

**Nebraska Health Information Technology Board**  
Meeting Minutes

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**Date:** March 7, 2024    **Time:** 12:00p    **Location:** Virtual

**Method and date of public notice:** Posted to Public Meeting Calendar (nebraska.gov) on 02/28/2024.

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**1. Attendance**

<b>Board Members</b>	<b>Present</b>	<b>Absent</b>
<i>Senator Ben Hansen (ex officio)</i>		x
<i>Senator Robert Clements (ex officio)</i>		x
Manuela (Manny) Banner		x
Dr. Jessika Benes	x	
Dr. Aimee Black	x	
Dr. Jaime Bland	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?** (*8 members required*): **YES**

**Guests:** Terri Pohl, Catherine Kopti, Meghan Chaffee, Darryl Millner, Joseph Fibich, Larra Petersen, Naresh Sundar Rajan

**Call to Order (Time):** 12:02pm

**AGENDA**

**2. Point of Order:**

Dr. Phillip Vuchetich brought a concern to the Board about the changes of in-person to virtual meeting less than 24 hours before the meeting time. He also expressed that some meeting materials were not available to the public.

Meghan Chaffee responded that the meeting was in compliance with the Open Meetings Act with the change in format because the virtual zoom link was already provided to the public in the Nebraska.gov Public Meeting Calendar posting to join virtually. That link is also what was made available for Board members to attend, so no changes were made for the public in order to attend. The meeting materials were available in BoardEffect and copies were to be printed for the in-person portion of the meeting for the public. Moving forward, a PDF will be posted on

the Public Meeting Calendar for the public to access. Without the change in format, the meeting would have been cancelled or members would have had to travel for a meeting that would not have had a quorum present.

**3. Approval of Minutes:**

Dr. Phillip Vuchetich requested that a correction be made to the word “SNOWMED” to “SNOMED”.

With that adjustment, Dr. Jessika Benes moved to approve the minutes from the previous meeting on December 14, 2023; Dr. Aimee Black seconded the motion. The minutes were approved.

**4. Open Meetings Reminder:**

Terri Pohl reminded the Board that the meeting is subject to the Open Meetings Act, and the meeting might have members of the public in attendance.

**5. General Business:**

**Open Seats:** Lynn Edwards has stepped down from the Board. With her absence, the open seats for appointment by the Governor are:

- One health care payor or an employee of a health care payor
- A family practice physician
- One credentialed health information management professional

The Boards and Commission’s Office is aware of the seats and working to get them filled.

**Election of Board Officers:** With the start of the new year, officer elections are open with a call for nominations. The Board was asked for nominations or self-nominations for the Chair and Vice Chair positions. It was noted that Dr. Monalisa McGee-Baratta expressed her interest in putting her name forward for Chair again in an email prior to the meeting.

Dr. Phillip Vuchetich expressed interest in being Chair or Vice Chair, and he mentioned that the agenda does not itemize a voting agenda item under General Business. Because we had multiple candidates for the positions, per the bylaws, Board members are instructed to submit a secret ballot casting their vote to the board administrator. An email will be sent out to confirm the candidates and hold the election should a secret ballot process be necessary per the bylaws.

**6. PDMP Record Retention Policy:**

Dr. Joseph Fibich presented the background of the request. The PDMP software vendor, Leap Orbit, expressed concern of an increased risk due to the amount of data being retained without a statute that addressed data retention for PDMP data. Due to volume, there was concern about query and result functionality being impacted.

PDMP users currently have access to up to two years of records. The policy requests to increase clinical usage by allowing up to three years of data. Dr. Stephen Salzbrenner asked how that number was derived. Dr. Fibich clarified that the three years of data was decided on when

comparing what other states are currently allowing. Dr. Salzbrenner recommended looking at what insurance companies are requiring to address the prior authorization concern.

Another change from the policy would be the removal of queries from the user history after 24 hours, since there is currently no set limit. CyncHealth would still have access to CQE audit logs. The final change from the policy would limit the software vendor to hold onto records for seven years.

Dr. Phillip Vuchetich asked if there are any other substances that would require a data retention period longer than seven years. Dr. Fibich answered that there is no statute addressing that. Dr. Vuchetich also asked if there were record requests beyond the three years for things like research, how this policy would affect those requests. Dr. Fibich answered that this policy would not affect those requests since this would only be what the web portal allows users to query. Meghan Chaffee added that the information would also still be available in the CyncHealth medication history portion. Clarification was provided that this policy is only in regard to RxGov.

Dr. Vuchetich mentioned that custom queries might need to be kept for longer periods of time for user projects at the State. Felicia Quintana-Zinn commented that, from a DHHS perspective, 24-hours is sufficient for their purposes. If the data is necessary for longer periods, these are downloaded, and custom queries are documented to enable repetition of a particular query.

Dr. Stephen Salzbrenner asked for clarification of what RxGov is. Dr. Fibich clarified that RxGov is the software name for the PDMP in Nebraska. Dr. Salzbrenner mentioned that because of the new final rule that came out with CMS regarding prior authorizations, there is an expectation that medications will eventually be included in that. He recommended that instead of comparing to other states, we should look at what the payers are requesting for the look back period to enable providers access to view older data when they are required to give historical information to a payer for prior authorization purposes.

Dr. Vuchetich commented that primary search makes sense to go back two years, but if the data is on the platform, providers should be able to query the entire seven years' worth of data. Patients could change providers and insurance companies within that time period and would not have those records. He recommended an option to extend the query time period when needed but not as the default query.

Felicia Quintana-Zinn asked Dr. Fibich to check with Leap Orbit to see how long it takes for queries to return results based on the time frame being queried. She expressed that there should be clear communication to providers that queries requesting data from over two years ago will take a longer time to return results.

No vote was taken during the meeting, and the policy will be revisited after additional information is gathered.

## **7. Social Care Data Standards Specification:**

Darryl Millner presented the Social Care Data Standards as a follow-up iteration after adjusting for some feedback and comments from a previous HIT Board meeting. According to the payer data standards approved by the HIT Board previously, the Nebraska Medicaid MCOs exchange

social care data with CyncHealth. With the absence of global standards, CyncHealth has developed specifications using Gravity Project's SDOH Clinical Care HL7 Implementation Guide. The standards include HL7 and USCDI Version 3 data field descriptions to support interoperability and quality.

Dr. Vuchetich expressed that optimally we should get started if the MCOs have already been part of the dialogue and can meet some of the data sharing standards. Standards revisions should be at least every six months to every year based on the HL7 Gravity Project, ONC, etc.

Dr. Mark Latta expressed that the Board should be given additional time to review the specifications before moving to a vote. The decision was made to defer the vote to the next meeting to give the Board Member sufficient time to review.

#### **8. Behavioral Health Medication Use in Nebraska:**

Dr. Larra Petersen-Lukenda gave an update on the behavioral health medication use in Nebraska study. Half of adults and 60% of children are not receiving treatment. Barriers to care is often the cost to treatment and accessibility. Nebraska ranked 49<sup>th</sup> in the country for youth mental illness prevalence.

Within the study, five main types of psychotropics were reviewed on age 19 and under across Nebraska with a behavioral health condition in 2022. There was an assessment of patterns of associated mental health prescription and demographics and healthcare utilization during 2012 – 2023.

The findings were consistent with national trends, indicating that at-risk communities might have different treatment approaches as well as white pediatric patients were the most prescribed group. Findings also indicated that psychoactive medications are the most expensive and fastest growing medications class in youth.

Looking at the scatterplot, impoverished communities used more anticonvulsants and benzodiazepines are spread throughout communities. Not graphically represented is that there is a greater use of SSRIs in some of the populations that do have higher social vulnerability. There was only a handful of zip codes using newer SNRIs, typically in West Omaha.

#### **9. CyncHealth Use of PDMP Data for White Paper:**

Dr. Larra Petersen-Lukenda presented the request to perform a study to look at the prevalence of prescription use across Nebraska. It would look to understand prescribed medication versus dispensed medication, compared to other types of diagnostic categories, and would look for trends of sociodemographic and geographic factors. The study would seek to look at gaps and opportunities in population health in Nebraska, and results would be presented using all appropriate data and privacy safeguards.

The project is retrospective exploratory analysis, looking between 2013-2023 at the population in Nebraska who had a dispensed medication. Data elements are consistent with other reviewed research projects brought to the HIT Board. Output would be a limited data set presented

publicly in aggregate terms and would have data such as zip code to help understand the opportunities.

Dr. Vuchetich expressed concerns about data being de-identified and asked about the small numbers policy to ensure no attempt of reidentification for numbers less than 10. He felt that the data was reasonably identifiable. If zip code and other patient identifiable information is being used, then it needs to fit into a quality improvement or research initiative instead of a statistical public policy or educational purpose per Nebraska statute. In the methodology, pharmacy, location, provider type, comorbidities, and patient demographics would not be allowed.

Dr. Petersen-Lukenda clarified that they are anticipating using a data use agreement as a limited data set since truly de-identified data approaches do not provide as much value since they lack geographic and demographic factors that are correlated with different social determinants.

Dr. Vuchetich reiterated that this does not fit a patient quality improvement or research initiative that would fit into the statutory requirement of section 71-2454. Felicia Quintana-Zinn expressed that the request is too broad and not specific on details for things like patient demographics. She also mentioned the timeline since there is not full prescription drug information prior to 2018 in the PDMP but the request states the analysis will be from 2013-2023.

Felicia Quintana-Zinn asked about request for the provider type, would it be taken from PDMP registrations and the diagnoses since there is only about 15% complete data in the PDMP? Clarification should be provided of what is coming from the PDMP and what is going to be matched to the HIE.

No vote was taken during the meeting, and the request will be revisited after adjustments are made to provide more clarity on the data needed from the PDMP.

**10. Adjourn:** Dr. Mark Latta moved to adjourn the meeting at 12:37pm. Ashley Newmyer seconded. Motion approved.

**Next Meeting:** The next scheduled meeting for the HIT Board is June 20<sup>th</sup>, 2024, at 12:00p.