

## **EHEALTH COUNCIL**

October 3, 2016, 1:30-4:00 p.m.

State of Nebraska Division of Administrative Services  
1526 K St., Lincoln, Nebraska Lower Level Training Room

### **MINUTES**

#### **Members Present:**

Gary Cochran for Marsha Morien  
Kevin Conway  
Kathy Cook  
Joel Dougherty  
Marty Fattig  
Rama Kolli  
Jim McClay  
Dave Palm  
June Ryan  
Todd Searls  
Linda Wittmuss  
Delane Wycoff  
Bridget Young  
Kevin Borchert (nominated)

**Members Absent:** Kimberly Galt, Cindy Kadavy, Robin Szwaneck, and Max Thacker

**Members present at the participation sites:** Anna Turman, Dr. Shawn Murdock and Brian Sterud (nominated)

Dr. Jim McClay arrived at the meeting.

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

Dr. Wycoff called the meeting to order at 1:35 p.m. There were 10 voting members present at time of roll. A quorum was present. Meeting notices were posted on the Public Meeting calendar and NITC website on September 26, 2016. The meeting agenda was posted on September 27, 2016. Copies of the Nebraska Open Meetings Act were available on the front room table.

#### **APPROVAL OF MARCH 17, 2015 MINUTES**

**Mr. Fattig moved to approve the March 17, 2016 minutes as presented. Ms. Cook seconded. All were in favor. Motion carried.**

#### **PUBLIC COMMENT**

There was no public comment.

Anne Byers presided over the rest of the meeting.

#### **MEMBERSHIP**

**Recognition of Dr. Delane Wycoff.** A few months ago, Dr. Wycoff informed Ms. Byers and Ms. Morien that he would be resigning as co-chair of the council. Ms. Byers presented him with an Admiralship in the Nebraska Navy from the Governor Pete Ricketts in recognition of his contributions to the eHealth Council, NeHII, the NITC Community Council's Telehealth Subcommittee, and in the health IT field. Dr. Wycoff gave departing remarks to the group. Council members also provided comments of thanks and acknowledgement as well.

**Nomination of New Co-Chair.** Marty Fattig accepted a nomination to serve as co-chair and stated he felt honored. He commented on the impact that Dr. Wycoff has had on IT in the health field for Nebraska.

Mr. Kolli arrived at the meeting.

**Mr. Searls approved the nomination of Mr. Fattig as Chair. Mr. Conway seconded. Roll call vote: Conway-Yes, Cook-Yes, Dougherty-Yes, Fattig-Abstained, Kolli-Yes, McClay-Yes, Cochran-Yes, Palm-Yes, Searls-Yes, Wittmuss-Yes, Wycoff-Yes, and Young-Yes. Results: Yes-11, No-0, Abstained-1. Motion carried.**

Ms. Ryan arrived at the meeting.

**New Member Nominations.** There were two nominations for new council members. Each provided a few remarks about their interest and experience.

- Kevin Borchert, Director of Prescription Drug Monitoring Program for NeHII
- Brian Sterud, Chief Information Officer, Faith Regional Medical Services

**Dr. Wycoff approved the nominations for approval by the NITC. Mr. Searls seconded. Roll call vote: Young-Yes, Wycoff-Yes, Wittmuss-Yes, Searls-Yes, Ryan-Yes, Palm-Yes, Cochran-Yes, McClay-Yes, Kolli-Yes, Fattig-Yes, Dougherty-Yes, Cook-Yes, and Conway-Yes. Results: Yes-13, No-0, Abstained-0. Motion carried.**

#### **PDMP UPDATES (CDC GRANT, AND HAROLD ROGERS GRANT)**

Felicia Quintana-Zinn and Kevin Borchert

Ms. Roberts-Johnson had originally planned to give an update on the Prescription Drug Monitoring Program (PDMP) but had a conflict and asked Felicia Quintana-Zinn to give the update. In order to better accommodate Ms. Quintana-Zinn's schedule, this item was moved up on the agenda.

**Harold Rogers Grant.** This grant has provided additional funding to implement and enhance the PDMP system. Grant priorities are to:

- Enhance and Maximize the PDMP
  - Increase access and use of the PDMP by medical professionals
  - Utilize the PDMP data for public health surveillance
- Develop and encourage statewide uptake of pain management guidelines
- Conduct a needs assessment and educate on the expanded access to Naloxone

The first version of the implementation guide for dispensers was made available in May. An updated version was made available in September.

**CDC Grant.** The grant team has completed year 1 of the grant and begun year 2. During year 1 of the CDC grant, the project has accomplished the following:

- Hired Amy Reynoldson (project manager), Felicia Quintana-Zinn (epidemiologist) and Brian Harter (IT Business Analyst). Each position is funded by this grant. The PDMP Workgroup has had several meetings and has provided invaluable feedback and guidance.
  - There have been multiple meetings with the Implementation subcommittee, Training and Education subcommittee, and the Prescribing guidelines internal subcommittee and have made tremendous progress.

- Last week stakeholders were able to participate in a test drive of the PDMP system that the NMA organized. Helpful feedback was received from physicians and pharmacists regarding the system.
- The PDMP website ([www.dhhs.ne.gov/PDMP](http://www.dhhs.ne.gov/PDMP)) went live this fall.

Mr. Borchert reported that NeHII is also working on a one-stop user access registration form that can be used with the PDMP. The plan is to have system ready for pharmacies to send the data in to populate the data by November 22. Pharmacies are very much aware of the project. It is anticipated that the system will be ready and fully operational by December 13, but no later than January 1.

### **ONC ADVANCE INTEROPERABLE HEALTH IT SERVICES TO SUPPORT HEALTH INFORMATION EXCHANGE GRANT UPDATE** —Gary Cochran, UNMC

The Integrated Community Project, which is part of the ONC Advance Interoperable Health IT Services to Support Health Information Exchange grant, involves working with healthcare providers in Auburn and O’Neill to integrate health information exchange into their workflow. The process starts by asking health care providers what information they would like to receive, determining technical capabilities to exchange information, and prioritizing use cases. Some of the use cases identified are listed below:

#### **LTPAC, Hospital, Clinic:**

- Be able to integrate demographic information from referral partners directly into the EHR without needing to manually re-enter the information.

#### **Emergency Room:**

- Screen for possible opiate abuse in the ER
- Check for advance directives for LTC admitted to the ER

#### **Clinic:**

- Medication refill history to evaluate compliance with ambulatory regimen
- Receive clinical summary from LTC for scheduled patient visits

#### **LTC:**

- Discharge medication orders - coordinate between the transferring hospital and the LTC and pharmacy to assist with medication reconciliation

#### **Home Health:**

- Notification of hospital admission would prevent sending a therapist to an empty house.
- Access to care notes while in the hospital would help with discharge planning

The UNMC team has also started planning the development of six training modules to help providers better integrate health information exchange into their workflow.

Mr. Cochran entertained questions from the council members.

### **BEHAVIORAL HEALTH UPDATE ON NEW DATA SYSTEM**—Heather Wood and Linda Wittmuss

**Behavioral Health Update on New Data System.** The Division of Behavior Health Centralized Data System (CDS) is a DHHS hosted web-based system that utilizes Compass software to collect information from behavior health providers for service authorization approval for higher levels of care, at admission into service, during the course of treatment, and at the time of discharge from behavior health services. Waitlist and capacity functionality exists in the CDS; however, formulas for calculating are under review to insure consistency in data collection and reporting across providers. Providers enter a variety of demographic, health status and presenting symptoms, trauma history, substance use and treatment progress-related data.

The CDS offers a variety of reports to support ongoing system evaluation, activity and population summaries, and performance outcome review. The CDS generates reports to satisfy state and federal requirements. Monthly service utilization reports are generated within the CDS to support billing activities based on services provided. The CDS will eventually interface with the Division's Electronic Billing System (EBS) which is scheduled for implementation in July 2017.

Ms. Witmuss and Ms. Wood entertained questions from the council members.

### **COUNCIL ENGAGEMENT AND PRIORITIES**

The following were topics the council would like to explore further:

- Consumer engagement
- Small Hospital Improvement Program (SHIP)
- Medicaid Information Technology Architecture
- Correctional facilities – Interim study to examine the feasibility of creating a common data collection site for county jail information necessary to receive funding under the County Justice Reinvestment Grant Program (LR 550 report)
- LB 593, looking at all the current health data systems
- Public health and population health data and analytics—Kathy Cook, Dave Palm and Todd Searls volunteered to help Anne flesh this out.

The meeting frequency will remain twice a year. Members like the 1526 Building as a meeting site. The Lincoln-Lancaster Public Health Department was also suggested as a possible meeting site. Members also liked using Skype for Business.

### **PUBLIC COMMENT**

Nebraska HIMSS Chapter will be having their fall meeting on Wednesday, October 12. A couple of meeting topics will include MACRA and social media.

### **ADJOURN**

With no further business, Ms. Byers adjourned the meeting at 4:02 p.m.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by Anne Byers of the Office of the CIO/NITC.