National Rural Health Information Technology (HIT) Coalition Meeting

Tuesday, June 25, 2019

The National Rural HIT Coalition is supported by the Federal Office of Rural Health Policy (FORHP) and coordinated by the Technical Assistance & Services Center (TASC), a program of the National Rural Health Resource Center (The Center).

Participants:

- Denny Berens, Nebraska Times
- Rob Boyles, Alabama Department of Public Health
- Sally Buck, Nicole Clement, Terry Hill, National Rural Health Resource Center
- Jill Bullock, Arizona Center for Rural Health
- Rebecca Davis and Linda Weiss, National Cooperative of Healthcare Networks
- Natasha Manzanero, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FOHRP), Office for the Advancement of Telehealth (OAT)
- Michelle Mills, Colorado Center for Rural Health
- Neal Neuberger, HealthTech Strategies, Bipartisan Policy Center (BPC)
- Matt Quinn, HRSA
- Roy Rogers, Praxis Center for Innovative Learning, Rural Healthcare Simulation Training Center
- Adonnica Rowland, North Carolina Department of Health and Human Services
- Marilyn Weber Serafini, BPC
- Phillip Stringfield, National Association of Community Health Centers

- Billy Phillips, Texas Tech University Health Sciences Center
- John Windhausen, Schools, Health, and Libraries Broadband (SHLB) Coalition
- Joe Wivoda, Analysts, Inc.

Update on State and Federal HIT and Telehealth Legislation and Regulations – Neil Neuberger

- Congress: Health committees in both the house and senate have bills that are expected to be mark-ups. Topics include surprise billing, extending expiring health extenders for things like community health centers, teaching health centers, the Patient Centered Outcomes Research Institute (PCORI), National Health Service Corps, and repeal of Medicaid disproportionate share hospital (DSH) cuts and others. Changes to Medicare Part D are also being discussed with potential changes including a possible restructuring to put more onus on drug companies and capping out of pocket costs. Additionally, a proposed rule in June related to price transparency requires hospitals to disclose negotiated rates in an understandable format, including standard charge information in a machine-readable format. Related to that proposed rule, other federal agencies (Health and Human Services (HHS), Departments of Labor and Transportation) would also require insurers to disclose out-of-pocket costs before services are delivered.
- An appropriation bill for next year was passed, also in June, in the house by the Labor, Health, and Human Services subcommittee in June with a floor amendment. The Foster-Kelly amendment passed which would eliminate the prohibition of the individual patient identifier, which is a major roadblock to interoperability.
- There are currently four sets of major regulations around electronic health records (EHRs): interoperability and information blocking from the 21st Century Cures Act, new certification rules, and the Trusted Exchange Framework and Common Agreement (TEFCA) that would outline common set of principles and conditions for development and agreement of exchange of electronic health information. All four have broad support as next logical steps to advancing health information exchange, even with numerous issues within them that should be addressed including:

  - TEFCA implementation: new common agreement rules place too many burdens on developers, short timeframes.
  - Challenges with integrating telemedicine and imaging from the Veterans Administration and Department of Defense into EHRs.
  - Interoperability needs to be addressed in the volume to value context, not just fee-for-service.
  - Need for HIPAA to be modernized to align hundreds of privacy laws and also take into consideration how much technology has changed vastly since HIPAA was first passed. Remote patient monitoring and third-party apps, for example, no one knows how they will be dealt with from a privacy and security perspective.
  - Fast Healthcare Interoperability Resources (FHIR) standard for application program interfaces (APIs), not all APIs are the same and are being implemented differently.
  - Need to address issues with big data. Big data exists in many health care organizations' legacy systems. There are big vulnerabilities, polluted data streams, and questions about who owns the data. What are going to be exceptions to inoperability for certain uses like population health?
- Rural health bills introduced:
  - Rural Health Clinic Modernization Act
  - Community Health Center and Primary Care Workforce Expansion Act of 2019
  - There is a push to align 42 CFR Part 2 *Confidentiality of Substance Use Disorder Patient Records* with HIPAA so that behavioral health records are consistent and not siloed from EHRs as they become interoperable.
  - CMS recently announced finalized policies to expand Medicare Advantage to include access to telehealth services.

Cyber-Preparedness – Matt Quinn, HRSA

- Section 405 of the Cybersecurity Act of 2015 deals with improving cybersecurity in the health care sector. HHS was directed to create a workgroup (private sector-led, HHS coordinated) to develop a vetted

cybersecurity practices resource. The goal was to help health care organizations prioritize threats and put actions in place.

- The resulting resource is the Health Industry Cybersecurity Practices (HICP). There is a resource specifically for small rural health care organizations.
- Additional activities planned:
  - Additional implementation guides, tools, and resources
  - Bi-monthly newsletter in September to discuss cybersecurity issues and how to align practices
  - Another series of webinars coming in October
  - Offering outreach through speaking engagements at conferences/activities/speaking engagements. Contact Matt Quinn at mquinn@hrsa.gov to request someone speak about HICP and cybersecurity at your event.
  - Health Sector Coordinating Council: https://healthsectorcouncil.org/ for more resources
  - CSA 405(d) page www.phe.gov/405d. Webinars and newsletters can also be found here.

Update from the Office for the Advancement for Telehealth – Natassja Manzanero, HRSA/FORHP/OAT

- Webinar series in progress on telehealth in federally qualified health centers (FQHC). Recent topics include using telehealth to treat substance use disorders in community health centers.
  - Recorded webinars in the series:
    - Part 1 – Telehealth and Chronic Care Management
    - Part 2 – Using Telehealth to Treat Substance Use Disorder in a Community Health Center Setting
    - Part 3 – Telehealth and Mental/Behavioral Health
- Center for Connected Health Policy, a national resource center for policy, recently updated their 50-state Telehealth Laws and Reimbursement Policies Report.
- Tele behavioral Health Center of Excellence, created by the Telehealth Resource Centers, is dedicated to providing the most current information for starting or enhancing tele behavioral or tele mental health-related services. The resources are intended be the most current information to help an organization get started. They are not

comprehensive in the historical sense but represent the best of the current resources available.

- OAT has new grant programs:
  - Evidence-based Tele-behavioral Health Network Program (EB THNP): The purpose of this program is to:
    - Use telehealth networks to increase access to behavioral health care services in rural and frontier communities, and
    - Conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers.
  - Substance Abuse Treatment Telehealth Network Grant Program (SAT TNGP): The purpose of this program is to demonstrate how telehealth programs and networks can improve access to health care services, particularly substance abuse treatment services, in rural, frontier, and underserved communities. Telehealth networks are used to:
    - Expand access to, coordinate, and improve the quality of health care services;
    - Improve and expand the training of health care providers; and/or
    - Expand and improve the quality of health information available to health care providers, patients, and their families for decision-making.
- FORHP recently held an all grantee meeting for opioid-related and telehealth programs.

Update from the SHLB Coalition – John Windhausen

One of the SHLB Coalition's focuses is on getting broadband to rural health clinics (RHCs) through the Federal Communications Commission's (FCC) Rural Health Care program. The Rural Health Care program is small in relation to the telecommunications world, but huge to those who get funding from it.

- Over a three-year period, it become increasingly problematic for applicants to receive funding. Funding applications used to be processed in approximately three months. Now it takes nearly a year for applications to be processed and funding dispersed, which is causing them to run right up to their next application period. This is

due to demand (number of applications) growing faster than the FCC funding cap of $400 million. Due to the number of applicants, they received decreased amounts of funding due to the cap not changing. After two years of funding amounts decreasing incrementally, SHLB advocated for FCC to increase the cap. The result was a cap increase from $400 million to $571 million which at least reflected the rate of inflation over the past 20 years.
- Demand continues to be higher than the cap and funding continues to decline per applicant. The funding reallocation methodology is calculated anew every year, which also causes delay. SHLB has suggested that the FCC come up with some rules and procedures around the funding methodology and some order of preference via the rulemaking process. They also suggest the cap be doubled due to EHRs, the opioid crisis, closure of rural hospitals, etc.
- SHLB is currently working to get another letter from Congress for funding to urge FCC to complete rulemaking.

BiPartisan Policy Center (BPC) Rural Health Task Force – Marilyn Weber Serafini

BPC recently launched a task force on rural health care. They feel that rural health care is important in 2020 to HHS and to election. To kick off the Task Force, they have:

  - Partnered with American Heart Association to help understand where rural adults are when it comes to health issues. Access to medical specialists was identified as a particularly troublesome barrier to care, as well as access to mental and behavioral health services. Other issues include lack of transportation, long wait times, and excessive distances to care.
  - The task force looked particularly closely at North Carolina, Iowa, and Texas. It was noted that Texas has had 17 hospital closures in since 2010.
- Three goals for the Rural Health Taskforce:
  - Shore up and strengthen the rural health care system. They will be looking closely at hospital closure.
  - Look at barriers related to reimbursement with special emphasis on new delivery models and the ability for rural providers to participate in them. Telehealth will be a major focus throughout.

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- Address workforce issues and consider the role of non-physician practitioners.

Praxis Center for Innovative Learning - Rural Healthcare Simulation Training Center – Ray Rogers

The Praxis Center is a $36.5 million, 60,000 square foot training center to be built in southwest Montana. It's the first simulation training center in the nation that will focus specifically on the needs of rural health care practitioners, particularly doctors, nurses, nurse practitioners, physician assistants, nursing faculty, and residency students. Training will include multi-day courses specific to rural health care. Training modes to include: mannequin-based trainings, imaging-based trainings, and standardized patient actors. There will be behavioral health training and will actively involve telehealth throughout. Will also be incorporating resiliency training for workforce stress.

It is anticipated that the project will be fully financed this Fall and doors are expected to open in approximately two years. The Praxis center is expecting to train 5,000 rural health care practitioners annually from all over United States and Canada.

Please send comments/feedback about this meeting summary or the National Rural HIT Coalition to Nicole Clement at nclement@ruralcenter.org.