

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

Tuesday, February 7, 2017
Washington, D.C.

Participants

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

Tommy Barnhart, Ten Mile Enterprises

Adam Bluth, Veteran's Health Administration, Office of Rural Health

Sally Buck, Nicole Clement, Terry Hill, Tracy Morton and Joe Wivoda, National Rural Health Resource Center

Gina Capra, Shawn Frick and Andy Gulati, National Association of Community Health Centers (NACHC)

Jennifer Dunn and Michelle Mills, Colorado Rural Health Center

Jan Eberth, University of South Carolina

Bill England, Natassja Manzanero and Carlos Mena, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT)

Kristin Juliar, University of Montana, Montana Area Health Education Center, State Office of Rural Health

Alana Knudson and Shena Papat, NORC at the University of Chicago

Danielle Louder, Northeast Telehealth Resource Center

Mike McNeely and Matthew Quinn, HRSA, FORHP

Rachel Mutrux, Heartland Telehealth Resource Center

Neal Neuberger, Health Tech Solutions, American Telehealth Association

Anthony Oliver, HRSA, FORHP

Fred Rathman, Alliance of Chicago Community Health Services, L3C

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

Brock Slabach, National Rural Health Association (NRHA)

Karla Weng, Stratis Health

Louis Wenzlow, Rural Wisconsin Health Cooperative

John Windhausen, Schools, Health & Libraries Broadband (SHLB) Coalition

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 beginning of the Coalition. This year is the 11th year of the National Rural HIT Coalition.

Federal Updates

Bill England, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT)

- Provided an overview of the HRSA-funded [initiatives](#) through OAT
 - Telehealth Network Grant Program
 - Telehealth Resource Center Grant Program (TRC)
 - Evidence-Based Tele-Emergency Network Grant Program
 - Rural Veterans Health Access Program
 - Licensure Portability Grant Program
 - Rural Child Poverty Telehealth Network Grant Program
- Some themes noted:
 - Community Health Centers (CHCs) are doing a tremendous amount of telehealth
 - CHCs are being surveyed about if they're using telehealth and if not, why? This information is being collected through the Uniform Data System reporting mechanism. They also want to learn how electronic health records (EHRs) are interfacing with telehealth, collect use cases and focus on complete and seamless integration of the two
- Noted that OAT is working to align with the various HRSA funded programs addressing telehealth

Natassja Manzanero, FORHP, OAT

- Noted that the Healthcare Information and Management Systems Society (HIMSS) 2017 Health IT Conference is scheduled February 19-

23, 2017. There are preconference events on topics relevant to rural and underserved areas. HRSA will have a booth at the conference and is hosting a meet and greet. She will be presenting about the rural technical assistance (TA) for telehealth and best practices around behavioral health information exchange (HIE)

- Also Natassja noted the following upcoming events: Mid-Atlantic TRC Conference, American Telehealth Association conferences, both in April, and the National Rural Health Association Annual Conference in May
- Announcement coming soon regarding funds from the Centers for Medicare and Medicaid Services (CMS) to provide Quality Payment Program (QPP) TA to clinicians in individual or small group practices of 15 or fewer providers
- The [Expanding Capacity for Health Outcomes \(ECHO\) Act](#) was passed in December 2016 requiring studies and examination of the use of telehealth. Other legislation related to telehealth includes the [21st Century Cures Act](#), also passed in December 2016
- National Quality Forum (NQF) has convened a [committee of expert stakeholders on telehealth](#) to conduct an environmental scan on telehealth metrics. The committee has a goal of reporting out their findings in the Fall 2017
 - Marcia Ward, University of Iowa is representing rural health research on this committee
- HRSA Bureau of Primary Health Care (BPHC) has awarded supplemental funding for delivery system health information investments
- [Health Information Technology, Evaluation, and Quality Center](#) (HITEQ): BPHC has established this center to provide support to HRSA partners including Health Center Controlled Networks (HCCNs), Primary Care Associations (PCAs) and other National Cooperative Agreements (NCAs) and health centers. The purpose of the center is to support health centers (through technical assistance and education) to use EHRs to collect accurate clinical data and to use this data to support positive health outcomes for all health center patients

Matthew Quinn, HRSA

Matt introduced himself to the Coalition and explained that his role is to look at connections between federal agencies and to work with them to identify synergies between programs, research and regulation.

- There is a public health informatics task force that is looking at HIT and telehealth through a public health lens
- The 21st Century Cure Act, specifically section 4003, sets priorities for adoption of standards in interoperability and implementation
 - There was discussion about the needs in rural communities, hospitals and clinics for investment funding. Leila Samy, Office of the National Coordinator (ONC), noted that if ONC was made aware of specific needs, they would be able to work on issues promptly

Leila Samy, (ONC)

- ONC is working to identify the current top challenge in states and communities. Top challenges cited in rural areas include infrastructure financing and workforce
- ONC is participating in a collaborative initiative with other federal agencies and partners
- From 2012-2016, ONC took inventory of all the resources created from 20 states USDA has invested over \$2.5 billion. The [Appalachian Regional Commission](#), a commission of 13 Appalachian states, also partnered in 8 states, matching funds at \$13 million. Work continues with Nebraska and Colorado
- ONC intends to work with the Veteran's Administration (VA) to update their Memorandum of Understanding (MOU)

Adam Bluth, VA, Office of Rural Health

- The VA is committed to increasing access for veterans and President Trump's nominee, David Shulkin, is a champion for telehealth
- Enterprise-wide initiatives are taking proven practices in VA Program Offices and spreading them to other program offices. Tele-primary care and tele-mental health are two examples in a hub and spoke model. Working to increase access to care in state Veterans homes
- The VA is also continuing to promote exchange partnerships including direct secure messaging, for which veterans need to opt in if they wish to benefit from it. There are 56 rural health care coordinators supporting this and other VA initiatives

John Windhausen, Schools, Health and Libraries Broadband (SHLB) Coalition

SHLB, a small non-profit formed in 2009, was developed to support the Broadband Technology Opportunities Program (BTOP) funded by the

American Recovery and Reinvestment Act (ARRA) and also worked with the Federal Communications Commission (FCC) to help shape the National Broadband Plan. SHLB is currently interested in working with other partners. They have written a concept paper to support a new infrastructure bill called the Rural American Connectivity Bill, which supports building broadband in every rural community through anchor institutions (health, schools, libraries). SHLB is working with rural caucuses, but there are other more pressing issues, such as the FCC rural health program running out of funds. The FCC program supports rural urban disparities in rates and created the Healthcare Connect Fund (HCF) which grew slowly and was underutilized until a surge in the last year or so. Previously funded entities may not be able to depend on the same amount of funding they were previously receiving. SHLB filed a letter with the FCC asking them to take emergency action to use prior years' unused funds to cover the current gap, but have not received a response from the FCC. Previous years' budgets were \$400 million with only half utilized. The \$400 million cap is not statutory, meaning it can be changed by the FCC. Bill England noted that the FCC funds also cover urban, but not sure of the amount that goes to rural vs. urban.

Neal Neuberger, Health Tech Strategies, American Telehealth Association

- Meaningful Use (MU): Stage 3 has had some extensions of physician certification dates and some relief of implement of measures
- Food and Drug Administration Safety and Innovation Act: to develop a report with proposed strategy and recommendations on a risk-based regulatory framework for health IT
 - Administrative Simplification Rules: includes unique patient identifiers and [Identifier Standards for Employers and Providers](#)
- Things to be aware of:
 - Medicare and Medicaid
 - Medicare Access and CHIP Reauthorization Act (MACRA)
 - HRSA telehealth programs facing appropriation and continuing resolution issues, telehealth carve-outs
 - MU standards and certification regulation
 - Additional HIT regulations on physician fee schedule, inpatient and outpatient prospective payment systems
 - Shared savings programs, payment bundling and accountable care organizations (ACOs)
 - Innovation funding sources and projects

- [CONNECT Act](#): Has large support for telehealth, but wasn't folded into the 21 Century Cures Act. Key components of CONNECT include help with MACRA, remote patient monitoring (RPM), tele-stroke and dialysis. CONNECT would be a large expansion for telehealth payment and restructuring

Joe Wivoda, National Rural Health Resource Center

- Privacy and security
 - 2016 was a huge year for both rural and urban for massive data breaches via cybercrime and hacking
 - HIPAA violations are resulting in announcements of huge fines
 - Both remain a challenge for rural. Networks provide options for implementation of best practices to protect infrastructure, back-ups of data and cybercrime
 - Some rural health organizations are not taking risk assessments seriously
 - Mike McNeely noted that cyber assessments are an allowable activity under the Small Rural Hospital Improvement Grant Program (SHIP) if other priority items have been addressed. FORHP would like to support, but not overlap with the efforts of ONC, OAT and others
 - The National Association of Community Health Centers (NACHC) recently held two webinars on privacy and security for CHCs as they have heard similar concerns, including setting up policies and procedures, including end user devices. The Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center, had a webinar on cyberattacks as well. Information on how to view both sets of webinar recordings will be shared with the HIT Coalition.
 - Louis Wenzlow of the Rural Wisconsin Health Cooperative (RWHC) recently performed penetration testing with their network and are now focusing on longer passwords (12-14 characters), dual authentication for external access and employee education on phishing, which can be the access point for cyberattacks
- Merit-based Incentive Program (MIPS) and MACRA:
 - MIPS will affect critical access hospitals (CAHs) and federally qualified health centers (FQHCs) as EHRs are moved into a pay for performance arena

- MACRA has provisions about data blocking, as does the 21st Century Cures Act, which impacts telehealth, remote patient monitoring and public health interoperability

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