reimbursements for an employee are \$200 or more for any one year, the agency will enter a payroll one-time override using DBA 1005 for the total amount coded to object code 571900. This should be processed during the calendar year payroll. The reimbursements will be added to the employee's gross wages and payroll taxes will be withheld accordingly. Reimbursement to one employee for two or more employee's expenses will not be allowed for one-day food/meals because of this provision. ([Reference Travel Expense Policy 9.](#))

- 1) Breakfast - When an employee leaves for one-day travel at or before 0630 or 1 1/2 hours before the employee's shift begins, whichever is earlier, breakfast may be reimbursed.
- 2) Lunch - Noon meals for one-day travel are not reimbursable.
- 3) Supper - When an employee returns from one-day travel at or after 1900 or 2 hours after the employee's shift ends, whichever is later, the evening meal may be reimbursed.

NOTE: The time limitations set forth in this policy do not include the time taken for the meal.

7. Personal Automobiles - An employee will be reimbursed for use of a personal vehicle while on State business (this does not include commuting miles) at the prevailing standard rate as established by the Internal Revenue Service through its Revenue Procedures. As of January 1, 2009 the rate was fifty five cents (\$.55) per mile. As of January 1, 2010 the rate is fifty cents (\$.50) per mile. This mileage rate is effective for all employees not covered under a collective bargaining agreement, or in which the bargaining agreement does not specify a mileage rate. All contract employees currently use the IRS rate.

However, agencies may, at their determination, require employees to utilize state-owned vehicles (as opposed to personal vehicles) if the use of the state-owned vehicle would be more economical from both an auto rental rate and the time involved in renting the state-owned vehicle. If after such agency determination, an employee still wants to drive their personal vehicle, the agency is not required to reimburse the employee any more than it would have cost the agency to rent the state-owned vehicle.

8. Receipts

- a. Detailed receipts are required as support for all expenditures except immaterial items identified by the Director of Administrative Services in section b., below. (However, you are required to substantiate meals and immaterial items, including meals under \$5.00, in a log, as described under [Reference 5. Substantiation of Expense](#)). The requirement to provide detailed receipts includes, but is not limited to, food/meals lodging, car rental, commercial travel, and registration fees. The requirement is an internal control feature to guard against duplicate payment of claims.

Detailed receipt is defined as a receipt that shows a listing of each item purchased and the related cost. Detailed receipt does not include the receipt copy that only identifies an amount is being charged to the employee's credit card.

- b. Immaterial items, as referenced above, are vending machine food purchases, parking, tolls, intra-city bus fares, business telephone calls ([Reference 10. Long Distance Telephone Calls](#)), baggage handling, tips and taxi fares. Tips need not be itemized separately.
- c. In the absence of detailed receipts supporting an employee's claim, State Accounting will require a written acknowledgment that after-the-fact documentation will be provided. This documentation may be a copy of:
 - 1) Cancelled check;
 - 2) Charge card slip and signed written explanation; or
 - 3) Subsequently acquired receipt and signed written explanation.
 - 4) If receipts have been lost, or where a receipt was not provided (such as when only one meal receipt is provided per table), the employee should create and present an affidavit.

This policy is for the convenience of the agency and the employee. The absence of after-the-fact documentation may necessitate the discontinuation of this process and the subsequent inability to reimburse employees when receipts are not available.

STATE OF NEBRASKA

EXPENSE REIMBURSEMENT REQUEST

TRANSPORTATION		LOGGING		TRAVEL TIMES		MEALS		LODGING		TRANSPORTATION			MISCELLANEOUS		DOCUMENT NUMBER	
DOCUMENT NUMBER	LOGGING	STARTED	STOPPED	Actual Amounts only	DB1, DB2, etc., if direct billed	RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	TOTAL	BATCH NUMBER	DOCUMENT NUMBER			
2015 month/day		10:30 a.m.		B	DB1	0.575	230	132.25	Hotel Parking (Receipt needed)	3.00	135.25					
10/1	How to Handle Stress Conference training 10/2-3/2015 Lincoln to North Platte (No meals provided by conference sponsors) Attending 2nd day of Conference			L	8.25	0.575					8.25					
10/2				D	12.75	0.575			Mileage: Be sure to calculate at full .575 rate. Annually, this rate may increase or decrease. New forms are sent when rate is changed.		12.75					
				B	5.20	0.575					5.20					
				L	7.36	0.575					7.36					
				D	10.95	0.575					10.95					
10/3	Last day of training travel back North Platte to Lincoln	9:30 p.m.		B	5.95	0.575	230	132.25			138.20					
	NOTES ON OVERNIGHT TRAVEL: First day breakfast if you leave at or before 6:30. All meals after that are reimbursable. Returning day evening dinner is reimbursable so long as you return at or after 7 p.m. passed the end of your work shift. If hotel is being direct billed to OCIO include that information. If you are paying for the hotel, receipts must be included.			L	8.64	0.575					8.64					
				D	7.25	0.575					7.25					
				B	Meal receipts MUST have the following info:	0.575					-					
				L	Items ordered, date, restaurant name, State Accting will not accept receipts without this info.	0.575					-					
				D		0.575					-					
10/17	Travel to offsite office to consult employees Lincoln to Kearney/Kearney to Lincoln	6 a.m.	8 p.m.	B	5.50	0.575	193	110.98			115.48					
				L	10.98	0.575	193	110.98			121.96					
				D	7.68	0.575					7.68					
10/18	Travel to office site office to consult employees Lincoln to Omaha/Omaha to Lincoln	10 a.m.	5 p.m.	B	If receipt cannot be itemized, complete an OCIO Acknowledgement for Employee	0.575	55	31.63			31.63					
	NOTES ON ONE DAY TRAVEL: Breakfast: Must leave at or before 6:30 a.m. or 1- 1/2 hrs before your shift starts. Lunch: Is not reimbursable for one day travel Dinner: Must return at or later than 7 p.m. or 2 hours after your shift ends.			L		0.575	55	31.63			31.63					
				D		0.575					-					
				B	for Employee	0.575					-					
				L	Reimbursement Receipts form. Form is attached to this email.	0.575					-					
				B		0.575					-					
				L		0.575					-					
				D		0.575					-					
DB: 1	Holiday Inn Express, Kearney, Nebraska	TOTALS			90.51			549.72			643.23					
DB: 2	(DB-Direct Bill information for hotel stays that the OCIO has arranged direct billing must be included in your reimbursement.)								Business Unit	Object Code	Amount					
DB: 3																
DB: 4									Office Use Only							
DB: 5																

NAME and TITLE		ADDRESS BOOK NUMBER		HEADQUARTER CITY	
Lori Lopez Urdiales, Office Services Manager II		12345		Lincoln	
ADDRESS		CITY		STATE ZIP CODE	
12345 Maple Street		Lincoln		NE 68504	
I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source.					
EMPLOYEE SIGNATURE		DATE		SUPERVISOR or APPROVER SIGNATURE	
		11/1/2015			
				DATE	
				DATE	

Nebraska Advance Interoperable Health IT Services to Support HIE

Proposed Milestone Metrics

Project Goal: To increase the adoption and use of interoperable health IT services to support the exchange of health information within Nebraska and with neighboring states to improve transitions of care and care coordination, to increase overall health care quality, lower health care costs, and improve population health.

Objective/Milestone 1: Adoption. Increase adoption by adding new NeHII participants with a specific focus on Critical Access Hospitals and long term care facilities.

MILESTONE 1 METRICS			
Period	# HL7 Data Sharing Participants (cumulative values) ¹	# C-CDA Data Sharing Participants (cumulative values) ²	# Participants Connected w/ Direct Secure Messaging (cumulative values) ³
Baseline	31	0	10
Year 1	35	4	34
Year 2	44	10	60

¹ The HL7 data sharing participants are expected to be added include critical access hospitals, long term care facilities (as defined in the Nebraska DHHS long term care facilities roster - <http://dhhs.ne.gov/publichealth/Documents/LTCRoster.pdf>), an acute hospital and two reference labs. There are 227 long-term care facilities and 104 hospitals including 64 Critical Access Hospitals in Nebraska. The baseline listed above includes approximately 62% of Nebraska's 7,106 licensed hospital beds including nine Critical Access Hospitals. Zero long term care facilities are currently HL7 data sharing participants.

² NeHII will facilitate the connectivity for facilities to be able to send and receive C-CDA documents. These facilities will be mostly ambulatory clinics and long term care facilities. There are 136 rural health clinics, 28 public health clinics, 46 ambulatory surgical centers, 36 hemodialysis facilities, and 227 long term care facilities in Nebraska.

³ Long term care and skilled nursing facilities will comprise the majority of the 50 participants expected to be connected with Direct secure messaging though the grant. There are 227 long-term care facilities in Nebraska.

Objective/Milestone 2: Exchange. Increase the exchange of data by providing additional data from surrounding states, new value-added functionality, and appropriate training for new and existing participants with a focus on workflow integration into different clinical electronic health record (EHR) environments.

MILESTONE 2 METRICS	
Status	Increase utilization and integration of HIE into provider workflow
Year 1	Report the % of health care facilities in each of two integrated communities are connected. Report the % of users at each facility that have NeHII access. Report the # of patients queried per month for each facility ⁴ .
Year 2	Report the % of health care facilities in each of two integrated communities are connected. Report the % of users at each facility that have NeHII access. Report the # of patients queried per month for each facility with a goal of showing a minimum of 20% increase when compared to year 1.
Status	# of Overall Results Reviewed from Interstate HIE Gateway Connection (cumulative values)⁵
Baseline	0
Year 1	1000 (1% of total number of patients queried)
Year 2	2200 (1.5% of total number of patients queried)
Status	# of Providers Receiving ADT Alerts via Mobile Messaging (cumulative values)⁶
Baseline	0
Year 1	15
Year 2	40

⁴ Query will be defined as “a request to system to retrieve health data for a single patient.”

⁵ Upon initial connection to other HIE organizations, NeHII will monitor the number of queries to connecting states. Goal values may be adjusted to more accurately reflect need.

⁶ There are only four organizations currently using the alert notifications available through NeHII subscription services today. However, these are not currently available as mobile messages. Year 1 represents a 275% increase over current usage, and year 2 represents a 900% increase over current usage.

Objective/Milestone 3: Interoperability/Integration. Increase interoperability/integration for hospitals, clinics and other targeted populations, including public health/research, and provide population health analytical tools for providers and payers.

MILESTONE 3 METRICS		
Period	# of Critical Access Hospitals Connected to the State of Nebraska's Syndromic Surveillance System through NeHII (cumulative values)	
Baseline	1	
Year 1	3	
Year 2	9	
Period	# of Facilities Connected to Population Health Analytics Software through NeHII (cumulative values)	# of Active Users and Average # of Times Each Active User Logs in per year to access Population Health Reports to Assess Specific Patient Populations through NeHII (verified via user access tracking)
Baseline	0	0
Year 1	2	4 active users ⁷ An average of 5 logins per year per active user
Year 2	5	10 active users ⁸ An average of 20 logins per year per active user
Period	Develop two demonstration projects which integrate HIE data for comparative effectiveness research	
Year 1	Conduct a data quality analysis including: 1) the number of patients linked from PCORnet to NeHii 2) Identify the percent of patients with additional information not in PCORnet (such as demographics, diagnosis, procedures, etc.).	Report the data elements (variables) available for query in NeHII to support research activities
Year 2	Report the number of patients identified through a PCORnet query to support a specific use case (eg Parkinson's disease, Type II diabetes, etc.)	Report the number of patients identified through a query to support a specific use case (eg Parkinson's disease, Type II diabetes, etc.)

⁷ Values assume implementation is complete and platform is available to users from first two facilities in the first quarter of calendar year 2016. NeHII will monitor the use of the system and goal values may be adjusted to more accurately reflect usage. The Nebraska team will also gather qualitative data to measure how the tool is being used and its perceived value through user surveys and/or focus groups.

⁸ Values assume implementation is complete for all five participating facilities and platform is available to users by the end of grant year 1. Numbers include a 4-fold increase in use in year 2 due to availability of system to all participants for entire period of performance.

Proposed Plan to Report on Milestone Measures

Objective/Milestone 1: Adoption. Each metric for adoption is a count of connected facilities. The count will be based on the number of facilities that have completed the appropriate adoption sign-off document based on the data sharing method employed and have electronic confirmation of messages received into the HIE production database. The counts for each project will be reported to the ONC quarterly. Adoption sign off documents and evidence of electronic confirmation of message deliver will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC. The documents can also be submitted to ONC if requested. A sample sign off document can be found at the end of this document.

Measure	Method of Reporting and Verification
# of Hospital or Long Term Care HL7 Data Sharing Participants	Sign off document completed by participating facilities. Electronic confirmation of data delivery.
# of C-CDA Data Sharing Participants	Sign off document completed by participating facilities. Electronic confirmation of data delivery.
# of Participants Connected with Direct Secure Messaging	Sign off document completed by participating facilities. Electronic confirmation of functional address.

Objective/Milestone 2: Exchange. The metrics for the exchange-based projects include both count-based measures and % increase values. All metrics will be reported to the ONC quarterly.

The project to increase utilization and integration of HIE into provider workflow will be measured by the participation in integrated health information technology (HIT) communities and the number of patients queried in the HIE. We will use sign-off documentation from participating facilities in the community to verify completion of the first measure and electronic confirmation of patient queries performed. These integrated community sign off documents and evidence of electronic confirmation will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC and can be submitted to the ONC upon request.

The number of results reviewed for patients via the connections with surrounding state HIEs will be counted via user analytics tools available through the NeHII platform. The values will be recorded monthly and documented on internal NeHII documentation. The records showing the counts will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC.

The measure of alerts received via mobile messaging will be obtained through attestation documentation signed by providers to verify receipt of messages and electronic confirmation of sent messages.

Measure	Method of Reporting and Verification
Report the average # of patients queried per month for each facility	Sign off document completed by connected community members. Electronic confirmation of patient queries/HIE usage.
# of Overall Results Reviewed from Interstate HIE Gateway Connection	Counts from user analytics tools available through the NeHII platform and recorded on internal documentation
# of Providers Receiving ADT Alerts	Electronic confirmation of messages sent. Sign off document completed by recipients of mobile messages

Objective/Milestone 3: Interoperability/Integration. The metrics for the interoperability milestone require a method of measuring the ability of two systems to use the data exchanged. All measures will be reported quarterly to ONC.

NeHII will count the number of hospitals connected to the State of Nebraska Division of Public Health syndromic surveillance system. The Nebraska Division of Public Health will also verify the number of new Critical Access Hospitals connected to the syndromic surveillance system via an e-mail to Anne Byers. These parameters will be reported quarterly to the ONC.

For the population health analytics project, we count the number of facilities connected to analytics database and document via facility sign off records. We will also track the number of active users and the frequency the active users access the system to generate use case-based reports to evaluate the health of the population they serve. The values will be verified electronically, recorded monthly, and documented on internal NeHII documentation using average values for frequency. The records showing the counts will be submitted quarterly to the Nebraska Department of Administrative Services OCIO/NITC. These parameters will be reported quarterly to the ONC.

The measures to evaluate the demonstration projects which integrate HIE data for comparative effectiveness research include the reporting of the number of patients identified in the NeHII HIE for data extract to the PCORnet network and the percentage of those patients that have supplemental data from the HIE. We will also report on the number of data elements available for the development of a comprehensive research data set. Upon receipt of approval documentation of development work, we will demonstrate the availability of the two data sets for comparative effectiveness research by running a query and reporting the number of patients identified.

Measure	Method of Reporting and Verification
# of New Critical Access Hospitals Connected to the State of Nebraska's Syndromic Surveillance System through NeHII	Count provided by NeHII and electronically verified by the NDHHS Division of Public Health
% of Emergency Department Visit Data Reported by Critical Access Hospitals to the State of Nebraska's Syndromic Surveillance System through NeHII	Electronic verification provided by the NDHHS Division of Public Health
# of Facilities Connected to Population Analytics Software	Sign off document completed by connected facilities. Electronic verification of data/report exports.
# of Times Users Accessed the Platform to Generate Population Health Reports to Assess Specific Patient Populations through NeHII and # of Times Accessed	Counts from user analytics tools available through the NeHII platform and recorded on internal documentation
Conduct a data quality analysis including: 1) the number of patients linked from PCORnet to NeHii 2) Identify the percent of patients with additional information not in PCORnet (such as demographics, diagnosis, procedures, etc.).	Electronic confirmation of patient matching. Electronic confirmation of patient data supplemental to data already in PCORnet. Sign off document completed by researchers verifying patient identification
Report the number of data elements available to develop a comprehensive de-identified research data set from NeHII HIE data for comparative effectiveness research	Sign off document completed verifying data element availability
Report the number of patients identified through a PCORnet query to support a specific use case (ie Parkinson's disease, Type II diabetes, etc.)	Electronic verification of query. Sign off document completed by PCORnet users.
Report the number of patients identified through a query to support a specific use case (ie Parkinson's disease, Type II diabetes, etc.)	Electronic verification of query. Sign off document completed by researchers.

NeHII Hospital Implementation Verification

Nebraska Health Information Initiative (NeHII) welcomes your participation in the state-wide health information exchange. NeHII's Virtual Health Record (VHR) contains a wealth of patient information to assist your providers in delivering patient care. NeHII, a public/private collaborative, has worked diligently to implement health information exchange to healthcare delivery service providers across the state since 2009. With more than 27 facilities sending information to the exchange, a healthcare provider can access comprehensive patient information using NeHII's VHR. The VHR portal provides a comprehensive electronic health record of patient data from participating facilities including medication query functionality, laboratory results, radiology reports, transcription reports such as ED reports, H&Ps, consults, progress notes, OP reports, discharge summaries, and additional information. Finally, NeHII serves as the statewide prescription drug monitoring program in delivering medication history information to support provider's efforts in identifying potential drug seekers.

With the execution of this document, I acknowledge that *<Hospital Name >*, has completed the process to become a data sharing participant with NeHII. Our facility is sending the following information to the exchange: Admission, Discharge and Transfer (demographics), *list feeds to the exchange*. Information sent to the exchange contains the appropriate information and is displayed correctly.

The following tasks were fully executed

<i>Initialize Project</i>
Kick off Meeting
Weekly meetings
Configuration Decisions
VPN Connectivity
EdgeServers Plan/Setup
<i>Data Feeds</i>
Data Maps - testing verification, etc.
ADT
LAB
Radiology
Transcription
<i>Operational Processes</i>
Brochures & Scripts
Training
Production Prep
<i>Hospital Live on NeHII</i>
Monitor Feeds
Close Out Project

Signature _____

Title _____

Hospital Name _____

Date _____

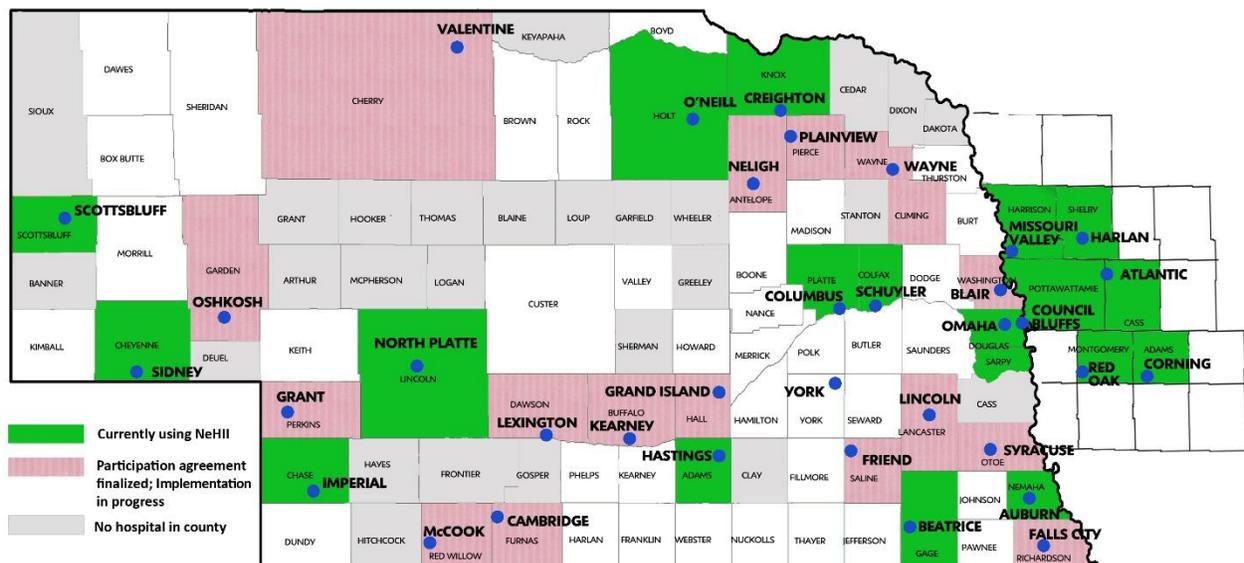
eHealth

Objectives:

- To support the adoption of health information exchange technologies in Nebraska.
- To support the use of health IT to help patients access their health information and better manage their care.

Description: Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care. The Nebraska Health Information Initiative (NeHII) is one of the largest statewide health information exchanges in the country with over 4,700 users and data on over 2.9 million individuals. By the end of 2015, NeHII will cover approximately 62% of the hospital beds in Nebraska. Most NeHII users utilize the exchange's capabilities to query health information on a particular patient. NeHII has also recently begun offering Direct secure e-mail, admission discharge and transfer (ADT) alerting and 30 day readmission reporting.

The following map shows pending and current NeHII hospital implementations.



Health information exchange technologies (i.e., patient portals, personal health records, and apps for smartphone and tablets) can also be used to help patients access their health information and better manage their care.

Strengths/Assets

- NeHII is one of the largest statewide health information exchanges in the U.S., with over 4,500 users.

Challenges

- Interoperability remains a challenge as standards are still being developed.
- Additional efforts may be needed to better integrate health IT into provider workflows.
- Adoption of technologies which allow patients to access their health information and better manage their care may require outreach efforts and education for both health care providers and patients.
- Providers not eligible for Meaningful Use incentive payments (including long-term and post-acute care providers and behavioral health providers) may find investing in health IT to be financially challenging.

- Sustainability of health information exchanges across the United States remains a challenge.

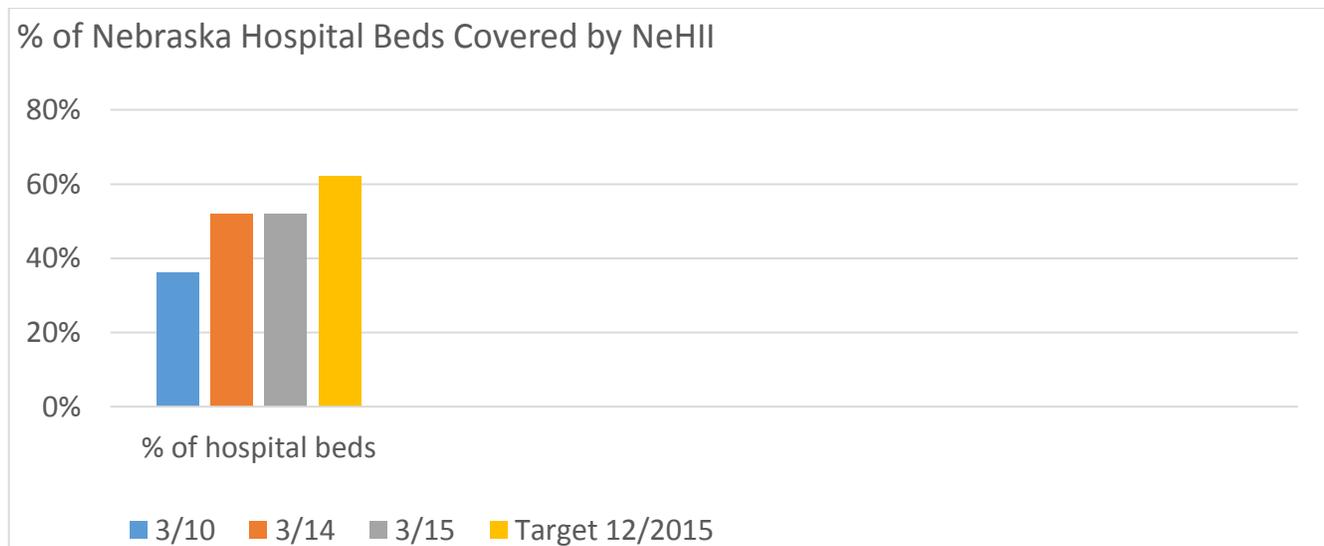
Collaborators:

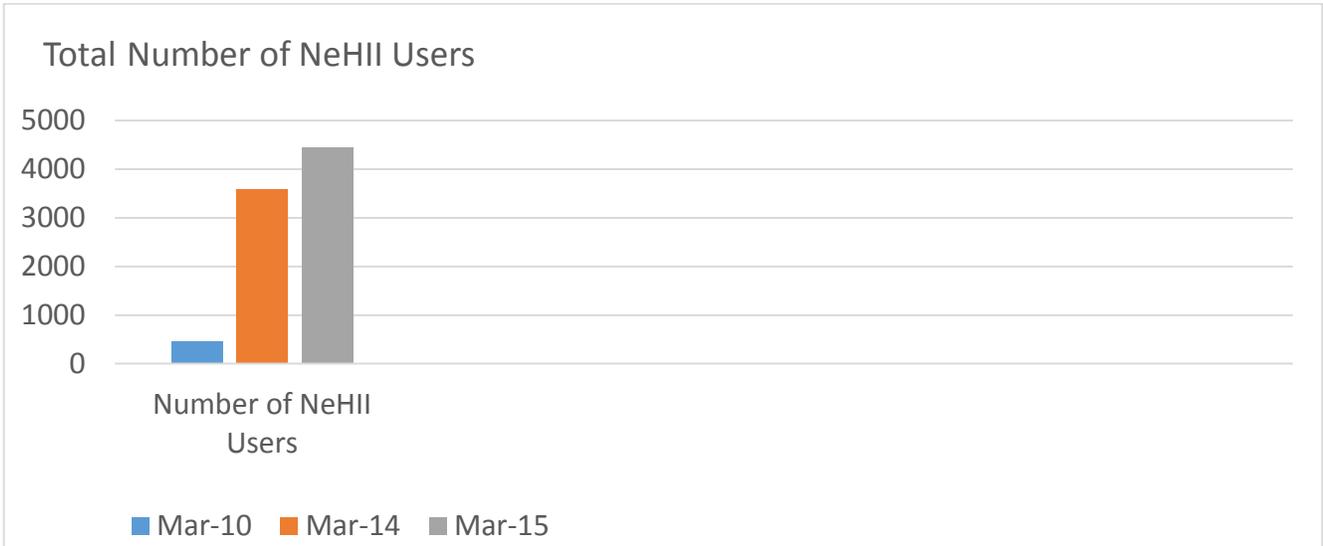
- Nebraska Department of Health and Human Services
- NeHII
- UNMC
- Other stakeholders

-

Recent Accomplishments:

- Prepared and submitted an application for nearly \$3 million in grant funding from the Office of the National Coordinator for Health IT (2015).
- Completed a four-year \$6.8 million State Health Information Exchange grant from the Office of the National Coordinator for Health IT (2010-2014). During the four year grant period, the number of NeHII users grew from 464 users to 3,590 users. Nebraska also ranked 13th in e-prescribing adoption in 2013, with 89% of physicians e-prescribing.

Metrics







PARKING SERVICES DIVISION

850 "Q" Street, Lincoln, NE 68508
parkandgo.org

PARKING FACILITIES

City Parking Facilities 402-441-PARK

- Blue 3 Garage
535 "P" Street
- Carriage Park Garage
1128 "L" Street
- Center Park Garage
1120 "N" Street
- Cornhusker Garage
1220 "L" Street
- Depot South Lot
7th & "P" streets
- Green 2 Garage
530 "P" Street
- Haymarket Garage
850 "Q" Street
- Larson Building
14th & "Q" streets
- Lumberworks Garage
7th & "O" streets
- Market Place Garage
925 "Q" Street
- "N" Street Gravel Lot
Arena Drive & "N" streets
- Que Place Garage
1111 "Q" Street
- Red 1 Garage
555 "R" Street
- University Square Garage
101 N. 14th Street
- West Depot Lot
676 "O" Street

Privately-Owned Parking Facilities

- Agee's Towne Parking
1313 "M" Street
402-435-8905
- County/City Parking Garage
10th & "K" streets
- Eagle Parking Garage
1330 "N" Street
402-474-7526
- Holiday Inn Garage
141 N. 9th Street
402-475-4011
- Matt & Star Lots
8th & "S" Streets
402-770-7659
- Rampark Garage
12th & "P" streets
402-474-4288
- State Parking Garages
1501 "M" Street &
1401 "L" Street
402-471-0492
- Sterling Lot
205 South 10th Street
402-770-7659
- US Bank Tower Garage
233 South 13th Street
402-441-5816
- 1318 "M" Street Garage &
14th & "N" Street Lot
402-467-1234

- Parking Garage Entrances
- Skywalk
- City Parking Facilities
- Privately-Owned Parking Facilities
- UNL Parking Facilities
- Bus Parking only for school buses & motor coaches
- signs in designated areas

**Pinnacle Bank Arena
Parking Lots
info call
402-904-4444**



UNIVERSITY OF Nebraska Lincoln
parking.unl.edu
402-472-1800

Avery Garage
Stadium Drive Parking Garage
10th & "T" Streets
Sheldon Visitor Lot
12th & "S" Streets
17th & "R" Parking Garage
17th & "R" Streets
19th & Vine Parking Garage

M Metered Parking Areas

DESTINATIONS

- A** Bennett Martin Library
- B** The Cornhusker, a Marriott Hotel and Convention Center
- C** County/City Building & Hall of Justice
- D** Denney Federal Building
- E** The Grand Theater
- F** Downtown Senior Center
- G** Embassy Suites Hotel
- H** Governor's Mansion
- I** Holiday Inn Downtown Hotel
- J** The Courtyard Marriott Hotel
- K** Lincoln Children's Museum
- L** Lincoln Community Foundation Garden
- M** Lincoln Visitors Center
- N** Main U.S. Post Office
- O** Museum of Nebraska History
- P** Pershing Center
- Q** The Rococo Theatre
- R** State Office Building
- S** Southeast Community College
- T** Downtown Lincoln Association
- U** Hilton Garden Inn
- V** Gold's Building
- W** Hyatt Place Hotel
- Railroad** Railroad