

Nebraska Health Information Technology Board
Meeting Minutes

Date: September 28, 2023 **Time:** 12:00p

Location: In-person meeting – LaVista, NE

Method and date of public notice: Posted to Public Meeting Calendar (nebraska.gov) on 09/19/2023.

1. Attendance

Board Members	Present In-Person	Present Online (not in quorum)	Absent
<i>Senator Ben Hansen (ex officio)</i>			X
<i>Senator Robert Clements (ex officio)</i>			X
Dr. Kevin Bagley	X		
Manuela (Manny) Banner	X		
Dr. Jessika Benes	X		
Dr. Aimee Black	X		
Dr. Jaime Bland		X	
Dr. Anna Dalrymple			X
Lynn Edwards			X
Dr. Douglass Haas	X		
Dr. Kimberley Haynes-Henson	X		
Dr. Mark Latta			X
Dr. Monalisa McGee-Baratta	X		
Ashley Newmyer	X		
Felicia Quintana-Zinn	X		
Dr. Stephen Salzbrenner	X		
Dr. Phillip Vuchetich	X		

Quorum Present? (9 members in-person required): **YES**

Guests: Kevin Borchert, Melanie Surber, Terri Pohl

Call to Order (Time): 12:01pm

AGENDA

- 2. Approval of Minutes:** Dr. Kimberly Haynes-Henson moved to approve the minutes from the previous meeting on June 15th; Aimee Black seconded the motion. The minutes were approved.

3. **General Updates and Announcements:**

- **Open Meetings Reminder**
- **Annual Report** will be due November 15th.
- **Project Updates** are provided in pre-meeting materials.

4. **Information Blocking Penalties:** Update from Terri Pohl, CyncHealth, on new federal rule from OIG regarding penalties for information blocking for HIEs/HINs and HIT Developers. The HIT Board could be considered an HIE/HIN by definition in regulation, so compliance in decision-making will be necessary.

The first rule came about in May 2020. October of 2022 is when the rule became enforced. Information blocking penalties for HIEs/HINs and HIT Developers began September 1, 2023. OIG expects to receive more information blocking complaints than it can investigate. As such, OIG will use a set of priority rules to select cases for investigation.

By definition, the Information Blocking Rule applies to CyncHealth as an HIT and HIE. The final rule text notes that it could apply to governance body, such as the HIT Board. There are no concerns about compliance with past votes, and information blocking compliance will be included in future review of policies and data requests.

Manny Banner requested that the HIT Board be informed of considerations made along the way.

5. **Payor Data Standards Policy Update:** Update to Payor Data Standards policy presented by Melanie Surber, CyncHealth.

The purpose of this policy update is to address certain gaps in claims data. The policy update now includes professional, institutional, dental, and pharmacy claims.

Dr. Kevin Bagley asked if the claims format would be NCPDP format; Melanie Surber confirmed it would be.

Dr. Phillip Vuchetich recommends that the policy state specific formats and minimum versions that are to be used as the current terminology in the policy is too generic and unclear. Melanie Surber agreed and noted that typically those specifics are in the technical specs document.

Dr. Stephen Salzbrenner asked about the Pharmacy Benefits Manager (PBM); it is clarified that the PBM would be included at some point in the process.

Dr. Phillip Vuchetich asked about the standard format for social care data, which is also not specified in the policy, and if there are issues with this data being sent in potentially incompatible formats. Discussion began around social care data (which was an element of this policy that was added and approved by the HIT Board in December 2022), and Melanie Surber and Dr. Jaime Bland spoke to the status of standards around this kind of data. Data coming in through FHIR API will meet standards; however, ONC has not certified social care technology platforms at this point so there is no standard related to certification.

Dr. Kevin Bagley noted that the social care element of this policy is not enforceable without a standard associated with it; Dr. Monalisa McGee-Baratta followed with a question about whether such standards exist nationally that can be added to the policy. Dr. Jaime Bland stated that standards do exist, but they are not required in regulation the way they are for EHRs because social care platforms are not considered EHRs. Dr. Kevin Bagley asked if this requirement would be more appropriate for EHR vendors than payers in this case; Dr. Jaime Bland spoke to all parties (vendors, payers, providers) playing a role in data-sharing requirements and knowing what the expectations for sharing are. Dr. Phillip Vuchetich recommends removing social care data element because there is no enforceable standard included. Dr. Jaime Bland notes that in USCDI v3 (and in current draft of v5) includes social care data elements, and social care should adhere to USCDI and other interoperability standards as they become available; she recommends that, instead of striking that language from the policy, the Board review the technical specifications as the data-sharing standard for social care data, then use the various standards that are available as the standard.

Dr. Monalisa McGee-Baratta requests a motion to defer the vote until the language is updated based on the conversations today. Meghan Chaffee confirmed we can wait to vote on this until December.

Dr. Stephen Salzbrenner requested an email with the current language prior to future vote.

Vote: Felicia Quintana-Zinn moved to defer vote to future meeting; Dr. Kevin Bagley seconded. The motion was approved through a voice vote with no opposition.

Majority of members present voting Yes, motion passes.

6. ASAP 5.0 Policy: Proposed policy presented by Kevin Borchner, CyncHealth.

Kevin Borchner explained that ASAP (American Society for Automation in Pharmacy) standards are necessary for PDMP data submission; he described the current version, CyncHealth's participation in the development of the new implementation guide, and how this standard aligns with what is being done on the national/federal level with data standards and integrity. The new 5.0 version includes 44 new elements.

Dr. Stephen Salzbrenner asked about collecting tier information on drugs; Kevin Borchner answered that this standard doesn't address that.

Kevin Borchner stated that his recommendation is for the HIT Board to adopt the policy requiring all pharmacies and dispensers to report to the Nebraska PDMP using ASAP 5.0 standards, with only the same fields as listed in ASAP 4.2A being required at this time. He recommends submitters report all available fields beyond the 4.2A version. DHHS will need to publish a new Submitter Guide by 12/01/2023, and he recommends an implementation date of no later than 07/01/2024 following early adopters "testing" the change.

Felicia Quintana-Zinn asked if smaller “mom-n-pop pharmacies,” vet clinics, etc. would have to make significant updates in order to comply; Kevin Borcher answered that they should not because they would only be required to submit at minimum the data elements they are already submitting, and validation rules in the system would handle updates in the standards.

Dr. Jessika Benes asked about veterinarians who submit this data through a website; Kevin Borcher confirmed that this would be similar to Felicia Quintana-Zinn’s question in that there wouldn’t be changes needed in this way.

Dr. Kevin Bagley asked if the additional new fields not being recommended as required to start is because additional IT development work may be needed to add them? Kevin Borcher noted that the smaller pharmacies may need additional time to catch up.

Dr. Monalisa McGee-Baratta asked if there is a point where ‘voluntary’ will turn ‘mandatory,’ and would the HIT Board need to consider it then? Kevin stated that he is not aware of these standards becoming mandatory nationally any time soon.

Dr. Stephen Salzbrenner asked about a patient portal in order to be able to enter in this data; Kevin Borcher stated there have been some discussions about this, but it’s still early.

Dr. Phillip Vuchetich stated support for newly added elements not being required at first because pharmacies are reliant on their software or the website being up to date, so there may be reasons why they cannot add those additional fields at that time. Kevin stated all the vendors across the nation are aware this is coming and are required to be ready by January 2024 for implementation.

Felicia Quintana-Zinn asked about these fields that are being submitted being viewable on the PDMP screens for providers when they’re doing look up; Kevin Borcher stated there is a way to see that right now, but we are looking at ways to make that easier.

In regard to the prior discussion surrounding social care, Dr. Jaime Bland provided insight to tie this topic to the previous agenda item and stated that PDMPs are also not certified products, so when we think about the social care data platform, it should be thought of through that lens of it not being an EHR but rather an addition to the EHR. Dr. Kevin Bagley expressed appreciation for that comparison and insight for the HIT Board.

Vote: Dr. Kevin Bagley moved to approve the policy; Dr. Phillip Vuchetich seconded.

Voting Yes:

Dr. Kevin Bagley
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Aimee Black
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Monalisa McGee-Baratta

Ashley Newmyer
Felicia Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No: None

Abstaining: None

Majority of members present voting Yes, motion passes.

7. Chair Discussion:

Dr. Monalisa McGee-Baratta opened the floor for a short discussion related to strategic planning ideas for the Board moving forward.

Dr. Kevin Bagley stated he would like to understand where the gaps in the data exist, and if and why there a lack of participation in some areas – a complete picture of the data is important, and the Board should move forward by addressing this.

Dr. Kimberley Haynes-Henson asked about the status of Veterans Affairs (VA) participation in data-sharing. Dr. Jaime Bland noted that the VA queries the HIE/CyncHealth through eHealthExchange, the network they participate in; task groups could be set up to delve into these topics more in-depth as needed. Kevin Borchert stated the VA providers do have access today to the PDMP through the portal; other options for actions are being explored as well.

Dr. Monalisa McGee-Baratta suggested potentially setting up subcommittees as well.

Dr. Stephen Salzbrenner requested board education on health informatics.

Dr. Monalisa McGee-Baratta requested that ideas, comments, feedback be sent to Terri Pohl to be provided to the Chair ahead of time for agenda prep for December. Meghan Chaffee reminded to the Board that using BoardEffect comment sections may not meet Open Meetings Act, so sending to the board administrator to collect and synthesize will ensure that necessary input is accounted for on record.

8. Adjourn: Ashley Newmyer moved to adjourn the meeting at 12:58; Dr. Jessika Benes seconded. Motion approved by voice vote.

Next Meeting: The next scheduled meeting for the HIT Board is December 14th at 12:00pm, and will be a virtual meeting.

Proposed meeting dates for 2024 will be brought to the December meeting; email Terri Pohl with any concerns or preferences prior to then.

Respectfully Submitted:

Signature _____