National Rural Health IT Coalition

Steven Posnack, Deputy National Coordinator
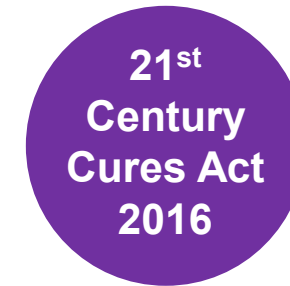
Beth Myers, Deputy Director, Office of Policy

Office of the National Coordinator for Health IT

- Founded in 2004 by executive order, established in statute in 2009

- ONC is charged with formulating the federal government's health IT strategy to advance national goals for better and safer health care through an interoperable nationwide health IT infrastructure

HITECH Act 2009 ----→ **21st Century Cures Act 2016**

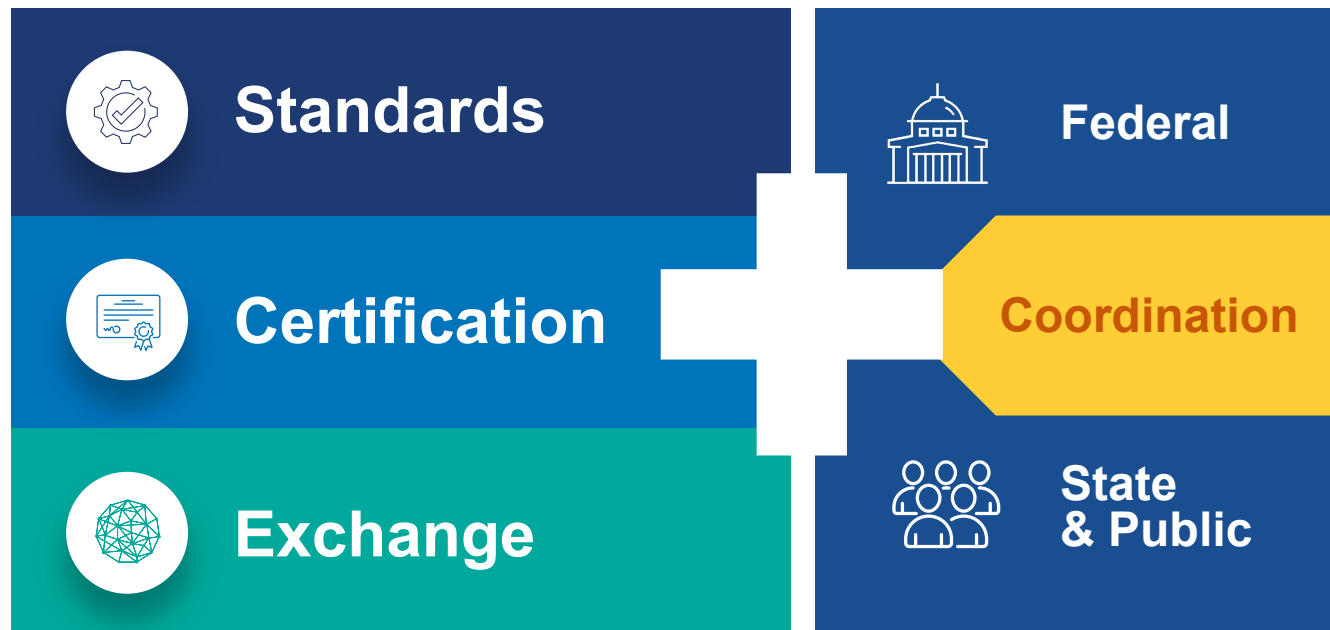**Laying the foundation of EHRs across the industry**

- $40B CMS investment to subsidize EHRs for hospitals and ambulatory providers
- ONC "certification" for health IT systems
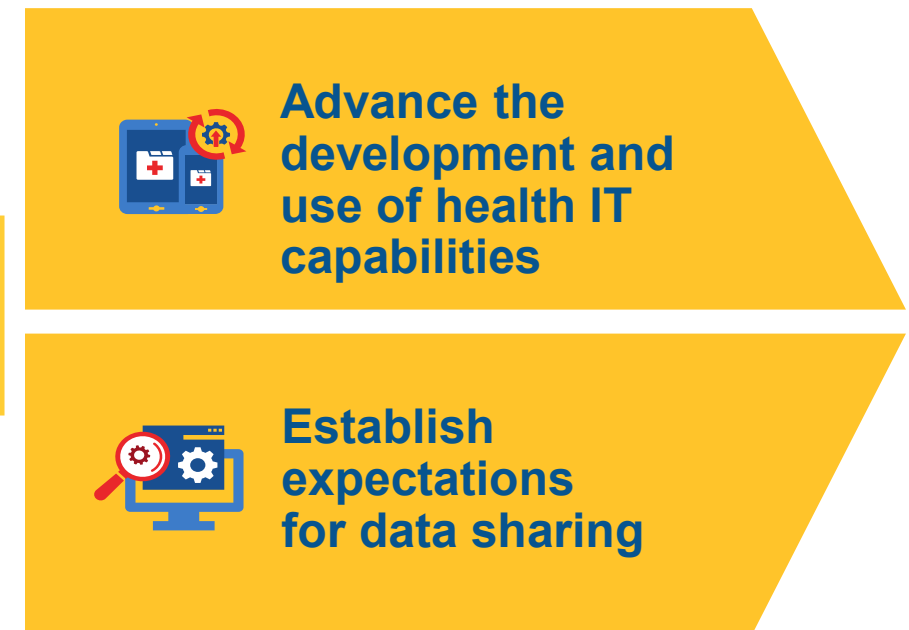
Leveraging EHRs to drive value

- Defines "information blocking" (practices that prevent, discourage, or interfere with access, exchange, or use of electronic health information)

- Requires access to information through APIs "without special effort"

- Requires nationwide governance for health information exchange networks – Trusted Exchange Framework and Common Agreement

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ONC Activities & Objectives

ONC Activities

Standards

Certification

Exchange

Federal

Coordination

State & Public

ONC Objectives

Advance the development and use of health IT capabilities

Establish expectations for data sharing

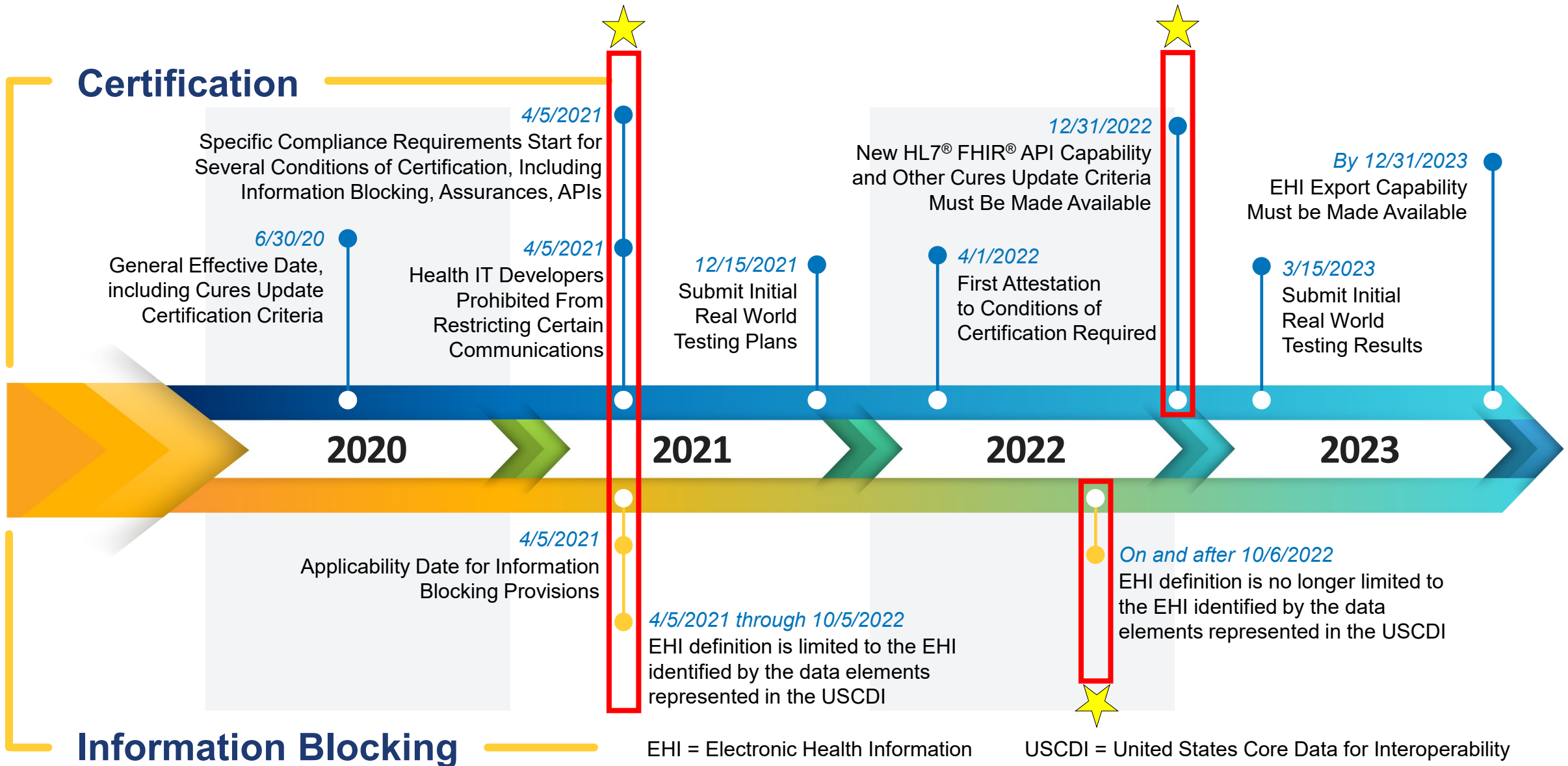The Office of the National Coordinator for
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What ONC's Focused On

1. COVID response – support transition to modern public health infrastructure integrated with clinical care system

2. Accelerate adoption of open APIs and evolution of competitive digital health ecosystem

3. Connect and expand health information exchange networks to support providers, payers, public health agencies, researchers, and patients

4. Establish health equity by design model for embedding equity considerations in health IT design, implementation, and use

5. Align federal agencies' health IT activities to use federal market presence to bolster national health IT goals

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Key Findings Related to Variation in Health IT Capabilities by Rural Hospitals

- Nearly 90% of rural hospitals had a 2015 Edition EHR in 2019.
  - There are statistically significant differences between rural and urban hospitals in the adoption of 2015 Edition (88% vs. 93%).
- While disparities exist in the adoption of 2015 Edition between rural and urban hospitals, these gaps become larger when looking at hospitals' ability to electronically find, send, receive, and integrate health information.
  - Nearly 1 in 5 rural hospitals do not participate in a health information exchange (HIE) – this proportion is significantly higher than suburban and urban hospitals where only 7% report not participating in an HIE.
- Small, rural, independent, and critical access hospitals are more likely to experience public health reporting challenges.
  - These challenges include lack of capacity to electronically exchange information, difficulty extracting relevant information from the EHR, and interface-related issues (e.g., cost and complexity) making it difficult to send information.
- Small, rural, independent, and critical access hospitals enable patients to access their health information at lower rates compared to larger, urban hospitals.
  - These differences exist not only with patient portal functionalities (view, download, and transmit), but also in patients' ability to access health information using apps and view clinical notes.

Let's Talk TEFCA

https://rce.sequoiaproject.org/tefca-and-rce-resources/

http://www.healthit.gov/TEFCA

PHIT Workforce Development Program

- ONC made awards totaling $73 million to train individuals in informatics and technology, to increase the number of public health professionals trained, with a focus on recruiting participants from minority serving institutions (MSIs).

- Through a period of performance of four years, the PHIT Workforce Development Program will provide selected recipients with funding to expand their existing programs or develop a new program to train at least 4,000 individuals on public health informatics and technology to improve the nation's public health workforce.

- These award are in the form of cooperative agreements to institutions of higher education to establish or expand public health informatics education programs, creating a diverse and inclusive health information technology (IT) workforce, with a focus on engaging MSIs.

https://www.healthit.gov/topic/onc-funding-opportunities/public-health-informatics-technology-phit-workforce-development

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ONC STAR HIE PROGRAM

- **The program has the following objectives:**

- Build innovative health information exchange services that benefit public health agencies.

- Improve the health information exchange services available to support communities disproportionately impacted by the COVID-19 pandemic.

- Support increased data sharing between Immunization Information Systems and HIEs.

The program is reducing burden for public health:

- The program has partnered with CDC on Electronic Case Reporting (eCR) & Health IT Standards for Public Health; Role of HIEs supporting COVID-19 Reporting & Public Health Requirements; and Electronic Lab Reporting and Health Information Exchange (HIE).

- KeyHIE (Geisinger Clinic) has partnered with the Pennsylvania Statewide Immunization Information System and Pennsylvania Department of Health to connect local providers administering the COVID-19 vaccine with the Commonwealth of Pennsylvania.

- Los Angeles Network for Enhanced Services is ingesting a flat file of daily vaccinations from the LA County Department of Health for improved patient outreach, contact tracing, disease control, prevention efforts, and informing DPH of those disproportionally affected racial, ethnic, and socioeconomic groups.

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ONC STAR HIE PROGRAM (cont.)

- **COVID-19 notification solutions have been deployed:** HealthShare Exchange Pennsylvania has developed bulk reports of patients' vaccine status to organizations doing outreach. Reports are pushed to the organizations several times a week with updated results, compared to one patient at a time lookups from the vaccine registries.

- **New connections to HIEs have been established:** Hi-Bridge HIE (Morehouse School of Medicine) has connected three new correctional facilities for reporting COVID-19 data to GaHIN.

- **New connections to HIEs have been established**: Rhode Island Quality Institute will connect to the state Immunization Information System providing real time COVID-19 immunization data to providers and allowing patients access to COVID-19 vaccination status in their medical record.

- **New vaccination reporting tools have been established:** The Kansas Health Information Network is reducing physician and public health burden by developing a solution for providers to electronically report COVID-19 lab results to their public health agency. Indiana HIE also successfully launched its COVID-19 vaccination reporting tool (https://www.ihie.org/vaccination-data-by-county/).

- **Health equity goals are being advanced:** West Virginia Health Information Network has finalized specifications for race, ethnicity, and geocoding for vaccines to enhance use of this data by public health.

- **Progress made on improving hospital capacity reporting:** The Texas Health Services Authority is demonstrating standards-based, real-time reporting of hospital capacity data for the purpose of reducing burden on hospitals and improving data quality.

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