

**eHealth Council
of the
Nebraska Information Technology Commission**

May 13, 2014, 9:30 to 11:15 a.m.

Nebraska Educational Telecommunications, Board Room, 1800 North 33rd Street, Lincoln

Omaha: UNMC Business Service Center (4230 Building) Rm# 3037B

North Platte: Great Plains Regional Medical Center

Auburn: Nemaha County Hospital

MINUTES

MEMBERS PRESENT:

Marsha Morien, Co-Chair

Dr. Delane Wycoff, Co-Chair

Kevin Borchert

Kevin Conway

Marty Fattig

Jenifer Roberts-Johnson

Greg Schieke

Max Thacker

ABSENT: Senator Dubas, Patrick Werner, Congressman Fortenberry, September Stone, John Roberts, Harold Krueger, Wende Baker, Sharon Medcalf, Joel Dougherty, Susan Courtney, Alice Henneman, and Kimberly Galt.

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

The meeting was called to order at 9:30 a.m. Roll call was taken. There were 8 members present. A quorum existed to conduct official business. The meeting notice was posted to the NITC and Public Meeting websites on May 1, 2014. The agenda was posted on May 9, 2014..

PUBLIC COMMENT

There was no public comment.

MEMBERSHIP

The terms of Marty Fattig, September Stone, Kevin Conway, Jenifer Roberts-Johnson, Marsha Morien, and Greg Schieke have expired. Ms. Byers will contact them to see if they are interested in serving another term. There are also three vacancies. Members were encouraged to submit recommendations for the vacant positions.

STATE HIE PROGRESS REPORT AND EVALUATION REPORT

Ms. Byers provided a summary of the final State HIE progress report which was submitted to the Office of the National Coordinator for Health IT. The top 5 accomplishments are listed below:

1. NeHII, Nebraska's lead health information exchange, is one of the largest health information exchanges in the country with over 2.7 million individuals in its Master Patient Index and 3,590 users as of March 14, 2014. NeHII has grown considerably since the start of the State HIE Cooperative Agreement. In March 2010, NeHII had 1.5 million individuals in the Master Patient Index and 464 users. A 2013 survey of Nebraska healthcare providers found that 63% of providers currently using NeHII were satisfied. Accessing a comprehensive patient medication list was identified as the most important feature of the health information exchange.
2. Nebraska also has one of the nation's only health information exchanges exclusively serving behavioral health information exchange providers. The Electronic Behavioral Health Information Network (eBHIN) went live with its HIE functionality in the summer of 2012 and currently has 565 users in southeast Nebraska (Region 5) and the Omaha area (Region 6). Over 19,000 unique patient IDs are included in the HIE. eBHIN is working with additional regions to address interoperability issues and exchange information through CDAs. eBHIN has developed an innovative approach to managing consent which will allow for the exchange of behavioral health information with patient consent.
3. NeHII implemented an immunization gateway in 2011, enabling the exchange of immunization records between NeHII participants and the state immunization registry. The immunization gateway accepts messages from an EHR and sends the information to the Nebraska State Immunization Information System (NESIIS). Regional West Physicians Clinic, York General Hospital and Boys Town are currently sending information. The third phase of the project will allow NeHII users to query NESIIS and save the immunization data available in NESIIS for a patient to the provider's EMR.
4. Legislation in 2011 authorized the Nebraska Department of Health and Human Services to work with NeHII to develop a Prescription Drug Monitoring Program utilizing NeHII's medication history functionality, making Nebraska the first state to incorporate PDMP functionality into an HIE.
5. The use of e-prescribing in Nebraska has grown since 2010, with Nebraska ranking 17th in Surescripts' most recent ranking of states in e-prescribing. Lab readiness has also improved. In December 2013, 62% of labs in Nebraska were sending electronic lab results in a structured format, up from just 20% in Dec. 2011. Over a third of labs (35%) are sending electronic lab results using LOINC, up from 15% in 2011.

Ms. Byers also discussed lessons learned:

- HIE development has been a longer and more difficult process than we imagined.
- Adoption of HIE also requires behavioral changes by providers who are already dealing with the challenges of EHR adoption and changing payment models.
- HIE adoption is also made more challenging because HIE benefits are not evenly distributed among all participants. Patients are often the biggest beneficiary. Getting providers to see the system-level benefits can be difficult.
- Vendors are also dealing with resource constraints as they deal with the developing Meaningful Use requirements and evolving standards. Many vendors are charging significant interface fees which are proving to be financial barriers for small hospitals (especially Critical Access Hospitals) and practices.
- Nebraska's rural geography and population poses challenges in implementing health information exchange. There is a wide disparity in available resources, both financial and human, across Nebraska Critical Access Hospitals. Most Critical Access Hospitals in Nebraska are implementing electronic health records and have attained Meaningful Use. Wide River TEC worked with 55 Critical Access Hospitals and the state's single rural hospital, with 51 CAHs

attaining Go-Live (Milestone 2) and 49 CAHs attaining Meaningful Use (Milestone 3). Six Nebraska Critical Access Hospitals currently participate in NeHIE with an additional 16 Critical Access Hospitals In Nebraska pending implementation. The IAPD submitted to CMS in July 2013 includes funding for CAH implementation and will greatly facilitate efforts to connect CAHS.

Gary Cochran discussed the State HIE evaluation report. The evaluation provided a comprehensive assessment of Nebraska HIE including the opinions of providers and consumers, prescription drug monitoring program, errors associated with e-prescribing, radiology and laboratory data, and pharmacists' perspectives.

Provider Satisfaction. To evaluate providers' barriers and reasons to adopt HIE, Nebraska healthcare providers were surveyed. The most common reasons for adoption were improvement in patient care as well as receiving and sending information in the referral network. Also, accessing a comprehensive patient medication list was identified as the most important HIE feature. Participants' major barriers to adoption were cost and loss of productivity.

Consumer Satisfaction. Eight focus groups were conducted to learn more about consumer views of HIE. Consumer concerns focused on privacy and security of medical information, lower quality of care, inconsistent provider participation, and potential cost. Positive feedback included accuracy and completeness of information, improved communication, coordination and access to information between health care providers.

E-Prescribing Discrepancies. The prevalence of unintended discrepancies in e-prescriptions was estimated by comparing prescriber's notes, electronic prescriptions, and dispensed medications. The discrepancy rate between the prescriber's note and the e-prescription ranged from 0.6% to 3.9%. The discrepancy rate between the e-prescription and the prescription label ranged from 0.9% to 4.2%. Differences between directions for administration was the most common type of discrepancy identified.

Prescription Drug Monitoring Program. The final evaluation project focused on the emergency room prescriber utilization and satisfaction with Nebraska's Prescription Drug Monitoring Program (PDMP). Participating emergency room physicians received training and four months of free access to the PDMP. The utilization of HIE was lower than expected. Incomplete information and impact on workflow were reported as barriers to HIE utilization for PDMP purposes. In addition, low perceived need for PDMP and prescriber preparedness to manage abusers may also have reduced utilization.

The group discussed reasons for the lower than expected utilization, including the short time frame, Nebraska's relatively low rate of prescription drug abuse compared to other states, and that hospitals included in this study were not NeHIE participants. Marty Fattig remarked that as more hospitals join NeHIE, more patient information will be available and NeHIE will be more valuable.

NEBRASKA BROADBAND HOUSEHOLD SURVEY

Ms. Byers shared some findings from a recent survey of Nebraska households on their use of broadband. More than eight in ten Nebraska households (82%) currently have broadband Internet service, up from 76% in 2010. During the past four years the proportion of persons age 65 and older having broadband service at home increased from 48 percent to 64 percent. And, the proportion of persons with the lowest household incomes having broadband service at home increased from 44 percent to 53 percent.

Persons living in metropolitan areas are more likely than persons living in nonmetropolitan areas to have broadband. Ninety percent of persons living in the Lincoln area and 87 percent of persons living in the Omaha area have broadband service at home. In comparison, 73 percent of persons living in the Central Nebraska area have broadband service.

Most Nebraska households believe the following broadband applications are important: exchanging health information so that providers have a complete health record when treating you (82%), using telehomecare to monitor chronic health conditions (76%), and using telemedicine to consult with health care providers (75%). The report is available from broadband.nebraska.gov.

E-PRESCRIBING CONTROLLED SUBSTANCES UPDATE. Ms. Byers reported that Walgreens, HyVee, Shopko, Kohll's and a number of independent pharmacies are now enabled for e-prescribing controlled substances. Kevin Borchert shared that Methodist Health System is working with Cerner to pilot e-prescribing controlled substances. Methodist estimates that 50% of their prescriptions are to pharmacies enabled for e-prescribing controlled substances.

NEHII VISION FOR THE FUTURE

Deb Bass gave a presentation on NeHII's vision for the future. Additional functionalities under review include:

- Single SignOn
- Open Access
- HIE to HIE Gateway
- Public Health Gateway
- Radiologic Image Exchange
- Data Analytics
- Population Management
- Advanced Directives
- Mobile Messaging Services
- eHealthexchange Onboarding and Participation

Implementation of these functionalities is dependent on the availability of funding. NeHII has worked with Nebraska's Medicaid program to submit an IAPD requesting 90/10 matching funding for HIE adoption and added functionality. The proposal submitted would require a state match of \$252,000. Proposal includes funding for hospital and provider adoption, and additional functionalities including Open Access, Public Health Gateway, mobile messaging, comprehensive clinical records in ADTs, and expanded deployment of the immunization gateway. \$500,000 was included in the DHHS Division of Public Health's budget for the 90/10 match. NeHII has submitted a proposal for the use of the remaining funds for reimbursement for physician adoption activities and reimbursement for Prescription Drug Monitoring support.

Year 2 priorities include:

- Single Sign-On
- Data Analytics Including Population Management
- Radiologic Image Exchange
- HIE to HIE Gateway

Additional funding for NeHII was also included in the State of Nebraska budget.

NeHII is working with UniNet on a pilot to provide ADT data via encrypted e-mail to determine readmits within a rolling 30 day timeframe.

JASON REPORT

Ms. Morien asked Marty Fattig for his thoughts on the JASON report, "A Robust Health Data Infrastructure." Mr. Fattig was in Washington, D.C. for a meeting of the American Hospital Association and requested a meeting with Dr. DeSalvo. She asked him his opinion of the report. He said that Dr. DeSalvo is very focused on health information exchange and interoperability. She may be open to making changes which advance interoperability to Stage 3 Meaningful Use requirements. Mr. Fattig said that he believes the JASON report lays out an excellent framework. Marsha Morien commented that she was pleased to see that the JASON report addressed secondary use of HIE.

Marty Fattig also mentioned that the Meaningful Use Work Group will hold virtual listening sessions on May 20 and 27. Dan Griess from Box Butte General Hospital has been invited to speak on a panel on May 20.

The meeting was adjourned.