Rural HIT Coalition Face-to-Face Meeting
MINUTES
Wednesday, January 27, 2010
Washington, D.C.

Participants

Don Asmonga – American Health Information Management Association (AHIMA)
John Barnas – Michigan Center for Rural Health
Mandy Bell – Avera Health
Ron Berkeland – College of St. Scholastica
Conrad Clyburn – The Clymer Group
Rebecca Davis – National Cooperative of Health Networks (NCHN)
Lynette Dickson – North Dakota Center for Rural Health, National Organization of State Offices of Rural Health (NOSORH)
Danielle Hamann – Avera Health
David Harztband – MIT
Terry Hill – Rural Health Resource Center
Harry Jasper – Southern Humboldt County Healthcare District
Mike McNeely – Office of Rural Health Policy (ORHP)
Tracy Morton – Rural Health Resource Center
Neal Neuberger – Health Tech Strategies and HIMSS Institute for e-Health Policy
Dave Pearson – Texas Organization of Rural and Community Hospitals (TORCH)
Mary Ring – Illinois Critical Access Hospital Network (ICAHN) (via phone)
Ryan Sandefer – College of St. Scholastica
Mark Schoenbaum – Minnesota State Office of Rural Health
Brock Slabach – National Rural Health Association (NRHA)
Kris Sparks – Washington State Office of Community and Rural Health
Kate Stenehjem – Rural Health Resource Center (via phone
Namathra Swamy – Alatrum
Gary Wingrove –Mayo Clinic Medical Transport/Gold Cross
Marty Witrak – College of St. Scholastica

Call to Order Terry Hill called the meeting to order at 8:08 a.m.

Purpose of the Meeting

To provide an update on HIT legislation, rural HIT workforce, federal HIT programs, TASC HIT activities, and NRHA's Meaningful EHR Use Readiness Survey.

Welcome and Introductions

Special thank you to NRHA for their assistance in arranging the Coalition meeting.

NRHA Meaningful Use Survey – Brock Slabach

Last fall a group, led by the National Rural Health Association (NRHA), converged to develop a survey for meaningful use to collect direct information from small rural hospitals and critical access hospitals (CAHs) on readiness for HIT. It was sent out to rural hospitals across the country prior to Christmas.

According to Brock, it is a 13-page survey which is a bit daunting for the rural hospitals. However, they are hoping that this will help rural hospitals learn about meaningful use by assessing where they currently are. They currently have close to 130 returns and have worked with Ira Moscovice at the University of Minnesota Rural Health Research Center to obtain a random sample. They are working diligently with the random sample to encourage survey response. Data will be available in statewide aggregate, network aggregate, and hospitals will be provided a report on their individual survey outcomes for Meaningful Use readiness. NRHA would like support in encouraging hospitals to respond to the survey.

TASC also did an email survey of CAHs in 2006 and received a 68% response rate. We need to work on building a national knowledge base for the hospitals that are not on the leading edge of the bell-shaped curve.

HIMSS Analytics in Chicago sends out a survey to all of the more than 1,300 CAHs every year to assess, among other things, where CAHs fall on the EMR Adoption Model. NRHA could benchmark their more detailed survey against the HIMSS survey.

Need to work on increasing the understanding of the different stages of adoption at CAHs so they understand truly where they fall on the adoption scale and what needs to be accomplished to meet the Meaningful Use definition.

American Health Information Management Association (AHIMA) produces a weekly white paper with topics recently on Meaningful Use. They can be viewed at:

- http://www.ahima.org/arra/index.asp
- http://journal.ahima.org/

ORHP Report – Mike McNeely

Notice of Proposed Rule Making for the proposed Centers for Medicare and Medicaid Services (CMS) definition of Meaningful Use was released in the Federal Register on 1/13/10. Public comment period is open until March 15, 2010. CMS's interpretation of the HITECH Act included some unintended exclusions of rural health. CAHs, in the CMS proposed definition, would not be eligible to receive Medicaid incentives for HIT adoption as originally laid out in the legislation. This is due to the way CMS is defining acute care hospitals based on CCN codes. There is a strong need for public comment. There is a need to identify the payer mix data for use in a public comment letter.

HIT Regional Extension Centers (HIT RECs) will be to get paid by the providers they are serving from the incentive money the providers are paid. Without the incentives being distributed as intended in the legislation, it will be difficult for the HIT RECs to continue providing the technical assistance for adoption and implementation.

The Technical Assistance and Services Center (TASC) will be receiving supplemental funding from ORHP to provide support to the State Offices of Rural Health (SORH) and ORHP for rural HIT education. TASC will be creating a key informant group of HIT Users as experts to advice TASC, the SORHs, ORHP, and other partner organizations like NRHA. The web site resources offered through TASC will be increased as well as distance learning educational opportunities and conference calls. Harry Jasper suggested a uniquely named web site, such as ruralequality.org.

TASC will schedule a call for next week for the Rural HIT Coalition, along with other key partners, to begin developing a comment letter. The letter should focus on the rural health clinics and CAHs. The group will gather information and then pass the letter along to NRHA for advocacy in the submission of the letter as public comment. The Coalition can serve as a squeaky wheel. Conrad Clymer offered to assist in developing a social media site to quickly share collaborative electronic documents and digital data.

There are just two systems in the country that are at a stage 7 right now of the HIMSS EMR Adoption Model: Parts of the Kaiser system in California and Northwestern Hospitals in Chicago area.

The Office for the Advancement of Telehealth (OAT) and the Office of Health Information Technology (OHIT), both under HRSA, have been moved into a division under ORHP. A program on Veteran's Telehealth is being developed with a total of $1Million available for 3 pilot programs. Additionally, among the existing network grants, at least 16 are working on HIT.

There will not be a 3rd cycle of HIT REC grants – only 2 cycles and funding must be obligated by March 31, 2010. First cycle should be announced in February and a total of 70 HIT RECs will be announced from both cycles. Additionally, the Beacon Communities and Community College grants will be announced in February.

HIT Workforce – Marty Witrak

There is an overview of the National HIT Workforce Summit in today's handouts. The Summit was very successful and the participants worked on three areas of concern: data development, policy, and workforce resources. Please provide any information or suggestions on any missing materials or resources to the Rural HIT Coalition Workforce subgroup. The subgroup will continue to explore would the workforce grants are addressing the rural need. The concern for rural HIT workforce is that rural facilities are having a hard time with IT staff. There are three broad categories of workforce. Technical support, HIT managers and clinicians, and hospital administrators. There needs to be a major focus on change management in the workplace and NRHA and the Rural Health Resource Center are providing assistance for change management and strategic planning.

A reminder that EMS workforce also need to be included. EMS is the environment where many of the medical records begin.

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National Scope – Neal Neuberger
On health reform, potential strategy was outlined in the New York Times on 1/26/10. First, taking up in reconciliation some fixes in the Senate (technical fixes in the Senate bill) then they would un-block the Senate bill – this does not need a 60-vote majority. There are some provisions in both the House and Senate bill for IT. This would further solidify transformation in health care. There are transformative goals that have to do with public health, etc. There are other things in the reform bill with continuous care orgs, web-based tools and IT … that are both in the House and Senate bills including fixing the credentialing for telehealth (ATA is pushing on this).

Other things to watch include patient safety funding from the Agency on Health Research and Quality (AHRQ), broadband funding, of which the first round of grants will be announced shortly, the state assistance grants for HIT and health information exchange, and other grants such as workforce development grants, Beacon funding, and HIT REC funding.

e-Health Initiative is working on aggregating the communities of interest. There will be a National HIT Research Center for the HIT RECs. The HIT Coalition may need to approach the HIT RECs and the National HIT Research Center. The National HIT Research Center is tasked to: develop a national learning community where the Web 2.0, social media, resources to support meaningful use; provide expertise in consulting; equip the RECs; develop Meaningful Use tools; and develop a portal for information sharing among the RECs.

There is a need to increase the frequency of the National Rural HIT Coalition Meetings, perhaps monthly during the coming year.

ORHP is currently developing a primer based on the CAH HIT grantee evaluations. These lessons learned will be released in a brief paper by the end of March.

Adjournment The meeting was adjourned at 10:05 a.m.