

Nebraska Health Information Technology Board
Meeting Minutes

Date: December 12, 2024

Time: 12:00pm

Location: Virtual

Method and date of public notice: Posted to Public Meeting Calendar (nebraska.gov) on November 27, 2024.

1. Attendance

Board Members	Present	Absent	Virtual	Late
<i>Senator Ben Hansen (ex officio)</i>		X		
<i>Senator Robert Clements (ex officio)</i>		X		
Matthew Ahern			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: Catherine Kopti, Alissa Hein-Bumgardner, Dr. Larra Petersen-Lukenda, Moneil Patel, Dr. Bill Lydiatt, Alex Todd, Dr. Jerrod Anzalone, Jim Hood, Morgan Power, Sarah Stanislav, Lorraine Egger, Nick Faustman, Rama Thummalapalli; *public attendees*

Call to Order (Time): 12:01pm

AGENDA

2. Open Meetings Act and Materials

A physical copy of the meeting materials and the Open Meetings Act was announced to be available in the meeting space at the Millard Branch of Omaha Public Libraries.

- 3. Approval of Minutes:** Dr. Monalisa McGee-Baratta moved to approve the minutes from the previous meeting on September 19, 2024; Dr. Mark Latta seconded the motion. The minutes were approved.

4. Annual Board Report

The 2024 annual board report was submitted per Neb. Rev. Stat 81-6,128 as part of the Population Health Information Act as of November 15th, 2024. This was sent to all board members for review prior to submission.

5. 2025 Board Schedule

The dates for 2025 were announced to be on the following Thursdays at 12:00pm – 1:00pm: March 27th, June 12th, September 11th, and December 4th.

6. Travel Reimbursement Reminder

A reminder was provided that board members can submit for reimbursement due to travel for HIT meetings. An email to all of the board members will be sent following the meeting that includes the reimbursement form and instructions for 2025.

7. Election of Board Officers

The election of Board Officers was opened, with the current slate including Dr. Phillip Vuchetich as Chair and Dr. Monalisa McGee-Baratta as Vice Chair to retain their positions for 2025.

Vote: Dr. Mark Latta moved to approve Dr. Philip Vuchetich as Chair and Dr. Monalisa McGee Baratta as Vice Chair for 2025; Dr. Jaime Bland seconded.

Voting Yes:

Matthew Ahern
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Jaime Bland
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Mark Latta
Dr. Monalisa McGee-Baratta
Ashley Newmyer
Felician Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No:

None

Abstaining/Not Present:

Dr. Aimee Black (absent)
Dr. Stephen Salzbrenner (absent)

Majority of members present voting yes; motion passed.

8. PDMP Data Exchange through eHealth Exchange Pilot Project – Moneil Patel, PharmD

The eHealth Exchange is a large nationwide HIE that connects many organizations including the VHA, DOD, and FDA. The Nebraska PDMP does not currently connect to eHealth Exchange facilities, and the team seeks to connect the PDMP to eHealth Exchange via the eHealth Exchange hub which is facilitated through RxCheck for secure data transfer. Each individual facility will be onboarded to the connection, which is funded through PDMP TTAC through their BJA grant.

On a high level, an eHealth Exchange facility will send a query, which will run through the eHealth Exchange Hub, then connect with the RxCheck Hub, and finally will divert it to the Nebraska PDMP to return the data back to the facility. This will be bidirectional to allow PDMP users to query the eHealth Exchange as well. Compliance will be managed through the RxCheck Hub to comply with PDMP and state data sharing regulations.

Felicia Quintana-Zinn asked if there is duplication since the HIE is current connected to the eHealth Exchange which include medication history. Moneil mentioned that the current connect shows the medication history, but that they would like to create a more seamless connection to improve their workflow and is an alternative to other connections through PDMP national hubs.

Vote: Felicia Quintana-Zinn moved to approve the project request to allow the connection between the Nebraska PDMP and eHealth Exchange; Dr. Jaime Bland seconded.

Voting Yes:

Matthew Ahern
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Jaime Bland
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Mark Latta
Dr. Monalisa McGee-Baratta
Ashley Newmyer
Felician Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No:

None

Abstaining/Not Present:

Dr. Aimee Black (absent)
Dr. Stephen Salzbrenner (absent)

Majority of members present voting yes; motion passed.

9. Impact of Semaglutide on COVID Mortality Project – Dr. Larra Petersen-Lukenda

This request came through the Nebraska Healthcare Collaborative from Dr. Ali Khan at UNMC. For the background, there was a publication that looked at the unexpected benefits of semaglutide in health outcomes such as reduced mortality cardiac patients with COVID. The intent of the study is to look at all cause mortality or death rates with or without COVID to expand on the publication.

The methodology would be a limited data set that would be created by the Nebraska Healthcare Collaborative using the criteria and elements identified. Inclusion criteria is patients aged 19 or older with at least one medical visit in the past 24 months. Exclusion criteria is patients with a terminal illness or on hospice/palliative care during the study period. The specific PDMP data elements for drug requests would be semaglutide, Paxlovid, and steroids. The PDMP data elements requested would be quantity dispensed, date prescription written, date dispensed, dosage units, COVID vaccination dates, and fill number.

The data analytics plan would be to compare with a prospective match sample using the match sampling from the HIE to look at those on semaglutide versus those not on semaglutide using a Cox proportional hazards model. Any data elements would be subject to the CyncHealth small numbers policy, and a commitment to protecting to data was expressed.

Felicia Quintana-Zinn asked in regard to the vaccination data in the PDMP, will there be enough data to provide statistical power to complete the study? There is a statute limitation that immunization data from the state is not open for research. Dr. Petersen said that they have not completed any scoping for the PDMP data yet, and that information will be passed along.

Felicia Quintana-Zinn asked about the limitations of the death information since the HIE does not have death information unless it has occurred at a facility. Dr. Petersen answered that they have expressed this limitation, and Dr. Khan was working with Tim Tessmer to look at the ability to get mortality data in a different way by providing data to CyncHealth to match before returning it as a limited data set.

Felicia Quintana-Zinn asked at what point would CyncHealth fail to release the data if there is not substantial enough information if the HIT Board does provide approval for the request. Dr. Petersen said that if the data wouldn't provide enough to proceed with the analysis, investigators typically will withdraw. In that case, there would be no data use agreement or services engagement letter generated for that purpose. To complete the project efficiently, it would be important to start with semaglutide data and then work back with other data sources.

Dr. Vuchetich mentioned that the project is not ready to be approved, but they can bring more information after the feedback to the meeting in March. There was a proposal to give the researchers quantitative statewide data as a reasonable alternative to offer between now and March for determination if it is sufficient to move forward with the project.

Vote: Felicia Quintana-Zinn moved to approve the release of aggregate data from the PDMP with no PHI included for the researchers to better communicate what they want, and if the

PDMP is able to provide enough information for their research, for the research group to return on March 27th with additional details for final review by the Board; Dr. Jaime Bland seconded.

Voting Yes:

Matthew Ahern
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Jaime Bland
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Mark Latta
Dr. Monalisa McGee-Baratta
Ashley Newmyer
Felician Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No:

None

Abstaining/Not Present:

Dr. Aimee Black (absent)
Dr. Stephen Salzbrenner (absent)

Majority of members present voting yes; motion passed.

10. Bridges to Mental Health Behavioral Health Workforce Prescribing Patterns Project – Dr. Bill Lydiatt

This project is being proposed by Clarkson Regional Health Services and seeks to enhance the existing healthcare workforce to improve access to behavioral healthcare in Nebraska. The project trains primary care and specialty providers during a two-day seminar led by psychiatrists, and as of November 2024, has had give cohorts of 227 prescribers that participated. The methodology would involve comparing a sample of trainer providers versus a matched control group between January 2022 to current. The PDMP elements requested would be the total number of prescriptions, date prescription was written, date filled, date dispensed, dosage units, quantity dispensed, days supply, and fill number, and the drugs included were listed.

For the study, the aggregated limited data set would not include any patient or prescriber identifiers, and the data would be securely stored. The project would seek to determine if prescribing patterns adjusted based off the seminars.

Dr. Haynes-Henson asked if the participants are asked for consent to observe their prescribing patterns after the educational piece is completed. Morgan Power answered that some of the cohort has consented but that not all participants were asked. If that is a necessary objective, they can adjust. Dr. Haynes-Henson asked if the IRB was still current or if it was retired. Morgan Power answered that it is retired.

Dr. Haynes-Henson asked if the data was being utilized as a quality improvement project. Dr. Lydiatt answered that it was being done as a program evaluation and not as a clinical trial or project. Dr. Latta asked if the data would be distributed. Dr. Lydiatt said that the results will be used by Clarkson to learn about the effectiveness of the seminars and make adjustments. It was mentioned that if it was going to be disseminated generally that IRBs would require consent from the participants, and Dr. Lydiatt reiterated that the objective was use as a program evaluation.

Dr. Vuchetich asked if the participants are employees of the same company or if they are state-wide participants. Dr. Lydiatt said they were participants across the state. It was mentioned that the PDMP protects identifiable prescribers and asking for the county that they are in would make them too identifiable. It was explained that a three letter and random number would be used to hide the identity of the prescriber so they would not be identifiable. The county is not central to the study and could be left out of the data if needed.

There was a question whether the monitoring and prescribing correlates to improved patient outcomes. Dr. Lydiatt said that they are not able to say if patients' care improved, but the results would show if the participants learned about diagnosis and treatment. Data showed across the state that many people are having a high number of bad days, but that depression was not being diagnosed.

Dr. Monalisa McGee Baratta asked how co-occurring diagnoses will impact the research. Dr. Lydiatt said that the aggregated numbers prescribed would go up in the case that someone is diagnosed with an additional behavioral health condition. The cohort would also be compared to the overall prescribing across the group of prescribers in the PDMP.

Vote: Dr. Jaime Bland moved to approve with stipulation that the county would be removed as a potential identifier; Dr. Monalisa McGee-Baratta seconded.

Voting Yes:

Matthew Ahern
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Jaime Bland
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Mark Latta
Dr. Monalisa McGee-Baratta
Ashley Newmyer
Felician Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No:

None

Abstaining/Not Present:

Dr. Aimee Black (absent)
Dr. Stephen Salzbrenner (absent)

Majority of members present voting yes; motion passed.

11. Nebraska HIE and EHR Vaccination Data Records Comparison Project – Dr. Jerrod Anzalone

This project seeks to evaluate the quality of the immunization data at both Nebraska Medicine and Children’s Nebraska as compared to the data within the Nebraska PDMP. In the context of this quality improvement effort, any data is helpful as a baseline for comparison even with the limitations of the PDMP immunization data. Within the project, a limited data set would be provided with elements analyzing the two facilities and will enable the identification of potential workflow enhancements and capturing of immunization data from external sources.

The methodology includes patients who visited the facilities between 2014 to 2023 using a data set provided by UNMC. CyncHealth would match patients with the EMPI and would return the data as a limited data set that only includes dates to assess the concordance between the two sources of data. The data elements were outlined, and the data linkage process was outlined. Data security was highlighted.

Felicia Quintana-Zinn asked if the data being requested is from the PDMP or the HIE. Dr. Petersen said that they would start with PDMP data, acknowledging that there are some limitations. Felicia requested that the request be clarified of what information is coming from the PDMP and what data is from the HIE. Dr. Vuchetich mentioned that some of the data elements required are not sent to the PDMP as part of a traditional pharmacy claim, and Dr. Anzalone acknowledged that any elements that are not available can be omitted.

Note: Felicia Quintana-Zinn moved to approve the request after recognizing the limitation of addressing the PDMP information and with the clarification that the elements requested from the PDMP are the dispense date as well as changing it to the NDC code for vaccinations only; Dr. Jaime Bland seconded.

Voting Yes:

Matthew Ahern
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Jaime Bland
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Mark Latta
Dr. Monalisa McGee-Baratta
Ashley Newmyer
Felician Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No:

None

Abstaining/Not Present:

Dr. Aimee Black (absent)
Dr. Stephen Salzbrenner (absent)

Majority of members present voting yes; motion passed.

12. Policy Reviews

Vote: Felicia Quintana-Zinn moved to defer the policy reviews to the March 27th meeting due to time constraints; Ashley Newmyer seconded.

Voting Yes:

Matthew Ahern
Manuela (Manny) Banner
Dr. Jessika Benes
Dr. Jaime Bland
Dr. Douglass Haas
Dr. Kimberley Haynes-Henson
Dr. Mark Latta
Dr. Monalisa McGee-Baratta
Ashley Newmyer
Felician Quintana-Zinn
Dr. Stephen Salzbrenner
Dr. Phillip Vuchetich

Voting No:

None

Abstaining/Not Present:

Dr. Aimee Black (absent)
Dr. Stephen Salzbrenner (absent)

Majority of members present voting yes; motion passed.

13. Comments from the Board

Dr. Phillip Vuchetich opened a time for any additional comments from the Board. There were none.

14. Comments from the Public

Dr. Phillip Vuchetich opened a time for any comments from the members of the public. There were none.

15. Adjourn: Felicia Quintana-Zinn moved to adjourn the meeting at 1:04pm, Ashley Newmyer seconded. Motion approved.

Next Meeting: The next scheduled meeting for the HIT Board is Thursday, March 27, 2025 at 12:00pm and will be a virtual meeting.