



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

Nebraska is a largely rural state, ranking 43<sup>rd</sup> out of 50 US states in terms of population density with the majority of the state's population concentrated in the eastern third of the state and along Interstate 80. Many critical access hospitals (64 total) serve the state's rural population and HIT adoption has and continues to steadily increase across all provider groups in the state. Just over 3,200 physicians are licensed to practice in Nebraska, 1,254 of which provide primary care. Nebraska recognizes that their relatively small market capacity will support a limited number of sustainable HIE options and has approached supporting statewide HIE by building on and leveraging two of the state's existing health information exchange (HIE) assets: the state's largest operational health information organization, Nebraska Health Information Initiative (NeHII), and an emerging behavioral health information organization, the Electronic Behavioral Health Information Network (eBHIN).

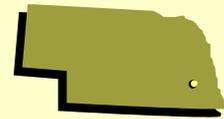
### Model and Services

#### *NeHII*

Nebraska has designated NeHII as the statewide integrator for HIE. In this capacity, NeHII will continue their efforts to connect key data trading partners, including providers, labs, pharmacies, health plans, and public health to help achieve the state's health and health care goals. NeHII initiated statewide HIE implementation in July 2009 with a federated technical architecture using the Axolotl Elysium platform. The NeHII architecture includes shared services and repositories designed to coordinate communication across the state while reducing administrative overhead to the system, and include a master patient index (currently containing demographic data on approximately 1,700,000 individuals, more than 1,200,000 of which are NE residents), a record locator service, a provider directory, and privacy and security management. Participating entities maintain clinical data on edge servers, allowing each participating entity to retain control of its own data. Providers have multiple options for participating in HIE via NeHII, including subscriptions to modules such as e-prescribing, subscription to a virtual health record (single consolidated portal view of patient information from disparate systems), or direct interfacing such that data are delivered to and consumed by the provider's EHR. NeHII currently offers unidirectional and bidirectional exchange services depending on the desires of each participating entity.

Because many critical access hospitals serve the state's rural population, NeHII is working with Blue Cross Blue Shield of Nebraska to ensure HIE options for critical access hospitals across the state through subsidies. Nebraska will use cooperative agreement funds to support the development of additional hospital and major lab NeHII gateways, establish NeHII and public health connectivity, including the State Lab's connection and their Axolotl license, development of an advanced interoperability hub that will

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State Health Information Exchange Cooperative Agreement Program  
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State: Nebraska

**HIT Coordinator:**  
Rick Sheehy

**Statewide Integrator:**  
Nebraska Health Information  
Initiative (NeHII)

**Award Amount:**  
\$6,837,180

**Contact:**  
Anne Byers  
402 471-3805  
[anne.byers@nebraska.gov](mailto:anne.byers@nebraska.gov)

**Website:**  
<http://nitc.nebraska.gov/>

**Other Related ONC funding in  
Nebraska:**  
Wide River Technology Extension  
Center (REC Program)  
\$ 6,647,371



support an NHIN exchange gateway for all participating providers, the development of an eBHIN-NeHII gateway, and advanced PHR functionality.

***eBHIN***

Nebraska is also committed to supporting the quality improvement and safety goals of their behavioral health care community. In addition to setting goals and monitoring HIE for the behavioral health community, they will support the operationalization of eBHIN. Over the last several years eBHIN has completed planning and initial implementation efforts with funding from AHRQ, HRSA, and local government. They will take a phased approach to rolling out services to the behavioral health community using the NextGen platform, beginning in Nebraska’s Region V service area. eBHIN services will include e-prescribing, patient care summary exchange, secure laboratory ordering and structured result delivery, along with a hosted behavioral health EHR.

Participation in NeHII, eBHIN, and any other HIE capacity in the state of Nebraska is voluntary. Nebraska is committed to supporting the development of services and engaging stakeholders in activities that are value-added, and by virtue of their benefit to stakeholders, are sustainable.



## Highlights

- **Implementation:** Through NeHII, Nebraska has 1 major health plan, 15 major hospitals (covering approximately 39% of the state's hospital beds), and more than 20% of the state's physicians exchanging health information. Targeted plans aim to increase hospital participation to cover 52% of the state's hospital beds by the end of 2011, as 8 of the next 10 hospitals planned for connection are critical access. Efforts will also continue to connect as many small and independent providers in the state as possible in collaboration with the Wide River Technology Extension Center.
- **Public Health Reporting:** In preparation for public health connectivity, NeHII recently executed agreements with the Nebraska public health system to engage in a multi-phase project focused on immunization data exchange. The first phase will support provider push of immunization data via NeHII to the public health electronic system, the second phase will facilitate query function of the public health immunization system via NeHII, and the third phase involves public health using NeHII for public health reporting and syndromic surveillance activities.
- **NHIN:** NeHII is working to establish a connection to federal partners via a Nationwide Health Information Network gateway for Nebraska providers.
- **Privacy and Security:** Nebraska and NeHII have spent significant time and energy developing privacy and security policies that align with the HHS Framework and have launched public service campaigns to educate consumers and providers on the benefits of HIE and their rights to refrain from HIE should they choose to (NeHII takes an opt-out approach to consumer choice). Privacy and security policies have not only addressed data transport and storage practices, but have established minimum guidelines for the policies that must be in place at participating organizations. NeHII has openly licensed these policies, sharing them with other entities wishing to learn from them, but also learning from the iterative improvements that others have made to the policies. To date, NeHII has shared their policies with and learned from 11 other states.

Because higher privacy standards exist for substance abuse records, eBHIN will take an opt-in consent approach for all patients choosing to have information exchanged through eBHIN. Each patient will utilize a standard Authorization for Release of Information. Those who choose to participate can have their records shared across the eBHIN Network, as well as exchanged to providers through the NeHII Network.



# Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<p>Approximately 78% of chain and independent community pharmacies across Nebraska have activated capabilities for accepting electronic prescribing and refill requests.</p>	<p>NeHII will continue to provide e-prescribing services to providers and pharmacies across the state in addition to services available through Surescripts. eBHIN will also provide e-prescribing services for behavioral health care providers and NE will continue to leverage their workgroups to determine best approaches to regulatory requirements for Schedule II drugs.</p> <p>The Nebraska IT Commission eHealth Council has convened an e-prescribing workgroup, which is tasked with developing and implementing strategies to encourage pharmacy connectivity based on their previous work to identify e-prescribing barriers among pharmacies and providers. Initial strategies they will pursue include regional workgroups to engage stakeholders and pharmacies around the e-prescribing topic and educational campaigns targeted to the remaining 22% of pharmacies not accepting electronic scripts. The workgroup will also explore the possibility of a support program for pharmacies in small, rural communities to assist them in enabling e-prescribing capabilities.</p> <p>Nebraska will also leverage NeHII's Professional Network, which is being expanded to include pharmacists, dentists, and chiropractors, to facilitate dialogue with pharmacists and use as a venue to target and encourage pharmacy connectivity.</p> <p>Nebraska will set pharmacy connectivity goals and track, monitor, and report on progress toward them. They will establish their goals during their winter eHealth Council meeting and will refresh goals annually during subsequent winter meetings.</p>



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**Structured Lab Results**

The 96 major hospital and independent labs in Nebraska are all capable of sending electronic lab results using HL7; however less than half use LOINC coding.

Nebraska is focusing energies on supporting connectivity of the 96 major hospital and independent labs in the state. They will continue collaborative efforts with NeHII to increase lab connectivity, as the single connection to NeHII and NeHII's LOINC crosswalking services reduce lab and provider interface costs. NE will also work with NeHII to establish an authoritative statewide provider directory that will be available to providers, health care organizations, labs, etc. to support directed information exchange. NE will also work with eBHIN to provide behavioral health care providers with access to electronic lab ordering and delivery of structured lab results.

In addition, Nebraska will work with the state's REC, Medicaid office, NeHII, eBHIN, and others to convene lab stakeholder meetings to encourage delivery of structured lab results and based on input from the REC and Medicaid, will identify providers and geographies where MU might be jeopardized due to lack of lab connectivity. These areas will be target/priority areas for stakeholder meetings.

Nebraska will also monitor, evaluate, and report on metrics for delivery of structured lab results – preliminary metrics are included in the plan, but firm metrics and goals will be established during their winter eHealth Council meeting and they will refresh goals annually during subsequent winter meetings.

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**Patient Care Summary**

Currently, exchange of patient care summaries is limited in Nebraska. NeHII offers limited summary exchange services across the state and the Nebraska Medical Center uses Simply Well, which integrates PHR and results capabilities. No other electronic patient care summary exchange is occurring across unaffiliated organizations.

NE will continue collaborative efforts with NeHII and eBHIN to provide services for provider exchange of patient care summaries across unaffiliated organizations (summaries currently available as image; C32 format will be implemented in 2011). Nebraska will also work with NeHII to establish an authoritative statewide provider directory that will be available to providers, health care organizations, labs, etc. to support directed exchange of patient care summaries.

Additionally, Nebraska will monitor and track progress toward goals for patient care summary exchange. They will establish their goals and finalize metrics (# providers exchanging summaries, # care summaries exchanged) during their winter eHealth Council meeting and will refresh goals annually during subsequent winter meetings.

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# HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	<b>X</b>
Nationwide Health Information Network CONNECT	<b>X</b>	Quality Reporting	<b>X</b>
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	<b>X</b>
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	<b>X</b>	<b>Lab Strategy</b>	
<b>Public Health</b>		Translation services	<b>X</b>
Electronic lab reporting of notifiable conditions	<b>X</b>	EHR interface	<b>X</b>
Syndromic surveillance	<b>X</b>	Policy strategy	
Immunization data to an immunization registry	<b>X</b>	Order Compendium	
<b>Patient Engagement</b>		Bi-Directional	<b>X</b>
Patient Access/PHR	<b>X</b>	Alignment with CLIA	
Blue Button		<b>E-Prescribing</b>	
Patient Outreach	<b>X</b>	Medication History	<b>X</b>
<b>Privacy and Security</b>		Incentive or grants to independents	
Privacy and Security Framework based on FIPS		Plan for controlled substance	
Individual choice (Opt In/Opt Out/hybrid)	<b>NeHII: Opt out eBHIN: Opt in</b>	Set goal for 100% participation	
Authentication Services	<b>X</b>	Controlled substance strategy	
Audit Log	<b>X</b>	<b>Care Summaries</b>	
<b>Administrative Simplification</b>		Translation services	
Electronic eligibility verification	<b>X</b>	CCD/CCR Repository	<b>X</b>
Electronic claims transactions	<b>X</b>	<b>Directories</b>	
<b>Vendor</b>		Provider Directory	<b>X</b>
Planning		Master Patient Index	<b>X</b>
Core Services	<b>Axolotl</b>	Record Locator Services	<b>X</b>
		Health Plan Directory	
		Directory of licensed clinical laboratories	

*Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: [www.statehieresources.org](http://www.statehieresources.org)*



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