

# NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION CONFERENCE CALL MEETING

Monday, August 13, 2018

## **Participants**

- Denny Berens, Nebraska Times
- Jordan Birk, TTAC
- Sally Buck, Terry Hill, Nicole Clement and Debra Laine, National Rural Health Resource Center (The Center)
- Jill Bullock, Arizona Center for Rural Health
- Tommy Barnhart, Ten Mile Enterprises
- Scott Daniels, Hawaii Office of Primary Care and Rural Health
- Rebecca Davis, National Cooperative of Health Networks
- Bill England, Office for the Advancement of Telehealth (OAT) /FORHP)
- Jessica Hardy, Alabama Public Health Training Network
- Jackie King, Illinois Critical Access Hospital Network
- April Lewis and Jennifer Nolty, National Association of Community Health Centers
- Mike McNeely, Federal Office of Rural Health Policy (FORHP)
- Neal Neuberger, Health Tech Strategies
- Matt Quinn, Health Resources and Services Administration (HRSA)
- Wendy Ross, South Central Telehealth Resource Center
- Kim Salamone, Health Services Advisory Group
- Joe Wivoda, Analysts, Inc.

## **Welcome and Brief Introductions – Terry Hill, The Center**

There will be an in-person meeting of this group at the National Rural Health Association (NRHA) Policy Institute in February 2019. There will be a conference line option as well.

## **State and Federal HIT Legislation and Regulations Updates – Neal Neuberger, Health Tech Strategies**

- Telehealth
  - While the [21<sup>st</sup> Century Cures Act](#) signed into law in December 2016 was mostly concerned with drug approval processes and National Institutes of Health (NIH) research, there were also provisions for

more meaningful telehealth. The Centers for Medicare and Medicaid Services (CMS) is looking at how it fits in with Medicaid, especially for chronic care patients and patients that are dual eligible for both Medicare and Medicaid.

- The [Omnibus Appropriations Act](#) earlier this year also contributes to the forward movement of telehealth. The [Chronic Care Act of 2018](#) had 21 bipartisan cosponsors and passed the Senate but didn't get through committees. However, major portions of it were incorporated into the Omnibus bill. Medicare Part B was expanded to include telehealth benefits and providers can be reimbursed for telehealth dialysis services at the patient's home and at independent facilities.
- MedPAC released a [report](#) in March 2018 suggesting that policymakers "adopt a measured approach" to incorporating telehealth into Medicare
- The Medicare [Proposed Physician Fee Schedule for Calendar Year 2019](#) opens the door to remote monitoring services and reimbursement for certain mobile health services. CMS will also begin to reimburse for virtual check-ins via HCPCS code GVC11. Additionally, three new remote monitoring reimbursement codes for chronic care remote physiologic monitoring were added via CPT codes 990X0, 990X1, and 994X9.
- The Home Health Prospective Payment System (PPS) rules also had telehealth language
- Telecommunications
  - Thirty-one senators [signed a letter](#) to the Federal Communications Commission (FCC) through the Schools, Health and Libraries Broadband Coalition (SHLB) calling for reform of the Rural Health Care (RHC) program. The letter noted that the funding cap has been the same for 20 years, but demand and need are exceeding it. The letter called for an increase to the cap now with the continued growth and demand.
  - FCC issued a [Notice of Inquiry](#) related to the proposal of \$100 million for the [Connected Care pilot program](#) to support telehealth for underserved Americans. It focuses on low income Americans, especially veterans and those living in rural areas. Details about submitting comments can be found on page 20 of the linked document. Comments are due to the FCC's [Electronic Comment](#)

[Filing System](#) by September 10, 2018 and reply comments are due by October 10, 2018.

- Health Information Technology (HIT)
  - The Office of the National Coordinator (ONC) recently held their second annual Interoperability Forum focusing on health data exchange and interoperability issues. Seema Verma, CMS Administrator [presented](#) about the goals of CMS related to interoperability including the elimination of faxing in physician's offices by 2020 by supporting initiatives such as MyHealthEData and Blue Button.
- Opioids
  - [HR6](#) passed the House of Representatives in June, however it has not passed the Senate. The bill includes a lot of language about telehealth and remote monitoring and includes Medicaid, Medicare and public health reforms to combat the opioid crisis by advancing treatment and recovery initiatives, improving preventions, protecting communities and bolstering efforts to combat synthetic drugs like fentanyl. It is not expected that this will progress before Congress adjourns this November.

### **New Telehealth Programs and Updates – Bill England, FORHP/OAT**

- OAT conducted a deep dive last spring looking for mentions of telehealth in applications for their grants and found 1,000 grant applications where the applicant mentioned "telehealth". Almost 40% of their grantees reported it in their uniform data collection, even though it hasn't been reimbursable. Dr. Sigounas, HRSA Administrator, is encouraging every HRSA program mention telehealth as a modality.

### **Other Discussion**

#### Educational Outreach

- ONC and the National Health Information Sharing and Analysis Center (NH-ISAC) continue to offer [Basic Best Practices in Cybersecurity](#) workshops at no cost to health care and public health groups
- Matt Quinn, HRSA
  - Interoperability Advisory Standards: Matt attended the ONC Interoperability Forum mentioned previously and referred to the possibility of a proposed rule to flesh out the [21<sup>st</sup> Century Cures Act](#) including defining information blocking. Consider the use cases in

rural about what will be necessary in supporting health information exchange “in the real world”. Please comment on the rule to add the rural perspective when it comes out. It was suggested to consider putting together a subgroup of this Coalition to submit comments. *Please contact Nicole Clement at The Center ([nclement@ruralcenter.org](mailto:nclement@ruralcenter.org)) by September 18 if you or your organization is willing to work on a rural response through the HIT Coalition.*

- CMS recently revised requirements to the electronic health record (EHR) incentive program which has been renamed to Promoting Interoperability. It’s a massive rule calling for certified EHR technology (CEHRT), reducing the number of measures and focusing on e-prescribing and data exchange, prescription drug monitoring programs (PDMP) and opioid agreements.
- A group called the cybersecurity 405D workgroup has created a cyber guide for small and underserved and are collecting first person feedback. They have also reached out to organizations for document review. They recognize that just disseminating the guide will not equal implementation.
- Opioid Epidemic: Review of New Federal Programs – Mike McNeely, FOHRP
  - FORHP is determining eligibility and reviewing applications to the recently closed Notice of Funding Opportunity (NOFO) for the [Rural Community Opioid Response](#) planning grants. Funding includes \$200,000 per up to 75 awards for one year. The NOFO was designed to allow consortium of four or more members to move themselves into a position to implement activities. Not all consortium members have to be rural, but proposed services have to be targeted to rural. Notices of Award are expected by September 30. A cooperative agreement for a [technical assistance center](#) for the Rural Communities Opioid Response program was also proposed with the NOFO having recently closed. The funding for technical assistance center is \$3 million per year for five years. FORHP set aside \$130 million for opioid-related initiatives from recent appropriations. There is a National Health Service Corps (NHSC) project/program under development. Additional funding opportunities are coming as only \$27 million of the \$130 million is accounted for so far.

- Interoperability Standards Advisory
  - The 2018 Interoperability Standards Advisory (ISA) annual comment and review period. The 2018 ISA represents ONC's current assessment of the health IT standards landscape. It includes interoperability standards and implementation specifications that can be used to address specific interoperability needs.
  - The four questions requested by ONC:
    1. In what ways has the ISA been useful for you/your organization as a resource? ONC seeks to better understand how the ISA is being used, by whom, and the type of support it may be providing for implementers and policy-makers.
    2. Over the course of 2018, some new functionality has been added to the ISA, with more enhancements expected through 2018 and 2019. Are there additional features or functionality that would enhance the user experience?
    3. Is the existing ISA format used for listing standards and implementation specifications applicable for listing Models and Profiles? Are there additional or different attributes that should be collected for them? Are there additional models and/or profiles that should be listed? Are models and profiles useful for inclusion in the ISA?
    4. Are there additional informative or educational resources that can be provided to help stakeholders better understand the ISA, health IT standards, interoperability, etc.?
  - More information on the ISA and the annual comment and review period through October 1, 2018 can be found at <https://www.healthit.gov/isa>.

Please send comments/feedback to Nicole Clement at [nclement@ruralcenter.org](mailto:nclement@ruralcenter.org)