

**COMPLETE PATIENT
INFORMATION AT THE POINT
OF CARE**

NEBRASKA AND IOWA EHEALTH INITIATIVES

FEDERAL EHEALTH INITIATIVES

- **State HIE grants**
- **Medicaid and Medicare incentives**
- **Regional Extension Centers**
 - Wide River Technology Extension Center—Nebraska
 - Iowa Foundation for Medical Care
- **Health IT Training Programs**
 - Metropolitan Community College, Des Moines Area Community College, Kirkwood College

TODAY'S LINE UP

**Anne Byers—Nebraska's eHealth plans and
NeHII update**

**Wende Baker— Electronic Behavioral Health
Information Network (eBHIN)**

Kory Schoor—Iowa eHealth

**Dane Pelfrey— Iowa's Medicaid incentives and
involvement in Iowa eHealth**

NEBRASKA EHEALTH PLANNING

Nebraska Information Technology Commission
eHealth Council serves as the state advisory
group.

Lt. Governor Rick Sheehy serves as chair of the
NITC and State HIT Coordinator

eHealth Council was charged with developing
the state eHealth plan.

PLAN HIGHLIGHTS

Goal is to improve the quality of care and population health by making complete patient information available at the point of care.

Ensuring privacy and security of health information is critical.

PLAN HIGHLIGHTS

Private sector should take the lead.

Nebraska will leverage investments in HIE.

NeHII acts as the lead HIE.

**eBHIN will connect behavioral health providers
and will connect to NeHII.**

**NeHII will connect with immunization registry,
disease and syndromic surveillance systems.**

NEHII

Connects 15 hospitals in Nebraska and Iowa.

Over 1,400 health care providers participate.

A pilot was conducted Feb-June 2009.

Based on hybrid federated model.

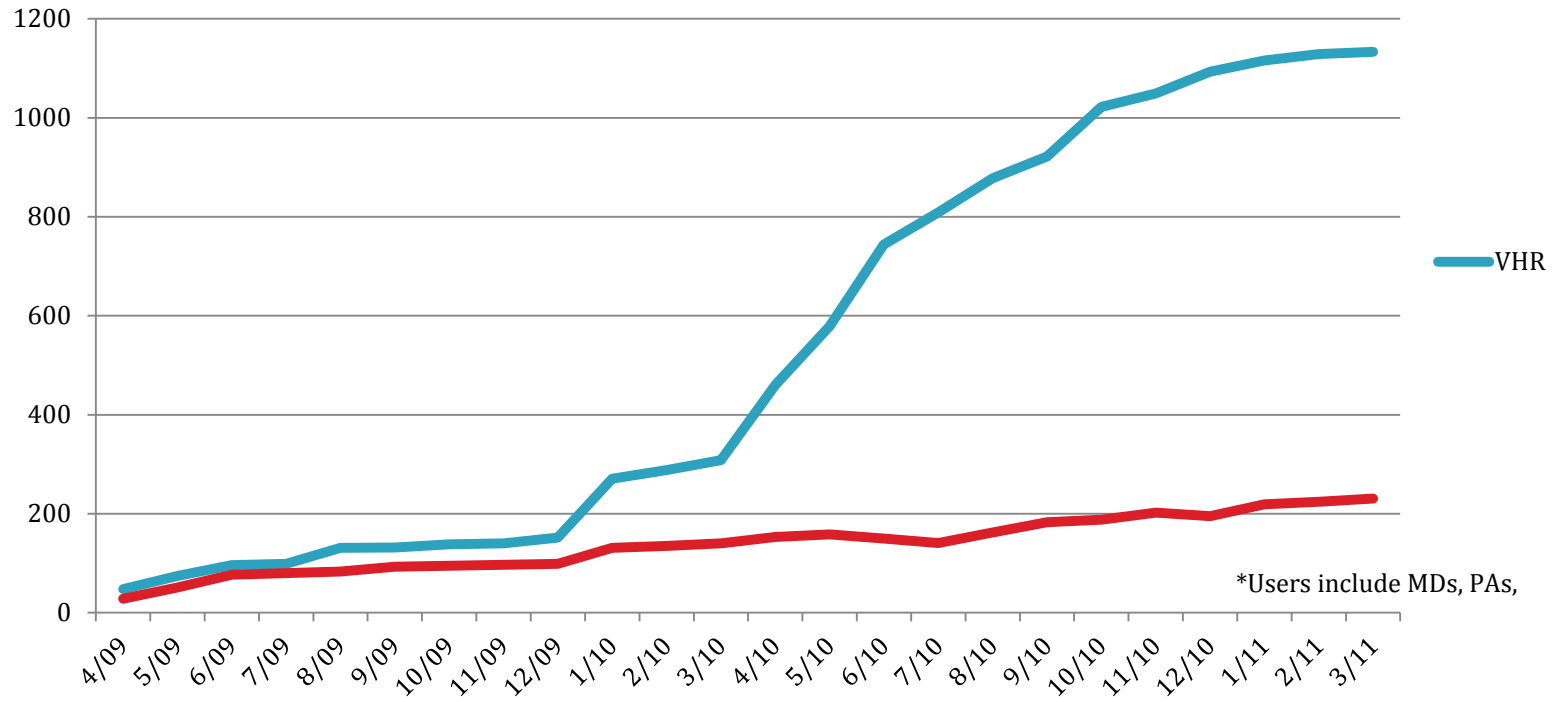
Uses Elysium software developed by Axolotl.

Patients may opt-out of participating in NeHII.

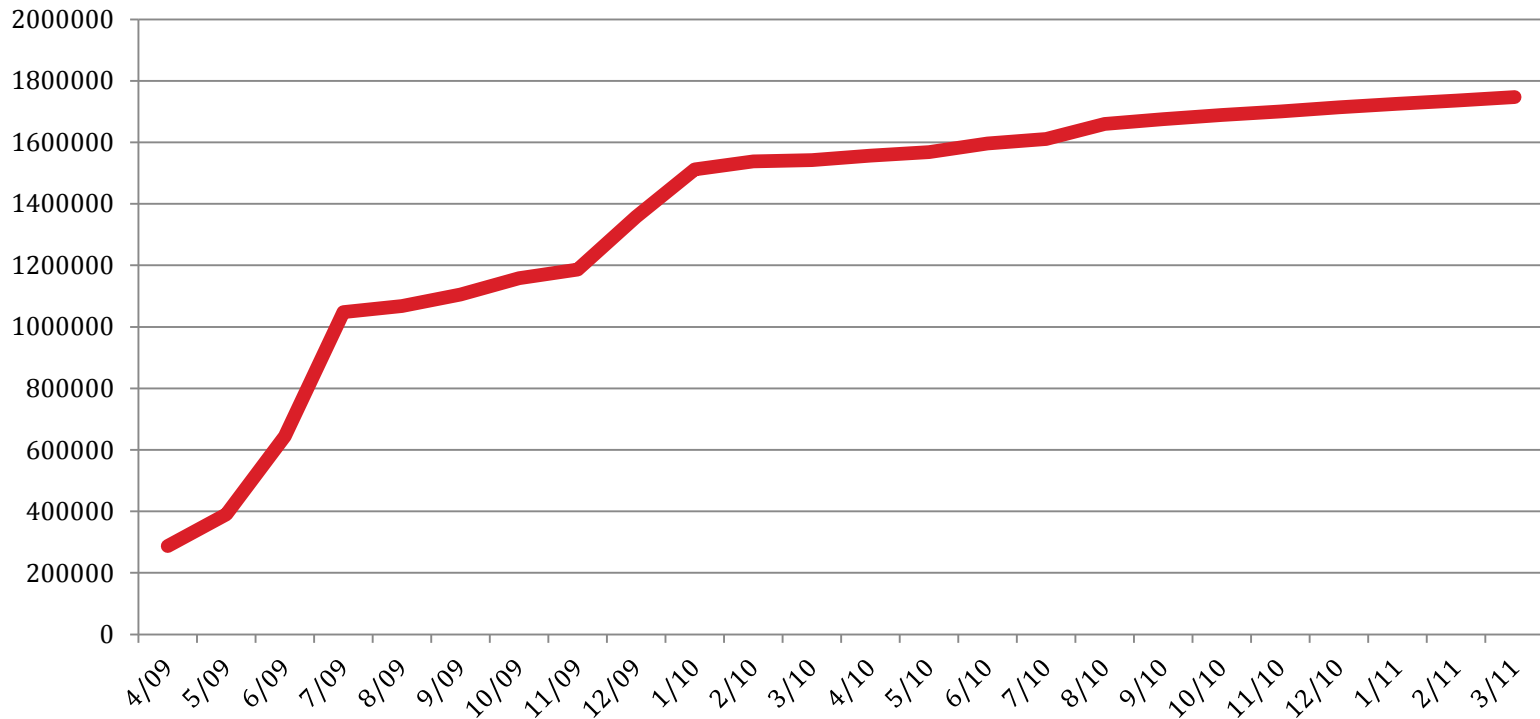
NEHII PARTICIPANTS

- Alegent Health
- Children's Hospital & Medical Center
- Methodist Health System
- The Nebraska Medical Center
- Mary Lanning Memorial Hospital
- BlueCross BlueShield of Nebraska
- Great Plains Regional Medical Center
- Creighton Medical Center

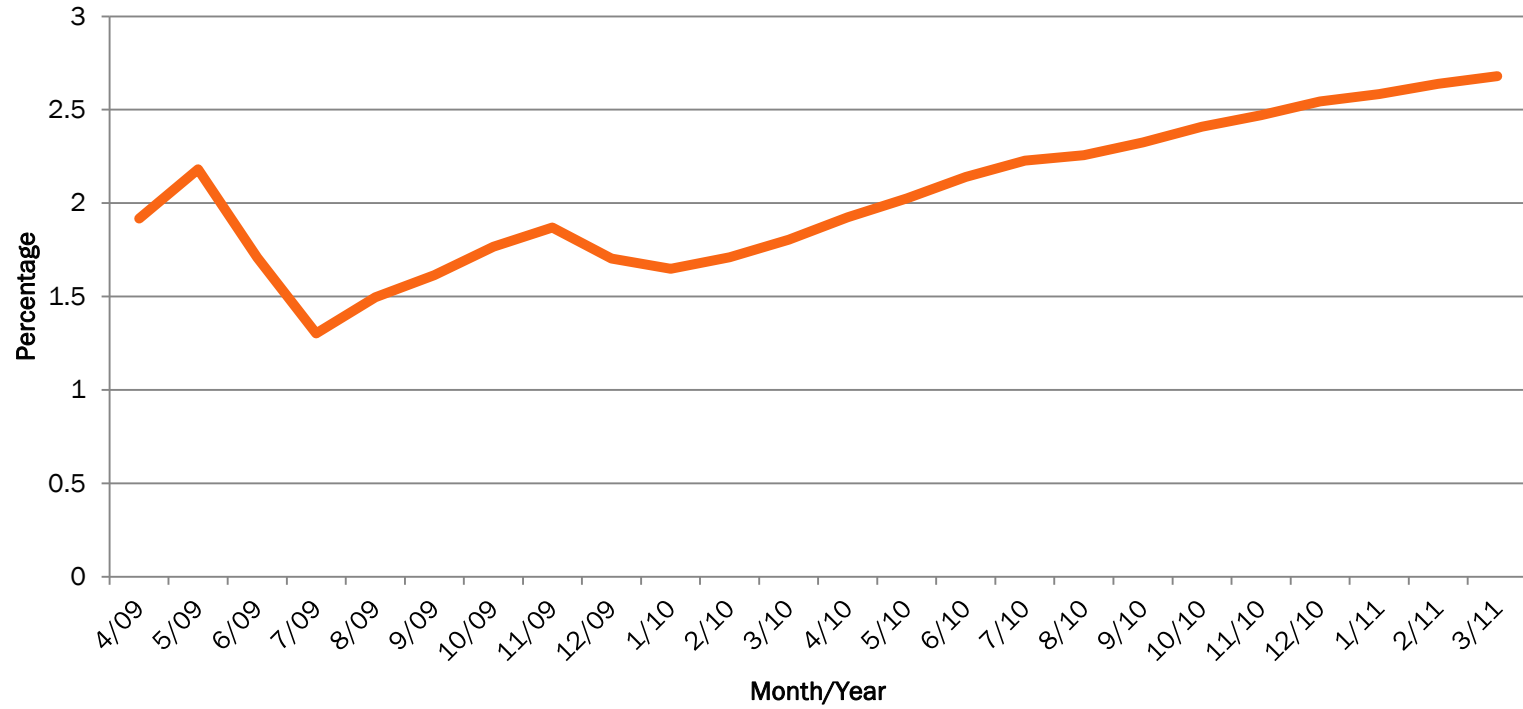
NEHII TOTAL USERS



CONSUMERS WITH DEMOGRAPHIC DATA



NEHII OPT-OUT RATES



NEHII

- Intended for health care professionals access only
- For treatment, payment, and public health purposes
- Personal health information will not be sold

WHAT HEALTH INFORMATION WILL BE SHARED

Lab and X-ray Results

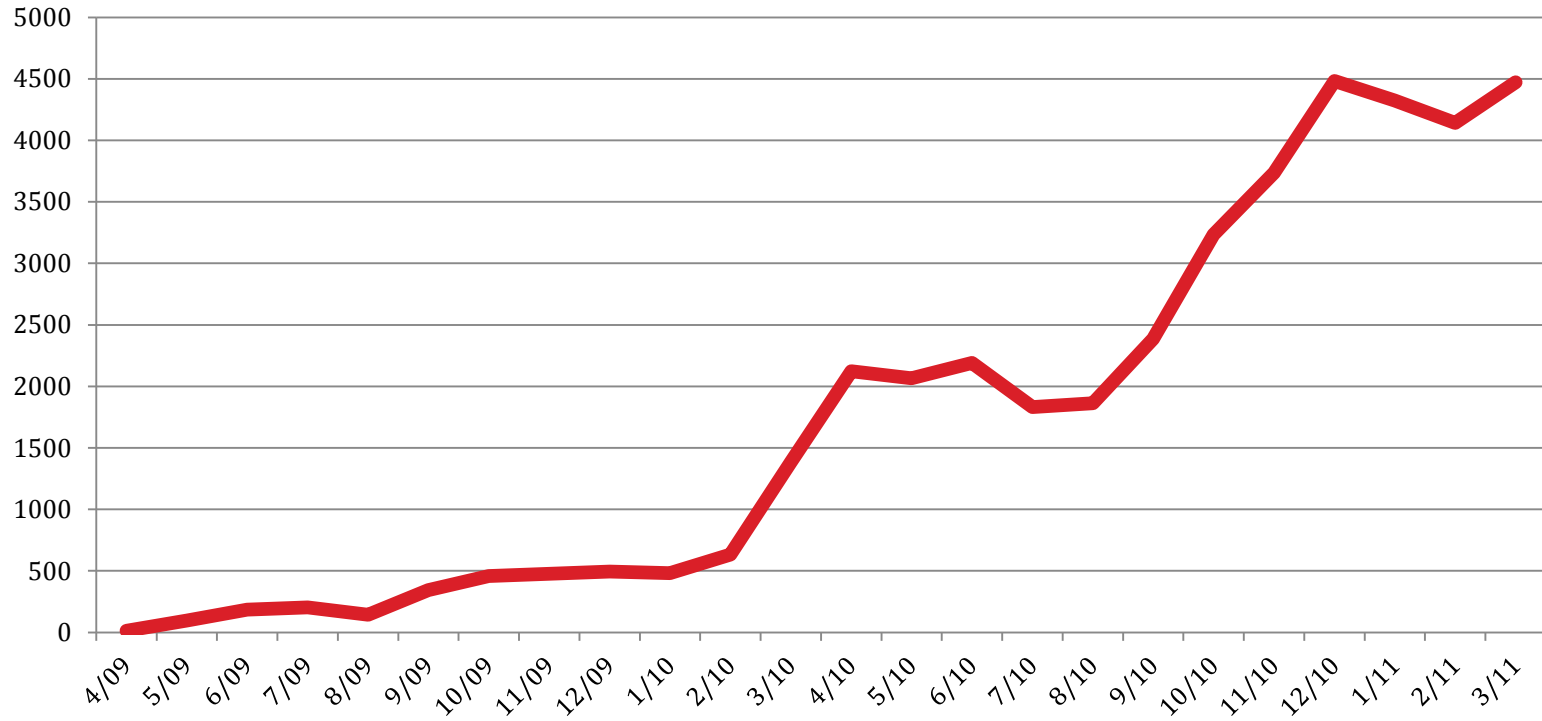
Medication and Immunization History

Transcribed Diagnostic and Treatment Records

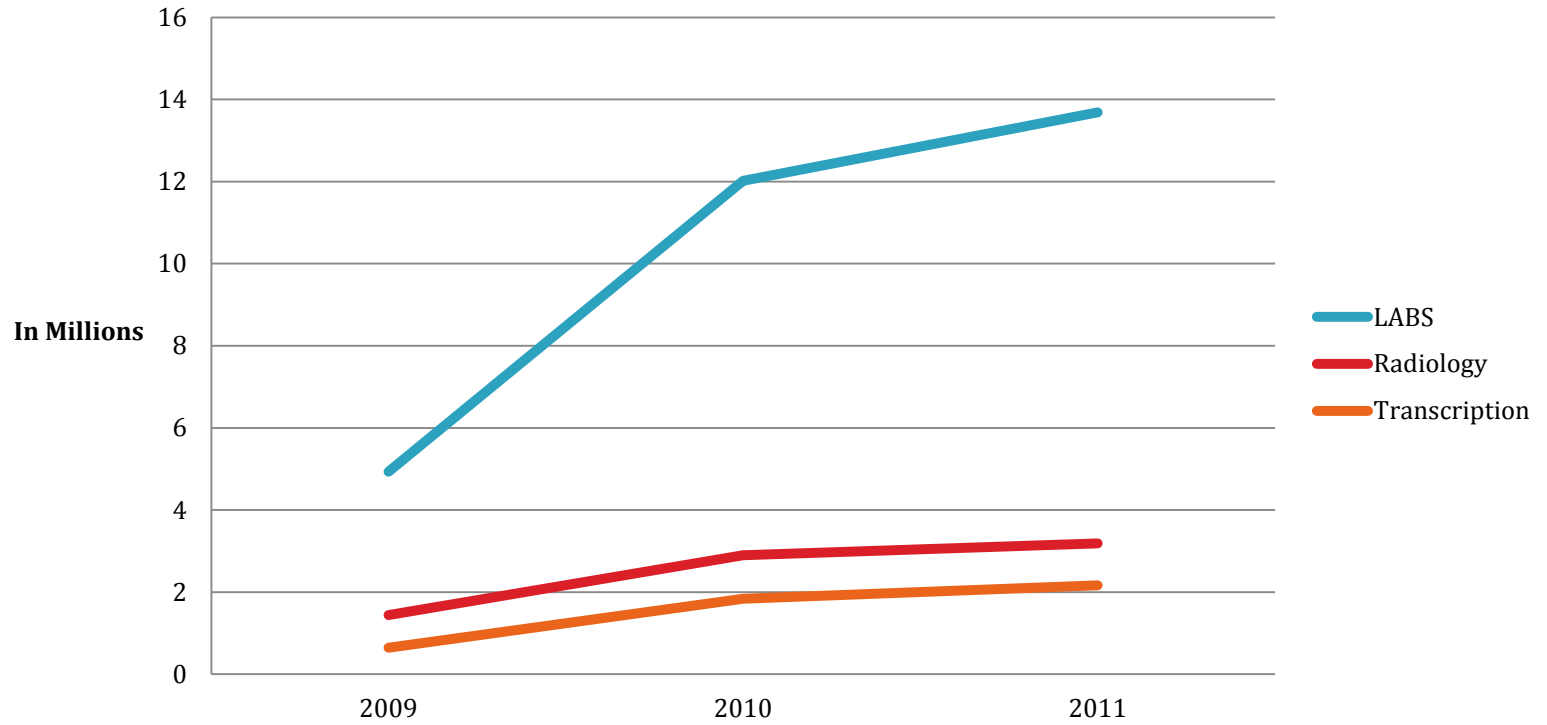
Records of Allergies and Drug Reactions

**Other Clinical Reports Created After the Start Date
of NeHII in 2009**

PRESCRIPTIONS



RESULTS IN NEHII



WHAT WILL NOT BE SHARED

Participating providers will generally not share records related to:

Alcohol or Substance Abuse Treatment Programs

Emergency Protective Custody Proceedings

Predictive Genetic Testing Performed for Genetic Counseling

HIV Testing

STD Testing or Treatment of Minors Consented to by the Minor

Mental Health Treatment in Iowa

However, information about test results may be available or referred to elsewhere in the record.

FOR MORE INFORMATION

www.nitc.nebraska.gov

www.nehii.org

www.dhhs.ne.gov/med/EHR.htm

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Electronic Behavioral Health
Information Network

THE ELECTRONIC BEHAVIORAL HEALTH INFORMATION NETWORK

—

IMPROVING BEHAVIORAL HEALTH OUTCOMES THROUGH HEALTH INFORMATION EXCHANGE

Disparities in Health Outcomes

An alarming statistic - people with Severe and Persistent Mental Illness (SPMI) die 20 years younger than the national average life expectancy.

Background

Mission

Promote quality care through efficient, secure, and confidential handling of data and patient information to facilitate seamless, integrated patient care and access from multiple locations.

Operating Features

- ❑ Based on centralized data repository and standardized patient record exchange
- ❑ Uses an opt-in platform
- ❑ HIPAA & 42 CFR Part 2 Compliant
- ❑ Utilizes software developed by NextGen Healthcare Information Systems - HIE integrated with BH EMR
- ❑ EMR posted in the Certified Health IT Products List (CHPL)

Network Partners

- ❑ Blue Valley Behavioral Health Center
- ❑ BryanLGH
- ❑ Lincoln Council on Alcoholism and Drugs
- ❑ CenterPointe
- ❑ Lincoln Medical Education Partnership
- ❑ Child Guidance Center
- ❑ Lutheran Family Services
- ❑ Community Mental Health Center
- ❑ Mental Health Association
- ❑ Cornhusker Place
- ❑ Region V Systems
- ❑ Houses of Hope
- ❑ St. Monica's

Project Milestones

- 2002 - Stakeholders identify need: Enhance the connection between Medical and Behavioral Health systems to improve patient outcomes
- 2004 - Information systems planning required – AHRQ-THQHIT Grant
- 2006 - Recommendation to establish governance Organization: 501(c)3 status obtained

Project Milestones

- ❑ 2008 - HRSA and AHRQ Implementation Funding Received
- ❑ 2008 - 2009 Development and issuance of RFP leading to vendor selection process
- ❑ 2010 - NextGen Healthcare Information Systems Contract – System Design
- ❑ 2010 - ARRA/HITECH Funding received
- ❑ 2011 - “Go-Live” Planned June 2011

Project Phases

Phase I

HIE Implementation across Region V Network –
13 Partner Sites

Phase II

EMR/EPM Implementation across Region V Pilot
– 2 Partner Sites

Region I HIE at 8 sites

HIEb Integration with NeHII – Medical CCD

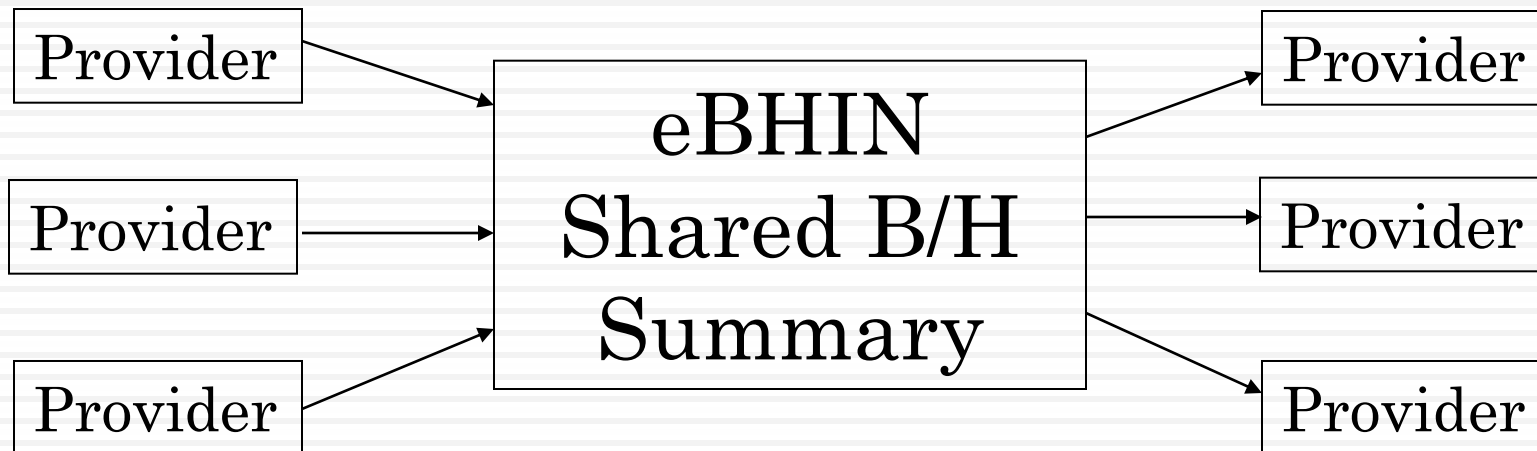
Phase III

EMR/EPM Region V and I Partner Sites

Record Scope

- ❑ Demographic Information including name, date of birth, and Social Security Number
- ❑ Emergency Contact Information
- ❑ Substance Abuse History Summary
- ❑ Diagnosis Information
- ❑ Insurance Information
- ❑ Trauma History Summary
- ❑ Current Medications and Allergies
- ❑ Employment Information
- ❑ Mental Health Board Disposition
- ❑ Living Situation and Social Supports
- ❑ Billing Information

Flow of Protected Information



- Data base is a composite record

Challenges

- ❑ Privacy and Security most consistent concerns expressed -- skepticism about ability to meet standards
- ❑ Technical requirements extend design investments
- ❑ Limited funding base for Behavioral Health makes stakeholder investments scant

Successes

- ❑ Standard authorization data set made a reasonable place to start
- ❑ Consent Development process has built stakeholder confidence in standards compliance
- ❑ Capital Investment – ARRA and Regional BH Authority contributions have brought “buy-in” down and provided resources for development



A collaboration to
provide better information
for better care.

Kory Schnoor, *Iowa Dept. of Public Health*
Dane Pelfrey, *Iowa Medicaid Enterprise*

brought to you by



The Iowa e-Health vision is for:

a healthier Iowa through the use and exchange of electronic health information to improve patient-centered health care and population health



An HIE will share that health information to ...



Improve Patient Care



Save Valuable Time



Lower Cost through Increased Efficiency



Help Providers Access Incentive \$\$

(Likely part of Stage 2 Meaningful Use in 2013)



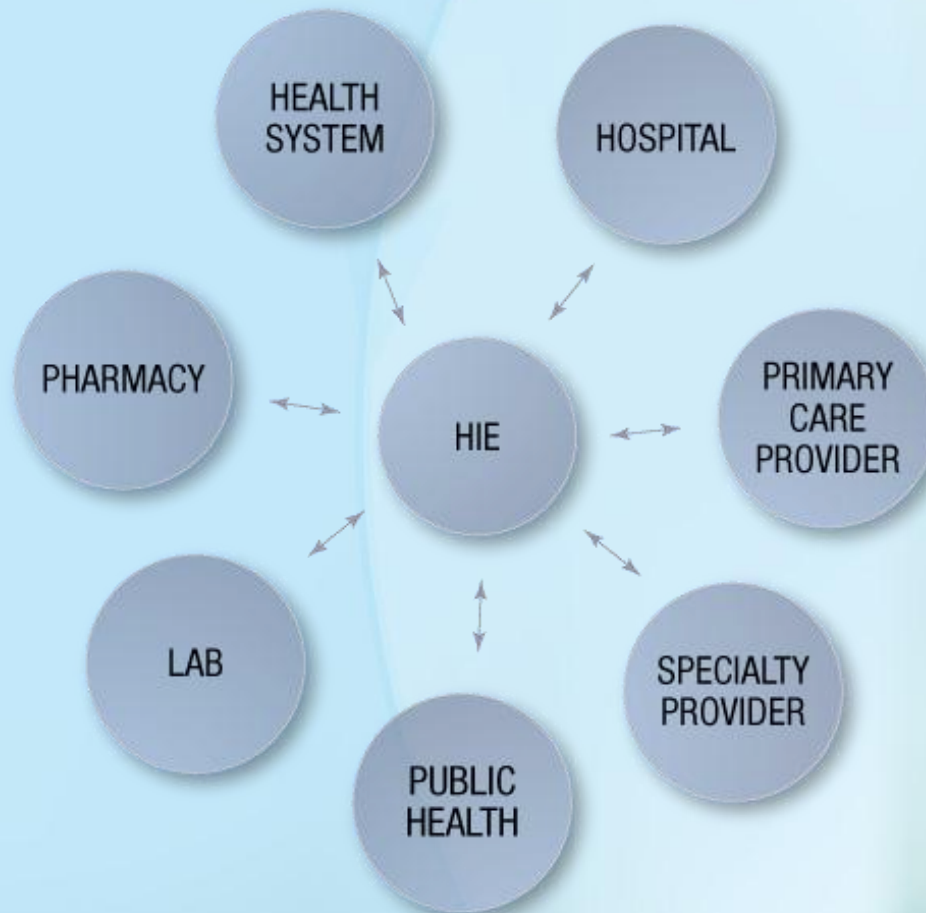
Prepare for Payment Reform

(e.g., ACOs, Prometheus, Patient Centered Medical Home, Bundled Payments etc...)

...and do it safely and securely.

Health Information Exchange

- The HIE is a “hub” that facilitates the exchange of clinical information between providers



Implementation

Beginning 2011	Beginning 2012	Beginning 2013
<ul style="list-style-type: none">• Web-Based Portal• Provider Directory• Clinical Messaging	<ul style="list-style-type: none">• All 2011 services, plus...• Implementation of Direct Connections:<ul style="list-style-type: none">– Continuity of Care Document– Medication List /History– Lab Results– Immunization Reporting– Quality Metrics	<ul style="list-style-type: none">• All 2011 and 2012 services, plus...• Patient Portal

A few benefits of implementing HIE services

- Ability to get information quickly and in advance of treatment
- Avoid adverse drug events
- Avoid duplicated diagnostic tests
- Improve care coordination
- Help prevent medical errors



Provider and patient choice

- Providers may choose to use the HIE. It's optional, but providers will want (and need) it to demonstrate the various stages of meaningful use.
- Patients may choose to “opt-out” of the HIE
 - Specific processes to opt-out will be established through administrative rules (once Iowa e-Health legislation is passed)



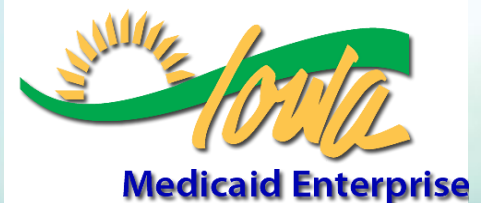
Current activities

- Strategic and Operational Plan (approved by ONC in January 2011)
- Continuing to convene stakeholders
- Iowa e-Health Legislation
- Business Plan
- HIE vendor



Iowa Medicaid EHR Incentive Payments

- Iowa Medicaid Enterprise (IME) began EHR Incentive Payments 1/4/2011
- As of 3/31/2011
 - \$892,503 paid to 69 Eligible Providers
 - \$315,422 paid to 3 Eligible Hospitals
- By 12/31/2011
 - \$20,000,000 in EHR Incentive Payments (est.)



Information and Resources

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866-924-4636

www.lowaeHealth.org



iowaHITREC@ifmc.org

800-373-2964

www.iowaHITREC.org



Imeincentives@dhs.state.ia.us

515-974-3071

www.ime.state.ia.us

