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

Thursday, February 5, 2015
Washington D.C.

Participants

- Gary Capistrant, American Telemedicine Association
- Lynette Dickson, Yvonne Jonk, Center for Rural Health, University of North Dakota
- Bob Humphrey, CPSI
- Katherine Lloyd, Natassja Manzanero, Michael McNeely, Anthony Oliver, Federal Office of Rural Health Policy (FORHP)
- Mary DeVany, Great Plains Telehealth Resource and Assistance Center
- Tracey Schroeder, Healthland
- Pat Schou, Illinois Critical Access Hospital Network (ICAHN)
- Cody Mullen, Indiana Rural Health Association
- Neal Neuberger, Institute for e-Health Policy, HIMSS Foundation & Health Tech Strategies, Inc.
- Kris Juliar, Cindra Stahl, Montana State University
- Teryl Eisinger, National Organization of State Offices of Rural Health (NOSORH)
- Sherilyn Pruitt, Office for the Advancement of Telehealth, FORHP
- Leila Samy, Office of the National Coordinator for Health IT (ONC)
- Harry Jasper, Southern Humboldt Health District
- David Pearson, Texas Organization of Rural & Community Hospitals (TORCH)
- Sally Buck, Terry Hill, Leslie Quinn, Joe Wivoda, National Rural Health Resource Center (The Center)
- Becky Sanders, Upper Midwest Telehealth Resource Center
- Denny Berens

Welcome and Brief Introductions

Terry Hill, *Senior Advisor for Rural Health Leadership and Policy, National Rural Health Resource Center*

National and Federal Updates

Neal Neuberger, *Executive Director, Institute for e-Health Policy, HIMSS Foundation and Health Tech Strategies*

- The Office of the National Coordinator for Health IT (ONC) recently released a [Federal HIT Strategic Plan](#), a framework for nationwide [Interoperability Roadmap](#). It includes:
    1. Core technical standards and functions;
    2. Certification to support adoption and optimization of health IT products and services;
    3. Privacy and security protections for health information;
    4. Supportive business, clinical, cultural, and regulatory environments; and
    5. Rules of engagement and governance
- [Senate Aging Committee Roundtable on Telehealth issues](#)
    - Telecommunications Industry (TIA) multi-stakeholder telehealth group – submitted a [letter](#) to request that the Agency for Healthcare Research and Quality (AHRQ) undertake a review of literature on evidence base for telehealth using its [Evidence-based Practice Centers](#)
    - Mathematica is reviewing tele-emergency rural grants from the Federal Office of Rural Health Policy (FORHP). Six evidence-based tele-emergency network grants were funded last fall. One outcome is to conduct research and publish findings plus an evaluator was selected for program. It was recommended to review Office for the Advancement of Telehealth (OAT) data.
- [21st Century Cures Initiative response](#) - Move Accountable Care Organizations (ACOs) and Patient Centered Medical Home (PCMH) to include telehealth. Cover all providers, remote monitoring and allow store and forward services.
- Centers for Medicare and Medicaid (CMS) concerned about up coding. New Congressional Budget Office (CBO) director, proposed a list of telehealth services.
    - Eliminate geographic restrictions on telehealth, coverage for all providers and remote monitoring.
- No one is talking about Emergency Medical Services (EMS) and no reimbursement models for telehealth
    - The Energy and Commerce Committee may be doing something
    - Recommendation to write up EMS needs

- o Community Paramedicine program also working on recommendation
- We are seeing telehealth adopted in private-payer/commercial insurance ACOs
  - o [American Telemedicine Association (ATA) State Telemedicine reports](#) by Latoya Thomas and Gary Capistrant
  - o Department of Defense (DOD) and Veterans Affairs (VA) are collecting data
- Chronic care coding - few codes can be telehealth – they can be created, not sure if CMS will pay for it.
- Ask VA if they have outcomes in cost/quality with telemonitoring.
- President's budget, ONC $92 Million requested, Health Resources and Services Administration (HRSA) Telehealth 2014 asking $14.9 Million
- Going on this week: ONC annual meeting, e-Hi conference, National Rural Health Association (NRHA) Policy Institute, ONC VA meeting, Telehealth showcase
- Some concern about small, rural Meaningful Use (MU) on the hill.
- [New ONC Funding Announcements](#)
  - o $1.7 Million for Community Health Peer Learning Program
  - o $28 Million for Advance Interoperable Health Information Technology Services to Support Health Information Exchange (HIE)
  - o $6.4 Million for Workforce Training to Educate Health Care Professionals in HIT
- Federal Communications Commission (FCC) needs to create a national utility.

Sherilyn Pruitt*, Office for the Advancement of Telehealth, FORHP*

- $1 Million bump for OAT
- New high poverty, rural children telehealth network grant (supported by the White House Rural Council) – announcement out in March, start date September 1, $250,000 each
- Last year, $2 Million bump – evidence-based tele-emergency grants will show outcomes & build evidence base. In two years FORHP will have data for the tele-emergency grants and programmatic reports to share.

Mike McNeely*, Federal Office of Rural Health Policy*

- Rural Health Information Technology Network Development (RHITND) - 41 grantees, $300,000, 81% attested to stage 1 MU, looking at stage 2 MU – they went above and beyond on meaningful use. FORHP has summary information. [RHITND Sourcebook](#)

- Rural HIT Workforce program - 15 grantees, $300,000/year for 3 years, until August 2016 (supported by White House Rural Council)
- Working with Healthcare Information and Management Systems Society (HIMSS) and ONC on Rural Health IT Community. Marty Rice of FORHP (leaving February 20th) helped start this and Joe Wivoda is co-chair with David Willis. Dr. Kleeberg is on the HIMSS board and emphasized telehealth and Rural Health IT community. Rural Health IT Community will be meeting at HIMSS in Chicago, but will not have a pre-conference symposium.
- Small Rural Hospital Improvement Grant Program (SHIP) – looking at mHealth applications in the care transitions side, ICD-10 will eventually happen and FORHP will transition from funding those activities, MBQIP will remain in SHIP and Flex.
- Medicare Rural Hospital Flexibility (Flex) Program – no HIT component, need to think about data security in the future.
- White House Rural Council discussions engaging in HIT.
- Electronic Health Record (EHR) – Resource and Patient Management System (RPMS) for Indian Health Services, hospitals can get it for free with support from a vendor.
- Concerns about EHR software/hardware updates and loss of productivity
  - Evaluating 90 day period and timeline for MU
  - Prominent bill presented removing certifications for vendors that didn't go past MU stage 1 or weren't talking with other systems
  - VA's new vista model

Leila Samy, *Rural Health IT Coordinator, Office of the National Coordinator for Health IT*

- Identifying top challenges to rural providers and hospitals. Working on solutions with federal and non-federal partners.
- Financing HIT is a priority for ONC, collaborative activities. Focusing on telehealth and infrastructure for financing.
- White House Rural Council initiatives: financing and VA care coordination initiative.
- United States Department of Agriculture (USDA), FORHP, ONC signed MOU to link hospitals with financing
  - State-specific partners (Appalachian/Delta/frontier funding)
  - 13 states $1billion invested in Rural Health, USDA rural development is the primary partner, expanding to 16 states

- New money in one program isn't going to be a solution – look at all solutions
- 70% of Veterans seek care in and out of VA, even higher in rural. Coordinating care in/out of VA. Since VA is hub and spoke model. 40 mile limit from a VA Center or Community Based Outpatient Clinic (CBOC). Providers are not reimbursed at Medicare levels.
  - Train veterans to access their health summary and make it available where they want to seek care (working with FORHP and technical team on My HealtheVet)
  - Ability to send health summaries using Direct
  - VA is paying for an evaluation of impact on quality and efficiency (medication and lab duplication)
- ONC Funding Opportunities – will be tied to original requirements.
- Regional Extension Centers (RECs) are able to file no-cost extensions.

Telehealth Technology Discussion

Joe Wivoda, *CIO, National Rural Health Resource Center*

- Telehealth vs. EHR – EHR technology progressing at a slow rate, MU forced acceleration. Telehealth technology has been there and more mature than EHR technology, technology is pushing the use of telehealth, telehealth held back by payment models.
  - Can legally use Skype for telehealth, in some instances
  - Mobile devices enabled
  - Less bandwidth required
  - Wireless home monitoring devices

Issues Related to Telehealth Expansion and Population Health Integration Discussion

- Outdated laws and policies
  - Laws change when the population demands change (Uber replacing taxis, for example)
  - Direct to consumer movement
- Illinois feasibility study 375,000 lives, 34 out of 51 Critical Access Hospitals (CAHs) are independent, shopped commercial carriers working with 25 hospitals, approved Medicare Shared Savings Program, select an IT platform for CMS claims data – hospitals invested $10,000 each
  - Challenges: Population health, EHR, Physicians, some vendor products won't integrate for HIE, cyber security threats

- Insurance data and patient/consumer data is needed
- No data governance practices or consistency, which is why we are using claims data
- Data will need teams like we did for Health Insurance Portability and Accountability Act (HIPAA) privacy and security
- Indiana hospitals don't have the expertise/resources to analyze the data
- Hospitals are able to get summaries, but need to build care plan and patient portal
- Can we look to big systems for lessons learned on EHR implementation between hospitals and clinics
  - The future of the rural hospitals and clinics is going to look different than the past, the Mayo is referring post-acute care patients back to the rural hospitals – New Models for Rural Post-Acute Care white paper
- Training and education on patient engagement, define telehealth as part of patient engagement
  - What do we mean by patient engagement? ONC could define
  - Consumer engagement isn't a problem
- The system is not ready for an engaged patient, limited time
  - The system wants an engaged patient, in a shared savings model the patient has to (including lifestyle and health)
- VA is an example of consumer driven exchange.
- Consumers are forced to start looking at insurance plans and understanding them
  - Nebraska Catholic Health Initiative quality based model – Blue Cross Blue Shield (BCBS) refused to participate
  - BCBS intensive medical home model in Illinois – pay hospital $275 to case manage the high risk patients (compliance rate went from 25% to 75%), there is a cost reduction for BCBS, but we don't know our data well enough to negotiate a better rate
- What is prohibiting your hospitals from using telehealth?
  - The telehealth resource centers are getting the message out, but there is not enough patient engagement.
- Resources needed – broadband, OAT funding for technology, use Telehealth Resource Centers for technical assistance
- Telehealth is moving to the front of the agenda – education, resources, models, examples

Follow-up

- [Interoperability Roadmap](#) – develop a response from a rural health perspective. Send comments by April 3.
    - Look at telehealth language - what else does rural need? What is good? (keep it for rural)
    - Gary, Neal and Joe draft language. Ask NOSORH and NRHA to submit.
    - State, regional and network HIEs should work towards the 5 building blocks. Interoperability includes Telehealth too.
- Future discussions on:
    - VA issues and interconnectivity
    - Workforce - need for technical expertise to pull and analyze data
    - Rural data/clinical informatics 101

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