NATIONAL RURAL HEALTH RESOURCE CENTER

NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION

Conference Call

Tuesday, October 20, 2015

Participants

- Sally Buck, Terry Hill, Joe Wivoda and Nicole Clement – National Rural Health Resource Center (The Center)
- Larry Baronner – Pennsylvania Office of Rural Health
- Diane Calmus – National Rural Health Association (NRHA)
- Sue Deitz – National Rural ACO
- Kris Erps – Arizona Telemedicine Program
- Harry Jasper – Southern Humboldt Community Healthcare District
- Natassja Manzanero – Federal Office of Rural Health Policy (FORHP)
- Neal Neuberger – Institute for e-Health Policy for HIMSS Foundation
- Melissa Turner – Arkansas Department of Health
- Louisiana
- Washington

Meeting Notes

Welcome and Introductions — **Joe Wivoda**

National HIT Updates — **Neal Neuberger**

- Major legislation now and into next year to fund programs for 2016 within the Departments of Labor, Health and Human Services, Education and other related agencies. The draft bill is $153 billion, $3.7 billion less than 2015. Will likely need additional continuing resolutions
- Pending repeal of medical device tax via the Protect Medical Innovation Act of 2015. A vote has not been scheduled in the Senate as yet
- Additional health policy reforms for hospital payment. Comprehensive Medicare bill drafts in process
- Bi-partisan bills have been introduced in both the Senate and the House. Senators Murphy and Cassidy introduced the Mental Health

Reform Act of 2015 and Representatives Murphy and Johnson the Helping Families in Mental Health Crisis Act. Common to both bills is the intent to health and mental health and appropriate funds for suicide prevention resources

- The House 21st Century Cures passed in the House of Representatives back in October, but is stalled in the Senate. The Senate may come out with their own which would likely look different. There have been some telehealth hearings this fall, but telehealth is not currently being promoted or supported by the House
- Senators Whitehouse (D-RI) and Cassidy (R-LA) have introduced a bill (the Transparent Ratings on Usability and Security to Transform Information Technology (TRUST IT) Act of 2015) to help set up a rating system for health IT systems that would rate product performance by security, usability and interoperability. Information blocking continues to be an issue
- Sen. Alexander has introduced a bill that would delay meaningful use (MU) stage 3. Neal feels that when all is said and done, the delays won't happen and they will defer to the administration. Especially since the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and others include meaningful use MU as part of them
- Harry Jasper discussed the need to move forward with interoperability with the Veteran's Administration (VA). Rural hospitals and clinics need to be able to affectively exchange information with the VA. Neal isn't sure that a lot will happen with this due to the amount of funding that would be needed, but feels that it is something we should have on our radar

MACRA/MIPS Request for Information (RFI)

- Diane shared that NRHA is just starting to work on their comment letter related to MACRA and Merit-Based Incentive Payment System (MIPS). She also said that MIPS doesn't seem to be changing any of the existing programs that it is tying together, but mostly pulling in the Physician Quality Reporting System (PQRS) and that with the technical assistance (TA) that is built in, NRHA would like to be sure

that the TA provided is as useful and simple as possible for the end user

- Joe commented that 25% of the incentives within MACRA will be based on whether or not one is a meaningful user of HIT and how that will be defined. This regulation could affect providers that are not meaningful users. The certification rule allows for flexibility, but it's certainly going to be new to some providers, behavioral health for example. He also noted that with the TA that is built in, they're asking for approaches to it and that he was approached by the Centers for Medicare and Medicaid Services (CMS) for input so he feels that they are really interested in receiving feedback. Joe also stated that simplifying reporting is also something that should be a priority
- Joe indicated there are minimum case thresholds for quality reporting. Without knowing the specific reports it will be difficult to provide guidance beyond statistical relevance
- Joe commented on how providers aren't using their electronic health records (EHRs) efficiently. A big part of it is incenting providers. Many rural hospitals have implemented EHRs but have a ways to go to get them to maximum usefulness. A lot of the reporting that comes out of them is completely not useful. Useful TA has to involve effective implementation of the EHR, helping them understand what comes after MU and include data reporting. Harry feels that this highlights the urban-rural divide. He relayed that rural hospitals generally don't have a budget for multiple full-time employees' (FTEs) much less qualified IT staff. With the brand new EHR in Harry's hospital, they have less than one FTE dedicated to it
- There was discussion about if the status of MU in rural and if we have the resources to sustain it. Neal felt it might be worth talking to the Healthcare Information and Management Systems Society (HIMSS) about what resources they have and what is still needed
- Harry mentioned that his hospital board was ready to be done talking about EHRs now that their EHR has been implemented and focus on accountable care organizations (ACOs). Diane responded that HIT permeates all aspects if done correctly. How can HIT be leveraged to make reporting easier? How can HIT be more efficient? ACOs won't

work without HIT. Neal feels that is the positive way of keeping HIT as a topic, it's needed to move forward with the new rural models and health reform. Harry said that he thinks the Rural HIT Coalition is perfectly positioned to take the closest EHR vendors that work with rural, ask these questions and force some answers. Consider breaking down the TA by the four incentive areas in MACRA.
    - This might be a good topic for annual face-to-face meeting of this coalition in Washington, DC the week of NRHA's Policy Institute (February 2016)
- Terry mentioned that another potential ally is the National Rural ACO which now has 350 communities involved. They just received a $31 million CMMI grant for practice transformation
- This coalition had previously strongly suggested that the Office of the National Coordinator (ONC) create a rural-focused TA center. Hopefully any forthcoming TA can be as collaborative as possible and have some focus on rural. It was mentioned that although rural-specific TA groups didn't happen, there are still good relationships with those that did focus on rural. Neal suggested making that part of any comments submitted
    - The deadline for comments has been extended from November 2, 2015 to November 17. The Center will draft comments and send out to this group for feedback. Once finalized, they would be sent to NRHA to submit on behalf of the Rural HIT Coalition
- Summary:
    - Simplify the number of separate places that reporting is required. Reduce the number to one or two if possible
    - Technical Assistance should focus on implementation, information management, and assessment of electronic information
    - Implement a TA Center that works collaboratively nationwide
    - Simplify reporting by focusing on value-based systems, care coordination, and interoperability
    - If any funding is generated, suggest in comments that it go through the Federal Office of Rural Health Policy (FORHP) as they understand rural issues

- The measures should mirror the National Quality Forum measures

MU Stage 3

- Joe's thoughts on MU Stage 3: As written, it modifies MU stages 1 and 2 dramatically, in general easier, but not always
- It was asked how strongly this group feels about pushing to delay MU beyond 2018?
  - NRHA
    - Weighed in previously requesting that the process be slowed down to be in line with where people are right now. Eleventh hour delays aren't helpful and don't move forward the goal of all becoming meaningful users. Included a request in stage 3 comments that delays be in line with stage 2 delays
  - The Center
    - Rather than delay, be realistic on the front end with timelines/deadlines
    - Rural quality of care is not being accurately depicted due to issues with reporting quality measures, IT, etc. If the gap continues to grow, this won't end well
    - From the National Rural ACO's perspective, the rural hospitals participating in ACOs are doing not as well in the prevention measures. If hospitals are financially motivated to reduce readmissions and improve quality ratings, there are many advantages to this
  - Neal
    - Is rural able to meet the standards of MU and performance measure? Do they have the staffing, cohesiveness and the financial means to ensure that the high quality of rural care is being reflected? Do our data systems reflect it, if not, how we can improve them?
- Final comments
  - Diane (NRHA): Responding to what was said, we need to look longer term than 2015-2016. We need to make sure that the

metrics are right and that rural is reporting and that the data is out there publicly

- Neal: Suggested again to discuss these things at the National Rural HIT Coalition Face-to-Face meeting being planned for February in conjunction with NRHA Policy Institute. We could also get deeper into the rural VA issue. Might be good to hear from VA office of rural

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.