

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 Great Plains Regional Medical Center 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.