



NATIONAL RURAL HEALTH RESOURCE CENTER

NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION

Face-to-Face Meeting

February 6, 2014

Washington, DC

The purpose of the meeting was as follows:

1. Bring federal and national leaders together to identify ways to collaborate and accelerate the adoption of health information technology (HIT) for health care in rural America.
2. Develop specific recommendations to address issues.
3. Communicate outcomes of the meeting discussion to a broad national audience to accelerate adoption of HIT in rural America.

Welcome and Brief Introductions – Terry Hill, Senior Advisor for Rural Health Leadership and Policy at the National Rural Health Resource Center (The Center), called the meeting to order and participants introduced themselves.

Joe Wivoda, CIO at The Center, discussed issues from the field. He reported that upgrade and installation timing of 2014 certified versions of electronic health records (EHRs) is starting to be an issue, and he expects that many critical access hospitals (CAHs) and rural hospitals will either be upgraded at the last minute or could miss the deadline for Meaningful Use Stage 2 or second year of Stage 1. Leadership awareness of EHR implementations and the process improvement that needs to occur is again an important issue, especially with the current “health IT fatigue” that many health care leaders are feeling. With ICD-10 compliance required by October 2014, there is an increase in the number of major projects that will impact leaders and physicians.

The Commonwealth Health Alliance, an exchange of information pilot project, is a formal not-for-profit alliance of seven vendors working together to make an open source code in order to ease the exchange of information. This could potentially help rural areas have a more solid relationship with the vendors. There will be more information at the Healthcare Information and Management Systems Society (HIMSS) Annual Conference. It is important to encourage other vendors to join this group because it could take the costly piece of exchanging information out for rural if vendors are automatically exchanging.

How do we look at patient centered care in terms of health information technology? Currently there is not any financial incentive for sharing data with patients. Data standards are for hospitals and clinics which have different sets of data and this is a problem. It was noted that in Minneapolis, the health information exchange is not going very well.

A hospital in northern California contacted the rural hospital CEO, Harry Jasper, and Harry was not excited to sign up for an EHR right away because he needed leadership and fiscal sounding before signing up. He wanted to see who was most successful before diving in. He still has not selected an EHR and uses paper for his medical records. He was able to cancel a lot of vendors out of the selection because of failures from other hospitals that he learned about. Harry questions whether or not systems are really ready? Why didn't the United States create a national system? Will the Department of Veterans Affairs (VA) system ever be available to rural? Hospitals need to spend more time focused on the workflow analysis and process redesign. For example, nurses are not even taught about charge capture and how that should be part of their workflow. Harry is the CEO of the most successful CAH in California and he feels he needs another five years before he would feel comfortable implementing an EHR.

Joe noted that all the process redesign happens when the EHR is implemented and that it is rarely a forethought. Joe said he could develop a system in Microsoft Excel to meet meaningful use requirements in eight hours, therefore usability is a significant issue. If you meet the letter of the law with meaningful use, you can set it up to seriously harm patients.

What are the current workforce issues? There is a pilot program right now that has a total of 15 grantees. Becky Sanders, Indiana Rural Health Association, noted that in Indiana they are working with hospitals and that all 15 of their students came from CAHs and that they currently have a wait list for the fall of 2014. Joe noted that it is best for the hospitals when students have a clinical background so that they have collective competency, not just training on how to use an EHR. Marty Wittrak, Dean of the School of Nursing at the College of St. Scholastica, noted the huge interest in their HIT program. There is still a lot of need but no more funding and it was painful companies are not investing in the training. In rural, staff are distracted by many other things on their plate. For example, Joe noted two places where there were great nurses wanting to do EHR and were educated but administration wouldn't take the nurse off the floor because they were also great nurses.

The bottom line is that every person in health care needs to understand HIT because HIT touches everything. We still need increase if awareness of the importance of HIT and training in health care leadership especially because most CEOs are not coming from health background.

Office of the National Coordinator for Health IT (ONC): Rural Accomplishments and Looking Ahead in 2014– Leila Samy, Rural Health IT Coordinator

ONC would like to set a 2014 goal of 60% of CAHs nation-wide being on a 2014 certified platform. What specifically are the barriers? Other goals in 2014 are access to capital and engaging rural veterans; best practices with quality measures; interoperability and exchange; and, decision support.

The rate of rural progress has been exciting over the last few years and ONC wanted to focus on how to get up to speed with moving forward for patient-centered medical homes and meeting other factions of health care reform. A big focus of ONC is to coordinate with federal national and private partners.

ONC is currently working with rural development teams on financing in several states and would like to ramp up funding workshops to focus on the poorest counties.

Many Regional Extension Centers for HIT (RECs) received a one-year extension. RECs need to create a business model going forward. There is still discussion with ONC regarding the development of a rural national resource center. Currently, they are trying to figure out what the timeline looks like and want to know how effective or ineffective have the RECs been.

Broadband Activity - Jessica Zufolo, Deputy Administrator, Rural Utilities Services, United States Department of Agriculture (USDA)

Partnerships are needed in order to finance the needs of CAHs. The USDA rural development has a field office in every rural county in the United States. The Rural Utilities Service end is the broadband piece through loan and grant awards which started broadband funding in 1996. In a telecommunications program, the entire rural area has to get access to service. USDA provides infrastructure to 75% of the landmass. The grant program is under the distance education and telemedicine program for population of 20,000 or less with a total of \$16 million in funding. The USDA is working with ONC to provide workshops on how to apply for funds. They are focusing on how to get capital out to rural communities.

As health care is moving into new environment and access to capital for CAHs is crucial. Rural hospitals and clinics need to reach out to extension offices.

What can you do?

- Talk to rural providers in your community
- Take time to know state directors
- Encourage hospitals to come into USDA rural development offices
- Educate USDA rural development offices on HIT because they are economic development people, not HIT people

It is important to note that the more match dollars you can provide, the better chance you have for a grant. This is dis-incentive for rural but it's very competitive with only \$16 million for funding.

Broadband: Current Status and Future Thinking - Jeff Mitchell, Attorney at Law, Of Counsel, Lukas, Nace, Gutierrez & Sachs LLP

The Federal Communications Commission (FCC) has a rural health program which has about \$400 million per year. About \$4 billion goes to carriers. There is a low income program and then the rural health program. It was noted that some of this funding could be used for for-profit as well. Congress is looking at making changes in the Telcom Act, but it will be a slow process. Will this program grow and meet the \$400 million cap? We don't know yet. What are the issues leading to low participation? Home health and wireless component are increasingly needed.

Current Issues and Accomplishments in Rural Telemedicine – Gary Capistrant, Senior Director, Public Policy, American Telemedicine Association

We have a lot of people on data side but not on health care side. There is so much growth and opportunity but a lot is focused on digitizing data instead of saving people's lives.

Rural Telehealth Initiatives:

- Get telehealth into the home. Medicare won't cover anything in the home; dialysis patients, hospice patients, home-bound. The Centers for Medicare and Medicaid Services (CMS) talks about it but changes are not being made.
- Get telehealth into CAHs
- Store and forward for all CAHs and sole community hospitals
- Get training into emergency medical services (EMS)
- Licensure has received a lot of visibility but is still a huge barrier for telehealth especially across state lines
- States can agree to do a compact model similar to nursing which has 24 states. This takes time (it took nursing 15 years).

Paramedic Information Privacy, Security & Assurance Alliance – Nick Nudell, Chief Data Officer, The Paramedic Foundation

There is a group called the Paramedic Privacy, Security and Assurance Alliance that started with the National Institute of Standards and Technology (NIST) framework. The cyber-security framework is rolling out and protects the homeland security. There are currently over 10,000 rural ambulance services and EMS needs to be better connected with hospitals. We are looking for people to participate in the group because we need rural representation; we are looking specifically for tech people. Contact Nick Nudell for more information.