



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

July 23, 2020 | Conference Call

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)
- Dennis Berens, Nebraska Times
- Monica Bourgeau, Allevant Solutions, LLC
- Sally Buck, Nicole Clement, Terry Hill, Andy Naslund, Kate Stenehjem, National Rural Health Resource Center
- Scott Daniels, Hawaii State Office of Rural Health
- Rebecca Davis, National Cooperation of Healthcare Networks (NCHN)
- Mary DeVany, Great Plains Telehealth Resource Center (gpTRC)
- Jessica Duke, Huron Consulting Group
- Gerard Jolley, National Association of Community Health Clinics (NACHC)
- Jackie King, Illinois Critical Access Hospital Network (ICAHN)
- Alana Knudson, NORC at the University of Chicago
- Matt McCullough, Utah Education and Telehealth Network (UTEN)
- Michael McNeely, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT)
- Neal Neuberger, HealthTech Strategies
- Cristal Ramos, Urban Institute
- Trish Rivera, Texas State Office of Rural Health
- Maggie Sauer, North Carolina Office of Rural Health
- Brock Slabach, NRHA
- John Windhausen, Schools, Health & Libraries Broadband (SHLB) Coalition

## Update on State and Federal HIT and Telehealth Legislation and Regulations

Neal Neuberger, Health Tech Strategies

- The [CARES \(Coronavirus Aid, Relief and Economic Security\) Act](#) was signed into law March 27, 2020. The act consisted of more than \$2 trillion dollars focused on health care delivery, state and local funding, business and non-profit relief, and overall economic stimulus. It also provides additional funding to address issues around Smart Communities, social determinants of health, and precision medicine.
  - Specific to health care:
    - \$500 million for public health data surveillance and infrastructure modernization.
    - \$100 billion for the health care system to prevent, prepare for, and respond to Coronavirus.
    - Increased reimbursement
      - Medicare add on payments for COVID-19 hospital inpatients.
      - Additional flexibility for acute care hospitals to transfer patients out and into alternative care settings to prioritize resources to treat COVID-19.
      - Temporary suspension of the 2 percent sequestration applied to Medicare patients for the period of May 1, 2020-December 31, 2020.
    - Telehealth
      - Waiver authority over all 1834(m) restrictions which allowed for an uptick in telehealth utilization.
        - Removed geography and originating site restrictions.
        - Allowed for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to serve as originating site.
        - Providers can deliver services to both new and established patients through telehealth.
      - Allowed for audio only and smart phone usage and created parity between telehealth and in-person billing.

- In total, this opened up over 80 additional telehealth services and approximately 180 new billing codes.
  - Usage of Telehealth
    - The Centers for Medicare and Medicaid Services (CMS) are reporting that the increase in telehealth usage has been significant. From mid-April until mid-July, [CMS reported 10 million Medicare beneficiaries had received a telehealth service.](#)
      - This is a dramatic weekly increase from approximately 13,000 telehealth services pre-pandemic to nearly 1.7 million per week.
      - Both rural and urban counties saw increases in telehealth adoption and utilization, with urban higher than rural.
- Major bills being introduced:
  - 340 telehealth groups came together to support the [Protecting Access to Post-COVID-19 Telehealth Act of 2020](#) (HR7663).
    - Representative Mike Thompson of California, founder and co-chair of the Congressional Telehealth Caucus, is sponsoring the bill and has bi-partisan cosponsors.
    - This bill would continue to allow patients to receive care in their home, continue FQHCs and RHCs to serve as originating sites, establish permanent waiver authority to the head of U.S. Department of Health and Human Services (HHS), and require a telehealth study within six months.
      - Creates a discussion for what continued cost would be per the government accountability office. It was noted that serious evaluation should be happening right now to be able to communicate the outcomes and effectiveness of increased access to telehealth.
  - Broadband
    - Representative Abigail Spanberger, alongside 40 of her colleagues asked for a report of the \$200 million the Federal Communications Commission (FCC) received for COVID-19. They want to see the final list of projects and implied they would be supportive of additional funding for broadband. More information about the funding and a list

of final projects can be found at:

<https://www.fcc.gov/covid-19-telehealth-program>.

- [Equal Access to Care Act](#) (S.3993)
  - Introduced by Senator Ted Cruz (Texas) and Marsha Blackburn (Tennessee).
  - This would continue to allow licensed professionals to treat patients over the phone, wherever they are located and help avoid state restrictions.
- Additional Discussions
  - Threats to continuity of care: There was discussion amongst the call participants that telehealth is affecting rural already and may encroach on rural hospital service areas. Mary DeVany of the gpTRC noted that there has been significant support of continuity of care due to telehealth, while others say that it can cause a loss of continuity. At the same time, there's a balance that the change has allowed health care organizations to maintain services.
  - There needs to be more thought into how to protect rural hospitals and clinics as non-local telehealth providers appear in rural service areas.

## **Telehealth Updates**

Mike McNeely, HRSA, FORHP, OAT

- FORHP has a new division, the Rural Strategic Initiatives division, headed by Megan Meacham. FORHP now has 70 staff and is still growing.
- OAT
  - Bill England is now Senior Advisor for Telehealth, reporting to Tom Morris.
  - Earlier this year, \$11.5 million was invested in the TRCs for COVID response. \$325,000 is the usual amount, and this one-time influx was \$825,000 for each TRC to provide preparation, prevention, operational response for COVID technical assistance (TA).
- In general, it is a competitive year for almost all of the funding offered by OAT. New applications were accepted for the [Telehealth Network Grant Program](#) which promote rural tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and tele-emergency medical services (tele-EMS).

- It was noted that there has been inquiry about how to extend the telehealth waivers or make the changes permanent.
- HHS has a new telehealth website: <https://telehealth.hhs.gov/>
- Recent TRC Activity during COVID Pandemic:
  - Matt McCullough, Utah Education and Telehealth Network (UTEN).
    - Have received an extremely high amount of TA requests in the past few months, more TA requests in the last 3-4 months than in a typical year.
    - Patterns they are noticing is organizations are pulling telehealth programs together within a matter of weeks and then reaching out to find out how to improve workflow, payment, etc.
  - Mary DeVany, gpTRC
    - The TRCs have really worked to put things together to create quick access to resources. There are state-specific resources available within the regional TRCs. There has been a huge uptick in use of the TRCs.

### **FORHP Update**

Mike McNeely, HRSA, FORHP, OAT

- The National Rural Health Resource Center was awarded the [Rural Healthcare Provider Transitions Project](#) (RHPTP) that will be starting in Fall 2020.
- RHCs may receive more funding that will help link them to other types of providers.
- Rural Community Opioid Response planning grants were expanded.

### **FCC Connected Care Pilot and Rural Health Care Programs**

John Windhausen, SHLB Coalition

- [COVID-19 Telehealth Program](#): \$200 million from the CARES Act
  - Funding distribution began in April and ended in July. Forty-seven states received funds.
  - Demand was much higher than \$200 million. FCC has not released how many applications there were.
- [Connected Care Pilot Program](#): FCC has been working on this for three years, but not quite launched it. They will begin accepting application

this fall for \$100 million, and the Universal Service Administrative Company (USAC) will run it.

- [Rural Health Care Program](#)
  - This program had a \$400 million funding cap for years, but the cap was recently increased to \$600 million.
  - Application processing delays continue. The FCC rolled over \$198 million from past years to supplement this year, so this year funding is nearly \$800 million.
  - Funding that was available for roll over is due to FCC assigning awardees so late in the funding year that applicants had to forgo money rather than spend it. The amount of funding actually dispersed annually has declined each of the past three years even though the funding cap has gone up because of processing delays.
  - SHLB is suggesting a \$2 billion funding level for the next year, including a mandate that USAC get the funding out within 60 days of applications received. In this time of COVID, hopefully distribution of funds can be expedited.
  - SHLB welcomes anyone to help them move legislation for added government oversight for FCC's Rural Health Care Program. The Healthcare Broadband Expansion During COVID-19 Act ([H.R. 6474](#) in the house and [S.3838](#) in the senate) is SHLB's bill and both have bipartisan support.

## **Draft Voluntary User-Reported Criteria for the Electronic Health Record Reporting Program**

Christal Ramos, Urban Institute

- The Urban Institute (UI) was contracted by the Office of the National Coordinator for Health IT (ONC) to create the [Electronic Health Record Reporting Program](#). They envisioned including small rural health organization in this work as they are the ones that really need it.
  - There was a feedback period open through August 10. The National Rural Health Resource Center helped UI get in touch with rural users that could help them test the system and give feedback on the measures. The list on the website wasn't too onerous for most as they would like to keep it as brief as possible. There is a summary table of the draft criteria and user questionnaire that was used to gather feedback. The developer-

reported criteria will be posted for public feedback at a later date.

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