

HISPC

Health Information Security and Privacy Committee State of Nebraska

Security and Privacy Barriers to Health Information Interoperability

Report 2: Survey of Health Professions Organizations Leadership



Partial resources support from the Creighton Health Services Research Program (CHRP) and grant no. 1P20 HS015816 Building Research Infrastructure Capacity from the Agency for Healthcare Research and Quality (AHRQ); and the Office of Rural Health, Nebraska Health and Human Services System



Security and Privacy Barriers to Health Information Interoperability

Executive Summary

Report 2: Survey of Health Professions Organizations Leadership

The Lieutenant Governor for the State of Nebraska formed the Health Information Security and Privacy Committee (HISPC) in 2006. The vision driving the HISPC is to create the flexibility to electronically exchange patient authorized health care information, confidentially and securely between the patient/client and all appropriate persons involved in the health care process. In 2004, the President of the United States issued Executive Order 13335 to promote health information technology nationwide, to improve efficiency, reduce medical errors, improve quality of care, and provide better information exchange for patients and physicians. The key goal this order is intended to support is for most Americans to have electronic health records by the year 2014. This order also supports the more aggressive goal to have all prescriptions generated and transmitted electronically that are provided to Medicare beneficiaries by the year 2009, as identified in the Medicare Prescription Drug, Improvement, and Modernization Act (Public Law No. 108-173, 117 Stat. 2066, also called "MMA legislation") that was enacted in 2003. A major challenge to meeting these goals is the provision of safeguards to protect the privacy of personal health information. Other challenges include assuring the accurate identity of a patient when records are exchanged, and understanding what laws, rules and regulations presently exist that may be a challenge to overcome in order to exchange health information between patients, providers and organizations while diligently protecting the patient's privacy.

The HISPC Steering Committee is to work with stakeholders to identify major health information privacy and security issues and to create an action plan to resolve issues for patients/clients and all appropriate persons involved in the health care process. The Committee has identified 3 stakeholder groups for which little information is known: 1) the Health Licensure, Certification, and Facilities Oversight Board managers for the State of Nebraska Health and Human Services division, 2) the professional associations that are involved in health care delivery and services in the state, and 3) patients/clients/consumers of health care. Each group is being studied to determine their present level of awareness about health record interoperability, security and privacy considerations, and their impressions about the general state of knowledge of others in the stakeholder group they represent.

Report 2: Survey of Health Professions Organizations Leadership summarizes the finding of the second stakeholder group, the state's professional associations. Nineteen health professions organizations provided input. These organizations are important to the wide-spread dissemination and adoption of change related to safety and quality practices in healthcare. The lead officer and at least one board member who are active in the profession's practice were sought to provide information. Several themes emerged:

Awareness - Association leaders are aware of the federal initiative to achieve health information interoperability. However, they are generally not familiar with Regional Health Information Organizations (RHIOs). Most professions have practice acts that address both: 1) a professional's responsibility toward privacy and confidentiality of patient information, and 2) a professional's responsibility for sharing release of patient/client health information records to individuals other than the patient/client. From the "professional practitioner's eyes", patients keep track of health information on paper. However, early signs of health information technology (HIT) use by patients are present. Security and privacy barriers were most frequently described in relationship to the Health Insurance Portability and Accountability Act (HIPAA) rather than initiatives related to electronic health records. Solutions to these barriers offered by respondents include changing legislation or providing education.

Barriers to Health Information Exchange are both Personal and Professional - Specific barriers emerged that need to be addressed before health information exchange can successfully occur. The overarching perception is that the Health Insurance Portability and Accountability Act (HIPAA) of 1996 greatly restricts information exchange. Many health professionals are fearful of violating rights and statutes. Other barriers were identified around lack of technology available throughout all organizations and practices, and lack of standardization and system interoperability.

Risks are Present with Health Information Exchange - Strong presence of concern for patient risks were described. These risks include: 1) unnecessary access to information others do not need, 2) violations of privacy, 3) increased medical errors due to interpretation problems (information used the wrong way), and 4) getting patient's records confused. Several people identified a personal risk to professionals themselves. There is an element of mistrust that the technology and systems will be dependable. Concerns about assuring privacy of health information centered on data security, on what content specifically is at risk, and on having up-to-date information when it is accessed.

Record Sharing is Embraced – but with Caution - Professionals will share the information they obtained from other practitioners with their patients; citing respect for the patient as the primary owner of the information. However, there are boundaries to this. The professions have a wide range of beliefs about who else should be allowed to have a patient's electronic health records (EHRs) without expressed permission from the patient. Most commonly they identified any health provider the patient goes to for care. Fewer indicated these options: 1) no one else, 2) the family, 3) the payer of health services and 4) the government. Most professions indicated only the patient should have the authority. Everyone indicated that they would find sharing records useful. The great majority of respondents would be willing to share their patient's electronic health information with other providers if the patient gave permission. Most indicated they would be willing to share a wide range of data.

Quality and Safety for Patients will Improve with Electronic Health Records - Overwhelmingly, the professions believe that having an electronic health record in their own practice environment will improve both the overall safety and quality of healthcare. They just as strongly believe that sharing EHRs will do the same. When they became familiar with the concept of a RHIO, the professionals believed RHIOs would 1) improve health care service quality and safety; 2) facilitate a simpler patient visit by allowing office staff to view patient records to learn of insurance coverage, deductibles, eligibility for services, procedures, and other items; 3) improve providers abilities to evaluate a patients' continuity of care; 4) eliminate repeating patients' histories and documenting allergies; 5) provide practitioner access to view previous lab results; 6) provide practitioner access to view patients prescription medicines they have had filled at a pharmacy, and 7) improve practitioner ability to provide medication use information to other providers

Low Level Engagement - The individuals who are experts about health information exchange (HIE) in Nebraska do not appear to overlap with the leadership of organizations representing health care professionals. There has not yet been integration of an action-orientation to advancing the HIE initiative within these organizations. The collective viewpoint of leaders in organizations whose members are in direct patient-practitioner relationships was centered on the patient, their own professional practice environment, and personal issues of risk related to security and privacy. This viewpoint broadens in professional organizations representing healthcare institutions or healthcare at a societal level to include the need for policies to allow for health care providers to electronically exchange patient-authorized health care information in a confidential and secure manner.

High Level of Interest - There was a high level of interest about security and privacy in health information exchange. Overall, health professional association leadership is highly aware and despite concerns about health information exchange, support information exchange believing that patient care quality and safety will improve.

Recommendations

1. Health professions organizations are in need of information and education about health information exchange and interoperability. Representatives from associations representing health care practitioners, facilities in which health care is provided and organizations involved with health issues at the societal level must address how current laws, rules and regulations related to their disciplines affect and are affected by the electronic exchange of health information. These associations need information about what is happening in other areas and nationally. The HISPC should initiate a process to disseminate information about federal and state initiatives in areas related to the security and privacy of HIE.
2. As legislators examine existing laws, rules and regulations, representatives from health professions organizations could provide consultation with regard to security and privacy barriers and provide recommendations to overcome these barriers. The HISPC should establish an advisory panel composed of representatives from professional associations involved in health care delivery and services to provide information to legislators from a wide-based interprofessional standpoint and thus improve standardization and interoperability for health professionals and organizations as initiatives advance across the state of Nebraska.



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Security and Privacy Barriers to Health Information Interoperability

Report 2: Survey of Health Professions Organizations Leadership

Background

The Lieutenant Governor recently formed a Health Information Security and Privacy Committee (HISPC) for the State of Nebraska. One goal is to determine if there are security and privacy barriers to health information exchange/interoperability efforts throughout healthcare. Why is this important? In 2004, the President of the United States issued Executive Order 13335, to promote health information technology nationwide in order to improve efficiency, reduce medical errors, improve quality of care, and provide better information exchange for patients and physicians. The key goal this order is intended to support is for most Americans have electronic health records by the year 2014. This order also compliments the more aggressive goal to have all prescriptions generated and transmitted electronically that are provided to Medicare beneficiaries by the year 2009, as identified in the Medicare Prescription Drug, Improvement, and Modernization Act (Public Law No. 108-173, 117 Stat. 2066, also called "MMA legislation") that was enacted in 2003. A major challenge to meeting these goals is the provision of safeguards to protect the privacy of personal health information. Other challenges include assuring the accurate identity of a patient when records are exchanged, and understanding what laws, rules and regulations presently exist which may be a challenge to overcome in order to exchange health information between patients, providers and organizations while diligently protecting the patient's privacy.

Purpose

The HISPC identified key stakeholders which are influential in the movement forward on health information exchange and interoperability. The Committee has identified 3 stakeholder groups for which little information is known: 1) the Health Licensure, Certification, and Facilities Oversight Board managers for the State of Nebraska Health and Human Services division, 2) the professional associations that are involved in health care delivery and services in the state, and 3) patients/clients/consumers of health care. Each group is being studied to determine their present level of awareness about health record interoperability, security and privacy considerations, and their impressions about the general state of knowledge of others in their stakeholder group they represent.

We studied 19 professional organizations to determine their present level of awareness about health record interoperability, security and privacy considerations, and their impressions about the general state of knowledge of others in the stakeholder group they represent. An initial exploration of the individuals overall knowledge and their impressions about their respective profession's knowledge of the issues discussed above was performed. Purposeful sampling the health professions associations elected board leadership was approached and asked to identify a minimum of two participants: one being an action oriented leader and the second being someone who actively maintained a practice in the discipline represented by the association. More individuals could participate; however, this maximum sampling approach provided us with individuals who would represent different perspectives on the central phenomenon.

A self-administered questionnaire that consisted of both closed- and open-ended questions was used to collect data. Participants from health professions associations were invited to have a telephone conversation with a researcher if they had interest in further discussing an issue. An across organization analysis of the responses to the written research questions was coded for themes. A

separate analysis of the telephone conversations with some individuals was performed. A cross comparison of these two data sources revealed the following themes:

Results

Thirty-eight persons representing 19 professional associations responded to the survey seeking to identify security and privacy barriers to health information exchange. Several themes emerged:

Awareness

Leaders in these associations are aware of the federal initiative to achieve health information

Professional Associations
Nebraska Academy of Family Physicians
Nebraska Chiropractic Physicians Association
Nebraska Dental Association
Nebraska Emergency Medical Services Association
Nebraska Emergency Nurses Association
Nebraska Environmental Health Association
Nebraska Funeral Directors Association
Nebraska Health Care Association
Nebraska Hospice & Palliative Care Association
Nebraska Hospital Association
Nebraska Medical Association
Nebraska Nurses Association
Nebraska Optometric Association
Nebraska Pharmacists Association
Nebraska Physical Therapy Association
Nebraska Psychological Association
Public Health Association of Nebraska
Rural Comprehensive Care Network
State Association of City & County Health Directors

interoperability. Those representing health care organizations, such as hospitals, home care, long term care, and city and county health departments had the greatest level of awareness, describing detailed and explicit knowledge about the executive order and overall National Health Information Network (NHIN) concept. However, the associations are generally not familiar with RHIO. Most professions have practice acts that address both: 1) a professional’s responsibility toward privacy and confidentiality of patient information, and 2) a professional’s responsibility for sharing release of patient/client health information records to individuals other than the patient/client. The boards are actively discussing the adoption of health records in practice, sharing, and access to health information generated by other providers and patients.

From the “professional practitioner’s eyes”, patients keep track of health information on paper. However, early signs of HIT use by patients are present. One association board member described a patient that he sees who uses a “Smartcard” to track and exchange health information and a few reported patients who access websites for their personal health information. There is some experience that professionals are beginning to have with personal health records. One individual reports assisting his patients with how to use the personal health record. Similar to the associations, most professionals were not aware of what constitutes a RHIO.

There is a wide range of knowledge about health information exchange among the respondents. There is general knowledge of federal initiatives to achieve health information interoperability. However, security and privacy barriers were most frequently described in relationship to the Health Insurance Privacy and Portability Act (HIPAA) rather than initiatives related to electronic health records. Solutions to these barriers suggested changing legislation or providing education.

Barriers to Health Information Exchange are both Personal and Professional

Explicit and specific barriers emerged that need to be addressed before health information exchange can successfully occur. The overarching perception is that the Health Insurance Portability and Accountability Act (HIPAA) of 1996 greatly restricts information exchange. Examples were cited such as:

“Cannot discuss the patient’s information with family without permission”...and “Many people still do not understand how to apply HIPAA regulations and guidelines. They use unnecessary restrictions, which does create a barrier when trying to provide the best patient care possible. No clear answer as to what is covered on all the levels of confidentiality, HIPAA, state law and others some times creates wall to exchange information either in who can get the information or what can be received There are even requirements in HIPAA about HIPAA compliant providers working with non-HIPAA providers.”

Another practitioner indicated that many health professionals are fearful of violating rights and statutes. Other barriers were identified around lack of technology available throughout all organizations and practices, and lack of standardization and system interoperability. Solutions to barriers involved either changing legislation or providing education.

Risks are Present with Health Information Exchange

Strong presences of concern for patient risks were described. These risks were described as: 1) unnecessary access to information others do not need, 2) violations of privacy, 3) increased medical errors due to interpretation problems (information used the wrong way), and 4) getting patient’s records confused. “We need to protect the patient – what information can be used against them? This is a way in the rural area to achieve appropriate patient care. However the concern is that this will still be misused.” Only people who need to know the information about a patient should see it; not everyone in the office or facility. “There is already too much personal information on the Internet.”

Several people identified a personal risk to professionals themselves. There is an element of mistrust, that the technology and systems will not be dependable. Concerns about assuring privacy of health information centered on data security, on what content specifically is at risk, and on having up to date information when it is accessed.

Record Sharing is Embraced – but with Caution

Professionals will share the information they obtained from other practitioners with their patients; citing respect for the patient as the primary owner of the information. However, there are boundaries to this. One person pointed out that they would not feel comfortable releasing information that they did not have the background to explain. Another indicated they would do so within HIPAA compliance regulations.

The professions have a wide range of beliefs about who else should be allowed to have a patient’s EHRs without getting express permission from the patient. Most commonly they identified any health provider the patient goes to for care. Fewer indicated these options: no one else, the family, the payer of health services and the government. Most professions indicated no one else should have the authority to give someone else access to the patient’s health information besides the patient.

“I think it should be up to the patient how much of their medical history is available. They should be able to set preferences as to what other physicians, ER’s, & hospitals can access. I think this could be very helpful for physician’s if we had more open access, especially to immunizations, allergies, medication lists, lab results, & X-ray reports....The state could really help with getting the immunization registry active statewide & accessible to all physicians.”

Many components of the health record are considered helpful across the wide range of professionals. No one indicated that they would not find sharing records useful. The great majority of respondents would be willing to share their patient's electronic health information with other providers if the patient gave permission. Most indicated they would be willing to share a wide range of data, i.e., most of the data elements found in a patient's health record, including active conditions/diagnoses, physical examinations findings, plan of care, progress or consultation notes, hospitalizations, medication history, active prescriptions, laboratory data, radiologic information, immunizations, and allergy information. A couple of individuals indicated that emergency medical personnel should be able to access EHRs without patient permission if the patient is unable to give permission and in circumstances when the patient's safety or well being may be compromised.

Quality and Safety for Patients will Improve with Electronic Health Records

Overwhelmingly, the professions believe that having an electronic health record in their own practice environment will improve both the overall safety and quality of healthcare. They just as strongly believe that sharing EHRs will do the same. When they became familiar with the concept of a RHIO, the professionals believed RHIOs would provide the following positive benefits:

- Improve health care service quality and safety
- Facilitate a simpler patient visit by allowing office staff to view patient records to learn of insurance coverage, deductibles, eligibility for services, procedures, and other items
- Improve providers abilities to evaluate a patient's continuity of care
- Eliminate repeating patients' histories and documenting allergies
- Provide practitioner access to view previous lab results
- Provide practitioner access to view patients prescription medicines they have had filled at a pharmacy
- Improve practitioner ability to provide medication use information to other providers

Low Level Engagement

The individuals who are experts about HIE in Nebraska do not appear to overlap with the leadership of organizations representing health care professionals. There has not yet been integration of an action-orientation to advancing the HIE initiative within these organizations. The leadership in only nine associations indicated familiarity with Regional Health Information Organizations although most identified positive benefits to this form of data exchange when provided with a definition. The collective viewpoint of leaders in organizations whose members are in direct patient-practitioner relationships was centered on the patient, their own professional practice environment, and personal issues of risk related to security and privacy. This viewpoint broadens in professional organizations representing healthcare institutions or healthcare at a societal level to include the need for policies to allow for health care providers to electronically exchange patient-authorized health care information in a confidential and secure manner.

High Level of Interest

Despite the overall lack of knowledge based upon experience, there was a high level of interest about security and privacy in health information exchange. Given adequate knowledge and guidance, respondents are willing to share health information on a need-to-know basis when authorized by the patient to do so. Overwhelmingly, the respondents believe that sharing electronic health records will improve the safety and quality of healthcare.

Overall, health professional association leadership is highly aware and despite concerns about health information exchange, support information exchange believing that patient care quality and safety will improve. Understanding these state level stakeholder perceptions helps us further understand our progress toward achieving the national health information interoperability goal. Based upon this analysis, two recommendations are put forth:

Recommendations

1. Health professions organizations are in need of information and education about health information exchange and interoperability. Representatives from associations representing health care practitioners, facilities in which health care is provided and organizations involved with health issues at the societal level must address how current laws, rules and regulations related to their disciplines affect and are affected by the electronic exchange of health information. These associations need information about what is happening in other areas and nationally. The HISPC should initiate a process to disseminate information about federal and state initiatives in areas related to the security and privacy of health information exchange.
2. As legislators examine existing laws, rules and regulations, representatives from health professions organizations could provide consultation with regard to security and privacy barriers to health information interoperability and provide recommendations to overcome these barriers. The HISPC should establish an advisory panel composed of representatives from professional associations involved in health care delivery and services to provide information to legislators from a wide-based interprofessional standpoint and thus improve standardization and interoperability for health professionals and organizations as initiatives advance across the state of Nebraska.

A detailed summary of the response data from the survey and discussions is provided in the Key Questions and Findings that follow.

Key Questions and Findings

Question: How informed generally is your *organization's leadership* (officers/board members) about this federal initiative?

Findings

- The associations' leadership generally has some awareness about the federal initiative to achieve health information interoperability.
- Those representing health care organizations, such as hospitals, home care, long term care, and city and county health departments, had the greatest level of awareness.

Table 1. Organization's leadership knowledge of federal initiative

Association	Response
Nebraska Academy of Family Physicians	We've heard about it, but are awaiting specifics as to what it will require. At the present time, my clinic uses an electronic medical record. We fax most of our prescriptions directly to the pharmacy, but e-prescribing is not currently a feature of our EMR and not all of our pharmacies are capable of this even if we could do it. NAFP Board is well informed. I presume very informed. A large health system in the state is in the process of starting EMR at all of their clinics, starting 1/2007. Minimally.
Nebraska Chiropractic Physicians Association	They have heard about it at national meetings but don't have much input.
Nebraska Dental Association	Moderate awareness; Less than half of the Board of Trustees. Dentistry is a part of healthcare but generally are not Medicare providers
Nebraska Emergency Medical Services Association	Federal initiatives rarely, unless they are highlighted by another state organization who they are involved with. Had not heard of it until this survey. Pretty informed.
Nebraska Emergency Nurses Association	Level of awareness is unknown
Nebraska Environmental Health Association	Not very informed. This is the first I have heard about it.
Nebraska Funeral Directors Association	Not informed about this.
Nebraska Health Care Association	Our leadership is fairly well informed regarding this initiative and is aware of the President's order. We have taken quite a few measures to improve our position for this. We have been informed by NHCA about this initiative.
Nebraska Hospital Association	I believe that we are very informed about this initiative because we share this information with our leadership and because we have a great deal of information technology in place already. My board has been made aware of the 2004 Presidential expectations. Our hospital with Board approval has a multi-year plan to implement the Presidential goals. Officers better informed than Board.
Nebraska Medical Association	Our Board is well-informed and are actively working with a group in the State to move electronic health records forward.
Nebraska Nurses Association	We have some information. We have subgroups to our committee who are working on several things including safety. We are not as well informed on security and privacy. Aware of the initiative but not what is entailed. Unknown, corporate business located in another state.
Nebraska Optometric Association	I believe that our executive director and our board of directors are following this issue and are well informed.
Nebraska Pharmacists Association	Very informed
Nebraska Physical Therapy Association	I would say minimally – there have been other legislative issues we have been dealing with.

Association	Response
Nebraska Psychological Association	Conflicting response of “we have never heard of it before now” and “generally well informed.” Most of the membership is aware of this initiative.
Public Health Association of Nebraska	I would say that they have an idea that there is work being done in this direction, but do not know about the initiative specifics. Well informed.
Rural Comprehensive Care Network	Very much aware
State Association of City and County Health Directors	Our board receives regular updates on the electronic health information exchange effort taking place throughout the panhandle. They are also aware of the federal mandate. Three of our six staff have completed the CPHIT Certification course, and 2 have also completed CPHERT. Most staff are also involved in the Leadership team working on planning and implementation. We are working at forming a RHIO.

Question: How informed generally are the *individuals who practice your profession* about this federal initiative?

Findings

There is variation across the professions on how informed they are.

Table 2. Individuals who practice in profession knowledge of federal initiative

Association	Response
Nebraska Academy of Family Physicians	Variable responses to this. "I'm sure it varies quite a bit. I would guess that about 20% of family physicians have electronic medical records at this point and the other 80% are not even close to being able to e-prescribe without purchasing both software and hardware." "Presume very informed. I am new to this practice as of 8/06 and the topic has not been discussed, since we are already in process of compliance." "Minimally."
Nebraska Chiropractic Physicians Association	The general private practitioner does not know much at all about this.
Nebraska Dental Association	Minimal. Not well as there is little hope of a electronic dental record by 2014.
Nebraska Emergency Medical Services Association	Rarely federal initiatives are carried down unless some one includes them (which rarely happens) in other reports. Pretty informal. Don't think many have any idea about it.
Nebraska Emergency Nurses Association	Unsure
Nebraska Environmental Health Association	Not very informed. Don't know. This is the first I have heard about it.
Nebraska Funeral Directors Association	Not informed about this.
Nebraska Health Care Association	Most providers for Assisted Living are not aware. They are somewhat informed.
Nebraska Hospice & Palliative Care Association	They are less informed than leadership for the most part. Education is needed. Fair – small rural may have more problems
Nebraska Hospital Association	Well informed. Most are well informed. There are always some who seem to not pay attention to this type of information because they don't believe that it applies to them. I believe most individuals functioning in hospital administration are aware of the federal initiative
Nebraska Medical Association	Unknown
Nebraska Nurses Association	Everyone knows about HIPAA and were almost paralyzed by it. They were not sharing appropriate information they should have been sharing out of fear. This initiative is not as well known. Overall probably not aware. Moderately informed, questions what is correct arise.
Nebraska Optometric Association	The vast majority of optometrists are likely aware of this matter, although some may not be following it closely, especially if they are not regular attendees of our association meetings.
Nebraska Pharmacists Association	Somewhat informed.
Nebraska Physical Therapy Association	I would say minimally, for the reasons mentioned in # 1.
Nebraska Psychological Association	"Even less informed than the leadership." to "Average to well informed (variance)" to "Unknown"
Public Health Association of Nebraska	"Well informed" to " Not very well informed"
Rural Comprehensive Care Network	Aware but some confusion exists
State Association of City and County Health Directors	My sense is that it varies depending on where you are. Some areas are very aware of it, and others are not.

Question: Please identify the topics that your profession’s practice act addresses.

Findings

Most professions practice acts address both: 1) a professional’s responsibility toward privacy and confidentiality of patient information, and 2) a professional’s responsibility for sharing release of patient/client health information records to individuals other than the patient/client

Table 3. Topics addressed by profession’s practice act

	Nebraska Academy of Family Physicians	Nebraska Chiropractic Physicians Association	Nebraska Dental Association	Nebraska Emergency Medical Services Association	Nebraska Emergency Nurses Association	Nebraska Environmental Health Association	Nebraska Health Care Association	Nebraska Hospice & Palliative Care Association	Nebraska Hospital Association	Nebraska Medical Association	Nebraska Nurses Association	Nebraska Optometric Association	Nebraska Pharmacists Association	Nebraska Physical Therapy Association	Nebraska Psychological Association	Public Health Association of Nebraska	Rural Comprehensive Care Network	State Association of City and County Health Directors
there is not a practice act that governs the professions I represent	•		•			•			•									
a professional’s responsibility toward privacy and confidentiality of patient information	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
a professional’s responsibility for sharing or release of patient/client health information records to individuals other than the patient/client	•	•	•	•		•	•	•	•	•		•	•	•	•	•	•	

Table 3.a Comments

Association	Describe any other areas related to privacy and/or confidentiality that your practice act addresses
Nebraska Academy of Family Physicians	I don’t know what you mean by “practice act”. We do our best to abide by HIPAA.
Nebraska Hospice & Palliative Care Association	Nursing
Nebraska Nurses Association	I don’t find any mention of privacy in the Practice Act
Nebraska Optometric Association	We abide by HIPAA Regulations
Nebraska Psychological Association	I think you have covered it all above. There are privacy, security, and transaction portions of HIPAA that regulate my area. There is also a specific area, called psychotherapy notes, that are very special and may be unique to the mental health area.

Question: Are there any barriers in the laws, rules and regulations governing your profession to exchanging health information between patients, providers and organizations?

Findings

- About half of the associations identified explicit and specific barriers that need to be addressed.
- HIPAA is frequently described as a barrier to the exchange of health information.

Table 4. Barriers in laws, rules and regulations governing profession in information exchange

Association	Yes	No	Response
Nebraska Academy of Family Physicians	•		HIPAA has added a lot of paperwork which will be an obstacle. HIPAA greatly restricts information exchange. Cannot discuss pt's information with family without permission. HIPAA
Nebraska Chiropractic Physicians Association	•		HIPAA
Nebraska Dental Association	•	•	Most people have a regular dentist and don't jump from dentist to dentist. HIPAA
Nebraska Emergency Medical Services Association	•	•	No clear answer as to what is covered on all the levels of Confidentiality, HIPAA, state law and others some times creates wall to exchange information either in who can get the information or what can be received Because it is important too to be able to find out later results for Quality assurance but it is very difficult to get information back. Treatment or patient history for transfers or from Nursing home calls
Nebraska Emergency Nurses Assoc		•	
Nebraska Environmental Health Association	•		Basic HIPAA regulations apply. Don't know.
Nebraska Funeral Directors Association	•		Historically, <u>patient confidentiality</u> has prevented physicians from sharing cause of death/existing medical conditions that pass risk of exposure to individual handling human remains, more recently, HIPAA.
Nebraska Health Care Association	•	•	Mostly people's interpretation and fear of HIPAA.
Nebraska Hospice & Palliative Care Association	•	•	With consent as needed Many people still do not understand how to apply HIPAA regulations and guidelines. They use unnecessary restrictions, which does create a barrier when trying to provide the best patient care possible.
Nebraska Hospital Association	•	•	The biggest barrier is the cost of implementation. The second barrier is tools that can make the electronic record happen.
Nebraska Medical Association		•	
Nebraska Nurses Association		•	If we understand it
Nebraska Optometric Association		•	
	•	•	Contact Lens Prescribers and Contact Lens Vendors. Current Federal Legislation allows "Passive" verification of contact lens prescriptions by 1-800 and other internet companies who sell contact lenses.
Nebraska Pharmacists Association	•		It's difficult to understand all the parameters. Many Pharmacists are fearful of violating rights, statues, etc.
Nebraska Physical Therapy Assoc		•	
Nebraska Psychological Association	•	•	HIPAA and NE law lays out boundaries (barriers?) about the flow of information between all the groups you mention. There are even requirements in HIPAA about HIPAA compliant providers working with non-HIPAA providers. I am not sure how to answer further.
Public Health Association of Nebraska	•	•	Not all involved in the care of a patient are aware of when they can exchange health information, so they are extremely cautious and refuse to give information when they actually could and the patient outcome improved.
Rural Comprehensive Care Network	•		Cannot legally discuss health status with relatives who have an interest in assisting the patient.
State Association of City and County Health Directors		•	

Question: If you identified any barriers, what recommendations would you make to overcome them?

Findings

Solutions to barriers involved either changing legislation or providing education.

Table 5. Recommendations for overcoming barriers

Association	Response
Nebraska Academy of Family Physicians	Exempt e-prescribing from HIPAA or at least make sure that e-prescribing is automatically compliant with HIPAA. Security measures fro EMR being built. Need password protected email exchange between patients & providers.
Nebraska Emergency Medical Services Association	Utilize education, legislation or other to clarify what can be done and then educate the affected people in common terms. Policies to allow the exchange between emergency health care providers and facilities.
Nebraska Funeral Directors Association	Physicians need to make exception to the confidentiality/HIPAA rules and share this information with Funeral Director.
Nebraska Health Care Association	Clear governmental direction as to sharing and a number a provider could call to clarify a situation when it arises. Many facilities do not utilize computer technology. Our company is the exception to the rule.
Nebraska Hospice & Palliative Care Association	Most importantly, more education. Many perceived barriers are just that. If the guidelines were correctly interpreted, most of the barriers would be removed and people would understand that many things do not need to be as stringent as they are applying them.
Nebraska Hospital Association	Continued development at the federal level of standards will help to assure that the technology that an individual hospital acquires will connect with the provider community.
Nebraska Optometric Association	Change Federal Legislation to make all contact lens verifications active by having at least a week to respond to a contact lens prescription request.
Nebraska Pharmacists Association	Better communication
Nebraska Psychological Association	Sorry, I don't know how to answer. I think everyone has to comply, basically. This is especially true with people involved with numerous organization i.e. Probation, parole, health and human services, courts, corrections, treatment facilities. The coordination of services is difficult because of the confidentiality of records.
Public Health Association of Nebraska	More education to all involved as to when information can and cannot be shared.

Question: What barriers do you personally see to sharing electronic health information records amongst all providers of care and the patient?

Findings

A wide range of barriers were identified at the personal level related to beliefs about personal risk and rights of others to have access, and general resistance to change. Other barriers identified included issues related to lack of standardization and system interoperability.

Table 6. Barriers practitioner sees to sharing electronic health information records

Association	Response
Nebraska Academy of Family Physicians	HIPAA as mentioned. The main obstacle will be interoperability of computer programs – the electronic medical record on the physician side and pharmacy computers on the pharmacy side. Mostly need for written permission from patient, with clear explanation of whom has access. Access must be on a need-to-know basis, with security measures to prevent unauthorized access. As far as I know, no 2 EHRs allow for easy exchange of information. I cannot electronically transfer information to another office or the hospital unless a user specific interface has been built between the systems
Nebraska Chiropractic Physicians Association	Federal government with HIPAA guidelines
Nebraska Dental Association	Computers; Different standards; Different information; cost to provider; concerns for HIPAA violations. Dentistry – the practice of dentistry is extremely different then medicine. If it does not have a specific remedy directed at dentistry it will fail! Direct consultation among health care providers will be skipped possibly to the detriment to patients!
Nebraska Emergency Medical Services Association	Access to Computers is not 100% to all departments, nonsecure, Power goes out/no access. What can be accessed by whom? Remote areas. The availability in the technology required to have the records available. Just security matters
Nebraska Environmental Health Association	Technological training, equipment, etc.
Nebraska Funeral Directors Association	Although there may be local access issues within a community. Technology is not a barrier; rules about sharing information are. Members of my own profession are resisting change. Many do not want to participate in electronic death certificate filing.
Nebraska Health Care Association	Having consistent data will be challenging. Just being able to develop the relationships and systems to access information from other providers.
Nebraska Hospice & Palliative Care Association	Security – all providers on system. If people remember that you can apply treatment, payment and operations principles in discussing patients, things would be much easier!
Nebraska Hospital Association	Interconnectivity; Interoperability; Standardization; Physicians Clinic participation There are the obvious technical barriers that keep one computer system from talking to another. There are also issues with who has control of the information and should it be proprietary in nature. I also believe that the patient should be the one that controls who views their information and I don't know how to make this happen. Software that allows organization to communicate with each other. Also as organizations move forward most providers are at different levels of "readiness" making communication more difficult.
Nebraska Medical Association	Building networks of patient information within the state will be limited by HIPAA requirements for authorization by the patient.
Nebraska Nurses Association	Question every time information is sent if it arrives where intended and if it doesn't what are the receive going to do with information. Every organization has different requirements for release of information, capability of the different programs to interface with each other. One of the biggest concerns is who has access. If providing information to third party payers – what information to they have a right to? Can we maintain security; can we be subpoenaed; need to protect the patient – what information can be used against them. This is a way in rural area for appropriate patient care however the concern is will it be misused.
Nebraska Optometric Association	My only concerns is if a patient's records need to be quickly forwarded to another care provider in an emergency and the patient can't be reached to obtain their permission. If all patients have their permission signature on file for all such instances, this may be avoided, but there may be some who would not consent to an open ended release of their records for such circumstances. EMR's are currently not standardized so when trying to get info from one healthcare center to the next, or to the insurer, or to the insured, and back again, then your going to have interfacing problems. The government should not move forward until standardizing this with the best available program.
Nebraska Pharmacists Association	Uniform electronic "language".
Nebraska Physical Therapy Association	All providers must have appropriate technology. Some patients may not want all information shared with all providers.

Association	Response
Nebraska Psychological Association	Personally, it sounds like a nightmare with important information. But if banking can do it, I think we will to (that is, work with confidential information of high importance). Clearly defining the scope and depth of what <u>is</u> to be released or <u>not to be</u> released. Potential loss of control of records.
Public Health Association of Nebraska	Agreement among providers, cost, assurance regarding confidentiality. Some providers will always have paper records, so I would say that inaccurate or not up to date information would always be on the electronic versions.
Rural Comprehensive Care Network	Securing the information.
State Association of City and County Health Directors	Misperception of HIPAA.

Question: Has your organization’s board recently discussed any of the following practice issues?

Findings

Nearly all of the boards who responded are actively discussing the adoption of health records in practice, sharing, and access to health information generated by other providers and patients.

Table 7. Board discussion of specific practice issues

	Nebraska Academy of Family Physicians	Nebraska Dental Association	Nebraska Health Care Association	Nebraska Hospice & Palliative Care Association	Nebraska Hospital Association	Nebraska Medical Association	Nebraska Nurses Association	Nebraska Optometric Association	Nebraska Pharmacists Association	Nebraska Psychological Association	Public Health Association of Nebraska	Rural Comprehensive Care Network	State Association of City and County Health Directors
adoption of electronic health records in practice	•	•	•	•	•	•	•	•	•	•	•	•	
<i>sharing patient health information about your patient if shared access and exchange of health information becomes available through electronic health records</i>			•	•	•	•		•		•		•	
<i>accessing patient health information that has been created by other health providers if shared access and exchange of health information becomes available through electronic health records.</i>	•		•	•	•	•		•		•		•	•

Table 7.a. Comments

Association	Additional Comments
Nebraska Funeral Directors Association	Have discussed electronic filing of death certificates.
Nebraska Hospice & Palliative Care Association	Governing board activity – yes
Nebraska Nurses Association	Is on a sub-group discussing electronic medical records. Has not been discussed at the state level only the national level.
Nebraska Physical Therapy Association	Haven’t discussed any of the following.
State Association of City and County Health Directors	We are population based, public health, so we don’t really have patients but we are very interested in accessing aggregate data and real time surveillance.

Question: Describe any concerns you may have about assuring privacy of health information if electronic health records become available through shared access?

Findings

Concerns about the assuring of privacy of health information centered around data security, access by insurance companies or others who do not have “a need to know”, the content specifically at risk, and having up to date information when it is accessed.

Table 8. Concerns assuring privacy of health information

Association	Response
Nebraska Academy of Family Physicians	I think it should be up to the patient how much of their medical history is available. They should be able to set preferences as to what other physicians, ER’s, & hospitals can access. I think this could be very helpful for physician’s if we had more open access, especially to immunizations, allergies, medication lists, laboratory results, & X-ray reports....The state could really help with getting the immunization registry active statewide & accessible to all physicians. Depends on how much information is shared. At this point, I share information with subspecialists all the time but only what I put in my letter or copy from the chart pertinent to the problems I’d like them to address. Complete sharing means many more people in lots of offices would have access to all information in a patient record. I’m not sure patients would appreciate the receptionist / scheduler / nurse / lab tech / physician at every office they go to having access to everything. I also have a concern that my ability to access a patient’s information leads to the assumption that I did and therefore liable. I can see there being a definite risk of information overload and sometimes there aren’t enough hours in the day as it is.
Nebraska Dental Association	I would be hesitant to allow insurance companies to access the personal records of my patients. The concerns for electronic health information is no different than any other confidentiality problem.
Nebraska Emergency Medical Services Association	Lack of accessibility during a true emergency, with large scale terrorism that has hit the united states, storms and other disasters. The use of electronics get hindered when the power and communication line disappear, we deal with emergent care and the health records we need has to have a reliable system. There are ways to cure our need but expensive to get there. Satellite access and remote powered electronics would help as one thing but small budget departments can’t afford those kinds of changes. Just because things are easier for the government doesn’t always make it easier for the providers. Access and security. Just if we can make sure it is hack free.
Nebraska Emergency Nurses Association	That only the provider would receive the information, not everyone in the office or facility.
Nebraska Environmental Health Association	No other concerns
Nebraska Funeral Directors Association	Have concerns that there is too much personal information on the Internet. Believe this is compromising peoples privacy and personal security.
Nebraska Health Care Association	Making sure only people that need to know, see the information. None, there are methods to program in security measures. The greatest concern would be the individuals at each provider location making sure that the information is kept private.
Nebraska Hospice & Palliative Care Association	Security. Access would need to be restricted to those who truly have a need to use the health information. It could be very easy for the information to get into the wrong hands and a great deal of damage could be done.

Association	Response
Nebraska Hospital Association	System security. Privacy of health information is always a concern. I think that processes can be developed that will assure privacy, but this needs to be done with great care. Assuring that each organization has adequate security systems in place to prevent disclosures.
Nebraska Nurses Association	As described in # 6. People hacking into the system, looking at other info. See answers to #6.
Nebraska Optometric Association	Allowing for staff access to these records in our office and the potential for hackers acquiring such information. Security and Transferability
Nebraska Pharmacists Association	Will legislation protect our company?
Nebraska Physical Therapy Association	Computer hackers. The only concern I have is if the information was transmitted to the wrong person (such as when an incorrect email address is used), or if the information could be hacked into.
Nebraska Psychological Association	What to put in records, how safe they will be, who will get them. See 6 above. Define a <u>need to know</u> the information to be released. Identify of who has access and keeping that up to date. People tend to forget to notify whomever is necessary when there is a change in status i.e. Termination, resignation.
Public Health Association of Nebraska	Basic concerns regarding technical assurance through firewalls and restricted access. I would be concerned about who all would have access to what (if all) information.
Rural Comprehensive Care Network	Very concerned
State Association of City and County Health Directors	I don't have any concerns. I believe it will provide better service, be more patient centered, and bring health care into the 21 st century.

Question: Would you be willing to share your patients' electronic health information data with others (e.g., physicians and other practitioner offices, hospitals, etc)?

Findings

The great majority of respondents would be willing to share their patients' electronic health information with other providers.

Table 9. Willingness to share patient electronic health information with others

Association	Yes	No	What Data												
			1	2	3	4	5	6	7	8	9	10	11		
Nebraska Academy of Family Physicians	•		•	•	•	•	•	•	•	•	•	•	•	•	See above, should be up to patient how much is available
Nebraska Chiropractic Physicians Association	•		•	•	•	•	•	•	•	•	•	•	•	•	
Nebraska Dental Association	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Again none of these issues are directed specifically to dentistry. This questionnaire is designed for physicians.
Nebraska Emergency Medical Services Association	•		•	•	•	•	•	•	•	•	•	•	•	•	
Nebraska Emergency Nurses Association			•	•	•	•	•	•	•	•	•	•	•	•	
Nebraska Environmental Health Association	•					•					•		•		Have no such information
Nebraska Funeral Directors Association	•														I do not allow access to my records (e.g. genealogy researchers) – however this varies greatly by the individual in my field.
Nebraska Health Care Association	•		•	•	•	•	•	•	•	•	•	•	•	•	
Nebraska Hospice & Palliative Care Association	•		•	•	•	•	•	•	•	•	•	•	•	•	With appropriate security issues in place.
Nebraska Hospital Association	•		•	•	•	•	•	•	•	•	•	•	•	•	At patient's request is the only way to do this.
Nebraska Medical Association	•		•	•	•	•	•	•	•	•	•	•	•	•	
Nebraska Nurses Association	•		•	•	•	•	•	•	•	•	•	•	•	•	N/A professional organization only.
Nebraska Optometric Association	•		•	•	•	•	•	•	•	•	•	•	•	•	
Nebraska Pharmacists Association															Not sure at this time.
Nebraska Physical Therapy Association	•		•	•	•	•		•	•	•	•		•		
Nebraska Psychological Association	•		•		•	•									
Public Health Association of Nebraska	•		•	•	•	•	•	•	•	•	•	•	•	•	
Rural Comprehensive Care Network	•		•	•	•	•	•	•	•	•	•	•	•	•	
State Association of City and County Health Directors															N/A

¹Active conditions/diagnoses, ²Physical Examinations findings, ³Plan of care, ⁴Progress or Consultation notes, ⁵Hospitalizations, ⁶Medication history, ⁷Active Prescriptions, ⁸Laboratory data, ⁹Radiologic information, ¹⁰Immunizations, ¹¹Allergy information

Question: What content areas that would be part of a comprehensive electronic health record would be helpful to you to have access to in the provision of care for your patients/clients?

Findings

Many components of the health record are considered helpful across the wide range of professionals.

Table 10. Content area availability

Association	What Data												
	None	1	2	3	4	5	6	7	8	9	10		11
Nebraska Academy of Family Physicians		•	•	•	•	•	•	•	•	•	•	•	
Nebraska Chiropractic Physicians Association		•	•	•	•	•		•	•	•		•	
Nebraska Dental Association		•	•	•	•	•	•	•	•	•	•	•	Disadvantage is that direct consultation will be skipped
Nebraska Emergency Medical Services Association		•	•	•	•	•	•	•	•	•	•	•	
Nebraska Emergency Nurses Association		•				•	•	•	•	•	•	•	
Nebraska Environmental Health Association	•	•					•	•			•	•	
Nebraska Funeral Directors Association		•											Prevent risk exposures in handling human remains
Nebraska Health Care Association		•	•	•	•	•	•	•	•	•	•	•	
Nebraska Hospice & Palliative Care Association		•	•	•	•	•	•	•	•	•	•	•	
Nebraska Hospital Association	•	•	•	•	•	•	•	•	•	•	•	•	None would be particularly helpful to me. Administration does not provide direct patient care so except for any role I may play in coordinating care I would not normally access this data.
Nebraska Medical Association				•			•	•	•	•	•	•	
Nebraska Nurses Association		•	•	•	•	•	•	•	•	•	•	•	N/A – none as professional organization. Policies support legislation.
Nebraska Optometric Association		•	•	•	•	•	•	•	•	•	•	•	
Nebraska Pharmacists Association		•	•	•			•	•	•			•	
Nebraska Physical Therapy Association		•	•	•	•	•	•	•	•	•	•	•	
Nebraska Psychological Association		•	•	•	•	•	•	•					
Public Health Association of Nebraska		•	•	•	•	•	•	•	•	•	•	•	
Rural Comprehensive Care Network		•	•	•	•	•	•	•	•	•	•	•	
State Association of City and County Health Directors	•												Aggregate data. Uninsured numbers, and real time surveillance. None would be particularly helpful to me.

¹Active conditions/diagnoses, ²Physical Examinations findings, ³Plan of care, ⁴Progress or Consultation notes, ⁵Hospitalizations, ⁶Medication history, ⁷Active Prescriptions, ⁸Laboratory data, ⁹Radiologic information, ¹⁰Immunizations, ¹¹Allergy information

Question: *Would you share the patient data you receive from other practitioners with your patient if your patient requested it?*

Findings

The vast majority of respondents would share the information they obtained from other practitioners with their patients; citing respect for the patient as the primary owner of the information.

Table 11. Information sharing – received from other providers

Association	Yes	No	Comments
Nebraska Academy of Family Physicians	•		Depends on sensitivity of the information
Nebraska Chiropractic Physicians Association	•		
Nebraska Dental Association	•		
Nebraska Emergency Medical Services Association	•		
Nebraska Emergency Nurses Association	•		
Nebraska Environmental Health Association	•		
Nebraska Funeral Directors Association		•	N/A
Nebraska Health Care Association	•		If permission was given
Nebraska Hospice & Palliative Care Association	•		Depends on how regulations are formulated. With appropriate verification.
Nebraska Hospital Association	•		Per HIPAA regulations
Nebraska Medical Association		•	
Nebraska Nurses Association	•		Moral obligation Patient owns the record
Nebraska Optometric Association	•		
Nebraska Pharmacists Association			Can't say at this time.
Nebraska Physical Therapy Association	•	•	
Nebraska Psychological Association		•	Primary source release of info. Only when it was specific to my profession. I would not feel comfortable releasing medical information as I don't have the background to explain it. However, I would feel comfortable discussing behavioral health information. Not for me to do; would refer back to originating practitioner (except perhaps, for general information).
Public Health Association of Nebraska	•	•	
Rural Comprehensive Care Network	•		
State Association of City and County Health Directors			N/A. but I believe the patient is the owner of the information

Question: Besides the patient, are there any circumstances when someone else should be allowed to have a patient’s electronic health records without getting expressed permission from the patient?

Findings

The professions have a wide range of beliefs about who else should be allowed to have a patient’s electronic health records without getting expressed permission from the patient. Most commonly they identified any health provider the patient goes to for care. Fewer indicated these options: no one else, the family, the payer of health services and the government.

Table 12. Circumstances for access to patient electronic health records without patient permission

Association	Who						Circumstances
	1	2	3	4	5	6	
Nebraska Academy of Family Physicians	•		•				• Emergency medical personnel should be able to access without patient permission if the patient is unable to give permission, all other instances should require patient’s (or guardian if a minor) permission.
Nebraska Chiropractic Physicians Association		•	•				
Nebraska Dental Association	•	•	•	•	•		
Nebraska Emergency Medical Services Association		•	•	•	•		When released by patient or patient incapacitated Limited to need of billing Data research needs
Nebraska Emergency Nurses Association		•					
Nebraska Environmental Health Association					•		Epidemiology work. Don’t know
Nebraska Health Care Association			•	•	•		
Nebraska Hospice & Palliative Care Association		•	•	•	•		With consent/court order With permission
Nebraska Hospital Association	•		•	•	•		• There are circumstances when release of information to all of the above would be appropriate without the patients expresses permission, but I believe they should be limited to circumstances when the patients safety or well being may be compromised. Healthcare worker who may have had an exposure to something like HIV.
Nebraska Medical Association	•						
Nebraska Nurses Association	•		•	•			• Power of Attorney; Durable Power of Attorney; Guardian If patient is incapacitated from making decision to provide appropriate care. Only if patient is not competent. As part of the referral process. HIV positive and unwilling to share diagnosis with spouse.
Nebraska Optometric Association	•	•	•	•	•		If the patient was not mentally competent to give their permission. If the patient was not mentally competent and didn’t have a family member to give permission.
Nebraska Pharmacists Association		•	•	•			
Nebraska Physical Therapy Association			•	•			• Emergency personnel Medical power of attorney If a person has a condition requiring multiple providers, then the providers need to see what all the care the patient is undertaking for the best outcome. If someone is paying for the services provided, they have the right to see the appropriate care (as well as patient compliance) is occurring
Nebraska Psychological Association	•		•		•		
Public Health Association of Nebraska			•				
Rural Comprehensive Care Network			•				
State Association of City and County Health Directors					•		In the case of disease investigation and surveillance

¹ No one else ² The patient’s family ³ Any health provider the patients goes to for care ⁴ The payer of health services (e.g. insurance) ⁵ The federal, state or county government ⁶ Other

Question: Who, beside the patient, should have authority to give someone else access to a patient’s health information?

Findings

Most professions indicated no one else should have the authority to give someone else access to the patient’s health information besides the patient. A minority of exceptions are identified.

Table 13. Others providing authority to allow access to patient health information

Association	Who					Circumstances
	1	2	3	4	5	
Nebraska Academy of Family Physicians					•	See # 12. Durable Power of Attorney. Guardian Whoever would make health care decisions for the patient in the event they were unable to do so themselves. Emergency medical personnel should be able to access without patient permission. if the patient is unable to give permission. All other instances should require patient’s (or guardian if a minor) permission.
Nebraska Chiropractic Physicians Association		•				
Nebraska Dental Association	•					
Nebraska Emergency Medical Services Association		•	•	•		Pertinent to care Limited to justification of costs Limited to data research
Nebraska Emergency Nurses Association					•	Patient’s family
Nebraska Environmental Health Association	•	•				
Nebraska Health Care Association	•				•	The patient’s legal representative, i.e., guardian, etc.
Nebraska Hospice & Palliative Care Association	•					Parent or guardian for minor – DPOA for adult – or anyone adjudicated incompetent
Nebraska Hospital Association	•	•			•	See above As part of the referral process.
Nebraska Medical Association					•	Those with power of attorney or other legal relationship
Nebraska Nurses Association					•	DPOA, POA, guardian Only if the patient authorized another person If someone had legal authority like durable power of attorney
Nebraska Optometric Association	•	•	•	•		If the patient was not mentally competent to give their permission. If the patient was not mentally competent and didn’t have a family member to give permission
Nebraska Pharmacists Association		•	•			
Nebraska Physical Therapy Association		•			•	Medical power of attorney See #12
Nebraska Psychological Association	•	•		•		Legal guardian, medical power of attorney. If convicted of a criminal offense.
Public Health Association of Nebraska	•			•		When the client is putting others at risk or themselves at risk.
Rural Comprehensive Care Network	•					
State Association of City and County Health Directors	•					

¹ No one else, ²Any health provider the patients goes to for care, ³ The payer of health services (e.g. insurance), ⁴ The federal, state or county government, ⁵ Other

Question: Having an electronic health record in your professional practice environment would:

Findings

- Overwhelmingly, the professions believe that having an electronic health record in their own practice environment will improve both the safety and quality of healthcare.
- Overwhelmingly, the professions believe that sharing electronic health records will improve the safety and quality of healthcare.

Table 14. Impact related to having electronic health records in practice environment

Association	Impact on quality of health care delivery			Impact on safety of health care delivery			Comments
	Pos	Neut	Neg	Pos	Neut	Neg	
Nebraska Academy of Family Physicians	•			•			We already have electronic health record and wouldn't want to work without one again. I have one and it does make a difference on a variety of fronts. It's sometimes also more of a pain in the rear and definitely expensive.
Nebraska Chiropractic Physicians Association	•				•		The safety of the care would not change. The quality would be improved upon by having more information.
Nebraska Dental Association	•	•		•	•		I would treat electronic records no differently than I treat paper records. We try to be very thorough when getting info from patients. It would only be helpful if patients withheld info
Nebraska Emergency Medical Services Association	•	•		•			If able to quickly access certain information on an unresponsive patient, may save drug interactions or other negative outcome actions that would potentially hurt a patient, electronic can help speed of information, May be able to protect the provider by alerting potential infectious disease before exposure. Personal safety issues that arise during care
Nebraska Emergency Nurses Association	•			•			Rapid access to allergies, medications, PMH in an emergency situation
Nebraska Environmental Health Association		•			•		
Nebraska Funeral Directors Association				•			People in my profession.
Nebraska Health Care Association	•			•			Having readily available information at admission will better allow us to efficiently and safety provide quality care.

Association	Impact on quality of health care delivery			Impact on safety of health care delivery			Comments
	Pos	Neut	Neg	Pos	Neut	Neg	
Nebraska Hospice & Palliative Care Association	•			•			Easy access to information @ time its needed Having immediate access to patient's records would make it much easier to know what is going on with the patients. It would save the patient from having to repeat the same info many times over. It would make it safer especially if patients cannot remember the info.
Nebraska Hospital Association	•			•			Having more information available at the time of treatment can only improve the quality and safety of care we are able to provide. Ability to share information within the provider community will enhance the care of the patient
Nebraska Medical Association	•			•			
Nebraska Nurses Association	•	•		•	•		Currently have a problem getting needed info via fax. This is in theory if the program works correctly people are adequately trained in the program.
Nebraska Optometric Association	•			•			More complete information on the patient's medical history would help us and other doctors. Office efficiency
Nebraska Pharmacists Association	•			•			
Nebraska Physical Therapy Association	•			•			If I knew for certain what all is going on with the patient medically, it would be easier to provide the most appropriate treatment for them.
Nebraska Psychological Association	•	•		•			I hope it will speed up important information (being in the hands of caregivers). Patients are not always accurate historians. Having accurate information is essential to accurate diagnosis and care planning.
Public Health Association of Nebraska	•			•			Completeness of information, timeliness of information It would help the client by preventing repeat exams, tests, shots, etc.
Rural Comprehensive Care Network	•			•			
State Association of City and County Health Directors	•			•			EHR can provide real time reminders for physicians, sent out alerts and notices, be legible, create meaningful data, and attract a highly technological work force. Also avoid duplication of medical tests, and lower costs.

Question: Sharing an electronic health record between various types of health care providers (e.g., pharmacies, laboratories, hospitals, etc) would:

Findings

Overwhelmingly the professions believe that sharing an electronic health record between providers would have a positive impact on both the quality and safety of health care delivery.

Table 15. Impact on sharing electronic health records between other health care providers

Association	Impact on quality of health care delivery			Impact on safety of health care delivery			Comment
	Pos	Neut	Neg	Pos	Neut	Neg	
Nebraska Academy of Family Physicians	•	•		•			
Nebraska Chiropractic Physicians Association	•				•		
Nebraska Dental Association	•	•		•	•		
Nebraska Emergency Medical Services Association	•	•		•			Uniformity of care and minimizes double actions
Nebraska Emergency Nurses Association	•			•			
Nebraska Environmental Health Association		•			•		N/A Not a healthcare provider
Nebraska Funeral Directors Association				•			People in my profession.
Nebraska Health Care Association	•			•			
Nebraska Hospice & Palliative Care Association	•			•			
Nebraska Hospital Association	•			•			
Nebraska Medical Association	•			•			
Nebraska Nurses Association		•		•	•		
Nebraska Optometric Association	•			•			
Nebraska Pharmacists Association	•			•			
Nebraska Physical Therapy Association	•			•			
Nebraska Psychological Association	•			•			With or without the patient's consent?
Public Health Association of Nebraska	•			•			
Rural Comprehensive Care Network	•			•			
State Association of City and County Health Directors	•			•			

Question: What risks do you personally see to the patient with sharing of electronic health information records?

Findings

Risks seen personally by respondents with the sharing of records include: unnecessary access to information others do not need, increased medical errors due to interpretation problems (information used the wrong way), getting patient’s records confused, and violations of privacy.

Table 16. Risks identified to the patient with sharing electronic health information

Association	Response
Nebraska Academy of Family Physicians	Breaches of confidentiality would be a problem, and I don’t think others should have access without the patient’s permission (especially health plans & the government). More benefits than risks. Mostly release of very personal, sensitive information to a provider that may not need to see it. Potentially too many cooks in the kitchen for some patients.
Nebraska Chiropractic Physicians Association	Liability is always an issue when dealing with any type of sharing.
Nebraska Dental Association	Minimal. Too many people with access to info they shouldn’t have access to.
Nebraska Emergency Medical Services Association	Possible access that shouldn’t happen. Personal data security. None
Nebraska Emergency Nurses Association	The information getting into the hands of persons without a “need to know” purpose.
Nebraska Environmental Health Assoc	None. Privacy issues
Nebraska Funeral Directors Association	See # 8
Nebraska Health Care Association	Unsure. If the system is built and handled properly...only the people that “need to know” would know. Information released to those not given permission or qualified. The risk of someone accessing who shouldn’t.
Nebraska Hospice & Palliative Care Association	Security. If the wrong person got access, they could do some major damage and enter in false info related to health info and billing.
Nebraska Hospital Association	Security. Medical errors. The only risk I see would be if the information would get into the wrong hands. Inappropriate release of information.
Nebraska Medical Association	Confidentiality
Nebraska Nurses Association	Potential loss of privacy if into in unintended hands. Preformed opinions about the patient, more information being given than what is needed. Information being used in the wrong way.
Nebraska Optometric Association	Getting a patient’s records confused with someone else’s. Access by Insurers who would take advantage of information for financial gain.
Nebraska Pharmacists Association	Our litigious society!
Nebraska Physical Therapy Association	HIPAA violations – which happen now with paper records! If information is transmitted to the wrong person, or the transmission hacked into, it could be potentially disastrous for a person.
Nebraska Psychological Association	The same risks that have been there with non-electronic records; there, of course, are risks associated with other electronic data (stealing, so easy to disseminate, easily destroyed, accidentally destroyed). The previously mentioned “need to know” issue. As a mental health provider there are many parts of the patient’s medical record I don’t need.
Public Health Association of Nebraska	Confidentiality risks. A patient may not always want EVERY provider to see EVERY detail about their care to all other providers.
Rural Comprehensive Care Network	Getting into the hands of someone it is not intended to reach
State Association of City and County Health Directors	I do not see any risks. I believe that an EHR will be more secure and present day paper charts.

Question: What risks do you personally see for yourself with sharing of patients electronic health information records?

Findings

Personal risks identified by professional include: more litigation, use of information to affect having decisions, loss of data, increased minimal standards that records must be available at time of patient visits and lack of availability leading to litigation.

Table 17. Risks identified to the provider with sharing electronic health information

Association	Response
Nebraska Academy of Family Physicians	Complaints & possible legal action if the patient’s information is accessed by unauthorized personnel. Having another provider give an erroneous interpretation of test results without some comfort and knowledge. Worsening anxiety of a very anxious patient when given results without thorough explanation.
Nebraska Chiropractic Physicians Assoc	See above.
Nebraska Dental Association	Minimal. Legal. Same risk as above
Nebraska Emergency Medical Services Association	Did you really need to know that information. Confirmation of identity of person sharing with. None
Nebraska Emergency Nurses Association	Information to potential employers and receiving information not to be used in deciding to hire a person.
Nebraska Environmental Health Assoc	None
Nebraska Funeral Directors Association	See #8
Nebraska Health Care Association	Litigation. There will have to be safeguards for providers for frivolous law suits. Patient dissatisfaction and complaints or litigation if errors are made or safety measures not in place. Trying to make sure that everyone who accesses the information is authorized to access the information.
Nebraska Hospice & Palliative Care Assoc	Security. If appropriate measures are taken, none.
Nebraska Hospital Association	Security. When patient information leave our control, we are always worried that it will end up in the wrong place and patient confidentiality will be compromised. As we have seen computer system are managed by humans and humans are capable of mistakes. Storage and archiving of information can be a problems and we may see lost data.
Nebraska Medical Association	None
Nebraska Nurses Association	As in # 16. Opening myself up to lawsuits or alleged violations. N/A
Nebraska Optometric Association	Being more at risk of being sued if something in the electronic records was missed by us during an examination. Everything needs advised consent from patient.
Nebraska Pharmacists Association	No response provided
Nebraska Physical Therapy Association	None. If information were obtained by the wrong person (from issues in #16), there is the potential for a patient to sue my company
Nebraska Psychological Association	Getting information I shouldn’t have, sending the wrong thing (file, record, etc), sending out in bulk fashion when didn’t mean to (something you wouldn’t do as easily with paper records). Risk (especially over mental health and/or substance use issues) that others who do not need to see the information have access to it. Potential lawsuits
Public Health Association of Nebraska	None other than legal risks unless clear legal provisions are created. When you are sharing data-would never know for sure who exactly has access in the other office.
Rural Comprehensive Care Network	HIPAA violation
State Association of City and County Health Directors	N/A

Question: Patients keep track of their personal health information in several different ways. Please identify the ways your patients document personal health information.

Findings

Almost all professions see patients keep track of health information on paper. Two (2) cases of “Smartcard” use and four (4) cases of website access are described.

Table 18. Ways the patient is currently tracking personal health information

Association	List of medications on a paper record	List of conditions or diseases on a paper record	Patient carries an electronic device (like a PDA) with a Personal Health Record	Patient carries a SmartCard that contains personal health information records	Patients access a website and provide you with permission to access it
Nebraska Academy of Family Physicians	•	•			
Nebraska Chiropractic Physicians Association	•	•			
Nebraska Dental Association	•	•		•	•
Nebraska Emergency Medical Services Association	•	•	•	•	
Nebraska Emergency Nurses Association	•	•			
Nebraska Environmental Health Association	•	•			
Nebraska Health Care Association	•	•			
Nebraska Hospice & Palliative Care Association	•	•	•		
Nebraska Hospital Association	•	•	•		•
Nebraska Medical Association	•	•			•
Nebraska Nurses Association	•	•			
Nebraska Optometric Association	•	•			
Nebraska Pharmacists Association	•				•
Nebraska Physical Therapy Association	•	•			
Nebraska Psychological Association	•	•			
Public Health Association of Nebraska	•	•			
Rural Comprehensive Care Network	•	•			

Question: What is your experience with patients who have personal health records (PHRs)?

Findings

Half of the professions are beginning to see patient use of PHRs.

Table 19. Experience with patients who have personal health records (PHRs)

	Nebraska Academy of Family Physicians	Nebraska Chiropractic Physicians Association	Nebraska Dental Association	Nebraska Emergency Medical Services Association	Nebraska Emergency Nurses Association	Nebraska Environmental Health Association	Nebraska Health Care Association	Nebraska Hospice & Palliative Care Association	Nebraska Hospital Association	Nebraska Medical Association	Nebraska Nurses Association	Nebraska Optometric Association	Nebraska Pharmacists Association	Nebraska Physical Therapy Association	Nebraska Psychological Association	Public Health Association of Nebraska	Rural Comprehensive Care Network	State Association of City and County Health Directors
I do not know that any of my patients use PHRs	•	•	•	•		•	•	•	•		•	•		•	•	•	•	•
Some of my patients use PHRs	•		•	•	•			•	•	•			•	•				
I provide patients with assistance in using their PHRs				•				•	•				•					
A co-worker in my practice provides patients with assistance using their PHRs				•														
I am able to upload the patient PHR information into my computer system									•									
I am able to transfer information from my computer system to my patient's PHR										•								
I am interested in integrating a PHR system into my current computerized record system					•				•	•								

Question: Are you familiar with Regional Health Information Organizations (RHIO)?

Findings

Only nine (9) associations indicate familiarity with Regional Health Information Organizations (RHIO).

Table 20. Knowledge of Regional Health Information Organizations (RHIO)

Association	Yes	No
Nebraska Academy of Family Physicians	•	•
Nebraska Chiropractic Physicians Association		•
Nebraska Dental Association		•
Nebraska Emergency Medical Services Association		•
Nebraska Emergency Nurses Association		•
Nebraska Environmental Health Association		•
Nebraska Funeral Directors Association		•
Nebraska Health Care Association	•	•
Nebraska Hospice & Palliative Care Association	•	
Nebraska Hospital Association	•	
Nebraska Medical Association	•	
Nebraska Nurses Association		•
Nebraska Optometric Association	•	•
Nebraska Pharmacists Association	•	
Nebraska Physical Therapy Association		•
Nebraska Psychological Association		•
Public Health Association of Nebraska	•	•
Rural Comprehensive Care Network		•
State Association of City and County Health Directors	•	

Question: I believe a RHIO will:

Findings

- When provided the definition of a “RHIO”; the health professions almost all identified positive benefits to having this form of data exchange.
- One respondent pointed out the potential benefit of eliminating repetition between providers for the process of obtaining patient’s histories and documenting allergies. They then indicated they would have to repeat this process “to be sure” of the information.

Table 21. Belief about benefits of an RHIO

	Nebraska Academy of Family Physicians	Nebraska Chiropractic Physicians Association	Nebraska Dental Association	Nebraska Emergency Medical Services Association	Nebraska Emergency Nurses Association	Nebraska Environmental Health Association	Nebraska Health Care Association	Nebraska Hospice & Palliative Care Association	Nebraska Hospital Association	Nebraska Medical Association	Nebraska Nurses Association	Nebraska Optometric Association	Nebraska Pharmacists Association	Nebraska Physical Therapy Association	Nebraska Psychological Association	Public Health Association of Nebraska	Rural Comprehensive Care Network	State Association of City and County Health Directors
Improve health care service quality and safety	•		•	•	•		•	•	•	•	•	•	•	•	•	•		•
Facilitate a simpler patient visit by allowing office staff to view patient records to learn of insurance coverage, deductibles, eligibility for services, procedures, and other items	•		•	•	•		•	•	•			•	•	•	•	•	•	•
Improve providers abilities to evaluate a patients’ continuity of care	•		•	•	•		•	•	•		•	•	•	•	•	•		•
Eliminate repeating patients’ histories and documenting allergies	•			•	•		•	•	•		•	•	•	•	•	•	•	•
Provide practitioner access to view previous lab results	•		•	•	•		•	•	•		•	•	•	•	•	•	•	•
Provide practitioner access to view patients prescription medicines they have had filled at a pharmacy	•		•	•	•		•	•	•		•	•	•	•	•	•	•	•
Improve practitioner ability to provide medication use information to other providers	•		•	•	•		•	•	•		•	•	•	•	•	•		•

Question: Please add any final comments below. Your comments will help ensure that the quality of healthcare for all Nebraskans continues to improve.

Table 22. Additional comments provided by Association members

Association	Comment
Nebraska Emergency Medical Services Association	I feel that the Electronic health information is a good idea for hospitals because it should eliminate some duplication, and make for some easier access. It would be helpful in our pre-hospital setting if there would be a way to assure access and availability in remote areas.
Nebraska Environmental Health Association	As a local public health department, our involvement with Medicare billing is limited to influenza immunizations. We do collect a variety of nonpublic information in several programs. Vary rarely do we get a request for disclosure of this type of information from a health care provider. In my profession as a REHS, very little personal health information is collected or transferred.
Nebraska Nurses Association	Our organization is a professional organization and not a practice organization.