

NATIONAL
RURAL HEALTH
RESOURCE CENTER

NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT)
COALITION

Conference Call

Wednesday, May 6, 2015

Participants

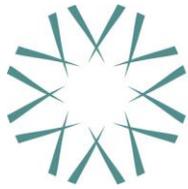
- Joe Wivoda, Nicole Clement– National Rural Health Resource Center
- Louis Wenzlow – Rural Wisconsin Health Coop
- Neal Neuberger – Institute for e-Health Policy for HIMSS Foundation
- Brock Slabach – National Rural Health Association
- Myson Joseph – Mountain Empire Community College
- Rebecca Davis – National Cooperative of Health Networks (NCHN)
- Abigail Thornsberry – Northeast Kentucky RHIO
- Larry Baronner – Pennsylvania Office of Rural Health
- Pete Storey, Mike Bice, Sheryl Lemons – Regional Healthcare Network
- Natassja Manzanero – Federal Office of Rural Health Policy (FORHP)
- Greg Snyder – Pennsylvania Mountains
- FORHP Network Development Grantees

Agenda

Welcome and Introductions
National HIT Updates

Joe Wivoda
Neal Neuberger

- House 21st Century Cures Caucus, an effort of the House Energy and Commerce and House Ways and Means Committee that has been looking at potential Medicare fixes to telehealth and remote patient monitoring. A first draft of legislation was released that had a nod to telehealth in regards to accountable care organizations and medical homes, but was more about things like FDA approval processes and streamlining clinical drug trials. The legislation called for a three to five year study with action then to be taken by the Department of Health and Human Services. There has been a multi-stakeholder telehealth group involved in discussions with the Caucus. The senate will have its own version of the 21st Century Cures Caucus led by Senator



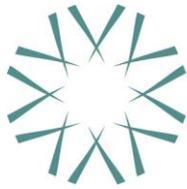
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Alexander of Tennessee. There may be more momentum there due to the rurality of the senate. The Senate Commerce committee led by Senator Wicker of Mississippi led a hearing of telehealth stakeholders and 18 senators. All were supportive of advancing telehealth applications. The Healthcare Information and Management Systems Society (HIMSS) has recently been asked to give briefings about data breaches and interoperability.

- Patient data matching issue and the prohibition of it continues to be a topic of discussion for HIMSS and other stakeholders.
- Legislation has been introduced on behalf of the American Medical Association (AMA) to block the implementation of ICD-10 this fall, but does not seem to be gaining traction.
- Stakeholder groups such as HIMSS are discussing what next steps should be after Meaningful Use such as big data, streamlining of quality programs, etc.

Notices of Proposed Rural Making (NPRMs) - Stage 3 Meaningful Use and the 2015 Edition Health Information Technology Certification Criteria

- Louis Wenzlow Comments
 - Feels that there is a lot that is positive in the NPRMs. There is an extra quarter in 2015 for hospitals to attest and a change to a 90 day reporting period. With some hospitals transitioning to new systems, these things are helpful.
 - He wonders what kind of pushback will be received related to the proposal to eliminate the summary of care document for patients. As a patient, Louis liked receiving the document and guesses other patients do too.
 - E-prescribing: For hospitals, it could have been a menu objective rather than a core objective which could be a challenge to some.
 - Attestation to Stage 2 measures: This could be a rural issue because those just starting do not have a stepladder approach to get there. This might merit submission of comments.
 - The change in number of patients (lower) needing to view, download or transmit a patient portal in a reporting period is a



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potential positive for hospitals having trouble engaging patient populations to use them.

- Measure two of “care summary exchange” removes requirement for a specific transport mechanism be used to accomplish the exchange.
- Advocacy groups have been discussing an issue with the revision of the medication reconciliation measure to clinical reconciliation, causing provider inefficiency when they are already losing time with their patients.
- For new encounters, providers must incorporate consolidated clinical data architecture (C-CDA) from another source for 40% of transitions. The denominator had apparently been narrowed to the organizations that have the capability to receive. If true, that is another positive proposal. Neal confirmed that there is a rural exclusion to this for bandwidth reasons.
- Joe Wivoda Comments
 - Feels like a lot of things have been simplified and that a lot of the measures proposed are just extensions of what we have been doing in moving toward Meaningful Use and also that other measures are good stretch goals.
 - Some of the health information exchange (HIE) goals are setting up to tie into interoperability goals, which is good. Even though they may be a bit challenging to some, they are not completely unreachable. Does not feel that they are necessarily rural issues, but perhaps more global.
 - A comment was made about how the added flexibility to data security and privacy might affect data integrity while exchanging data. Joe did not feel that HIPAA was being loosened.
- Other Discussion
 - Natassaja mentioned that the suggested increases in patient engagement and HIE measures are notable increases. Louis agreed with her that both are pretty high and mentioned that he is aware of urban organizations that have been working with Epic for five years and feel like their engagement sitting at 11-12% is pretty good. Joe agreed that such big increases for HIE are also



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high, since some HIEs are shutting down and unable to make it. He also reminded the group that only two of the three measures need to be met. Natassja reminded the group that with regional extension centers (RECs) coming to an end it will likely be even harder to meet these stretch goals. The RECs that are still around are focusing on fee for service activities in order to continue to provide support in some way. What other resources are available? One grantee told her that attaining patient centered medical home status will help them reach them.

- Brock Slabach wondered how rural providers will be able to sustain the cost of ownership and evolution for their electronic health record systems. Neal felt that would be something to include in comments should this group decide to submit them.
- Also the national rural HIT resource center that had been proposed never came to be.
- To really create the longitudinal patient record, there needs to be some sort of central data repository.
- The comment submission period is open until May 29, 2015.

Adjourn

If you have questions/feedback about this call or if you are interested in becoming a permanent addition to the Rural HIT Coalition email list, please send an email to Nicole Clement at nclement@ruralcenter.org.