National Rural Health Information Technology (HIT) Coalition
Conference Call
Tuesday, June 3, 2014 – Noon – 1:00 p.m. Central Time

Participants

Terry Hill, Sally Buck, Joe Wivoda, Leslie Quinn – The National Rural Health Resource Center

Neal Neuberger - HIMSS Institute for e-Health Policy

Louis Wenzlo – Rural Wisconsin Health Cooperative

Reid Haase – Regional Extension Center for HIT (REACH)

Tommy Barnhart – Ten Mile Enterprises

Welcome and Introductions   Terry Hill

National HIT Updates   Neal Neuberger

- A letter was sent today, June 3rd to Dr. DeSalvo, ONC in response to the April FDASIA report
    - o Was a red flag for republicans because they were proposing new activities and user fees
- House energy and commerce committee has high interest in telehealth and are looking for ways of saving money in health care, but nothing will happen until the next legislative session
- In response to the Gabby Giffords situation there is a bill with focus on mental illness, HIT assistance for mental health and substance abuse
    - o H.R. 4574 – Strengthening mental health in rural communities
- Child psychology and mental telehealth
- Congressional Budget Office (CBO) closed door webinars for CBO and Office of Management and Budget (OMB) staff on HITECH, HIE, meaningful use and telehealth
- Telehealth is an important topic because there are 7-8 telehealth bills, which will be considered at the September HIMSS Policy Summit
    - o H.R. 3306 (Gregg Harper), which would allow telehealth payments under Medicare bundled payments
- Dr. DeSalvo sent out a letter about the ONC budget cut, five-year roadmap of changes, reorganization at ONC and combining of accounts, which hints at Doug Fridsma leaving

CMS/ONC Proposed Rule   Joe Wivoda

- Proposed Rule: https://federalregister.gov/a/2014-11944
- Press Release:http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-05-20.html
- The rule is in response to vendor complaints that they couldn't get the 2014 certified EHR technology (CEHRT) out in time, the proposed rule allows hospitals to attest this year with 2011 CEHRT, 2014 CEHRT or a combination of the two.
- Providers attest that the vendors wasn't able to install 2014 CEHRT in a timely fashion.
- Louis – What is the definition of implemented? Hospitals can attest that they weren't able to implement, establish process and workflows, and staff training.
    o "A provider's ability to fully implement all of the functionality of 2014 Edition CEHRT may be limited by the availability and timing of product installation, deployment of new processes and workflows, and employee training."
- The cost is a big issue, Meditech and CPSI are charging significant fees for the 2014 version, upwards of $150,000.
- Louis – CPSI clients are getting periodic updates, so they have the 2014 technology, but many hospitals haven't purchased the 2014 module.
- Heard from one hospital that CPOE doesn't work in Healthland's 2014 software and it won't be fixed until August.
- Reid – What portions of what CEHRT can be combined? Providers waiting for the final decision on this proposed rule won't hear until the first month of the fourth quarter and they need to attest to a 90 day period. For 2015 they must attest to a full year, 365 day period, so some are missing the opportunity to test out the 2014 CEHRT this year.
- Louis – a quarterly reporting period again for 2015 would be ideal
- Only three hospitals reached meaningful use in the first quarter of 2014, this proposed rule came out shortly after that announcement. It is an escape hatch for those hospitals that were struggling to meet meaningful use on 2011.
- Louis – Only need to meet stage 1 standards. How many vendors are 2014 certified? All rural players were certified, Healthland was last. http://oncchpl.force.com/ehrcert
- Louis – Heard that the CCDA is not working correctly, the summary of care document is not appearing correctly.
- CEHRT is one thing, but they need to get the processes, training and implementation in place.
- Reid – State HIEs are struggling

- Louis – I don't know of providers not having issues.
- Meditech priority pack for transitions of care and CCDA will not be installed until August.
- Response to this proposed rule: 1.) Relief for folks that got a late notification of cost and cannot afford it, and 2.) Ask for more clarity on the three implementation issues (availability and timing of product installation, deployment of new processes and workflows, and employee training)
- Louis – be careful in the wording when asking for clarification because we don't want them to be more restrictive
- What if a hospital starts their 90 days with 2011 CEHRT and ends with 2014 CEHRT? Would they use their chapel number for both (combination of 2011 and 2014)? They can only do 2013 stage 1 measures for part of the reporting period.
    o Ideally CMS would allow hospitals to attest in two separate ways

Table 2: Proposed CEHRT Systems Available for Use in 2014

If you were scheduled to demonstrate:	You would be able to attest for Meaningful Use:		
	Using 2011 Edition CEHRT to do:	**Using 2011 & 2014 Edition CEHRT to do:**	**Using 2014 Edition CEHRT to do:**
Stage 1 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures*	2014 Stage 1 objectives and measures
Stage 2 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures*	2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures

*Only providers that could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

- Share with NRHA and Neal and the RECs. Summarize the issue because hospitals and states don't understand and provide recommendations. Joe will draft the recommendations and Louis will review. Have a conversation with Brock about NRHA submitting on our behalf.
- Reid – will be speaking on a Burning Issues call on this topic for REACH http://www.khareach.org/content/burning-issues-nprm-announcement-cms-impacting-stage-1-and-stage-2 (Recorded Wednesday, June 4, 2014)
- Terry - The Center wants to provide support for rural HIT nationwide and want to keep this group active.

National Rural Health Resource Center

1:00 p.m.   Adjourn   Terry Hill

Follow-up Activities

Please send comments/feedback to Leslie Quinn at lquinn@ruralcenter.org.