

NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION MEETING NOTES

Wednesday, November 28, 2018

Time: 1:00 p.m. - 2:00 p.m. Central Time

Call Participants:

- Sally Buck, Terry Hill and Nicole Clement, National Rural Health Resource Center (The Center)
- Mary Devany, Great Plains Telehealth Resource & Assistance Center (gpTRAC)
- Reid Haase and Sue Severson, Stratis Health
- Chad Jans and Kim Salamone, Health Services Advisory Group (HSAG)
- Jackie King, Illinois Critical Access Hospital Network (ICAHN)
- Natassja Manzanero, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT)
- Mike McNeely, HRSA/FORHP
- Neal Neuberger, Health Tech Strategies
- Matt Quinn, HRSA
- Brock Slabach, National Rural Health Association (NRHA)
- Linda Weiss, National Cooperative of Health Networks (NCHN)
- Louis Wenzlow, Rural Wisconsin Health Cooperative
- Joe Wivoda, Analysts, Inc.

Welcome and Brief Introductions

Update on State and Federal HIT Legislation and Regulations – Neal Neuberger, Health Tech Strategies

- Substance abuse remains a high priority at the federal level.
 - Recently signed into law, the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communications Act](#) overwhelmingly passed both the House and Senate.
 - [The Consolidated Appropriations Act, 2018](#) included a \$3 billion increase to address the addiction crisis for a total investment of \$7.4 billion dollars for 32 key programs to facilitate a federal response to the opioid crisis.

- The [Access to Telehealth Services for Substance Use Disorders Act](#) has been introduced in the House. It would waive certain Medicare telehealth requirements in the case of some treatments for opioid use disorder.
- The Surgeon General released a [spotlight on opioids](#) in September which calls for a cultural shift in the way Americans talk about the opioid crisis and recommends actions that can prevent and treat opioid misuse and promote recovery. It also provides the latest data on prevalence of substance misuse, opioid misuse, opioid use disorder and overdoses.
- Medicare Physician Fee Schedule Final Rule Changes Remote monitoring and telehealth – effective Jan 1, 2019. Six new payment codes for intra-professional consults, store and forward for RHCs and FQHCs. This is important for rural organizations to promote and educate providers
- The [Medicare Care Coordination Act of 2017](#) (MCCA 2017), introduced in 2017 would provide the Centers for Medicare and Medicaid (CMS) the regulatory authority to create exceptions under the Start law for alternative payment models (APMs) and remove barriers in the current law to allow the development and operations of them. It would remove the “value or volume” prohibition that currently exists so that practices can incentivize physicians to abide by best practices and succeed in the new value-based APMs. MCCA 2017 is expected to be considered in 2019.
- Office of the National Coordinator for Health IT (ONC):
 - Draft report released for public comment, [Strategy on Reducing Burden Relating to the Use of Health IT and Electronic Health Records \(EHRs\)](#)
 - Three overarching goals designed to reduce clinician burden:
 - * Reduce the effort and time required to record health information in EHRs for clinicians
 - * Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and health care organizations
 - * Improve the functionality and intuitiveness (ease of use) of EHRs

- Comments can only be submitted electronically via the link above and are due by 11:59 pm January 28, 2019
 - ONC's [2018 Annual Meeting](#) was held November 29-30 in Washington, DC. The agenda focused on interoperability, data exchange, value-based care and clinical burden of implementation, information technology (IT) in disasters, opioid decision tools and privacy and security.
- Interim final rules implement provisions under the [SUPPORT for Patients and Communications Act](#) related to behavioral health services as required in the SUPPORT Act
 - For the purposes of treating a substance use disorder (SUD) or co-occurring mental health disorder
 - Removes rural restriction for all Medicare approved originating sites (except renal dialysis facilities)
 - Adds patient's home as an eligible originating site
 - Other normal telehealth service rural apply
 - CMS is soliciting comments on a [payment bundle management and counseling treatment for SUDs](#) (see link to CMS-1693-F at the bottom of the page, page number 46), which can include medication assisted treatment (MAT). Comments period closes December 31, 2018.

New Telehealth Programs and Updates – Natassja Manzanero and Matt Quinn

- Natassja and Matt are serving as co-chairs of the [HIMSS Federal Health Community](#), which is a complimentary networking platform and community of profession for HIMSS members that are federal employees
- The Center for Connected Health Policy (CCHP) held a webinar on November 28 about new reimbursement codes for telehealth and remote monitoring. CCHP always put together a [fact sheet](#) about how the Calendar Year (CY) 2019 Physician Fee Schedule affects technology based services.
- [New funding awarded from OAT:](#)
 - Substance Abuse Treatment Telehealth Grant Program
 - Evidence-Based Tele-Behavioral Health Network Program

Discussion

- [Medicare Physician Fee Schedule Final Rule Changes](#): Medicaid Promoting Interoperability Program, Quality Payment Program (QPP) and the Merit-based Incentive Payment System (MIPS) – Reid Haase, Stratis Health
 - CMS has strongly focused on interoperability in many of their programs, including MIPS. There are specifics within the MIPS category, including a bonus measure related to the opioid crisis and e-prescribing and MAT verification.
 - Promoting Interoperability: formerly Advancing Care Information, not to be confused with hospital PI program which is the new name for Meaningful Use. 2015 Certified EHR technology (CEHRT) is required. Those that are certified to 2014 CEHRT would use the Promoting Interoperability transition objectives and measures sets.
 - Quality: some categories have health information exchange. Interoperability would help support measures, especially screening measures where patients are screened or tested elsewhere, but the provider doesn't have access to the information.
 - Cost: no impact to this category.
 - Improvement activities: 2018 guidelines provided points for incentives for using CEHRT, but this is removed in 2019 due to the requirement of 2015 CEHRT which has included interoperability functionality.

- **Federal Opioid Initiatives Update – Mike McNeely, Federal Office of Rural Health Policy (FOHRP)**
 - SAMSA has awarded nearly a billion dollars through [state opioid response grants](#)
 - FORHP is investing \$120 million dollars to address the opioid crisis
 - 95 grants for \$220,000 each were awarded through the Rural Communities Opioid Response Program (RCORP) - Planning grants for capacity building. A second round of applications is now being accepted. Implementation grants are expected to be made available in 2019. Funding has

also been awarded for technical assistance to be provided to the RCORP grantees. Of note, a limited number of grantees in the more remote areas are planning for Project ECHO.

- A Notice of Funding Opportunity (NOFO) is being created to fund three rural opioid centers of excellence. Each will focus on a specific area of evidence-based practices and technical assistance.
- FORHP is considering funding for rural health systems to provide MAT
- Further investments may include general SUD

- **HIT Security**

- Recently released resource, [Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder](#) provides guidelines to providers on the use of telehealth in opioid treatment
- SISA 405D Report: In accordance with section 405 of the [Cybersecurity Act of 2015 \(CSA\)](#), the Health Care Industry Cybersecurity (HCIC) Taskforce was formed. Two guides, one for larger organizations and one for small rural, have been created for the purpose of providing voluntary guidelines to help health care organizations be more secure and is a hands-on set of best practices and prioritization of threats to ensure more effective risk assessment. The guide, currently still in draft form, has been circulated in order to receive first person feedback. Public release is expected this winter.
- [ONC – OCR Risk Assessment](#)

- **Upcoming National Rural HIT Coalition In-person Meeting**

- Tuesday, February 5, 2019, 4:00 pm – 6:00 pm, at National Rural Health Association Policy Institute in Washington, DC, Omni Shoreham. More details to follow.

Please send comments/feedback to Nicole Clement at nclement@ruralcenter.org