



Nebraska Information Technology Commission Community Technology Fund

Standard Application Form

For projects which meet all of the following characteristics:

- Moderate to high budget (over \$40,000)
- Moderately difficult to complex implementation of technology
- Moderate to high risk
- Type of projects: Projects Involving Health IT

Project Title: Nebraska Health Information Initiative (NeHII) Health Information Exchange

Submitting Entity: NeHII, Inc in association with the University of Nebraska at Omaha

Grant Amount Requested: \$100,000

Project Contact Information (Name, address, telephone, fax, and e-mail address):

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Executive Summary

Provide a one or two paragraph summary of the proposed project, clearly and succinctly describing the project goals, expected outcomes, the information technology required, and what the grant will fund.

In 2006, healthcare professionals from across Nebraska gathered to conduct a strategic planning session - the goal, to create a statewide health information exchange (HIE) for the betterment of patient care in the state. Once implemented, the system would enable physicians statewide to view consolidated patient medical history at the point of care, improving safety and care delivery while reducing duplicate or redundant procedures. Since that session, the progress of NeHII has outpaced all similar activities. NeHII hopes to begin exchanging data in the next six months, making it one of the first statewide HIEs in the country. The most significant aspect to the project is the innovative ideas used to fund the project and make it sustainable for future generations. Based on projected adoption rates, NeHII is expected to generate sufficient margins to not only fund operations, but also subsidize rural providers and decrease the financial impacts across the state. A proven sustainable business model ensures adequate project funding will be available when needed. The funds being sought with this grant application will be applied to fund a proof of concept pilot project and demonstrate the validity of exchanging medical information including clinical messaging, e-prescribing and physician referral.



NeHII's progress is due to its success at engaging and securing assistance from stakeholders across the state. Existing participants donated their time and money to make the initiative successful. As the project moves forward, discussions have moved from participant/stakeholder support to major employers, governmental officials and foundations to support the project implementation costs. All these activities and more led NeHII to a pilot phase that will begin live production use in fourth quarter 2008.

Goals, Objectives, and Projected Outcomes (15 points)

1. Describe the project, including:
 - Specific goals and objectives;
 - Expected beneficiaries of the project; and
 - Expected outcomes.

The goals of this initiative are to provide better patient care by

- Sharing timely and accurate patient healthcare information including clinical messaging, e-prescribing and physician referral in a secure environment among providers
- Allowing all providers the option to participate in this health information exchange
- Providing a patient focused interoperable online resource for medical information

The objectives of this initiative are

- Implement proof of concept pilot
- Install software
- Identify participants
- Determine success criteria
- Conduct pilot
- Complete evaluation scorecard
- Determine next steps for statewide implementation

The expected beneficiaries for this initiative

- Consumers
- Physicians
- Healthcare Providers
- Employers
- Health Plans
- Labs
- Pharmacies
- Public Health Agencies

At a recent site visit to a physician's office in Santa Cruz, California, Dr. Karl Johsens shared with us how he met with a patient that morning and discussed the improvement in her lab results for blood glucose and cholesterol levels after he had verified that she had filled prescriptions and was following her healthcare delivery plan. He verified prescriptions had been filled and conducted an online trend analysis using the vendor supplied software.

2. Describe the measurement and assessment methods that will verify that the project outcomes have been achieved.

The purpose of the pilot program is to evaluate the software to determine if the three goals previously cited are met. As we monitor the pilot's progress, we will readily know if the system provides the sharing



of timely and accurate patient healthcare information. A designated individual representing each participating healthcare agency will discuss how they are using clinical messaging and physician referrals and if they are getting the results they expected. The participants who use e-prescribing functionality should experience a reduced amount of time spent determining which drug to prescribe since the system will alert them to drug interactions.

Once the pilot is complete and planning begins for the statewide implementation, the rate of participation should increase. All providers will have the option to participate in this health information exchange and as the number of participants continue to increase we will have the ability to measure participation rates.

Qualitative measurements will be put in place to ensure the quality of care and patient safety has a positive effect due to this initiative.

Project Justification / Business Case (25 points)

3. Provide the project justification in terms of tangible benefits (i.e. economic return on investment) and/or intangible benefits (e.g. additional services for customers)

NeHII is preparing to engage in a pilot evaluation using the selected software to create a HIE. The pilot participants will be specifically evaluating clinical messaging, e-prescribing and physician referral functionality as well as impact to workflow efficiency and patient safety.

Return on Investment (ROI) / Intangible Benefits to Nebraska's Citizens. By developing a health information exchange (HIE) that will link physicians, hospitals, pharmacies, laboratories and imaging centers through technologies and processes that protect patient privacy, NeHII anticipates improved outcomes for individual consumers as well as for the state at large, and better use of the dollars spent for healthcare in the state.

The business and financial model proposed for NeHII is realistic and sustainable for the foreseeable future, assuming adoption rates meet conservative estimates. Excess revenues are also expected, and will be used to subsidize participants and further increase the value to Nebraska consumers. The funds being sought with this grant application will be used to fund pilot project setup expenses.

In October a Request for Proposal with detailed functional requirements was released to the list of seven vendor candidates from the RFI process. The product selection was made in April and currently NeHII is in the process of vendor negotiations.

Principles. The NeHII principles were defined at the outset of the strategic planning process and have naturally evolved throughout the business planning process as a result of input from many participants. They are meant to create a framework for working together collaboratively and include:

- Statewide approach
- Patient-centric
- Collaboration and consensus
- Open and transparent process
- Neutrality
- Shared resources, shared burden, shared planning
- Investments should reflect benefit flow
- Economically self-sustaining
- Inclusion of those with less resources
- Keep it simple
- Incremental implementation with early victories



- Build on what is available
- Support quality improvement
- Ensure interoperability

4. Describe other solutions that were evaluated, including their strengths and weaknesses, and why they were rejected. Explain the implications of doing nothing and why this option is not acceptable.

Evaluated Solutions and Implications of Doing Nothing. The core of the NeHII system is a centrally-managed, enterprise-level, commercial-off-the-shelf (COTS) IT solution to securely control patient information and verifies that patient data gets exchanged with other agencies for the sole purpose to improve the delivery of healthcare to a specific patient. The web-based ASP model software securely brings together the specific data (clinical message, e-prescribing and physician referral) required to sustain a patient's medical condition while protecting privacy and gathering the critical data a hospital, pharmacy, clinic or doctor needs to make a medically-required assessment, diagnosis and treatment plan.

NeHII evaluated many vendors to find the right solution. Out of the "Request for Information" stage, seven vendors were identified that could meet the above requirements. Those seven were then given the opportunity to respond to the "Request for Proposal". Following this phase, a vendor was selected, and vendor negotiations are currently ongoing.

Other Solutions Evaluated – Strengths and Weaknesses. At a minimum, the following options with a brief description of their strengths and weaknesses were thoroughly analyzed and discussed by the NeHII Steering Committee. The ideal solution was integrating a solution, centrally managed, to provide the needed healthcare patient data to improve the care and treatment of the citizens of Nebraska.

- Perform little to no changes to the IT infrastructure as it exists for Nebraska's health providers:
 - Strength – IT systems at health providers' agencies are operational and with regularly scheduled maintenance would work for several years. Dollars already have been invested into these systems and IT, staff and managers are familiar with the current systems.
 - Weakness – The current IT systems have no connectivity, do not permit a rapid exchange of patient healthcare information, lack collaboration options, and continue to cost dollars to maintain as these IT systems become legacy labyrinths.
- Develop a new enterprise system locally which would interact with existing agency-based systems providing the required connectivity and interoperability:
 - Strength – A customized IT system would allow agencies to maintain their IT systems, thus promoting familiarity while minimizing the attitude associated with change and eliminating the need for training.
 - Weakness – Some continuity and interoperability may be lost. Errors in patient healthcare data may increase due to incompatibility of IT systems. Coordinating upgrades and version changes across the State would require dollars invested into maintenance as well as the development of enhancements which are time intensive and expensive.
- Identify and implement a statewide HIE system COTS solution:
 - Strength – The main strength is a tried and tested already operational system that could be implemented with the vendor carrying the costs of system development and maintenance. Healthcare provider agencies would serve a centralized master with several options in providing the required healthcare data. The barrier would be alleviated for the smaller hospitals.
 - Weakness – Beyond the necessity to assist some healthcare providers in making a decision to join with NeHII, funding the project along with long term project monitoring may be a concern for the agency.
- No Action Taken
 - Strength – None



- Weakness – Inaction has existed as the norm; yet can no longer be accepted. Minimal sharing of healthcare information results in diagnosis delays, a reduction in healthcare quality and adverse drug events. **Healthcare Transformation calls all stakeholders to take action.**

Technical Impact (20 Points)

5. Describe how the project enhances, changes or replaces present technology systems, or implements a new technology system. Describe the technical elements of the project, including hardware, software, and communications requirements. Describe the strengths and weaknesses of the proposed solution.

Technological Impact of NeHII Project The identified vendor for the NeHII solution was chosen because of their delivering broad functionality to all stakeholders with minimal disruptions to the IT infrastructure.

Hardware, Software and Communication Requirements Most participants will access the system via the web, with no additional hardware or software requirements. Large healthcare systems will require the installation of an EdgeServer, installed and hosted at the vendor's facility. To access the system, all that is required is internet access for individual participants, or VPN access to the vendor's data center for institutions.

6. Address the following issues with respect to the proposed technology:
 - Describe the reliability, security and scalability (future needs for growth or adaptation) of the technology.
 - Address conformity with applicable NITC technical standards and guidelines (available at <http://www.nitc.state.ne.us/standards/>) and generally accepted industry standards.
 - Address the compatibility with existing institutional and/or statewide infrastructure.

Reliability, Security and Scalability The solution to be implemented is an ASP model, utilizing web service capabilities. These features offer a safe, secure, reliable, and scalable environment for the healthcare providers of Nebraska. The software ensures HIPAA guidelines are followed and data is exchanged using secure and encrypted messaging. Vendor service-level agreements will require 24 hour a day access, 7 days a week for 99% of the time, barring pre-scheduled maintenance time. Participants can only be activated by the system administrator, following intensive identity verification. Finally, the web-based ASP model does not limit the number of participants. The more participants included, the lower the cost to each participant. Participant agreements for pilot participants as well as patient consent forms are currently being reviewed.

Technical Standards and Guidelines NeHII has accessed the <http://www.nitc.state.ne.us/standards/> website. The NeHII project team understands, uses, and intends to follow the full intent of the standards and guidelines. IT personnel associated with the project are process savvy having implemented IT process improvement approaches using CMM, ITIL, PMP, ISO 9000 and local agency quality programs.

Compatibility with Existing Systems A critical factor in selecting an enterprise IT system is to ensure compatibility and interoperability with the many technologies and systems already operational in multiple organizations and agencies across the State of Nebraska. This includes other EMRs and systems installed at healthcare delivery agencies and RHIOs across the state. The vendor and NeHII project team are responsible for addressing and resolving reasonable compatibility issues and problems. The selected product will serve as an umbrella between practices with existing electronic medical records (EMRs) and the practices that opt-in to use EMR-Lite, a vendor offering for practices without electronic medical records.



Preliminary Plan for Implementation (10 Points)

7. Describe the preliminary plans for implementing the project. Identify project sponsor(s) and examine stakeholder acceptance. Describe the project team, including their roles, responsibilities, and experience.

Preliminary Plan for Implementation NeHII will begin exchanging data in fourth quarter 2008. Participants that have agreed to participate are Alegent Health, The Nebraska Medical Center, Methodist Health System, Children's Hospital, Creighton Medical Associates, Blue Cross Blue Shield of Nebraska, and UnitedHealthcare. This pilot will last for three months, resolving implementation issues and validating processes. We are projecting the statewide health information exchange to occur in 2009. This project includes and invites all Nebraska's healthcare delivery agencies and stakeholders.

Preliminary Project Plan Sponsors, roles and responsibilities for the NeHII effort include those defined in Appendix A. Additionally, the NeHII Project includes healthcare agency types defined earlier in this proposal.

In preparation for the statewide rollout, there are ongoing efforts to make this system affordable to rural providers. With that in mind, NeHII, in partnership with the University of Nebraska at Omaha (UNO) will implement shared servers for use by multiple rural institutions. Not only will shared servers be provided, but Dean Hesham Ali from the College of Information Science and Technology located at The Peter Kiewit Institute is extremely interested and engaged in the development of the next generation of medical IT professionals in collaboration with their partners. They host undergraduate and graduate programs in Bioinformatics, a graduate specialization in health informatics, and are taking a leadership role in working collaboratively with University of Nebraska Medical Center and local firms in areas such as HL-7 and other clinical data exchange standards, public health informatics and related research and development activities. Their focus on this initiative will be two-fold:

- Develop a training program for HL-7 interface and integration needs for this initiative
- Maintain a pool of student developers to offer HL-7 integration support to NeHII participants while also providing real world experience to PKI/IS&T students.

NeHII is working with several public health initiatives and initial communications are ongoing with Dr. Ann Fruhling, Associate Professor, Information Systems and Quantitative Analysis at the University of Nebraska – Omaha, Peter Kiewit Institute College of Information Science and Technology.

Following a ninety day pilot phase, NeHII plans to provide functionality to all Nebraska providers that will:

- Allow real-time lookup of patient information, such as drug allergies or history
- Obtain lab or radiology reports quickly and electronically
- Allow members of RHIOs to exchange information with providers not in that RHIO
- Match patient records in different systems, ensuring the information is only shared in appropriate ways
- Ensure all information is transmitted and stored in a secure fashion
- Patient safety is maximized
- Provider costs are minimized
- And many, many more.

NeHII is a Nebraska corporation organized under the Nebraska Nonprofit Corporation Act. It was formed by a collaboration of not-for-profit Nebraska hospitals, private entities, state associations, healthcare providers, independent labs, imaging centers and pharmacies. Representatives of these entities and the Lt. Governor sit on the Board of Directors of NeHII.



NeHII was formed to:

- Provide Nebraska with a system for the secure exchange and use of health information;
- Be a leader in the secure exchange of health information enabling a healthier Nebraska;
- Enable the sharing of timely and accurate patient healthcare information in a secure environment to improve patient care;
- Provide a seamless, electronic patient-centric health information exchange allowing authorized access to health information;
- Improve the health status of the residents of Nebraska;
- Improve quality and safety in the delivery of healthcare throughout the state by facilitating the sharing of health information;
- Support state and federal initiatives to improve healthcare quality and safety and to reduce cost through shared access to health information;
- Establish the basis for development of statewide and regional electronic health records in Nebraska as a means to improve quality, reduce errors, and control healthcare costs;
- Conduct and support healthcare education for students, graduate students, providers, and other healthcare workers in Nebraska;
- Monitor and recommend strategies to assist Nebraska providers to comply with state and federal technology standards and mandates in the healthcare field.
- NeHII hopes to receive a 501(c)(3) designation under the Internal Revenue Code.

The NeHII Board is responsible for the activities of this collaborative. The entire board is listed at the end of this proposal; however, the executive committee consists of the following individuals

- President: Dr. Harris Frankel, MD
- Vice President: Ken Lawonn - Senior Vice President and CIO of Alegent Health
- Secretary: George Sullivan - Director of Information Technology Services at Mary Lanning Memorial Hospital
- Treasurer: Steve Martin - Chief Executive Officer of Blue Cross Blue Shield of Nebraska

Dr. Harris Frankel, MD is a native of Omaha, Nebraska. He obtained his BA in animal physiology from the University of California, San Diego, in 1982. He then attended the University of Nebraska, College of Medicine and received his MD degree in 1986. Thereafter he did a one year internship in general internal medicine at Creighton University and its affiliated hospitals in Omaha. He then completed a neurology residency at the University of Texas Southwestern Medical Center at Dallas in 1990. During the last year of training he served as chief resident for the Department of Neurology at Parkland Memorial Hospital and the Dallas VA Medical Center. Upon completion of his residency training, Dr. Frankel returned to Omaha, Nebraska and has since remained in the private practice of Neurology with Drs. Goldner, Cooper, Cotton, Sundell, Franco and Diesing. Dr. Frankel is board certified in the specialty of Neurology. He is a member of the active staff at the Nebraska Methodist Hospital, Alegent Immanuel Medical Center and the Nebraska Medical Center. He also serves as a volunteer clinical assistant professor in the Department of Neurosciences at the University of Nebraska Medical Center.

Dr. Frankel is a member of a number of professional organizations. He currently serves as President of the Metropolitan Omaha Medical Society and also the Nebraska Health Information Initiative (NeHII, Inc.). He chairs the committees on Medicare as well as the Electronic Health Records Task Force for the Nebraska Medical Association. He has also chaired the Professional Advisory Committee of the Midlands Chapter of the National Multiple Sclerosis Society with whom he has also been a member of the National Medical Advisory Board. He also serves on the medical advisory board of SimplyWell, a population-based, integrated health management solution.



Kenneth E. Lawonn is the Senior Vice President and Chief Information Officer of Alegant Health. As senior vice president and chief information officer, Kenneth Lawonn brings 30 years of information technology and over 22 years of management experience to Alegant Health. He is responsible for the information technology, telecommunications, construction, property management, planning, innovation management, retail, sustainability, security and biomedical functions throughout the enterprise. Lawonn has nurtured Alegant Health's relationship with Siemens Strategic Alliance, negotiating a 10-year agreement for medical, building and information technology. He has successfully completed a Strategic Systems Plan, calling for implementation of advanced clinical systems, and has helped Alegant Health to be named one of the Most Integrated Health Systems. In January of 2008 Lawonn received an Innovator Award from Healthcare Informatics Magazine.

Prior to joining Alegant, Lawonn served as the first corporate vice president of information technology for Banner Health System/Lutheran Health Systems, Fargo, North Dakota, for a year. Banner Health System was created in 1999 as the result of a merger between Lutheran Health Systems, Fargo, and Samaritan Health Systems, Phoenix, Arizona. Lawonn began his career at Lutheran Health Systems and served in a variety of technical and management roles. He was named corporate systems and programming manager in 1984 and corporate director of information systems in 1987. He led the system as vice president and chief information officer from 1992 until the merger with Samaritan Health Systems in 1999.

Lawonn received a BS in Computer Information Systems at Moorhead State University. Lawonn is a current member of the College of Health Information Management Executives, and the Healthcare Information Management and Systems Society.

George Sullivan's biographical information is unavailable at this time.

Steven S. Martin serves as president and chief executive officer for Blue Cross and Blue Shield of Nebraska, and is a member of the board of directors.

Martin joined Blue Cross and Blue Shield of Nebraska in March 2002 and currently serves on the board of directors of Blue Cross and Blue Shield Association (BCBSA) in Chicago, Illinois and serves as Chairman of the BCBSA Federal Employee Program Board of Managers. Martin also serves as vice chair and board director of the Wellness Councils of America.

Prior to joining Blue Cross and Blue Shield of Nebraska, Martin was the founding president, CEO of and a board director for Prime Therapeutics, Inc., a comprehensive pharmacy benefits solutions company. Martin spent 12 years with Blue Cross and Blue Shield of Nebraska before joining Prime Therapeutics. His previous positions included vice president of health services research and reimbursement and senior vice president for ProPar services.

He has also held management positions at American HomeCare, Inc, the Upjohn Company, HealthCheck, Inc. and the Menninger Foundation.

Martin earned his Bachelor of Science degree from Washburn University and his Master of Arts degree from the University of Nebraska.

The University of Nebraska at Omaha

The University of Nebraska at Omaha (UNO) is a public institution and is one of the four campuses of the University of Nebraska System. UNO is located in the heart of Nebraska's largest metropolitan area. UNO is a comprehensive university with over 100 undergraduate majors and 50 graduate majors, including several Ph.D. programs. Situated on 160 acres, the handsomely landscaped campus is

surrounded by beautiful parks and residential areas. A full-time faculty of more than 450 serves a student population in excess of 14,000. UNO is accredited at the doctoral level by the North Central Association of Colleges and Schools.

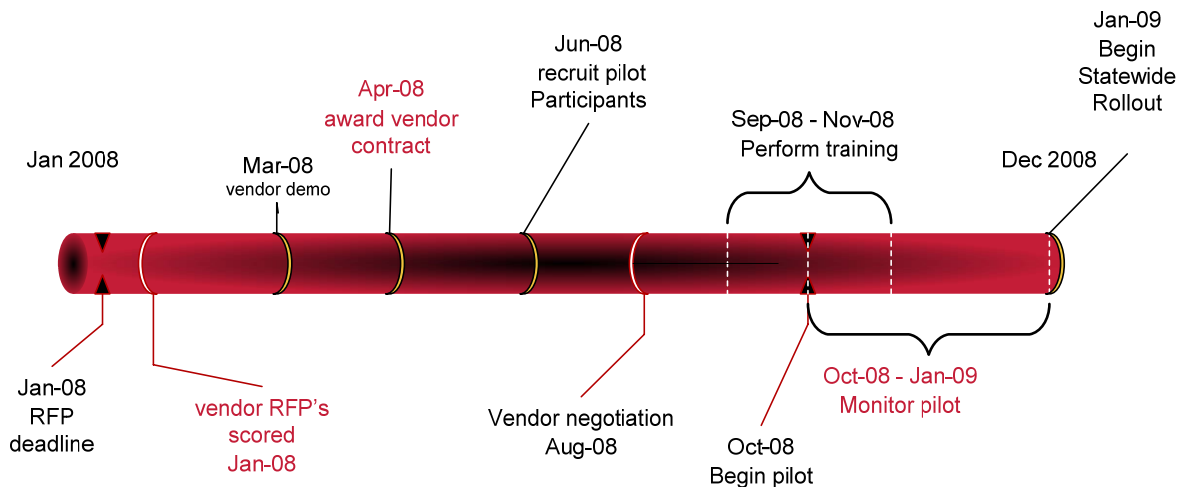
The College of Public Affairs and Community Service (CPACS) was created amidst the social and racial turbulence occurring in Omaha in the early 1970s to ensure the university was responsive to the critical social needs and concerns of our community and state.

Central to the new college's mission was the provision of educational and training programs of the highest caliber that would prepare students for careers and leadership in the public service. Today, the College remains one of the only such institutions in the United States to include "Community Service" in its title.

From those days 30 years ago the College has grown into a nationally recognized leader in public affairs research. Its faculty ranks among the finest in their disciplines. Faculty, staff, and students have become integral to the community and the state through applied research, service learning and various extensive outreach activities harkening back to our responsibility to address critical social needs and concerns.

8. List the major milestones and/or deliverables and provide a timeline for completing each.

Major Milestones



Milestones -

- January, 2008 – RFP responses due
- March, 2008 – vendor presentations
- June, 2008 – software vendor selected, negotiations begin
- June, 2008 through August, 2008 – pilot participants selected and organizational agreements executed
 - Pilot participants – Alegent Health Systems, Children’s Hospital, Methodist Health System, The Nebraska Medical Center, multiple physician practices, two medical labs including imaging facilities, Blue Cross and Blue Shield of Nebraska, and UnitedHealthcare.
- September, 2008 through October, 2008 – perform on-site training
- Fourth Quarter 2008 – 90 day pilot and evaluation period
- End of Pilot – Evaluate next steps to implement statewide rollout



9. Describe the training and staff development requirements.

Training and Staff Development NeHII will administer training utilizing proven vendor-supplied materials. These training sessions will take place at participant sites throughout the state, via a full-time trainer utilizing train-the-trainer approaches.

10. Describe the ongoing support requirements.

Ongoing Support Requirements While negotiations are ongoing with the selected vendor, the base features of the proposed web-based ASP model minimizes the ongoing maintenance requirements for NeHII. In addition, NeHII has budgeted for operational management of the system using local resources not affiliated with the vendor. The exact size and scope of those resources will depend largely on statewide implementation specifics.

Risk Assessment (10 Points)

11. Describe possible barriers and risks related to the project and the relative importance of each.

Risk Assessment

The following issues have been identified as potential risks and consequently will be monitored

- Lack of adequate participation may result in insufficient volume-discounts to sustain operations
- Lack of complete participation may result in insufficient data for effective patient care and inhibit physician participation
- Lack of user functionality may inhibit physician participation
- Lack of physician acquisition and acceptance of technology
- Lack of a proactive patient engagement strategy may limit physician adoption success
- Public perception issues and legal risk regarding privacy may create barriers to success

12. Identify strategies which have been developed to minimize risks

Risk Mitigation Plan

A Risk Mitigation Plan has been implemented to address principle risks that have been identified which could affect the success of this effort. The following items will help alleviate potential risks

- Constant monitoring of participants' rates will allow NeHII to work with non-participating physicians to better educate and help relate the importance of utilizing the software
- User functionality will be measured during the pilot evaluation period
- Create an information packet to educate the public and reduce inaccurate perception issues
- Gallup has offered to conduct participant surveys to validate ROI and justify effectiveness



Financial Analysis and Budget (20 Points)

13. Financial Information

	GTCF Grant Funds	Other Sources / Match	Total
1. Personnel Costs			
2. Contractual Services			
2.1 Design			
2.2 Programming			
2.3 Project Management			
2.4 Other			
3. Supplies and Materials			
4. Telecommunications			
5. Training	\$25,000		
6. Travel			
7. Other Operating Costs			
8. Capital Expenditures			
8.1 Hardware			
8.2 Software			
8.3 Network			
8.4 Other (including Pilot Implementation)	\$75,000		
TOTAL COSTS	\$100,000		

14. Provide a detailed description of the budget items listed above. Include an itemized list of hardware and software.

NeHII is currently in discussions with major foundations within the state to fund implementation costs. Meetings are currently set or in progress for the Hawks Foundation, Scott Foundation, Peter Kiewit Foundation and the Yanney Foundation. In addition, Alegent Health and Blue Cross Blue Shield of Nebraska have funded operations to this point, a total of more than \$500,000 in the last year.

Other funding to support the HIE over the next three years is projected to include:

- \$ 11,337,000 subscription and usage fees
- \$ 3,400,000 contributions
- \$ 500,000 grant money

15. Describe how any ongoing costs will be sustained after the grant funds are expended.

Sustainability: NeHII is not reliant on grant or external funding sources for sustainability. NeHII will purchase user licenses from the vendor at volume-discount prices, and provide them to participants on a cost-plus basis. The margin generated will be sufficient to fund operations, while providing a positive return for participants. A copy of the income statement can be made available pending vendor negotiations and board approval.



**NeHII Board Membership & Officers
(Approved March 28, 2008)**

Board Officers

President: Harris Frankel, MD - Goldner, Cooper, Cotton, Sundell, Frankel, Franco Neurologists, Omaha, NE
Vice President: Ken Lawonn - Alegent Health System, Omaha, NE
Secretary: George Sullivan - Mary Lanning Memorial Hospital, Hastings, NE
Treasurer: Steve Martin - Blue Cross Blue Shield of Nebraska, Omaha, NE

Board Membership

Elected Directors

Delane Wycoff, MD - Pathology Services PC, North Platte, NE
Harris Frankel, MD
Steve Martin
Ken Lawonn
Michael Westcott, MD - Alegent Health System, Omaha, NE
George Sullivan
Lisa Bewley - Regional West Medical Center, Scottsbluff, NE
Dan Griess - Box Butte General Hospital, Alliance, NE
Roger Hertz - Methodist Health System, Omaha, NE
Bill Dinsmoor - The Nebraska Medical Center, Omaha, NE

Appointed Directors

Lt. Gov. Rick Sheehy
Kevin Conway - Professional Organizations, Nebraska Hospital Association, Lincoln, NE
Deb Bass - Executive Director (interim appointment until a permanent Executive Director hired), Bass & Associates Inc., Omaha, NE
Nancy Shank, Associate Director for the University of Nebraska Public Policy Center

Committee Structures

Executive Committee:

Harris Frankel, MD - Chair
Steve Martin
Ken Lawonn
George Sullivan

Governance:

Steve Martin - Chair
George Sullivan
Steve Martin
Dale Mahlman - Nebraska Medical Association, Lincoln, NE
Nancy Shank
Michael Westcott, MD
Lisa Bewley

Finance:

Steve Martin - Chair
Ken Lawonn
Kevin Conway
Bill Dinsmoor



Lisa Bewley
Roger Hertz

Business Plan:

Kevin Conway - Chair
George Sullivan
Lt. Gov. Rick Sheehy
Todd Sorenson, MD - Regional West Medical Center, Scottsbluff, NE
Joni Cover - Nebraska Pharmacist Association, Lincoln, NE
Delane Wycoff, MD
Bill Dinsmoor
Michael Westcott, MD
Dan Griess

Pilot/Phase Development Committee:

Harris Frankel, MD - Chair
Tom Haley - Creighton Medical Associates, Omaha, NE
Roger Hertz
Ken Lawonn
Tim Mergens - United Health Care, Omaha, NE
Kevin Ordway – Soteria Imaging Services, LLC, Omaha, NE
Lianne Stevens - The Nebraska Medical Center, Omaha, NE
Clint Williams - Blue Cross Blue Shield of Nebraska, Omaha, NE
Allana Cummings - Children’s Hospital, Omaha, NE

Marketing:

Lt. Gov. Rick Sheehy
George Sullivan
Harris Frankel, MD

NeHII Leads Nebraska Healthcare Transformation September 2008

NeHII debuts latest success - its website: www.NeHII.org . On August 25th, NeHII announced the launch of its website designed to inform, educate, and facilitate communication for one of the first statewide health information exchanges in the country. Visitors to the website will gain an understanding of how the NeHII initiative is leading the way for *healthcare transformation through community betterment*.

Axolotl HIE hardware and software has been installed and is ready for pilot participant exchange of test data. The pilot will run for 3 months beginning the fourth quarter of 2008. Current pilot participants include: Alegen Health, BlueCross BlueShield of Nebraska, Children's Hospital, Creighton Medical Associates, Methodist Health System, Nebraska Health Imaging, The Nebraska Medical Center, UnitedHealthcare, and several private practice physicians.

NeHII momentum is sweeping the state as active participation becomes critically important. Throughout the month several presentations were given to Foundations as well as the Nebraska eHealth Council in Lincoln. NeHII recently received national attention with an online article on NHINWatch.com. This web site coverings news articles specific to the creation of a Nationwide Health Information Network in the United States. The article can be viewed at:
<http://www.nhinwatch.com/news.cms?newsId=3747>.

The NeHII executive committee met with Governor Heineman, Lt. Governor Sheehy, and several key state employees on August 26th to promote the benefits and funding potential in support of NeHII. A request was made to include a line item for NeHII in future state budgets. Governor Heineman indicated he would visit the pilot in Omaha once it's been successfully operational for 45 days.

"The great automobile trip across Nebraska" was kicked off by Deb Bass and Chris Henkenius on August 26th and 27th. Deb and Chris conducted discussions regarding NeHII project status updates and community betterment strategy with multiple stakeholders from Lincoln, North Platte, Scottsbluff, Alliance and Hastings.

The month of September is filled with vendor negotiations, presentations and exhibitions promoting NeHII benefits, executive committee meetings, and a site visit to a Rochester NY RHIO which has implemented an HIE using Axolotl software. Plans are also being finalized to represent NeHII at the Axolotl Users Conference in New York City.