

## **eHealth Council**

March 13, 2018 9:30 A.M.–12:00 noon CT  
1526 K Street, Lower Level, Training Room, Lincoln, NE  
Desktop Videoconferencing by Request

### **MINUTES**

**Members Present:** Kevin Borchert, Kevin Conway, Kathy Cook, Marty Fattig, Cindy Kadavy, Jan Evans for Rama Kolli, Dr. Jim McClay (phone/desktop videoconferencing), Marsha Morien, Dr. Shawn Murdock (desktop videoconferencing), Dave Palm, Brian Sterud, Anna Turman (desktop videoconferencing), Heather Wood for Linda Wittmuss, and Bridget Young

**Members Absent:** Joel Dougherty, Kimberly Galt, June Ryan, Todd Searls, Robin Szwanek, Max Thacker, and Dr. Delane Wycoff

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

The meeting was called to order by Co-Chair Marsha Morien. Meeting notices were posted on the Public Meeting and NITC websites on Jan. 24, 2018. The agenda was posted on Jan. 24, 2018. Ten members were present at time of roll call. Since a quorum was not present, approval of the minutes was tabled until additional members arrived.

### **PUBLIC COMMENT**

There was no public comment.

### **UPDATES**

**Nebraska Statewide Telehealth Network.** Max Thacker was not able to attend. Anne Byers shared that Tom Rolfes and representatives of the Nebraska Statewide Telehealth Network had been exploring options for modernizing the telehealth network.

**PDMP Update.** Ashley Newmyer and Kevin Borchert gave an update on the PDMP. Over 5,000 dispensers and providers have been trained on using the PDMP. A new professionally produced training video was made available on Jan. 25, 2018. The number of users and patients queried has increased since the mandatory reporting of all medications dispensed went into effect on Jan.1, 2018. In February 2018, 6,106 users used the PDMP, compared to 2,469 users in June 2017. In February 2018, 32,581 patients were queried, up from 7,557 in June 2017.

**NeHII Update.** Deb Bass shared the following updates:

- North Carolina has passed PDMP legislation modeled after Nebraska's legislation. Washington is also looking at including all medications as well.
- The Patient-Centered Data Home now has 22 HIEs participating and is working to get to 35 HIEs by the end of the year.
- 199 new providers were added to NeHII in the first quarter with many from Faith Regional and Children's as a result of the TCPI grant.
- NeHII is looking at funding opportunities from HRSA and private funders.
- Optum is training NeHII staff on the new platform. NeHII and other Optum users are planning a user group meeting.
- NeHII will have a town hall webinar on April 19 to go over the annual report. Information on the town hall will be going out soon.

- NeHII is one of 7 HIEs that are Qualified Clinical Data Registries (QCDRs). NeHII is working on the data extract for five measures.

## **APPROVAL OF APRIL 5, 2017 MINUTES\***

Kevin Conway made a motion to approve the April 5, 2017 minutes. Kathy Cook seconded the motion. **The vote was as follows: Borchert-Yes, Conway-Yes, Cook-Yes, Fattig-Yes, Kadavy-Yes, Evans-Yes, Morien-Yes, Palm-Yes, Sterud-Yes, Turman-Yes, Wood-Yes, and Young-Yes. (12-Yes, 0-Nay, 0-Abstain)** Motion carried.

## **APPROVAL OF OCT. 12, 2017 MINUTES**

Dave Palm made a motion to approve the Oct. 12, 2017 minutes. Kevin Conway seconded the motion. **The vote was as follows: Borchert-Yes, Conway-Yes, Cook-Yes, Fattig-Yes, Kadavy-Yes, Evans-Yes, Morien-Yes, Palm-Yes, Sterud-Yes, Turman-Yes, Wood-Yes, and Young-Yes. (12-Yes, 0-Nay, 0-Abstain)** Motion carried.

## **UPDATES**

### **TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT**

Zoe Barber, Office of the National Coordinator for Health IT

Zoe Barber gave a presentation via phone on the ONC's proposed Trusted Exchange Framework and Common Agreement. The 21<sup>st</sup> Century Cures Act charged ONC with developing a trusted exchange framework. The framework has two parts.

#### **Part A—Principles for Trusted Exchange General principles that provide guardrails to engender trust between Health Information Networks (HINs)**

- Principle 1 - Standardization
- Principle 2 - Transparency
- Principle 3 - Cooperation and Non-Discrimination
- Principle 4 - Security and Patient Safety
- Principle 5 - Access
- Principle 6 - Data-driven Accountability

#### **Part B—Minimum Required Terms and Conditions for Trusted Exchange**

A minimum set of terms and conditions for the purpose of ensuring that common practices are in place and required of all participants who participate in the Trusted Exchange Framework, including:

- Common authentication processes of trusted health information network participants;
- A common set of rules for trusted exchange;
- A minimum core set of organizational and operational policies to enable the exchange of electronic health information among networks.

The Framework also addresses the need to standardize data sets through the US Core Data for Interoperability (USCDI). The USCDI establishes a minimum set of data classes that are required to be interoperable nationwide and is designed to be expanded in an iterative and predictable way over time. Data classes listed in the USCDI are represented in a technically agnostic manner.

## **HIE AND DATA GOVERNANCE DISCUSSION**

Deb Bass, NeHII; Kevin Conway, Nebraska Hospital Association; Dr. James McClay, UNMC

At the October meeting, the eHealth Council identified data governance as a topic to discuss at a future meeting. Deb Bass, Kevin Conway, and Dr. McClay helped Ms. Byers plan the discussion at today's meeting.

Deb Bass served on an AHIMA work group on data governance. She gave an overview of the seven principals of IT governance that AHIMA identified:.

- Transparency
- Integrity
- Protection
- Compliance
- Availability
- Retention
- Disposition

Ms. Bass noted the similarities between AHIMA's principles for data governance and the principals for trusted exchange. The council will discuss if or how the council would like to address data governance at the April meeting.

## **ADJOURNMENT**

Marsha Morien adjourned the meeting at 12:01 P.M.