



The Office of the National Coordinator for Health Information Technology

Nevada Health Information Technology Strategic and Operational Plan Profile

Overview

Nevada is committed to establishing a fully operational, self-sustaining, statewide health information exchange (HIE) system that supports core HIE services and the state-certified HIEs, either community or regional, necessary to meet Nevada’s needs. Key goals include: improvement in patient care quality, mitigation/prevention of medical errors, and reduction of unnecessary/duplicative testing. State objectives include overall improvement in the patient experience, medical outcomes, efficiencies in services, and overall improvement in the statewide health care delivery and health information sharing environment. Patient safety is a central objective.

Nevada (NV) will establish its HIE governance entity (NV HIE) as a non-profit business charged with developing, implementing, and managing the statewide HIE system. The NV HIE business will be accountable to Nevada’s Department of Health & Human Services (NV DHHS) via a governance and operational management structure, and pursuant to Senate Bill 43 passed by the NV Legislature during its 2011 session.

The results of Nevada’s statewide HIT Assessment (environmental scan) indicated that approximately three-fourths of Nevada’s providers have or will have an EHR implemented by 2015. Nevada’s intent is to provide HIE capability for all providers, with priority given to those providers eligible for EHR incentive payments.

Model and Services

Nevada is pursuing a multi-phased approach to support provider achievement of meaningful use and enable statewide HIE capability. During the first phase, NV will use Direct secure messaging to enable lab results delivery and summary care record exchange. Later phases will include the implementation of a more robust HIE system.

Phase I

NV DHHS is currently working on its DIRECT pilot prior to implementation. This will enable providers and organizations to participate in provider-to-provider and lab-to-provider routing of health data. Providers will have access to Direct services through a portal and/or enable EHR-to-EHR messaging using Direct specifications.

Nevada’s governance entity will contract with an additional organization to develop and maintain a central provider directory. This directory will initially be populated using one or more possible data sources, including state licensing authorities, integrated delivery networks, NV Medicaid, state medical societies, etc. The state governance entity will also offer certification authority services and develop governance to ensure interoperability amongst multiple certificate authorities.

To address e-prescribing gaps, the state has completed an eRx landscape map, a pharmacy outreach survey, and identified reasons for pharmacies that are not enabled and/or not active based on these survey findings. Furthermore the state will focus recruitment, outreach, and incentive efforts on small and rural pharmacies. NV will collaborate with Medicaid to assess the volume of Medicaid claims from pharmacies not enabled for eRx. Nevada will collaborate with

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State: Nevada

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Award Amount: \$6.1M

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<http://dhhs.nv.gov/HIT.htm>

Other Related ONC funding in Nevada:
Regional Extension Center (REC):
HealthInsight: \$7.1 M



the University of Nevada, Surescripts, and the REC to increase awareness, identify ways to reduce duplicative eRx submissions and errors, and develop an e-prescribing orientation toolkit that can be distributed to providers and pharmacies. The goal is to enable more providers and small pharmacies with eRx capabilities.

In addition, NV DHHS and NV HIE will work with the state's REC and large retail pharmacies (e.g., Wal-Mart, CVS, Walgreens) to focus recruitment, outreach, and incentive efforts on eligible providers already enabled for e-prescribing, but not actively or effectively utilizing the capability, and will also evaluate opportunities to leverage these large vendors to provide system access to pharmacies that are not eRx enabled based on a negotiated reduced rate. The large retail pharmacies will focus their attentions on providers within their geographic areas.

To facilitate the exchange of structured lab results, NV DHHS conducted an initial survey of independent labs to identify those not enabled for structured lab results. To improve the number of non-enabled labs identified:

- NV DHHS will collaborate with the larger labs for plans to interface with the state level HIE infrastructure and the state's disease reporting system. Having an HIE infrastructure to support exchanging HL7 lab information would help overcome the difficulty of managing Direct interfaces between lab systems and provider systems.
- NV DHHS will collaborate with Medicaid to assess the volume of Medicaid claims from laboratories that do not provide electronic lab results and consider policy changes to increase adoption, as needed.

From this information, the NV DHHS will consider HIT adoption incentives to encourage labs and providers participation in HL7 exchanges for the delivery of structured electronic lab results. The goal is to enable more providers to receive electronic lab results (eg. NV HIE business will deliver an EHR or EHR solution via SaaS capability.)

In addition, the Nevada governance entity will work with the NV Rural Hospital Partners to support their member hospital and laboratory services needing technical assistance, as well as independent and rural labs. They will also collaborate with the University of Nevada, and other subject matter experts to provide on-the-ground technical assistance to support independent labs in the use of Direct services.

To promote Care Summary Exchange:

- NV and its HIE will develop governance operations (policies, processes, agreement templates) for registering providers and enabling sharing of care summaries. This governance organization and/or HISP will establish required messaging infrastructure assets that support Direct-mediated messaging through the ONC Direct Project.
- The HISP will liaise with ONC to attain NwHIN Direct addresses for requesting providers.
- The NV HIE Operations Group will encourage software vendors to enable embedded Direct functionality to support care summary exchange.
- The NV REC will foster education and awareness by developing a co-branded "Patient Care Transfer Orientation Kit" with the NV HIE for distribution to providers.

Phase II

Once the Direct services and specifications are functional and exchange is occurring, NV HIE plans to identify technology needs for more robust HIE core services and engage in a contractual process for vendor selection. During this iteration, NV HIE plans to support bi-directional exchange through a sub-recipient entity and provide a thin layer of state-level HIE shared services, including a provider directory and an MPI. NV DHHS has committed to using standards that align with the Medicaid Information Technology Architecture (MITA) framework, industry standards, Service Oriented Architecture (SOA), the HHS Federal Privacy and Security Framework, and



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ONC guidance. Possible core services being considered include: enterprise Master Patient Index (eMPI), Identity Correlation Services (ICS), Record Locator Services (RLS), Interface Engine (IE) and data processing Business Rules Engine (BRE).

Phase III

During phase three, NV DHHS envisions that the statewide HIE system will be fully operational and working to connect to the NwHIN. Additional value-added services and products may be integrated at this point. Further, new sustainability and revenue streams will be explored.



Highlights

- **Stakeholder Support:** NV DHHS is establishing its HIE Governing Board which will oversee the HIE Governing entity and work collaboratively with NV DHHS on Statewide HIE implementation and policy issues.
- **Program Alignment:** DHHS is closely coordinating with key state government entities, including Medicaid, and the Health Care Reform Workgroup. The State HIT Coordinator represents DHHS on a broad range of workgroups and boards, engaging state stakeholders and working towards aligning internal and external programs, including economic and workforce development initiatives.
- **Policy Levers:** NV had strong bi-partisan legislative support for Senate Bill 43 an HIT omnibus bill requested by DHHS and passed by the Nevada Legislature during its 2011 session. Aligned with Nevada's State HIT Plan, it establishes the framework necessary to implement Nevada's statewide HIE system. NV's Governor established the Nevada HIT Blue Ribbon Task Force to assist DHHS in developing the State HIT Plan and Senate Bill 43 provisions. Both houses of the NV Legislature supported the bill, dedicating time and resources to several committee and sub-committee hearings to ensure consistency with the State HIT plan and the requirements of the HITECH Act.



Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<ul style="list-style-type: none">98% of pharmacies are enabled for electronic prescribing based on the state's December 2011 landscape map and outreach survey using State Pharmacy Board and Surescripts data.	<ul style="list-style-type: none">Priority will be placed on eligible providers (EP).Work with the REC and Broadband Task Force and other broadband enabling entities to get coverage to resolve provider and pharmacy connectivity challenges, including performing a connectivity analysis.Joint outreach program with the Nevada State Pharmacy Board that will leverage current communication media and events for awareness and education. In addition, Nevada will collaborate with pharmaceutical companies with regional representatives that may help with outreach and education.Contract with university and/or technical schools to obtain technical assistance to support independent pharmacies.Collaborate with NV Medicaid to identify pharmacies that need to be enabled and targeted for e-prescribing. This will be done by assessing the volume of Medicaid claims from pharmacies that have not accepted electronic prescriptions. Priority will be on independent pharmacies where there are no large retail pharmacies available for e-prescribing.Work with Nevada REC and large retail pharmacies (CVS, Wal-Mart, and Walgreens) to focus recruitment, outreach, and incentive efforts on eligible providers with e-prescribing-ready EMR systems.Determine the e-prescribing challenges of a given geographic area (e.g., lack of connectivity or economic concerns); work with Surescripts to enable e-prescribing services to independent pharmacies in these challenged geographies where there are no large retail pharmacies available for e-prescribing.



Landscape

Strategy

Structured Lab Results

- 100% of hospital labs and 92% of independent labs surveyed have the ability to send electronic HL7 lab results.
 - LabCorp, Quest, and Associated Pathologists (60% of the market) have the capabilities to receive orders and send lab results.
 - Based on the state's December 2011 outreach survey, three (3) independent labs are not currently sending structured lab results. All 3 labs are located in metropolitan areas where providers have options.
- Enable Direct in the market.
 - Collaborate with the Nevada Broadband Task Force to fill connectivity gaps.
 - Develop joint outreach program with the Nevada State Health Division that will leverage current communication media and events for awareness and education used in part by the laboratory licensing program.
 - Work with Nevada Rural Hospital Partners and Southern Nevada Health District to support their member hospital and laboratory services needing technical assistance, as well as independent and rural labs, including coordination in a Direct pilot project.
 - Have an established organization act as a HISP to maintain and manage a provider registry that corresponds with Direct participant addresses.
 - HIE and REC and any related cooperative efforts will pay particular attention to the ability and readiness for stakeholders, including other HIEs/HISPs, etc, to use data and messaging standards such as LOINC, SNOMED, ELINCS, and others – in order to facilitate semantic interoperability.
 - Collaborate with NV Medicaid and to identify small independent labs that need to be enabled for structured lab orders/results by assessing claims from laboratories that do not provide electronic lab results and consider policy changes to increase adoption, such as HIT incentives, or requirements to participate in the delivery of electronic results.
 - Work to develop an “E-Lab Orientation Kit”.
 - Coordinate with the REC to focus on eligible providers in areas where there are primarily independent laboratories that need technical assistance.
 - Contract with a university and/or technical schools to obtain on-the-ground technical services to support independent labs.

Patient Care Summary

- The deployment of a two-part DIRECT care summary exchange Pilot will allow Nevada to determine a baseline of patient care summary exchange activity through provider attestation. 200 providers sending at least one clinical message using DIRECT by Summer 2012 is the goal.
- Establishing a Direct service to enable providers to obtain their Direct addresses through a portal and/or EHR vendors with Direct specifications. Provider directory to find other providers able to accept Direct messages.
 - REC will coordinate with vendors to enable EHRs to send and receive CCDs and CCRs via Direct. Enabling awareness and education to be delivered by REC, which could enlist appropriate support/input from HIE and outer agencies and vendors.
 - Planning to develop a “Patient Care Transfer Orientation Kit” HIE document.



HIE Inventory

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

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: <http://statehieresources.org/>



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