



Nevada Health Information Technology Strategic and Operational Plan Profile

Overview

NV is committed to establishing a fully operational, self-sustaining statewide health information exchange system that supports core HIE services and the state-certified HIEs, either community or regional, necessary to meet NV needs. Key goals are 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 as well.

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 NV's Department of Health & Human Services (the state-designated entity) 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 NV's HIT Statewide Assessment (environmental scan) indicated that approximately three-fourths of NV's providers have or will have an EHR implemented by 2015. NV's intent is to provide HIE capability for all providers, with priority given to those providers eligible for EHR incentive payments.

Model and Services

NV will pursue a multi-phased approach to support provider achievement of meaningful use and enabling statewide HIE capability. During phase one, NV will use Direct for secured messaging to meet lab results delivery and exchange of summary of care records. Later phases include plans to implement a more robust HIE system.

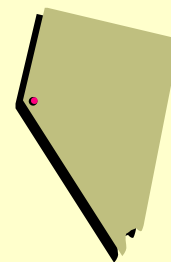
Phase I

NV HIE will contract with an organization to act as a HISP to implement Direct. 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.

NV's governance entity will contract with an additional organization to develop and maintain a central provider directory that will be initially populated with one or more various of the data sources including state licensing authorities, integrated delivery networks, NV Medicaid, state medical societies, etc. The state governance entity will also provide certification authority services and also provide governance to ensure interoperability of multiple certificate authorities.

To facilitate the exchange of structure lab results, NV's governance entity will collaborate with NV Medicaid and NV's REC to identify small independent labs that need to be enabled for structured lab results by assessing claims from laboratories that do not provide

Office of the National Coordinator for Health Information Technology
State Health Information Exchange Cooperative Agreement Program
<http://HealthIT.hhs.gov>



State: Nevada

HIT Coordinator:

Lynn O'Mara

Award Amount: \$6.1M

Contact:

Lynn O'Mara

775.684.7593

lgomara@dhhs.nv.gov

Website:

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

Other Related ONC funding in Nevada:

- REC: HealthInsight: \$6.9M
- College of Southern Nevada via Community College Consortia Region B Funding: Yr1 \$5.4M, Yr2 \$5.2M



electronic lab results. From this information, NV DHHS will consider HIT adoption incentives and/or policy changes to encourage adoption and participation in the delivery of electronic lab results.

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

To address e-prescribing, NV will conduct an assessment of NV Medicaid and Medicare pharmacy claims data to identify target pharmacies that need to be enabled. NV will collaborate with the University of NV, Surescripts®, and the NV REC to increase awareness and develop an e-prescribing orientation toolkit for distribution to providers and pharmacies.

In addition, DHHS and NV HIE will work with NV's REC and large retail pharmacies (Walmart, CVS, Walgreens) to focus recruitment, outreach, and incentive efforts on eligible providers who are already enabled for e-prescribing, and not actively or effectively utilizing the capability. The large retail pharmacies will focus their attention on providers within their geographic area.

Phase II

Once the Direct services and specification 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. 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 ONC guidance. Possible core services that are being considered include: enterprise master patient index (eMPI), identity correlation services (ICS), record locator service (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 Nw-HIN. 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 is engaged in extensive public-private collaboration efforts, from working closely with the members of the NV HIT Blue Ribbon Task Force, various professional provider associations and groups, and the NV HIMSS Chapter.
- **Program Alignment.** DHHS is closely coordinating with key state government entities, including the NV Medicaid, NV Broadband Task Force and 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 NV's State HIT Plan, it establishes the framework necessary to implement NV's statewide HIE system. NV's Governor established the NV HIT Blue Ribbon Task Force to assist NV 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, ensuring 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>	91.9% of pharmacies are enabled for electronic prescribing. The NCPDP and State Pharmacy Board reported 445 total pharmacies. Surescripts reported 409 enabled pharmacies in 2010.	<ul style="list-style-type: none"> • Priority will be placed on the 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. • Joint outreach program with the Nevada State Pharmacy Board that will leverage current communication media and events for awareness and education. In addition, collaborate with pharmaceutical companies with representatives in the regions that may help with outreach and education. • Contract with university and/or technical schools to obtain technical assistance to support independent pharmacies. • Leverage resources from NV HIMSS Chapter and EHR Nevada to provide technical assistance to pharmacies. • Collaborate with Medicaid and CMS 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, Walmart, 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 (be it 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. • Work with the REC to develop an “E-Prescribing Orientation Kit” for distribution to providers and pharmacies as well as defining an E-Prescribing Awareness Program. Consider utilizing the e-prescribing toolkit developed by RAND and its collaborators under an AHRQ contract.



Structured Lab Results

- 100% of hospital labs and 84% of independent labs surveyed generally 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.
 - Ten of the 16 other independent labs responded to a state survey; five of the ten indicated that they submit results directly to provider EMRs
 - Enable instances of 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 to support their member hospital and laboratory services that need technical assistance as well as independent and rural labs.
 - Have an established organization to act as a HISP to maintain and manage a provider registry that corresponds with the Direct participant address.
 - 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 Medicaid and CMS-Medicaid 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.
 - Collaborate with Quest, LabCorp and Associated Pathologies as well to identify small and independent labs.
 - Work with Nevada REC to develop a co-branded “E-Lab Orientation Kit”.
 - Coordinate with the REC to focus on eligible providers in areas where they 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.
 - Leverage resources from HIMSS Chapter and EHR Nevada to provide technical assistance to labs
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**Patient Care
Summary**

- No exchange of patient care summary records was provided.
 - Utilize Direct, enabling providers to obtain a Direct address through a portal and/or EHR vendors with Direct specifications.
 - Provider directory to find other providers able to accept Direct messages.
 - HIO will develop governance operations for registering providers and enabling sharing of care summaries.
 - REC will coordinate with vendors to enable EHRs to send and receive CCDs and CCRs via Direct. Policy levers may be employed to enforce.
 - Enabling awareness and education to be delivered by REC, which could enlist appropriate support/input from HIE and outer agencies and vendors.
 - “Patient Care Transfer Orientation Kit” a co-branded HIE/REC document.
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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	
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	
Syndromic surveillance	X	EHR interface	X
Immunization data to an immunization registry	X	Policy strategy	
Patient Engagement		Order Compendium	
Patient Access/PHR	X	Bi-Directional	X
Blue Button		Alignment with CLIA	X
Patient Outreach		E-Prescribing	
Privacy and Security		Medication History	X
Privacy and Security Framework based on FIPS	X	Incentive or grants to independents	X
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	
Electronic claims transactions	X	CCD/CCR Repository	X
Vendor		Directories	
Planning		Provider Directory	X
Core Services		Master Patient Index	X
		Record Locator Services	X
		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: <http://statehieresources.org/>

