




**Community Betterment Through HIE**  
*"Engaging Community Stakeholders to Create a Sustainable, Large-Scale HIE"*

Iowa HIMSS Meeting  
 January 29, 2014  
 Deb Bass




### What is HIE in Nebraska?

- ▶ Non-profit organization (NeHII, Inc.)
- ▶ Efforts started in 2005
- ▶ Public/private collaborative of diverse group of stakeholders created to improve patient safety and care while controlling costs
- ▶ Intent is to share costs for the infrastructure and as numbers of participants increase, the costs will decrease
- ▶ Query model HIE with emphasis on interoperability
- ▶ Universal portal and vendor agnostic
- ▶ eBHN serves the behavioral health providers and is an opt in model



### Consent Management

- ▶ Opt out vs. opt in platforms
- ▶ "Break the Glass" considerations
- ▶ Special protected data or 42 CFR Part 2 considerations
- ▶ Individual consumer education and consent management processes and support
- ▶ Flexibility in managing consent decisions and technical functionality




Home | Participating Providers | About NeHII | Security Policy | Privacy Policy Download | Opt Out or Opt Back In

**Connect the "Docs"**  
 Sharing information for better health care

**What is NeHII?**  
 NeHII is a statewide Health Information Exchange designed to share clinical and administrative data...[read more...](#)

**Participating NeHII Providers**  
 Currently there are more than 2,000 healthcare professionals participating across Nebraska...[read more...](#)




### NeHII Pilot & Early Milestones

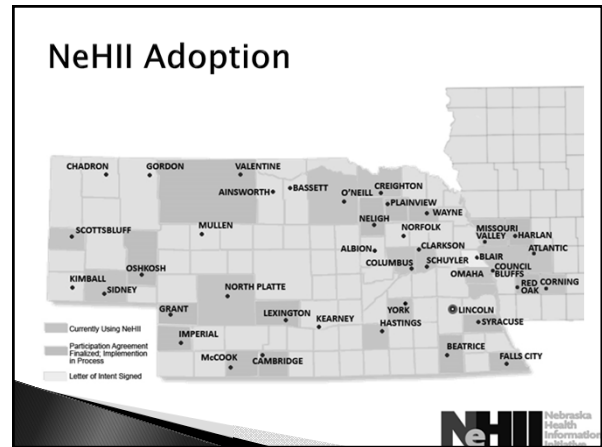
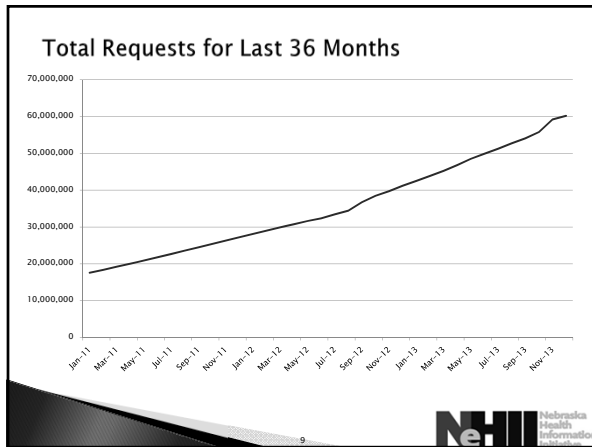
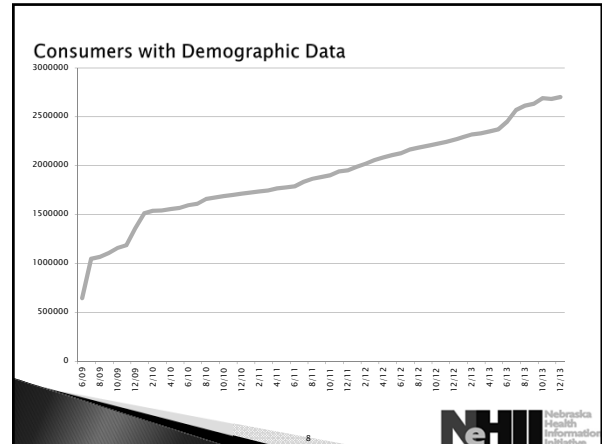
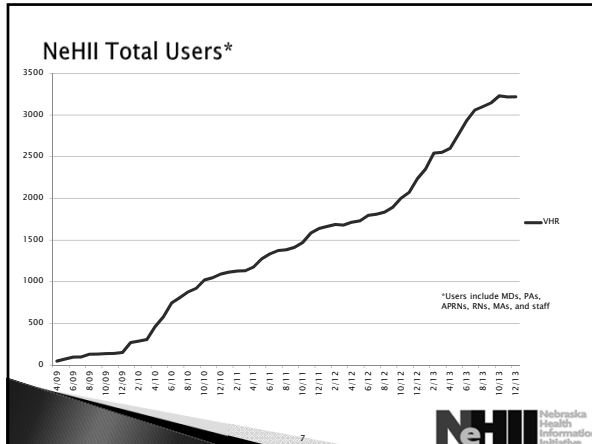
- ▶ Pilot Phase
  - Initiated February 16, 2009
  - Completed June 30, 2009
- ▶ NeHII Framework for Statewide HIE
  - Based on Hybrid Federated Model
  - HIPAA Compliant
  - Uses **Elysium** Software Developed by **Axolotl**
  - Website: [www.nehii.org](http://www.nehii.org)
  - Statewide Rollout Began July 2009
  - State Designated Integrator Received September 2009
  - 501(c)3 Status Received November 2009




### NeHII Statistics (As of January 3, 2014)

- ▶ Patients in the System 2,701,953
- ▶ Virtual Health Record (VHR) Usage
  - Physicians 1,396
  - Staff 2,184
- ▶ Percentage of Requests Completed in Less than 2 Seconds 97.30%
- ▶ Number of Results Sent to the Exchange 60,197,137
  - LAB 38,100,173
  - RAD 7,152,046
  - Transcription 14,944,918





- ### Recap of 2013 Activities
- ▶ Conducted strategic planning to identify future added functionalities
  - ▶ SUSTAINABILITY, SUSTAINABILITY, SUSTAINABILITY
  - ▶ Submitted IAPD request for HITECH 90/10 funding to support next round of adoption and added functionalities
  - ▶ Negotiated master agreement with vendor
  - ▶ Developed legislative advocacy action plan
  - ▶ Enhanced PDMP efforts in response to NMA discussions
  - ▶ Physician site license offer to hospitals
  - ▶ Use of remaining HIE Coop Funding
- NeHII Nebraska Health Information Interchange

- ### Meaningful Use 2 & Transitions of Care
- ▶ **Measure 1:** Providers and Hospitals must provide a summary of care record for more than 50% of transitions of care and referrals
  - ▶ **Measure 2:** Providers and Hospitals that transitions or refers patients to another setting of care or provider of care must provide a summary of care record for more than 10% of such transitions of care or referrals
  - ▶ **Measure 3:** Providers and Hospitals must satisfy one of the following criteria:
    - One or more successful electronic exchanges of a summary of care document which is counted in "measure 2" with the recipient using certified EHR different than the sending EHR
    - One or more successful tests with the CMS designated test EHR during the EHR reporting period.
- NeHII Nebraska Health Information Interchange

## How NeHII Can Facilitate Transitions of Care

- ▶ Direct Messaging
  - Capability of sending and receiving summary of care record
  - XDR / XDM Messaging via Direct 2.0
- ▶ Push/Pull Query Model Exchange
  - Capability to push/pull summary of care records for query model exchange
  - Become a member of eHealth Exchange
- ▶ Facilitate Reporting for Attestation
  - Calculating valid Meaningful Use Stage 2 Transition of Care Measures
  - Meeting numerator and denominator requirements for reporting requirements in Attestation



## Prescription Drug Monitoring (PDMP) Via NeHII, the HIE

- ▶ Passage of LB 237
- ▶ First State to Incorporate PDMP Into HIE
- ▶ Identification of potential drug seekers tremendous physician satisfier
- ▶ Consortium For Single Sign-On
- ▶ Physician/Drug Seeker Management MEU Programs



## ePrescribing in Nebraska

- ▶ As of October 2013:
- ▶ 96% of pharmacies participate in Surescripts
- ▶ 89% of physicians use eRx
- ▶ October 31, 2013 DHHS sent notification that ePrescribing of controlled substances is permissible
- ▶ HyVee Pharmacies and limited independent pharmacies



## ED Testimonial

"When the patient arrived in the ER, I looked them up in our system (a 3 hospital system). The patient had 3 ER visits in 12 months. I then looked the patient up in NeHII and found the patient had 33 ER visits in 12 months. The treatment plan is much different for 3 ER visits versus 33 ER visits."

Mitch Barrett, APRN



## ED Testimonial

"A patient was admitted to this ER and placed in room 3. Following the intake process and patient interview, I left the patient room and looked up the patient in NeHII. Much to my surprise, the patient in room 3 had been just discharged from another metro area ER only 30 minutes prior. When I re-entered the patient room and advised the patient I had information indicating she/he had been discharged from another ER earlier today, their comment was, "oh yeah, that's right."

JoAnn Hageman, PA



## Home Health Care

"Electronic access to medical records is becoming more important for our company to participate with the new computer systems. Last week the hospital medical records department was faxing patient information to us and it was 500 pages for one patient! Their fax server was having issues so it faxed this info 3 times! To top it off, we were low on paper and anxiously waiting for the supply arrival before we were completely out."

Annamarie Marsh  
Physicians Choice Home Health Care



## Automated Alerting Strategy

- ▶ Planning
  - Identify potential interested stakeholders
    - Payers – BCBSNE, Coventry
    - Independent Providers
    - Hospitals
    - Physician Hospital Organizations (PHOs)
    - Home Health / VNA
    - Long Term Care Facilities / Nursing Homes
  - Define Initial Scope
    - Leverage ADT event information already being fed to NeHII
    - Focus on Admission and Discharge events
    - Determine Design Approach
      - Push notifications (real-time, batch)



## 30-day Readmission Pilot

- ▶ UniNet – PHO providing managed care services to hospitals
- ▶ Pilot Approach
  - Collect admission and discharge information on a 30-day rolling basis
  - Determine readmits within that 30-day timeframe
  - Provide a listing to UniNet of all readmits
    - Scope – Omaha area hospitals
    - Data provided – initial and subsequent admission and discharge data
    - Transport medium – encrypted email
- ▶ Post Pilot



## PACE Study

- ▶ PACE (Program of All-Inclusive Care for the Elderly)
  - Becomes sole source of comprehensive services for Medicare and Medicaid eligible enrollees
- ▶ NeHII Role
  - Provide immediate notification when PACE participant presents at a hospital
- ▶ Design
  - Initial – monitor ADT database and provide immediate notification to PACE
  - Future – develop mobile notification process



## What Will 2014 Bring?

- ▶ Sustainability: legislation to fund NeHII
- ▶ Another round of hospital adoptions to move the needle to 80% of beds connected
- ▶ Added functionalities: image exchange, ACO support, enhanced public health reporting, Direct 2.0, mandated participation in med query to support PDMP, mobile messaging alerts, Optum HIE 2.0, data analytics, EHR integration
- ▶ Data exchange with our neighboring states and federal agencies



## Contact Information

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