

Nebraska's Far-flung HIEs Move Forward

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by Mark Hagland

Nebraska's small population is spread across vast distances on the Great Plains. It might not sound like the kind of state that would produce pioneering health data exchange networks. Yet that's what is happening as a cluster of regional and potentially statewide health information exchange (HIE) projects get off the ground.

Their shared goal is connecting providers and payers in new ways that will eventually enhance patient care and patient safety across the state. All expect to be sharing data independently by the end of the year. Collectively, they could give Nebraska the highest proportion of networks to residents among the states.

Regional Networks for a Rural Population

Similar dynamics are compelling the creation of Nebraska's individual regional health information organizations (RHIOs)-a paucity of providers outside the two large metropolitan areas of Omaha and Lincoln and the difficulty of sharing patient information across large distances among smaller providers.

Among the initiatives are the Western Nebraska Health Information Exchange, which will link providers across the sparsely populated panhandle in the westernmost 12 counties of the state; Health Partners Initiative, which is emerging to bring behavioral healthcare providers together across northeast Nebraska; and the Nebraska Health Information Initiative, which, once it fully launches, could become the state's first fully statewide RHIO.

None of the initiatives has begun to actively share clinical data among providers or between providers and payers. But leaders at the initiatives all say they hope to have gone live with secure data sharing by the end of this year.

Each initiative has its own purposes and goals, but taken together, it's clear that Nebraska could well be one of the most RHIO-networked states in the country in proportion to its provider base and population, says Dennis Behrens, director of the Lincoln-based Nebraska Office of Rural Health.

Behrens' office is sponsoring and funding the Nebraska Telehealth Network, whose activities are statewide and could lead to a statewide RHIO either through the Nebraska Telehealth Network (first established to create telemedicine capabilities for rural providers) or the Nebraska Health Information Initiative, both of which it sponsors.

An HIM Role in the "Most Challenging Work"

Wende Baker is executive director at Health Partners Initiative, based in Lincoln. She says it's not surprising that her organization, which is creating a regional network for behavioral health in northeastern Nebraska, is one of the state's first initiatives to move toward live data sharing.

The need to share both purely behavioral care patient data as well as medical data for behavioral health patients, she says, is compelling her alliance forward. "What's most important is safer, better-quality care and getting information in real time as needed, especially as it relates to emergency care," she says.

In that context, the "big effort towards de-institutionalization and community-based provision of services" for the behavioral healthcare patient population heightens the need for better means of appropriately sharing patient data, she adds. An example would be a schizophrenic patient admitted unconscious to a critical-access rural hospital, she notes. Within a year, Baker expects Health Partners Initiative to be live with data sharing.

In the state's panhandle counties, hospitals and the regional public health department have banded together, creating a RHIO that also plans to be sharing data within a year, reports Nancy Shank. Shank is associate director at the University of

Nebraska Public Policy Center in Lincoln, which is helping facilitate the creation of the Western Nebraska Health Information Exchange. Clinical data exchange-to benefit clinicians at the point of care-is the focus of the initiative's effort, she says.

Behrens, Baker, and Shank all say initiatives like theirs need the input of HIM professionals. "We're definitely involving HIM professionals-many of them already HIPAA compliance officers-to help us codify the policies and procedures we'll use for this system. That is the most challenging work, actually-the area of setting policies and procedures that meet the ethical and practical considerations around the sharing of clinical information," says Baker.

Shank adds, "Without privacy, nothing else happens. People have to feel that their information is secure. And it's only the HIM people who totally understand the nuances and the details about how data needs to be presented. The HIM people have been key for us" in the RHIO's early-stage development to date, she says.

HIM professionals, Behrens says, will be vital to the success of all these initiatives. And in the process, "HIM professionals need to reconceptualize and reconfigure their world" to understand that they will be key players in making RHIOs such as those now emerging in Nebraska evolve and become successful.

It's an opportunity as open as the prairie.

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Article citation:

Hagland, Mark. "Nebraska's Far-flung HIEs Move Forward" *Journal of AHIMA* 78, no.3 (March 2007): 42.

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