

NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION FACE-TO-FACE MEETING

Wednesday, February 3, 2016
Washington, D.C.

Participants

Adam Bluth, John Peters and Hugh Scott, Veterans Health Administration
Sally Buck, Terry Hill, Tracy Morton and Kap Wilkes, National Rural Health
Resource Center (The Center)

Lisa DuFrane and Tracy Mastel, Lac qui Parle Health Network

Bob Humphrey and Tracey Schroeder, Healthland/CPSI

Harry Jasper, Share Your Health

Lisa Kilawee, Brookings Community Health Information Network

Natassja Manzanero and Mike McNeely, Federal Office of Rural Health Policy
(FORHP)

Mary McMahan, Colorado Rural Health Center

Neal Neuberger, Health Tech Strategies

Takiya Randolph, North Florida Healthcare Workforce Development Network

Leila Samy, Office of the National Coordinator for Health IT (ONC)

Becky Sanders, Upper Midwest Telehealth Resource Center, Indiana Rural
Health Association

Brock Slabach, National Rural Health Association (NRHA)

Scott Weatherill, Horizon Healthcare, Prairie Health Information Technology
Network

Karla Weng, Stratis Health

Gary Wingrove, Mayo Clinic Medical Transport, Paramedic Foundation

Welcome and Brief Introductions

Terry Hill, Senior Advisor for Rural Health Leadership and Policy, National Rural Health Resource Center (The Center)

Terry acknowledged the partnership with the National Rural Health Association (NRHA) and thanked them for their continued support. Terry acknowledged the Federal Office of Rural Health Policy (FORHP) for their support, partnership and funding from the very beginning of the Coalition. This year is the 10th year of the National Rural Health Information Technology (HIT) Coalition.

National and Federal Updates

Adam Bluth, John Peters and Scott Hugh, Veterans Health Administration (VA) Office of Rural Health

- VA Office of Rural Health exists to increase access to care for rural health using a multipronged approach – direct clinical, workforce, transportation, HIT and telehealth. About 30 percent of funded interventions include telehealth, e.g. telehub center in Boise, Idaho to provide coverage to rural areas, including some specialty services. Invested heavily in telemental health to meet needs. Have successful examples of imbedding VA clinics within Indian Health Service (IHS) and tribal health programs in Alaska, Arizona, Montana and Oklahoma to meet veterans closer to where they reside. Have partnered with the Office of the National Coordinator for Health IT (ONC) to launch a veteran initiated care coordination project for veterans to acquire continuity of care documentation to share with their providers when seeking care. Currently funding a rural health care coordinator program to help veterans to opt in to allow their health information to be shared with community providers and to allow providers to access the information in turn. Also working with IHS to be more interoperable. Noted that VA is open to working with community partners. Health information exchange (HIE) is going to become even more important, particularly with the Veterans Choice program with veterans seeking care within the community.
- The Office of Connected Care is a new VA office that started in January, 2016 focusing on broadening the spectrum beyond telehealth and into mobile applications such as the My Healthy Vet portal, etc. VA has 150 VA medical centers across the country with 800+ clinics.

Recently have gone beyond bricks and mortar to tap into video conferencing from home by accessing mobile broadband and mobile devices through internet service providers. VA has a national electronic health record (EHR) which is helpful with telehealth that moves with the veterans around the country. VA also has veteran's supremacy allowing a provider to have a license in just one state yet able to practice in any state to any veteran patient. A question was asked of what the average age range for patients doing video conferencing from home? No statistic available but anecdotally the age range is varied. It was encouraged that the VA shares more of their study findings to feed into other applicable HIT activities and analysis around the country. VA started a program that now will distribute a tablet and if the veteran has Verizon 4G service they can video conference from home, which allows veterans to not have to purchase or use their own device. There is currently legislation in Congress about the home health-like services that are being provided regarding jurisdiction and licensure.

- The cornerstone of HIT and improved patient care and outcomes is good, accurate, accessible information. Vet Health Information Exchange, as it is going to be called, is taking advantage of the Choice Act and purchased care for veterans seeking care outside of the VA system with 65 active partners exchanging info with VA. This includes retail pharmacies, such as Walgreens providing influenza immunizations to +40,000 eligible veterans. Walgreens can send the info to the VA electronically; also working on a relationship with CVS. Choice Act is different than purchased care, becoming law in November, 2015. Veterans can see a non-VA provider if they cannot get an appointment within 30 days or 40 miles. Not the same as purchased care (which essentially meant that the care was not available within VA).

Natassja Manzanero, Federal Office of Rural Health Policy (FORHP)

- FORHP is keeping track of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), tracking changes to meaningful use (MU) and streamlined results of MU as it aligns with Medicare eligibility, particularly using Merit-Based Incentive Payment System (MIPS) and its impact on rural providers. The Office is also tracking interoperability and its impact, working together with stakeholders and leveraging information to inform policy. FORHP is collaborating with

ONC and the US Department of Agriculture (USDA) on the Broadband Opportunity Council with the goal to provide access to high speed broadband throughout the US. As of November, 2015, FORHP has been supporting a Telehealth Workgroup to talk about issues in telehealth, policy and technology challenges and business case challenges with telehealth. They will be meeting at the Healthcare Information and Management Systems Society (HIMSS) Annual Meeting and Natassja will share the information about that; the point of contact is Kathy Wibberly with the Mid-Atlantic Telehealth Resource Center. FORHP will be presenting with a grantee at HIMSS on outcomes of the Rural HIT Workforce program. FORHP has created an internal rural HIT workgroup to track challenges and inform work internally. There will be a *Rural Roads* article for Spring 2016 on the Flex Rural Health Veterans Access Program (Alaska, Maine and Minnesota); Anthony Oliver is the program coordinator. It is entering into a competitive three-year cycle. [Article in Health Affairs on variation in rural health IT adoption](#), all are encouraged to read.

- Upcoming funding opportunities:
 - Telehealth Resource Center funding – 12 regional centers and two national centers, one-year funding, \$325,000 each
 - Small Health Care Provider Quality Improvement Grant, up to 21 awards of up to \$200,000 each, three-year grant

Leila Samy, Office of the National Coordinator for Health IT (ONC)

- Looking to find out what can be done with what already exists with a focus on working in partnership. Focus on infrastructure, finance, workforce; and focus on engagement on activities to engage and share information to improve care. Focus on sharing information, getting the word out, national and state level workshops, looking at various workforce programs with the Health Resources and Services Administration (HRSA) and Department of Labor to leverage the programs and tools in existence. Continue to have state-level workshops to bring together partners to address workforce, financing, interoperability. Looking to collaborate at national level across government agencies, grantees and across the various states to identify opportunities and meet challenges.
- Terry noted the tremendous opportunity with rural accountable care organizations (ACOs) and alignment of the EHRs within the ACOs to exchange information, as well as telehealth. This will move the issue

forward even more as it will impact payment, patient care and ultimately rural hospital survival. Kap Wilkes, The Center, noted that some of the stakeholders are not in the room. Kap has been doing community/county coalition to help health systems work with those in the community not always providing primary care or care at all, such as schools. There are other players that impact the health and wellness so it is important to be strategic and invite them to be in the room as well.

- Brock Slabach (NRHA) noted Acting Assistant Secretary DeSalvo's issued a challenge for providers and vendors to move toward interoperability. She sent Brock the challenge document, which he has reviewed and notes that it includes a pledge to ensure consumer access to EHR information with transparency (no data blocking) to share information among providers and to adopt federally recognized interoperability and privacy and security best practice. Should we seek to have consensus of Coalition to sign on? There will be a presentation at HIMSS and will announce participants of the pledge. The Center will send to the Coalition and have a follow up call if there are objections to discuss. (Modified letter with suggested changes sent to Coalition on 2/18/16).

Legislative Update: Current HIT and Telehealth Bills

Neal Neuberger, Health Tech Strategies

- MACRA
 - Starts to fold some of the emerging requirements into the various new payment methodologies, including MU, which is important for this group to review going forward. It merges existing quality reporting systems and includes payments like MIPS and alternative payment models (APMs). Also important, MU of EHRs going forward. APMs call for increased transparency. Groups have supported consolidating; consumer centric reporting of data; supporting quality registries and more. It incorporates quality, resource use and clinical practice improvements.
- Additional regulatory issues have to do with telehealth reimbursement payment improvements, drug pricing, data standardization per the National Institutes of Health (NIH) Clinical Trial Databases, Federal Drug Administration (FDA) User Fees and more.

- Aging panel in which Senators Thune and Nelson asked about next steps so a technical brief from the Agency for Healthcare Research and Quality (AHRQ) is circulating on Capitol Hill, [Telehealth: An Evidence Map for Decision Making](#). Groups have commented that we need broader and more complete literature review per benefits of telemedicine and remote patient monitoring.
- Senate Committee on Health, Education, Labor and Pensions (HELP) has released at least seven draft bills seeking to:
 - Assist doctors and hospitals to improve quality of care for patients
 - Create transparent ratings on usability and security to transform information technology
 - Reduce information blocking
 - Improve interoperability (create network of networks, digital provider directory, standards development and adoption, common data elements)
 - Leverage HIT to improve patient care
 - Empower patients and improve patient access to their electronic health information
 - Encourage trust relationships for certified EHRs
 - Create Governmental Accountability Office (GAO) on patient matching
- Telehealth Proposals:
 - Provides ACOs ability to expand use of telehealth. Draft report hasn't been drafted into legislation yet but there are implications for ACOs and rural
 - Maintaining ACO flexibility to provide supplemental services
- 2016 Omnibus Funding Bill/Tax Extenders
 - VA: \$1M for telehealth services, pilots and demonstrations, interoperability language per VISTA
 - Rural Development Programs: \$22M for telemedicine grants and distance learning, telemedicine for glaucoma
 - ONC: \$60M, coordination toward precision medicine
 - NIH: \$130 M, precision medicine
- Various Telemedicine legislation circulating: CONNECT for Health Act, HR 2948 to allow remote patient monitoring and home care for dialysis and hospice

Discussion

Status of the Interoperability Roadmap, 2015 Report to Congress: Challenges and Barriers to Interoperability and Final 2016 Interoperability Standards Advisory report

- Interoperability and information blocking will be two big topics this year. Curious to see how information blocking will be defined as there are many definitions right now. Seeing care coordination systems emerge that are cloud based. This is a work-around as the systems cannot communicate with anything but themselves and these vendors are not aware or focusing on interoperability. HIT vendors need to be aware of this. Care coordination is what should be driving interoperability. CPSI demonstrated one recently that brought in some non-health aspects, like schools.
- Call arranged by Tom Morris of FORHP included a discussion of information blocking and parties have very different stances on what information blocking is. Concerns about HIPAA and liability. Connecticut Health Information Exchange is being taken to court on information blocking. ACOs are creating incentives to keep “proprietary information” within their ACO. Do ACOs in and of themselves run counter to the goals of the federal government for information sharing? Possibly an unintended consequence of good strategy. Availability of information is crucial to the ACOs so there are counter forces. Not sure if there is enough data yet to determine if this is a concern or a real issue. Likened the development of ACOs to the initiation of the EHR movement. Need to look to the developing and leading ACOs to identify the best practices and learn from their challenges.
- Setting up Rural Affinity Group within the Centers for Medicare & Medicaid Services (CMS) to tweak policy to address many of the concerns being brought up in the discussion today. Michigan participating in four Transforming Clinical Practices Initiative (TCPI programs) and have noted they are starting to compete with each other (per John Barnas, Executive Director, Michigan Center for Rural Health). Terry noted it is amazing transformation but needs to be sorted out to diminish the chaos.

- MACRA/MIPS and APMs: Legislative and regulatory requirements related to patient engagement, quality reporting and health information technologies
- MACRA will likely drive EHR regulations much more than than the American Recovery and Reinvestment Act (ARRA) from now on. For example, there was a provision to redesign the Certified Health IT Product List (CHPL) to be able to compare the usability and quality of EHRs. This will drive how providers use MU. Then need to think about how this will impact the hospitals. Something else to watch is the eHealth Initiative. The National Rural HIT Coalition could do a presentation on one of the monthly calls to provide the rural perspective. Pat Schou, Executive Director, Illinois Critical Access Hospital Network and ACO, wanted to share that her concern is not necessarily the blocking. They have 52 rural hospitals, most in their shared saving plan, and are sharing their data to find what sort of care coordination to build, including population health management. They do not want to spend all their ASCO Investment Model (AIM) money on a data interface.
- Brock mentioned that the Pledge from Acting Assistant Secretary DeSalvo is addressing just that, the disruption that is occurring. Center for Medicare & Medicaid Innovation (CMMI), CMS and the Department of Health and Human Services (HHS) have been appropriately moving us toward this new era, but the programs have been non-specific in terms of focus. Rural has been included but at the periphery. The Rural Affinity Group will look at all the programs and describe the rural impact and strategies.

Follow-Up

- Review the pledge and send to group. Coalition will send out, have a follow up call if there are objections to discuss. Modified letter with suggested changes sent to Coalition on 2/18/16. Will solicit discussion about letter via email conversation with the Coalition

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