# eHealth News from the NITC eHealth Council

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## Nebraska News

### Report examines view of Nebraskans on sharing health records electronically

The University of Nebraska Public Policy Center, in cooperation with the NITC's eHealth Council and Health Information Security and Privacy Committee (HISPC), conducted a survey and Deliberative Discussion on sharing health records on November 17, 2008.  "Sharing Health Records Electronically:  The Views of Nebraskans" finds that Nebraskans have positive views about electronically sharing medical information:

- 81% believe that electronic sharing of health information can decrease medical errors.

- 77% believe that electronic sharing of health information can reduce patient wait times and documentation errors

- 71% believe that electronic sharing of health information can reduce healthcare costs

- Over 50% felt that the ability of health care providers to share information and work together to deliver better care was the primary benefit of health information exchange.

The research highlighted the importance of consumer education.   Seventy-two percent of the deliberation participants said it was very important for the State of Nebraska to educate Nebraskans about health information exchange.

The report is available at http://www.nitc.ne.gov/eHc/clearing/PPCSharingHealthRecordsFinal%20Report.pdf.

# eHealth News

## NeHII prepares for pilot implementation

Many activities continue as NeHII prepares for the pilot implementation. The privacy policies have been completed. The Security and Privacy workgroup have turned their emphasis to security policies which have a target completion date for late December. The workgroup attended numerous meetings throughout November to write policies and obtain approval from the pilot participants.

Participation agreements will be executed the first week of December to allow the exchange of live data. The Pilot committee has designated implementation leads from each participant facility and weekly meetings are scheduled as activities increase.

NeHII continues to engage all entities and regions of the state. NeHII is an active participant in the eHealth Council's ePrescribing and PHR workgroups. NeHII was an exhibitor at the recent Nebraska Hospital Association Annual Conference, and is collaborating with the western Nebraska RHIO to share patient information across the state. All these activities have been undertaken to enhance the function of a HIE across the state of Nebraska as a community betterment initiative.

NeHII was also featured in the *Lincoln Journal Star* on Dec. 3, 2008. The article is at http://journalstar.com/articles/2008/12/03/news/local/doc4935b96bb8773955370247.txt .

Please contact Deb Bass (dbass@bassi-inc.com) or Chris Henkenius (chenkenius@bass-inc.com) to schedule a presentation on NeHII or a demo of the Axolotl software.

## Thayer County Health Services featured in *H&HN's Most Wired Magazine*

Thayer County Health Services in Hebron is connecting to rural health clinics, EMS units, hospital-owned and retail pharmacies, a nursing home, an assisted living facility and St. Elizabeth Regional Medical Center in Lincoln through a $1.6 million Critical Access Hospital Health Information Technology grant. The article is available at http://www.hhnmostwired.com/hhnmostwired_app/jsp/articledisplay.jsp?dcrpath=HHNMOSTWIRED/Article/data/Fall2008/081126MW_Online_Sullivan&domain=HHNMOSTWIRED .

## eHealth Council forms e-Prescribing, PHR, and Public Health Work Groups

The eHealth Council has formed work groups on PHRs and e-prescribing. The groups began meeting in October and are expected to make initial recommendations in the spring of 2009. The charge to the PHR Work Group includes:

- Gaining a greater understanding of the different types of PHRs available.

- Making recommendations on engaging consumers and providers in the use of PHRS to manage health care.

- Helping to understand the interface between PHRs and EMRs and making recommendations on how to encourage providers of health information to populate PHRs with health information.

- Examining the value of PHRs to employers and payers and making recommendations on the role of employers and payers in promoting PHRs.

- Identifying and disseminating best practices.

The charge to the E-Prescribing Work Group includes:

- Determining the current status of e-prescribing, from both the prescriber and dispensing pharmacy point of view.

- Identifying barriers to e-prescribing.

- Studying the start up and sustainability costs (e.g., hardware, software, and training costs), and potential sources of resources to support the essential needs of pharmacies in the state of Nebraska to participate and support e-prescribing.

- Making recommendations to promote the adoption of e-prescribing by all parties involved in the e-prescribing process.

- Identifying and disseminating best practices.

The charge to the Public Health Work Group and membership are in development.

If you are interested in participating in these work groups, please contact Anne Byers (anne.byers@nebraska.gov).

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### Study examines EHR adoption in rural Nebraska

A new policy brief, "Electronic Health Records Adoption: Rural Providers' Decision-Making Process," is available from the RUPRI Center. This brief reports findings of a study that examined the decision-making process that small rural physician clinics and hospitals in Nebraska use as they investigate and select an electronic health record (EHR) system. Policy makers can use the study findings to understand the challenges that rural health care providers may face in the process of adopting EHRs and to develop incentives that promote the use of health information technology in rural America. The brief is available at http://www.unmc.edu/ruprihealth/Pubs/pb2008-4.pdf .

# National News

### HIMSS survey looks at EMR adoption

The 2008 HIMSS/HIMSS Analytics Ambulatory Healthcare IT Survey found that one-third of respondents have an EMR system in place. Costs and lack of interest were the top two barriers cited. One quarter of respondents indicated that their organization uses e-prescribing. The report is available at http://www.himssanalytics.org/docs/2008ambulatory_final.pdf?src=hpr&dt=20081029&cnt=ha .

### Health care stakeholders release e-prescribing guide

The eHealth Initiative (eHI), in collaboration with the American Medical Association, the American Academy of Family Physicians, the American College of Physicians, the Medical Group Management Association, and the Center for Improving Medication Management (Center), issued a "how-to" guide to help clinicians make informed decisions about how and when to transition from paper to electronic prescribing systems. *A Clinician's Guide to Electronic Prescribing* is designed to meet the needs of two target audiences: The first section of the guide targets office-based clinicians who are new to the concept of e-prescribing, and who seek a basic understanding of what e-prescribing is, how it works, what its benefits and challenges are, and the current environment impacting its widespread adoption. The second section of the guide targets office-based clinicians who are ready to move forward and bring e-

prescribing into their practices. It presents fundamental questions and steps to follow in planning for, selecting and implementing an e-prescribing system. The guide also provides a list of key references and resources readers may consult to help make the transition to e-prescribing as smooth as possible.

The full prescriber guide and the earlier e-prescribing reports are available at www.ehealthinitiative.org.

### Design teams unveil innovative PHR applications

Nine research teams from across the country unveiled innovative prototypes of personal health record (PHR) applications that provide a glimpse of the "next generation" of PHRs. The PHR applications are the result of 18 months of intensive research and design by multidisciplinary teams from some of the most prestigious institutions in the nation. The nine design teams are supported by *Project Health-Design*, a $5-million national program of the Robert Wood Johnson Foundation (RWJF).

The teams' PHR application designs run the gamut of patient populations and needs, but all marry technology with useful information recorded from users' daily lives in order to produce action-oriented feedback for managing their health.

- **Stanford University and Art Center College of Design** designed a set of multimedia PHR tools to help adolescents with chronic illness communicate with their providers and others about their health.

- **T.R.U.E Research Foundation** designed a personal health application to help people with diabetes understand and track their self-care.

- A team at **Vanderbilt University** designed a PHR application to help children with cystic fibrosis play a larger role in taking care of themselves.

- **RTI International** designed a PHR tool to help sedentary adults become more physically active.

- The **University of California, San Francisco** team designed a PHR application to help breast cancer patients gain control over the overwhelming process of treatment.

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- A team at the **University of Colorado at Denver and Health Sciences Center** designed a portable touch-screen tablet computer that older patients with complex medication regimens could receive upon hospital discharge.

- The **University of Massachusetts Medical School** team designed a personal digital assistant (PDA) to help patients with chronic pain tightly manage their medications.

- The **University of Rochester** team designed a prototype system that uses a "conversational assistant" to provide congestive heart failure patients with a "daily check-up."

- A team from the **University of Washington** designed a PHR system to help people with diabetes record blood glucose levels and other information, such as blood pressure, food intake and exercise levels.

Information on Project Health Design is available at www.projecthealthdesign.org/.

## eHealth Initiative survey links health IT to lower costs and improved outcomes

The exchange of health information electronically between physicians, hospitals, health plans, and patients is decreasing the cost of care and improving outcomes, according to a new survey released by the non-profit eHealth Initiative. The 2008 *Fifth Annual Survey of Health Information Exchange at the State and Local Levels*, which included responses from 130 community-based initiatives in 48 states, shows the significant impact fully operational initiatives are having on improving health care delivery and efficiency.

The key findings from the 2008 survey are as follows:

- A majority (69%) of the fully operational exchange efforts (29/42) report reductions in health care costs. These respondents say health information exchange allows them to:

  ο Decrease dollars spent on redundant tests

  ο Reduce the number of patient admissions to hospitals for medication errors, allergies or interactions

  ο Decrease the cost of care for chronically ill patients

  ο Reduce staff time spent on administration

- About half (52%) of fully operational exchange efforts (22/42) report positive impacts on health care delivery, including:

  ο A decrease in prescribing errors

  ο Improved access to test results

  ο Improved compliance with chronic care and prevention guidelines

  ο Better care outcomes for patients

  ο Increased recognition of disease outbreaks

  ο Improved quality of practice life

  ο Reductions in malpractice insurance costs

In addition to improving care delivery, tackling population health challenges continues to be a goal of many operational health information exchange efforts with ten offering disease or chronic care management services, eight offering quality improvement reporting for clinicians, six offering public health reporting, and five offering quality improvement reporting for purchasers or payers.

For the first time, a majority (69%) of the fully operational respondents (29/42), report a positive financial return on their investment (ROI) for their participating stakeholders, including health plans, hospitals, laboratories, and physician practices. In 2007, just ten (31%) reported a positive ROI.

The report is available on the eHI website at http://www.ehealthinitiative.org/.

## States enact health IT legislation

Lawmakers around the country introduced more than 370 bills relating to health information technology during an 18-month period between 2007 and 2008, according to a new report from the National Conference of State Legislatures.

Specifically, 132 bills containing health information technol-

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ogy provisions were enacted in 44 states and the District of Columbia. That's three times as many bills enacted compared to the same period from 2005 to 2006. The majority of bills relate to financing and planning efforts. Six states enacted comprehensive measures aimed at protecting patient privacy while facilitating the exchange of health data.

States consider health information technology an integral part of their health reform initiatives, according to the report. President-elect Barack Obama also mentioned health information technology often during the presidential campaign as a way to improve overall care across the country.

This report identifies and analyzes major policy trends contained in the enacted legislation. Some of the state bills address simplifying the ways to link vital pieces of patient data scattered across providers. Others ensure patient medical records are kept private. The report, produced through NCSL's Forum on State Health Policy Leadership, found that states consider having patient data in one location essential for ensuring high-quality care and reducing duplicative tests and procedures.

The report is available at http://www.ncsl.org/print/health/forum/HIT_Enacted.pdf .

## 27% of Americans likely to create PHRs

According to a new national Morpace survey, twenty-seven percent of American adults now say they are "extremely likely or somewhat likely" to create an online personal health record (PHR) to help track their medical history and medications. The likelihood of subscribing to these new online services does not vary by age – Americans aged 55 and up are as likely to create an online PHR as younger Americans. Meanwhile, awareness of the Federal government initiative to create a nationwide system of electronic medical records by 2014 is edging up. Currently, 56 percent report they are familiar with this initiative compared to 50 percent two months ago.

Morpace Omnibus Study interviews were completed with 1,015 consumers selected from an Internet panel of adults aged 18 and over.

## E-prescribing can boost drug cost savings

Electronic prescribing (e-prescribing) systems that allow doctors to select lower cost or generic medications can save $845,000 per 100,000 patients per year and possibly more system-wide, according to findings from a new study funded by Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). Complete use of e-prescribing system with formulary decision support could reduce prescription drug spending by up to $3.9 million per 100,000 patients per year, according the study's authors.

To test the cost-savings potential of an e-prescribing system that includes data on insurers' formularies, researchers at Brigham and Women's Hospital and Massachusetts General Hospital in Boston compared the change in prescriptions written in three formulary tiers before and after an e-prescribing system was launched. The study examined data collected over 18 months from two major Massachusetts health insurers covering 1.5 million patients.

Doctors using e-prescribing with formulary decision support, which accounted for more than 200,000 filled prescriptions in the study, increased their use of generic prescriptions by 3.3 percent, study authors found. These changes were above and beyond increasing use of generics that was occurring among all doctors and the already high rate of generic drug use in Massachusetts.

Based on average costs for private insurers, study authors estimated that the use of e-prescribing could save $845,000 per 100,000 patients per year and generate even higher savings with greater use. The study, entitled "Effect of Electronic Prescribing with Formulary Decision Support on Medication Use and Cost," is published in the December 8 issue of the *Archives of Internal Medicine*.

Researchers found that the doctors who wrote electronic prescriptions were slightly younger and more likely to be female than those who did not. In addition, internists, pediatricians, and family physicians made up nearly three-fourths of those who used e-prescribing. Of the 17.4 million prescriptions filled over the course of the study, about 212,000 were prescribed electronically.

More information on AHRQ's e-prescribing projects and reports can be found at http://healthit.ahrq.gov.

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## National Quality Forum endorses standards for health IT

To improve quality and efficiency and reduce errors and unnecessary treatments across the healthcare system, the National Quality Forum (NQF) has endorsed nine new national voluntary consensus standards for health information technology (HIT) in the areas of electronic prescribing, electronic health record (EHR) interoperability, care management, quality registries, and the medical home. These HIT structural measures are intended to help providers assess the efficiency and standardization of current HIT systems and identify areas where additional HIT tools can be used.

Please visit www.qualityforum.org to read the full specifications for all of the new NQF-endorsed voluntary consensus standards and read NQF's research recommendations.

## EHNAC to develop HIE accreditation program

The Electronic Healthcare Network Accreditation Commission (EHNAC), a non-profit standards development organization and accrediting body, announced that it has begun development of a new accreditation program for health information exchange (HIE). Designed for regional health information organizations (RHIOs), community health data/network partnerships and other groups that promote data sharing across multiple, independent stakeholders, the HIE program will assess the privacy policies, security measures, technical performance, business practices and organizational resources of participating entities.

An EHNAC advisory group recently completed an HIE market scan white paper. The white paper is available at the EHNAC Web site, www.ehnac.org.

To receive *eHealth News from the NITC eHealth Council*, please contact Anne Byers, by calling 402 471-3805 or e-mailing anne.byers@nebraska.gov.

Check out the eHealth Clearinghouse at www.nitc.ne.gov/eHc/clearing/.

Nebraska Information Technology Commission
Office of the CIO
501South 14th Street
P.O. Box 95045
Lincoln, NE 68509-5045