



NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION MEETING

December 9, 2020 | Meeting Summary

The National Rural Health Information Technology (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:

- Tommy Barnhart, Ten Mile Enterprises and National Rural Health Association (NRHA)
- Denny Berens, Nebraska Times
- Sally Buck, Nicole Clement, Kiona Hermanson, Terry Hill, Caleb Lozinski, Tracy Morton, Andrew Naslund, Kate Stenehjem, National Rural Health Resource Center
- Jennifer Brooks, California Department of Health Services
- Karl Bryant, Alabama Department of Public Health
- Tahleah Chappel, Nicole Hewitt, Tori Leach, Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA)
- Carrie Cochran-McClain, Brock Slabach, NRHA
- Scott Daniels, Hawaii Office of Rural Health
- Misty Dennis, Sara Davenport, Missouri Department of Health and Senior Services
- David Deutsch, Lisa Lewis, West Virginia Division of Rural Health and Recruitment
- Jessica Duke, Huron Consulting Group
- Jennifer Edwards, Pennsylvania State University
- Laima Etchegoyhen, University of Nevada, School of Medicine
- Laura Fischer, Illinois Critical Access Hospital Network (ICAHN)
- Martina Garcia, New Mexico Department of Health
- Kenya Gilkey, Mississippi Department of Health
- Britton Herbert, South Carolina Office of Rural Health
- Leslie Howe, Montana Public Health and Human Services
- Kathy Johnston, Trish Rivera, Albert Ruiz, Texas Department of Agriculture
- Delia Davis, National Association of Community Health Centers (NACHC)
- Cassie Kennedy, Iowa Office of Rural Health
- Danielle Kunkel, Washington State Department of Health

- Amanda Laughter, Georgia Department of Community Health
- Rose Locklear, Oregon Health and Sciences University
- Matt McCullough, Utah Education and Telehealth Network (UTEN)
- Michael McNeely, HRSA, FORHP, Office for the Advancement of Telehealth (OAT)
- Jeff Mitchell, Fletcher, Heald & Hildreth, PLC
- Kelly Munoz, Cameron Onks, Texas Tech University Health Sciences Center
- Neal Neuberger, HealthTech Strategies
- Jonathan Neufeld, Great Plains Telehealth Resource and Assistance Center (gPTRAC)
- Abbie Parmenter, Lela Sheppard, Florida Department of Health
- Karen Pearson, University of Southern Maine
- Shena Popat, NORC at the University of Chicago
- Maggie Sauer, North Carolina Office of Rural Health
- Bill Sonterre, Stratis Health
- Jennifer Wagner, Montana Hospital Association
- Dawn Waldrip, Georgia State Office of Rural Health
- Jody Ward, University of North Dakota Center for Rural Health
- Marcia Ward, University of Iowa College of Public Health
- Linda Weiss, National Cooperative of Health Networks (NCHN)
- Joe Wivoda, Analysts, Inc.
- Caroline Wroczynski, Kansas Department of Health and Environment

State and Federal HIT and Telehealth Policy and Regulation Updates

Neal Neuberger, Health Tech Strategies

This summary from the December 2020 National Rural HIT Coalition call reflects a change in how we will format the discussion going forward.

- Human dimension issues: There are telehealth factors and issues that start at the human level when providing health care at a distance. Resources discussed on the call included:
 - [Mapping the Telehealth Landscape](#) This report from Star Global defines 12 categories of telehealth that are shaping the future of health care, including caregiver tools, care companions, and wellness coaches.
 - An archive of HIT news from 2020 [Health IT Security News Archives](#), including articles about liability, privacy, and security concerns.
 - [Introduction to Rural Telehealth Toolkit](#) from the NORC Walsh Center for Rural Health Analysis and the Rural Health Information Hub (RHIhub).

- [Telehealth Models for Promoting Workforce Education and Training](#)
 - [Evaluation Considerations for Telehealth Programs](#) To demonstrate effectiveness, access, cost, and quality.
- Reimbursement & Capital Costs: There are many reimbursement and capital cost factors related to telehealth, including aligning financial incentives, addressing payment issues, driving cost-effectiveness, paying startup costs and investing capital, and managing state and federal grants and investments. Resources shared include:
 - Payment issues: [CMS Finalizes Telehealth, Remote Patient Monitoring \(RPM\) Coverage in 2021 Physician Fee Schedule](#)
 - State and Federal Investments: [Grant Funding for Telehealth Programs](#)
- Evidence-Based Standards (Clinical and Communications)
 - Technical quality of service: Reliable, accurate, secure telecommunications are essential. See [Taskforce on Telehealth Policy \(TTP\) Findings and Recommendations](#).
- Infrastructure Buildout
 - Network Infrastructure: House Majority Whip [James Clyburn \(D-S.C.\) has a plan for \\$760 billion](#) for infrastructure, \$86 billion for expanding broadband internet.
 - Information Blocking: The [U.S. Department of Health and Human Services \(HHS\) Extends Compliance Dates for Information Blocking and Health IT Certification Requirements](#)
- The Federal government, states, and the private sector all play roles in the advancement of telehealth
 - Federal Government:
 - Congress
 - Executive Agencies such as HHS, Department of Commerce, Department of Agriculture, Department of Defense, Veterans Affairs, Indian Health Service, National Aeronautics and Space Administration (NASA), Food and Drug Administration, and the Centers for Medicare and Medicaid Services (CMS)
 - States
 - Statewide initiatives
 - Bills specific to HIT
 - Private Sector
 - Coalitions/consortia, organizations such as the [American Telehealth Association \(ATA\)](#), [Health Information and Management Systems Society \(HIMSS\)](#), [eHealth Initiative \(eHI\)](#), [American Health Information Management Association \(AHIMA\)](#), [American Medical Informatics Association \(AMIA\)](#), [Connected](#)

[Health Initiative](#), [National Rural HIT Coalition](#), [Telehealth Resource Centers](#)

- Capitol Hill Steering Committees
- Standards Groups such as [Certification Commission for Health Information Technology \(CCHIT\)](#), [Health Information Technology Standards Panel \(HITSP\)](#), Promina, [Continua](#), [Electronic Healthcare Network Accreditation Commission \(EHNAC\)](#)
- Foundations such as [Markle](#), [Robert Wood Johnson](#), [The Commonwealth Fund](#), [Peter G. Peterson Foundation](#)
- There has been legislation initiatives over the years. Major foundational legislation includes the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) and the [Telecommunication Act of 1996](#). More recently, the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) (2020), [21st Century Cures Act](#) (2016), [Patient Protection and Affordable Care Act \(PPACA or ACA\)](#) (2010), and the [American Recovery and Reinvestment Act \(ARRA\) – Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#) (2009). For a more complete list please refer to *Dec 2020 HIT Coalition Policy and Regulatory Updates.pdf*.
- The above referenced pdf document also contains emerging topics to potentially engage around.

National Rural Health Association (NRHA) Rapid Response Policy Brief of Telehealth

Carrie Cochran-McClain, NRHA

- Carrie recently joined the National Rural Health Association (NRHA) as Vice President of Government Affairs. Prior to NRHA, Carrie spent eight years with FORHP.
- In December 2020, NRHA released a policy paper, [NRHA Rapid Response Policy Brief: Telehealth](#). Typically, NRHA does broader policy papers on topics identified at the start of the year. Given COVID-19 and all the changes and momentum in telehealth, they decided to focus this brief on telehealth and the critical elements that need to be in place for access of care in rural areas.
- Carrie shared a draft version of the brief with a list of policy recommendations to ensure rural fairness and access to health care services. Comments from coalition participants suggested adding EMS and community paramedics to the list of professionals the brief recommends that CMS authorize to furnish brief online assessment and management services. See the final rapid response policy brief [here](#), including the full list of policy recommendations.

Federal Office of Rural Health Policy (FORHP) Updates

Mike McNeely, HRSA, FORHP, OAT

- On National Rural Health Day, HRSA administrator, Tom Engels, announced that HRSA had just received approval to fund an \$8 million telehealth broadband pilot program. The pilot program is the outcome of the rural health telehealth initiative memorandum of understanding established on September 2, 2020, with Health and Human Services (HHS), the Federal Communications Commission (FCC), and the United States Department of Agriculture (USDA) and will support the telehealth resource center program to improve access to telehealth services.
- The [HHS Telehealth](#) website will soon be releasing a new evidence-based toolkit.
- [Emergency Triage, Treat, and Transport \(ET3\)](#) may open up again in the near future as well. ET3 is a program of the [CMS Innovation Center](#).
- HRSA has two other websites related to COVID launching:
 - [Multi-Discipline Licensure Resource Project](#): Created by the Association of State and Provincial Psychology Boards (ASPPB) with the dual purposes of creating a license information hub for Occupational Therapists, Physical Therapists, Psychologists, and Social workers, and to increase access to telehealth. The website is active now and includes information on how to get licensed, license requirements during COVID 19, and contact information.
 - [Provider Bridge](#): Created by the Federation of State Medical Boards, this website supports license portability. Provider Bridge will make it easier for state agencies and health care entities to connect with registered health care professionals to expand workforce needs by providing access to a database of information for verified, volunteer clinicians willing to provide telehealth services during emergencies.
- There are currently two notice of funding opportunities (NOFOs) open. The [National Telehealth Resource Center \(TRC\) Program](#) and the [Regional TRC Program](#), both close on January 21, 2021. There could be new grantees this time given for-profits are now eligible. All 14 TRCs are open for recompeting.
- Watch for the Evidence-Based Tele-Behavioral Network funding to be released again.
- There is a lot of proposed legislation out there right now with fixes to make telehealth changes permanent.
- See the Center for Connected Health Policy's (CCHP) updated [State Telehealth Laws and Reimbursement Policies Fall 2020 Report](#).
- Terry Hill noted that TASC will be co-hosting a telehealth webinar series alongside TRCs. The first webinar will feature a Telehealth 101 overview. More information coming soon.

Infrastructure/Broadband Update

Jeffrey Mitchell, Fletcher, Heald & Hildreth, PLC

There is a lot going on in broadband, so this update was divided into three parts.

1. What is happening right now in broadband?

- The FCC has [announced the results](#) of their Rural Digital Opportunity Fund (RDOF), a reverse auction that repurposed \$20 billion over 10 years for rural broadband. One hundred eighty bidders won \$9.2 billion to provide gigabit service broadband. While the bulk of the money awarded went to established internet providers, Elon Musk and SpaceX received \$856 million for their plan to deliver broadband via satellites to be as fast as the best fiber-optic based services. It is currently noted that service will cost \$99 a month and a one-time fee of \$500 for a router and antennae.
- The FCC has also been active this year with their traditional rural health care program. Additionally, they launched and executed a \$200 million [COVID telehealth program](#). This was a one-shot funding program but could possibly receive additional funding in the next COVID relief funding bill.
- FCC's [Connected Care Pilot Program](#) will provide universal service support to help defray health care providers' qualifying costs of providing connected care services, with a primary focus on providing these services to low-income or veteran patients. The much-anticipated Connected Care pilot accepted applications from November 6, 2020 to December 7, 2020.

2. What could be happening within the next two weeks?

- Reports for additional funding includes that they are looking at another \$475 million investment in rural telehealth.
- This time, there is a plan to set aside funding to remedy the problem from rural telecommunications left out from last time.
- There has been push and pull between focusing on and tailoring to the COVID-19 emergency and pouring money into traditional FCC telehealth programs. There's more of a willingness at the federal level to fund emergency measures right now.
- There is talk about a package that would include \$3 billion for students to get internet hot spots and another \$6 billion in state broadband.

3. Changing administration and first 100 days?

- Some expect from the Biden Administration that there could be a larger broadband infrastructure investment of \$80 billion. There hasn't been a

proposed plan from the Biden transition team but that is based on the template from the package proposed last year.

- This year could be seen as a teachable public health moment and to help consider public health infrastructure. The struggle for policy makers is that there will always be better technology just over the horizon over the horizon (example: fiber-based internet vs. satellites), and spending money on the old solution when the new solution is “close” is a hard choice. Despite this dilemma, we still need ubiquitous fiber, and funds dedicated to it.
- There needs to be a consideration of what a broadband plan might actually look like and how to connect organizations like the Veterans Affairs with others that also invest funding into broadband. Other organizations like the USDA are also spending a lot on broadband. K-12 needs broadband, college kids need broadband, and low-income people can’t afford broadband. There is a lot of overlapping needs that have to be addressed.
- The FCC is waiting for appropriation. One bill that is out there considers dedicating funds to mapping as accurate broadband mapping will need to be addressed.

Ensuring Quality in Telehealth

Marcia Ward, University of Iowa and the Rural Telehealth Research Center (RTRC)

- The mission of RTRC is to help expand the evidence base for telehealth. Marcia Ward presented on an Emergency Department telehealth (TeleED) project that the RTRC did with 6 network grantees from 2014-2019, funded by OAT. Please reference *MWard Telehealth Quality Measures Dec2020.pdf*.
- Small rural hospitals face challenges in providing 24/7 ED coverage. TeleED can help provide this coverage. Through six networks in an evidence-based telehealth network grant program, 65 rural hospitals across 13 states were funded to implement TeleED.
- Over the course of the project, RTRC collected pertinent quality and data measures. Marcia shared the project results of multiple analyses of TeleED including chest pain and acute myocardial infarction (AMI), stroke symptoms, and sepsis. The above referenced document contains the results and other key findings.
- It was noted that many of the costs for the hospitals to participate were covered by grants and there are different models where hospitals pay for service.

HIT and Telehealth Emerging Issues: Participant Discussion/Other

Brock Slabach, NRHA:

- Thomas Friedman [wrote an article on December 2nd](#) in the New York Times detailing an interview with President-elect Biden. In it, President-elect Biden discusses rural reimbursement and suggests the U.S. should be spending \$30 billion on broadband.

Other:

- This [short video](#) explains the need for the Universal Service Fund (USF) contribution reform. CoBank created this video to help educate policy makers who may not be very familiar with the USF.

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB1RH24206, Information Services to Rural Hospital Flexibility Program Grantees, \$1,009,120 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.