

EHEALTH COUNCIL

February 8, 2013, 1:30 p.m.-4:00 p.m. CT

Main Location:

Nebraska Educational Telecommunications 1800 N. 33rd Street, Board Room, 1st Floor

Videoconferencing sites:

College of Public Health (MCPH) Room #3013

MINUTES

MEMBERS PRESENT:

Marsh Morien, Co-Chair – Lincoln Site

Dr. Delane Wycoff, Co-Chair – North Platte Site

Wende Baker – Lincoln Site

Carol Brandl – Lincoln Site

Kolli Rama – Lincoln Site

Joel Dougherty – Lincoln Site

Marty Fattig – Lincoln Site

Ken Lawonn – Omaha site

Sharon Medcalf – Omaha Site

Jenifer Roberts-Johnson – Lincoln Site

Greg Schieke – Lincoln Site

September Stone – Lincoln Site

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

Co-Chair Marsha Morien, called the meeting to order at 1:38 p.m. Roll call was taken. There were 10 members present. A quorum did not exist to conduct official business. The meeting notice was posted to the NITC and Public Meeting websites on February 5, 2013.

The meeting proceeded with informational items until a quorum was present to conduct official business.

Due to the resignation of the Lt. Governor, a new Lt. Governor will be named as early as next week. The person appointed will become the Chair of the NITC and will most likely be designated as the state IT Health Coordinator.

Approval of minutes was tabled until a quorum was present.

PUBLIC COMMENT

There was no public comment.

MEMBERSHIP

The terms of the following members are up for renewal:

- Senator Annette Dubas
- Congressman Jeff Fortenberry, represented by Marie Woodhead
- Joni Cover, Nebraska Pharmacists Association (Kevin Borchert nominated)
- Carol Brandl, Nebraska Statewide Telehealth Network and Bryan LGH (Bryan Health)
- Wende Baker, Electronic Behavioral Health Information Network
- Kay Oestmann, Southeast District Health Department
- Alice Henneman, University of Nebraska-Lincoln Extension in Lancaster County
- Kimberly Galt, Creighton University School of Pharmacy and Health Professions
- Steve Urosevich, Nebraska Department of Correctional Services

Steve Urosevich recommended having Patrick Werner represent the Nebraska Department of Correctional Services. Joni Cover recommended having Kevin Borchert represent the Nebraska Pharmacists Association.

Input on U.S. Congress and Nebraska Legislature representation is usually provided by the NITC Chair. Since this position is vacant, Ms. Byers was unable to get input on these member positions.

Donna Hammack has been appointed to the NITC and has resigned from eHealth Council. This opens up a vacancy on the Council.

Action on membership renewals and nominations was tabled until a quorum was present.

Ms. Baker stated that she serves on a committee that has “committed” members with voting rights and “interested” members who don’t have voting rights. She suggested that the Council consider including interested members.

Ms. Byers stated that members can designate an alternate to attend in their place and that this is very much encouraged in the other NITC Advisory Councils. Members were asked to provide an alternate who could attend meeting in their place. Alternates would have voting rights. It was commented that it would be good to have more consumer involvement.

Approval of member renewals and nominations was tabled.

TRACKING PROGRAM PROGRESS—SETTING 2013 GOALS*

ONC Tracking Progress Metrics and Goals and Nebraska Tracking Progress Metrics and Goals

Ms. Byers proceeded with the review of each measure and asked for council recommendations for 2013 goals. 2012 data was not available on two measures: 1) percent of hospitals sharing electronic care summaries with unaffiliated hospitals and providers; 2) % of ambulatory providers electronically sharing care summaries with other providers. The council agreed it was best to not set 2013 goals for these measures until further data was received.

Ms. Jennifer Roberts-Johnson and Ms. September Stone arrived. A quorum existed to conduct official business. By group consensus it was agreed to go back on the agenda to approve the minutes and membership action items.

Ms. Baker moved to the February, May and October 2012 minutes as presented. Ms. Stone seconded. (See roll call votes below):

Approval of Feb. 29, 2012 minutes

Roll call vote: Baker-Yes, Brandl-Yes, Kolli-Yes, Dougherty-Yes, Fattig-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Abstain, Morien-Yes, Schieke-Yes, and Stone-Yes, and Wycoff-Yes.

Results: Yes-11, No-0, Abstained-1. Motion carried

Approval of May 3, 2012 minutes

Roll call vote: Baker-Yes, Brandl-Yes, Kolli-Yes, Dougherty-Yes, Fattig-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Abstain, Morien-Yes, Schieke-Yes, and Stone-Yes, and Wycoff-Yes.

Results: Yes-11, No-0, Abstained-1. Motion carried

Approval of Oct. 19, 2012 minutes

Roll call vote: Baker-Yes, Brandl-Yes, Kolli-Yes, Dougherty-Yes, Fattig-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, and Stone-Yes, and Wycoff-Yes. Results:

Yes-12, No-0, Abstained-0. Motion carried

Ms. Brandl moved to approve the new and membership renewal nominations to the NITC for final approval. Mr. Dougherty seconded. Roll call vote: Baker-Yes, Brandl-Yes, Kolli-Yes, Dougherty-Yes, Fattig-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, and Stone-Yes, and Wycoff-Yes. Results: Yes-12, No-0, Abstained-0. Motion carried.

Members recommended the following goals for the required ONC Tracking Program Progress section of the state plan update:

Measure	Target for December 2013
% of pharmacies participating in e-prescribing	96%
% of labs sending electronic lab results to providers in a structured format	50%
% of labs sending electronic lab results to providers using LOINC	30%
Public Health agencies receiving ELR data produced by EHRs or other electronic sources using HL7 2.5.1 LOINC and SNOMED.	100%
Immunization registries receiving electronic immunization data produced by EHRs in HL7 2.3.1 or 2.5.1 formats using CVX code.	100%
Public Health agencies receiving electronic syndromic surveillance hospital data produced by EHRs in HL7 2.3.1 or 2.5.1 formats (using CDC reference guide).	100%
Public Health agencies receiving electronic syndromic surveillance ambulatory data produced by EHRs in HL7 2.3.1 or 2.5.1.	100%

Members recommended the following additional goals:

Measure	Target for December 2013
Individual users enabled for query-based exchange through NeHII	3,062
Individual users enabled for query-based exchange through eBHIN	300 HIE users
Acute Care Hospitals Actively Participating in Query-Based Exchange through NeHII	39 Dependent upon implementation progress of private HIEs within Nebraska health systems and HITECT 90/10 matched funding approval
% of Nebraska Hospital Beds Participating in Query-Based Exchange through NeHII	56%-62% Dependent upon implementation progress of private HIEs within Nebraska health systems and HITECH 90/10 matched funding approval
Hospital Behavioral Health Units Participating in eBHIN	3
Laboratories actively participating in query-based exchange	39 Dependent upon implementation progress of private HIEs within Nebraska health systems and HITECH 90/10 matched funding approval
% of community pharmacies activated for e-prescribing	96%
% of physicians e-prescribing	89%
Total Number of Providers Submitting to Immunization Registry	750
Number of Providers Submitting to Immunization Registry Electronically	436
# of labs submitting data to NEDSS	23
# of hospitals submitting data to the syndromic surveillance system	24
# of ambulatory providers/clinics submitting syndromic surveillance data	12

Mr. Fattig moved to approve the 2013 ONC and Nebraska Tracking Progress Matrix. Ms. Brandl seconded. Roll call vote: Baker-Yes, Brandl-Yes, Kolli-Yes, Dougherty-Yes, Fattig-Yes, Lawonn-Yes, Medcalf-Yes, Roberts-Johnson-Yes, Morien-Yes, Schieke-Yes, and Stone-Yes, and Wycoff-Yes. Results: Yes-12, No-0, Abstained-0. Motion carried.

STATE PLAN REVISIONS - DUE MAY 8, 2013

Strategic Plan and Operational Plan —Required Updates. Updated operational plans are due to ONC by May 8, 2013. The operational plan includes the following sections:

- Privacy and Security Framework
- Sustainability Plan
- Project Management Plan
- Evaluation Report
- Tracking Program Progress

The Council may also want to update the strategic plan. Much of the strategic plan was updated last year to reflect the current health IT environment. No revisions were made to the vision, goals, objectives, and strategies. Ms. Byers asked Council members if they would like to review the vision, goals, objectives, and strategies.

Ms. Byers recommended that the Council have more time to review the document and to organize a small group of volunteers to work on the plan and bring back recommendations to the Council. A meeting would be via conference call. Volunteers included Joel Dougherty, Greg Schieke, Marsha Morien, and Jennifer Roberts-Johnson.

Evaluation Report – Marsha Morien

Ms. Morien wanted to thank and acknowledge the following persons for their assistance with evaluation efforts: Daniel Lomelin, Donald Klepser, Gary Cochran, and Lina Lander.

Lab Census. Ms. Morien provided a brief overview of the 2012 Lab Census Report and entertained questions from the council members.

Key findings can be found below:

Labs sending results to ambulatory providers outside of their organization electronically in a structured format

	2011	2012	% Change
Hospital Labs	17/93 (18.3%)	35/93 (37.6%)	+19.3%
Independent Labs	25/37 (67.6%)	26/37 (70.3%)	+2.7%

Labs following LOINC standards for test results sent to ambulatory providers outside of their organization

	2011	2012	% Change
Hospital Labs	13/93 (13.9%)	25/93 (26.9%)	+13.0%
Independent Labs	3/37 (8.1%)	3/37 (8.1%)	0%

E-Prescribing Error Initial Report – Pilot Study. Seven discrepancies (6.9%) were identified that may be either associated with an error or increased the likelihood that an error could occur. The majority of discrepancies were associated with differences between the direction for use recorded in the patient’s

medical record and the directions included on the pharmacy label. Although the number of discrepancies is relatively low, it is still a potential patient safety concern.

Provider Survey. As next steps, the Work Group plans to survey health care providers to get their feedback about health information exchange – do they use it or not, what they like, what they don't like, etc. A draft has been developed and plans are to get the survey out next month.

UPDATES

State HIE Cooperative Agreement. The State of Nebraska—NITC received \$6,837,180.00 from the Office of the National Coordinator for Health IT. As of today, the project has expended \$6,094,177.77 which is approximately 89% of the budget. Physicians, other health care providers, and hospitals continue to join NeHII. The breakdown of physicians joining NeHII is as follows:

- 157 in the first quarter
- 67 in the second quarter
- 131 in the third quarter
- 80 in the fourth quarter

A total of 2,662 users and 22 hospitals are currently participating in NeHII, up from 1,950 user and 17 hospitals in the first quarter of 2012.

eBHIN also continues to add users. Currently 20 behavioral health organizations are participating in eBHIN with 30,672 records in the system and 5,424 HIE records. The opt-in rate is 90%.

Health IT Legislation. The following is a current list of proposed health IT legislation:

- LB 260 Change requirements for a data and information system under the Nebraska Behavioral Health Services Act (Gloor)
- LB 326 Change provisions of Pharmacy Practice Act and Automated Medication Systems Act (Howard)
- LB 535 Adopt Prescription Monitoring Program Act and repeal prescription monitoring provisions (Lathrop) – would change current monitoring program, make is accessible to law enforcement and this would be “mandatory participation”
- LB 556 Provide for telehealth services for children, change the medical assistance program, and provide duties for the Department of Health and Human Services (McGill)
- LB 605 Provide for Telehealth Behavioral Health Services Program (Pirsch)
- LB 617 Change provisions of the Nebraska Telecommunications Universal Service Fund Act (Schumacher). The Nebraska Statewide Telehealth Network receives funding for telehealth services from the Nebraska Universal Service Fund. This bill could reduce funding for telehealth services and impact the network.

NeHII. Deb Bass reviewed the NeHII February 1, 2013 Fact Sheet and entertained questions from the Council members.

eBHIN. Wende Baker distributed the eBHIN report and entertained questions from the council members.

Wide River Technology Extension Center, Greg Schieke. The grant goal was to get 1,000 eligible providers. The project has recruited over 1,000 eligible providers. Of the 1,000, approximately 860 have installed a certified electronic health record system. The project has experienced the usual barriers. Many rural health clinics don't meet Medicare requirements. In regards to meaningful use, 300 eligible providers have met meaningful use. Thirty-one (31) critical access hospitals have achieved meaningful use incentive.

Medicaid. The agency has been paying incentive payments since May totaling approximately \$26 million.

Division of Public Health, Jennifer Roberts-Johnson. NeHII and the Division of Public Health have been working with NeHII on bidirectional exchange between NeHII and the State's immunization registry,

NESIIS. A point to point exchange with a facility in Omaha and NESIIS has also been implemented. Providers at the facility have been able to query immunizations and get recommendation for the immunizations a patient may still need. In addition, the Division has been working with NeHII and MITRE on a single-sign project which would enhance NeHII's Prescription Drug Monitoring Program functionality.

Nebraska Statewide Telehealth Network, Carol Brandl. Currently, the project is analyzing the network for enhancements. The network operates on T1 lines. HD equipment requires higher bandwidth. For the first time, OAT did not renew the grant so the project is operating without federal funds. Funding from the Nebraska Universal Service Fund is an important source of funding for the network. Physicians may now provide consultations from their clinics. Physicians like providing at their site rather than travel to a telehealth site.

HIT Policy Committee, Marty Fattig. The committee has spent lots of time spent on conference calls discussing Stage 2 of meaningful use. The committee is wondering how providers are doing with Phase 1. Ideas for direction of Stage 3 include an outcome-based rather than a processed based- outcome. The challenge is how to evaluate outcomes. Mr. Fattig distributed a letter that he shared with the committee.

SUSTAINABILTY DISCUSSION

Ms. Byers had sent links on the agenda to resource documents. Sustainability is an important issue both nationwide and in Nebraska. A recent report commissioned by ONC, "Query-Based Exchange: Key Factors Influencing Success and Failure" compared successful HIEs on several measures. NeHII compares favorably with these HIEs.

The Council heard from Deb Bass, Wende Baker and Greg Schieke regarding their plans for their project's sustainability.

NeHII developed a 2012 sustainability plan which identified six critical factors for success. Progress is being made on those success factors. Major stakeholders agreed to a temporary fee increase (maximum of two years) effective Jan. 1, 2013. The Governor's budget recommendations include \$500,000 in General Funds for FY 2013-14 and \$500,000 in General Funds for FY 2014-15 for the support of health information exchange. NeHII is working with Medicaid to obtain 90/10 HITECH funding from CMS.

eBHIN's sustainability planning is focused on shifting to services-based vs. grant revenue generation. eBHIN's annual operating budget is \$1.75 million with a current anticipated funding gap of \$400,00 annually starting next FY 2013-2014. Medicaid 90/10 funding would bridge this period. ACO behavioral health requirements may create opportunities for eBHIN.

Council members were asked to give the topic of sustainability more consideration.

ADJOURNMENT

Ms. Brandle moved to adjourn. Mr. Dougherty seconded. All were in favor. Motion carried.

Ms. Morien reminded members to give consideration to designating an alternate.

The meeting was adjourned at 3:05 p.m.

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