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NATIONAL RURAL HEALTH INFORMATION TECHNOLOGY (HIT) COALITION

Conference Call

Monday, October 6, 2014 - Noon - 1:00 p.m. Central Time

Participants

- Terry Hill, Sally Buck, Joe Wivoda, Kap Wilkes, Leslie Quinn – National Rural Health Resource Center
- Denny Berens - Nebraska
- Kip Smith – Health Information Exchange of Montana
- Louis Wenzlow – Rural Wisconsin Health Coop
- Valerie Griffen – HIMSS
- Tommy Barnhart – Ten Mile Enterprises, Colorado
- Paul Kleeberg – Stratis Health, Minnesota
- Kim Larkin – Washington County Hospital, Illinois
- Rob Boyles – Alabama Office of Rural Health
- Sherilyn Pruitt – Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA)
- Neal Neuberger – Institute for e-Health Policy for HIMSS Foundation
- Mike McNeely – Federal Office of Rural Health Policy

Agenda

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|------------|---------------------------|----------------|
| 12:00 p.m. | Welcome and Introductions | Terry Hill |
| 12:05 p.m. | National HIT Updates | Neal Neuberger |
- Telehealth higher on the radar than it has been for the last 20 years
 - Dr. Kleeburg is chair of the board of directors at Healthcare Information and Management Systems Society (HIMSS) and has HIMSS on board around telehealth issues, especially for rural
 - National HIT Week in mid-September had 300-400 organizations in Washington to learn about HIT policy and HIMSS agenda
 - [HIMSS Congressional Asks](#) for members to go up on the Hill and ask about:



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1. Minimizing disruption in the nation's health care system emanating from HIT program changes through HITECH Act and the Affordable Care Act (ACA)
 2. Funding for the national coordinator for HIT for achieving interoperability, improving clinical quality, ensuring patient privacy and safety
 3. Expanding telehealth to improve patient access and outcomes and decrease costs
- HIMSS position paper that aligns with some of the views of the American Telemedicine Association (ATA) that focuses on the Harper Thompson Bill [H.R. 3306](#) that would enhance telehealth coverage by requiring Federal Communications Commission (FCC) rules on health care clinician access to telecommunications and information services to disregard clinician location this would overcome administrative barriers in FCC universal access and expand related FCC programs. It would cover telehealth services in Medicare hospitals and Medicare accountable care organizations (ACOs), Medicare home based kidney dialysis and high risk pregnancy. Centers for Medicare and Medicaid Services (CMS) is allowing store & forward capabilities, expanding reimbursements for real-time voice and video, change sites of care, updating Current Procedural Terminology (CPT) codes, addressing challenges of licensing barriers.
 - Multi-stakeholder telehealth workgroup was created with 13 organizations pulled together by the Technology Information Administration (TIA), including the American Medical Association (AMA), ATA, HIMSS, nurses, etc. The group is working on these issues:
 - Comprehensive approach for congress and various (12) telehealth bills could climb on board the 21st century CURES initiative bill. Top 10-12 recommendations from 30-40 recommendations in the 12 telehealth bills:
 1. Authorize use of telehealth for all ACOs and bundled payment programs
 2. Authorize remote patient monitoring for congestive heart failure (CHF) and chronic obstructive pulmonary disease



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(COPD) and federally qualified health centers (FQHCs) for diabetes care

3. Telehealth payments for population health to include all critical access hospitals (CAHs) and FQHCs and to facilitate care for Medicare patients by allowing home-based care for kidney dialysis
 - Telehealth evidence is next. The multi-stakeholder group will ask Congress to write a letter to the Agency for Healthcare Research and Quality (AHRQ) asking for funding from their evidenced-based practice centers program which was authorized in the ACA to do a survey of the data in support of telehealth
- A bill was introduced that would set conditions for which a health care professional could offer telehealth in an unrestricted way to help licensure issues
- Federation of State Medical Boards (FSMB) released their interstate licensure compact for physicians and the AMA adopted an interstate licensure policy
- [ATA state-by-state study on telemedicine reimbursement](#)
- Rep. Black (Tennessee) and Rep. Welch (Vermont) introduced ACO improvement act that expands telehealth for ACOs
- [HRSA granted \\$22.1 million to improve rural health care](#) to 100 communities in 42 states among 7 different programs
- 44,000 meaningful use hardship exemption applications received by CMS
- [H.R. 5481](#) Flexibility in health IT reporting act introduced to ensure that providers can comply with HHS meaningful use by allowing a 3 month reporting period in 2015
- Tommy Barnhart – did the first act mentioned include rural health clinics (RHCs)? It would be good to include them
 - Neal will check

12:25 p.m.

Telehealth

Sherilyn Pruitt

- Office for the Advancement of Telehealth (OAT) mission is to advance the use of telehealth technologies for improving access and quality of health care services for rural and underserved populations.



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- Telehealth grants:
 - Licensure Portability Grants – two grantees: FSMB and Association of State and Provincial Psychology Boards, purpose is to reduce barriers to cross state licensure which is done through uniform online applications, centralized credentialing and expedited licensure
 - Telehealth Network Grants – 20 grantees funded \$250,000 per year for up to three years, grant will be competitive in 2016, supports traditional hub and spoke telehealth model, new emphasis on health outcomes now that the technology works
 - Telehealth Resource Centers – 12 state-wide/regional centers and two national centers (one on technology and one on policy) www.telehealthresourcecenter.org great resource for rural communities and HRSA grantees
 - Flex Rural Veterans Healthcare Access Program – fund three states (Maine, Montana and Alaska) to improve access to veterans that return to rural areas, working with the Veterans Affairs (VA) Office of Rural Health who want all VAs to have access to health care, grantees funded for three years, \$300,000 each year
 - New - Evidence-Based Tele-Emergency Grant Program (extra \$2 million in budget this year) – wanted to build evidence for telehealth and looked at areas not currently reimbursed by Medicare (tele-emergency), expect grantees to identify baseline information, support additional hubs and do research and publish what they learn, six grantees at \$400,000 per year for up to four years, will publish what we learned through all of the programs and an evaluation, developing performance for this program after this call
 - Partnerships – FedTel joint federal workgroup on telehealth, 26 agencies, meet every other month, put together federal definitions of telehealth
- National Advisory Committee on Rural Health & Human Services is focusing on telehealth, just went to Sioux Falls for site visits to learn



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about telehealth barriers – they make recommendations to the Secretary to improve access to health care in rural areas

- Dr. Rashid Bashshure, University of Michigan was a speaker at the National Advisory Committee, writing a book on the evidence of telehealth for the National Library of Medicine
- Kip Smith – who are the six tele-emergency grantees?
 - Sherilyn - St. Vincent's in Montana, University of Kentucky, University of California Davis, Avera, Union and University of Virginia, there were nine applications
- Denny Berens – at the beginning of OAT there were eight or nine grantees, has there ever been a look back to see what has happened since those grants to see lessons learned?
 - Sherilyn - There has not been a look back of the previous grants, at ATA we have seen a lot of the grantees and they are doing really well after starting with OAT. It is a really good idea and we have the data. Some are experts and keep getting funded. The way funding works, the organizations that are most sophisticated get the grants
 - Neal - Among the 300 telehealth networks most of them have had a National Telecommunications and Information Administration (NTIA) grant, OAT grant, AHRQ funding or some other funding
- Terry Hill – Does CMS have a position/attitude on enhancing telehealth funding or is legislation required?
 - Sherilyn – the CMS innovation awards are creative and funding for new and expanded telehealth models
 - Neal – The CMS rep at the Senate Aging Committee talked about the CMMI project focused on telehealth, but was restricted on what he could say/do.

12:45 p.m. EHR Vendor Customization for Quality Reporting Joe Wivoda

- RHCs and CAHs are having difficulty finding HIT workforce with database knowledge
- Lack of awareness of getting quality data out of electronic health record (EHR), issues with workflows for data capture



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- Vendor lack of awareness and around rural relevant measures
- What are we seeing? How can we use HIMSS rural community to talk about this? What role do the vendors play?
- Louis Wenzlow – National Quality Forum (NQF) announced a new committee for recommendations for performance measurement for rural small practice and small volume providers, people from Wisconsin will participate. Inpatient Prospective Payment System (IPPS) final rule, sun setting of core measures that may have not be topped out by rural providers.
- Terry Hill - Data aggregation of quality information across systems is difficult due to EHR vendor disparities.
 - Joe Wivoda – huge issue, hospitals seeing that smoking cessation is collected in multiple places, so the reports are wrong
 - Louis – Clinical quality measures (CQM) meaningful use requirements are even more complex, few organizations have accurate numbers
- Planning a Rural HIT Coalition face-to-face meeting at the NRHA Policy Institute February 3-5, 2014, if you have suggested topics please send to lquinn@ruralcenter.org.
- Tracy Morton and Kap Wilkes will be at the National Organization of State Offices of Rural Health (NOSORH) annual meeting the last week of October. Louis is going for the Network Development grantee meeting at the NOSORH meeting. Joe & Dr. Kleeburg will be at the ONC grantee meeting in October.

1:00 p.m. Adjourn

Terry Hill

Please send comments/feedback to Leslie Quinn at lquinn@ruralcenter.org.