EHEALTH COUNCIL
Thursday, March 17, 2016, 9:30 a.m.
Nebraska Educational Telecommunications, Board Room, 1800 No. 33rd Street, Lincoln
Omaha: UNMC Business Services Center Room 3037B
North Platte: Great Plains Regional Medical Center--Dakota Room
Chadron: Chadron Community Hospital

Members Present:
Gary Cochran for Marsha Morien
Kevin Conway
Kathy Cook
Cindy Kadavy (arrived at 9:44)
Jim McClay (at UNMC site)
Shawn Murdock (at Great Plains Regional Medical Center site)
Dave Palm
Jenifer Roberts-Johnson (arrived at 9:39)
June Ryan
Todd Searls (arrived at 9:44)
Robin Szwanek
Max Thacker (at UNMC site)
Anna Turman (arrived at 9:51 at Chadron Community Hospital site)
Linda Wittmuss
Delane Wycoff (at Great Plains Regional Medical Center site)
Bridget Young

Members Absent: Joel Dougherty, Marty Fattig, Kimberly Galt, and Rama Kolli.

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

Dr. Wycoff called the meeting to order at 9:34 a.m. There were 12 voting members present at time of roll. A quorum was present. Meeting notices were posted on the Public Meeting calendar on Feb. 24, 2016 and NITC website on Feb. 26, 2016. The meeting agenda was posted on March 15, 2015. Copies of the Nebraska Open Meetings Act were available on the table and on the wall.

Members and guests introduced themselves. Dr. Wycoff asked if any guest wished to make a public comment. Chris Henkenius informed members that the Nebraska HIMSS Chapter will be having their spring meeting April 11-12 in Kearney. The meeting will include panel discussions on population health. Mr. Henkenius will send information to Ms. Byers to distribute to the group.

MEMBERSHIP

Anne Byers said that two new members, Rama Kolli and Linda Wittmuss, were approved by the Nebraska Information Technology Commission on March 10. She also shared that Gary Cochran been named as Marsha Morien's alternate and Heather Wood has been named as Lind Wittmuss's alternate. There are still several vacancies on the eHealth Council. Joni Booth has accepted a new position within Gallup which is not related to health care and has resigned her membership on the eHealth Council. Kevin Borcher has also resigned due to other time

commitments. Ms. Booth represented employers. Ms. Byers will ask Ms. Booth if there is someone else at Gallup who might be interested in serving on the eHealth Council. Ms. Byers will contact Joni Cover about having the Nebraska Pharmacy Association nominate a representative.

APPROVAL OF SEPTEMBER 17, 2015 MINUTES

There were no corrections to the minutes. Max Thacker made a motion to approve the minutes for Sept 17, 2015. Dr. McClay seconded the motion. The minutes were approved by unanimous voice vote.

Members Present: Gary Cochran for Marsha Morien, Kevin Conway, Kathy Cook, Cindy Kadavy, Jim McClay (at UNMC site), Shawn Murdock (at Great Plains Regional Medical Center site), Dave Palm, Jenifer Roberts-Johnson, June Ryan, Todd Searls, Robin Szwanek, Max Thacker (at UNMC site), Anna Turman (at Chadron Community Hospital site), Linda Wittmuss Delane Wycoff (at Great Plains Regional Medical Center site), and Bridget Young

Members Absent: Joel Dougherty, Marty Fattig, Kimberly Galt, and Rama Kolli.

ONC ADVANCE INTEROPERABLE HEALTH IT SERVICES TO SUPPORT HIE GRANT UPDATE

Rachel Houseman gave an update on the ONC Advance Interoperable Health IT Services to Support Health Information Exchange cooperative agreement. This $2.7 million grant was awarded to the Nebraska Information Technology Commission in July 2015. The NITC is partnering with NeHII and UNMC to implement the grant. The grant consists of many activities which will enable additional Critical Access Hospitals, long-term care facilities, clinics, and other providers to exchange health information. The tables at the end of the minutes summarize these activities and provide an update on the status of each activity.

Gary Cochran discussed the integrated community component. The grant team is working with two communities to create integrated communities consisting of at least one hospital, clinic, pharmacy, and long-term care facility exchanging health information. Public health departments may also participate. Two UNMC team members, Gary Cochran and Vicki Kennel, will work with providers to identify and prioritize use cases which can be supported by NeHII and to integrate high-priority use cases into their workflow. Auburn has been identified as the first integrated community. The NeHII team is working to recruit a second community. Twenty use cases have been identified by the clinic and hospital in Auburn. Use cases to support clinical care, reduce costs and improve efficiency, and improve patient outcomes have been identified. Examples include:

- Support clinical care
    - Evaluate adherence to prescribed regimen
    - Identification of possible opiate abusers in the ER
    - Lab data to support prescribing
    - Notification of admission or discharge
    - Electronic submission and receipt of lab tests/results
- Reduce cost / Improve efficiency
    - Reduce repeating laboratory / radiology testing
    - *Seamlessly incorporate demographic and insurance data from referral organization into the EHR*

- Use data analytics module to identify undiagnosed diabetic

Ms. Byers thanked the grant team members for their work.

Deb Bass gave an update on the NeHII Privacy and Security Committee's work on data use and ownership related to NeHII's planned implementation of population health analytics. The committee has identified four types of data with different data rights:

- Customer data
- Aggregated data
- De-identified data
- Process data

NeHII participants retain ownership of their data. The committee is suggesting we use the term data rights as we move into data analytics. The committee will review use cases for the use of data and data rights on an individual use case basis. Data from the analytics tool cannot be accessed until the appropriate use case is approved by the Privacy and Security Committee and the NeHII Board of Directors. Jim O'Connor is also working on revised language for the agreement with Optum and the Spectrum analytics tool that reflects language similar to language found in registries that addresses data rights.

PDMP UPDATES (LB 471, CDC grant and Harold Rogers Grant)

Jenifer Roberts-Johnson gave an update on Prescription Drug Monitoring Program (PDMP) activities, including LB 471, the CDC grant and Harold Rogers grant. LB 471 was approved by Governor Ricketts on Feb. 24, 2016. The legislation requires pharmacies to report all controlled substances filled by Jan. 1, 2017 and all prescriptions filled by Jan. 1, 2018. Consumers cannot opt out of the PDMP/medication history portion of NeHII. Ms. Roberts-Johnson commented that it was gratifying to see many different stakeholders come to together to address this issue. Senator Howard played a key role in getting stakeholders to reach a consensus.

The Nebraska Department of Health and Human Services has received two PDMP grants which will support implementing LB 471. Nebraska was one of 16 states to receive a CDC grant in 2015 for $771,249 per year over the next four years. The grant is focused on drug overdose prevention. Working with NeHII on enhancements to the state's Prescription Drug Monitoring program is one aspect of the grant. The grant will provide funding for a project manager at DHHS to work on this project. Amy Reynoldson has recently been hired to fill this position. A work group has been meeting regularly to address issues related to the grant and drug overdose prevention. The grant includes utilizing syndromic surveillance data to identify high risk areas and develop strategies to reduce drug overdoses.

Nebraska also received a Harold Rogers grant from the U.S. Department of Justice. Funding from this grant will provide free access to the PDMP/medication history portion of NeHII to prescribers. A physician liaison/trainer will also be hired. An implementation guide for pharmacies on reporting prescriptions is expected to be completed in April. A task force will make recommendations regarding the participation of veterinarians.

BEHAVIORAL HEALTH UPDATE

The Nebraska Department of Health and Human Services Division of Behavioral Health has been working with H4 Technology and Orion to develop a data analytics system. The Feb. 1 anticipated go live date has been delayed due to interface issues with several EHR systems. The middle of April is now a more likely go live date. Work continues on testing the interfaces to EHRS, providing training, and billing document testing. The system is not a health information exchange. In the future, the system may address the exchange of health information. There have been conversations with NeHII about incorporating access to the NeHII Virtual Health Record (VHR) into the system. The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) are now focusing on behavioral health. Chris Henkenius for H4 Technologies and Heather Wood from the DHHS Division of Behavioral Health will be attending the Health Care Connect conference and are planning to meet with representatives of ONC.

Ms. Byers shared information about the proposed revisions to the Confidentiality of Alcohol and Drug Abuse Patient Regulations—42 CFR Part 2. The goal in modernizing the regulations is "to increase opportunities for individuals with substance abuse disorders to participate in new and emerging health and health care models and health information technology." The notice included the following information:

> "In Section III.H., Consent Requirements (§ 2.31), SAMHSA is proposing to allow, in certain circumstances, a patient to include a general designation in the "To Whom" section of the consent form, in conjunction with requirements that: (1) The consent form include an explicit description of the amount and kind of substance use disorder treatment information that may be disclosed; and (2) the "From Whom" section of the consent form specifically name the part 2 program or other lawful holder of the patient identifying information permitted to make the disclosure. SAMHSA also is proposing to require the part 2 program or other lawful holder of patient identifying information to include a statement on the consent form that the patient understands the terms of their consent and, when using a general designation in the "To Whom" section of the consent form, that they have a right to obtain, upon request, a list of entities to which their information has been disclosed pursuant to the general designation (see § 2.13). In addition, SAMHSA is proposing to permit electronic signatures to the extent that they are not prohibited by any applicable law."
>
> "In Section III.I., Prohibition on Re-disclosure (§ 2.32), we propose to clarify that the prohibition on re-disclosure only applies to information that would identify, directly or indirectly, an individual as having been diagnosed, treated, or referred for treatment for a substance use disorder, such as indicated through standard medical codes, descriptive language, or both, and allows other health-related information shared by the part 2 program to be re-disclosed, if permissible under other applicable laws."

Ms. Byers encouraged members to submit comments by the April 11 deadline.

CONSUMER ENGAGEMENT

Ms. Byers gave a brief update on the activities of the NeHII Consumer Advisory Committee. The committee has been exploring PHR and portal aggregation products which could help providers address consumer engagement. Ms. Byers asked members for their help in identifying successful consumer engagement efforts.

PROVIDER DIRECTORY

Ms. Byers shared information from a new ONC report on provider directories. ONC feels provider directories are critical tools for executing value-based payments and is encouraging states to develop provider directories. The IHE HPD standard (IHE IT Infrastructure Technical Framework Supplement, Healthcare Provider Directory (HPD), Trial Implementation is currently recommended as a best available standard. A recent webinar recommended states just beginning efforts look at the Fast Healthcare Interoperability Resources (FHIR), DSTU 2 as an emerging standard. There is no requirement for states to develop provider directories at this time, but this is a definitely something that the State of Nebraska should be thinking about.

ADJOURNMENT

The meeting was adjourned at 11:34 p.m.

Nebraska Advance Interoperable Health IT Services to Support Health Information Exchange
Facility Recruitment and Implementation Summary
March 17, 2016
(Update Monthly)

Method of Health Information Exchange/Functionality	Facility/Provider Description	Target # of Facilities/ Providers	# of Facilities/ Providers Confirmed	# of Facilities in Progress	# of Facilities Implemented	Notes
Direct Secure Messaging	Long-term Care Facilities	50	38	1	*6*	Vetter Health signed a letter of intent to participate in the grant, bringing the number of long-term care facilities participating to 38. 39 Direct user accounts have been set up. Colonial Acres in Humboldt is in progress.
Sending data to NeHII using C-CDA (Consolidated-Clinical Document Architecture)	Clinics	5	3	0	0	This functionality will be available when NeHII migrates to a new platform and pricing has been established.
Sending data to NeHII using HL7 (standard for transfer of clinical data developed by Health Level Seven)	Critical Access Hospitals, Labs, and other	18	17	6	0	Physicians Lab, Community Memorial Hospital (Syracuse), Tri-Valley (Cambridge), CHI Nebraska Heart Institute Clinics, CHI Health TPN Clinics, and Auburn Family Health are in progress. Kick off scheduled for Antelope Memorial Hospital scheduled for March 23. Community Medical Center (Falls City) kickoff is in question due to vendor negotiations.
Population Analytics	Health Systems	5	4	0	0	Scheduling Nebraska Medicine implementation
Sending data between NeHII and other Health Information Exchanges	Health Information Exchanges	5	6	0	0	This functionality will be available when NeHII migrates to a new platform.
ADT (Admission, Discharge and Transfer) alerts via mobile messaging	Health Care Providers, Payers	40	5	0	0	Recruitment for ADT alerts via mobile messaging is just starting.
Sending data to the state's syndromic surveillance system via NeHII	Critical Access Hospitals	8	6	1	0	Community Hospital (McCook) in progress
Integrated Communities—UNMC and NeHII will work with facilities in these communities on workflow integration	Communities including hospitals, long term care, clinics, and pharmacies	2	1	0	0	Work is beginning with the Auburn Integrated Community. Nemaha County Hospital, Auburn Family Health Center, Family Value Pharmacy, Cody's U-Save Pharmacy, Good Samaritan Society – Auburn, and Colonial Acres in Humboldt are confirmed participants.

Additional Metrics (Update Quarterly)

Metric	Target	Feb. 2016	June 2016	Sept. 2016	Dec. 2016	March 2017	June 2017	Project End
# of Users								
# of direct e-mail addresses at Direct grant facilities	100	39						
Integrated Communities Metrics								
# of user support groups created	2	1						
# of user support group members	100	104						
# of unique use cases identified	20	16						

Dr. Wycoff moved to adjourn the meeting. Kevin Borcher seconded the motion. The motion was approved by unanimous voice vote.

Minutes taken by Lori Lopez Urdiales and Anne Byers.