National Rural Health Information Technology Coalition Face-to-Face Meeting

Tuesday, February 11, 2020

Hilton National Mall Hotel, Washington, DC

Participants – In-Person

- Tommy Barnhart, Ten Mile Enterprises
- Sally Buck, Nicole Clement and Terry Hill, National Rural Health Resource Center (The Center)
- Monica Bourgeau, Allevant Solutions, LLC
- Scott Daniels, Hawaii State Office of Primary Health & Rural Health
- Lynette Dickson, North Dakota Center for Rural Health
- William (Bill) England, Carlos Mena, Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT)
- Gerrard Jolly, National Association of Community Health Clinics (NACHC)
- Mike McNeely, HRSA, FORHP
- Neal Neuberger, Health Tech Solutions
- Maria Paz, Matt Quinn, HRSA
- Earle Rugg, Rural Health IT Corporation
- Amit Sachdev, MD, White House Fellow
- Sarah Tyree, CoBank
- John Windhausen, Schools, Health, Libraries Broadband Coalition (SHLB)

Participants – Phone

- Jill Bullock, Arizona Center for Rural Health
- Rebecca Davis, Linda Weiss, National Cooperation of Healthcare Networks
- Jackie King, Dennis Toth, Illinois Critical Access Hospital Network
- Hugh Scott, Department of Veterans Affairs, Office of Health Informatics, Clinical Informatics and Data Management Office, Veterans Health Information Exchange
- Louis Wenzlow, Rural Wisconsin Health Cooperative
- Gary Wingrove, Mayo Clinic Ambulance

Welcome and Introductions

Terry Hill, co-Chair of the Coalition, welcomed everyone and thanked the National Rural Health Association (NRHA) for continuing to provide meeting space for the Coalition at NRHA Rural Health Policy Institute.

HIT Legislative Update

Neal Neuberger, Health Tech Solutions

- Telemedicine Across State Lines Act (S.2408): Introduced in July 2019 and referred to the Committee on Health, Education, Labor, and Pensions. The bill would amend the Public Health Service Act to:
    - Create a set of uniform best practices for the provision of telehealth across state lines
    - Create grants for telehealth program expansion, and
    - Offer direction to the Centers for Medicare and Medicaid Innovation (CMMI) to incentivize the adoption of telehealth in order to increase access to care in rural areas.
- National Telehealth Strategy and Data Advancement Act (H.R. 5763): Introduced February 2020; it would:
    - Authorize new grant money for telehealth programs
    - Simplify the grant application process and administrative structure of federal telehealth programs

- o Require OAT to create a plan for cohesive, effective telehealth implementation at the federal level
- o Improve research by standardizing the federal grant process and data reporting of funding recipients
- o Ensure information sharing and collaboration across federal agencies
- Potential legislation, the Wearable Equipment Adoption and Reinforcement and Investment in Technology (WEAR IT), promoted by the Connected Health Initiative would update the law defining eligible expenses for Flex Spending Accounts and Health Savings Accounts to include modern health and wellness monitoring devices, apps, and platforms.
- The Office of the National Coordinator for Health IT's (ONC) Trusted Exchange Framework and Common Agreement (TEFCA) draft received over 100 comments. Some electronic health record (EHR) vendors are against data sharing saying it will cause privacy issues. Some other big technology companies such as Apple, Microsoft, and Google have spoken out in support of Health and Human Services (HHS) rules meant to make it easier to share medical records data, arguing for patient engagement, continuity of care, etc. However, data governance and data assuredness across platforms continues to be a serious concern with the flood of data between medical devices, wearables and such. Data breaches continue to worsen, and medical devices continue to be targets of cybersecurity issues. Rural health care organizations have gone out of business unable to respond to or recover from ransomware attacks.
- CONNECT for Health Act (S. 2741): This telehealth bill would allow for approval of additional distance sites for rural health clinics, federally qualified health clinics, and Indian Health Service facilities. Due to the size and cost of the bill, it is being addressed in pieces with some support for tele-mental health services, the ability to waive restrictions on the use of telehealth during national and public health emergencies.

Telehealth Updates

William England, Carlos Mena, OAT

- Notices of Funding Opportunity (NOFOs)
  - [Telehealth Focused Rural Health Research Center (TF RHRC) Program](): Will fund two TF RHRCs (one new), one focusing on evaluation and the other evidence focused.
  - [Telehealth Network Grant Program](): For the purpose of promoting rural tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and tele-emergency medical services.
    - Proposed measures are included in the NOFO.
    - Up to 24 applicants will receive up to $300,000 per year. Equipment can be purchased with up to 40% of the grant funding.
    - OAT is suggesting that applicants apply for Universal Service Administrative Company (USAC) funding first and leverage the two programs.
    - OAT has reached out to CMMI to notify them that this demonstration is occurring in the interest of promoting coordination with the Emergency Triage, Treat, and Transport (ET3) demonstration.
- [Telehealth Resource Center (TRC) Program Request for Information](): Health Resources & Services Administration (HRSA) is requesting information about the upcoming TRC Program NOFO. HRSA seeks responses to the "Questions for Public Comment". HRSA may use the responses collected to inform policy development and program decision making, among other purposes. The responses and/or a summary of the responses will be shared with OAT. Responses are due March 6, 2020.
- The Federal Communications Commission has a large home monitoring demonstration project coming that targets rural, veterans, and the medically underserved rather than Health Professional Shortage Areas (HPSAs). Funding essentially expected to cover broadband, not equipment. Other federal agencies offer funding for equipment, so OAT is encouraging leveraging of funds.
- Opioid funding opportunities are increasingly noting telehealth as an appropriate modality for when applying for funding. This is becoming much more common across the board.

Discussion

Broadband: Universal Services Administration Company (USAC) Reforms and the Rural Health Connected Care Pilot

John Windhausen, SHLB

- FCC's Rural Health Care Program: The Rural Health Care Program, provides funding to eligible health care providers for telecommunications and broadband services necessary for the provision of health care. The SHLB Coalition is and has been actively seeking more funding for the program. The program funding has been capped at $400 million, and for years, the demand was much less. That changed about 4 years ago when FCC began encouraging consortia. The funding cap was substantially exceeded in 2017. The funding cap was increased to $570 million, and then again to $600 million, but the demand continues to grow and exceed the cap. FCC made cuts in August 2019 that affected rural consortia by basing funding on the address of the lead organization, which often times is just an administrative office. Another issue SHLB cites is that the FCC does not have a consistent definition of rural. Some consortia have been pulling out of the program due to inconsistent funding. SHLB filed a petition for reconsideration. John noted that FCC isn't likely to change on their own and expects that congressional support will be needed. SHLB has contracted with a consultant to do an estimate of demand based on how many clinics there are in rural areas, how much broadband they need, and the cost of it. SHLB feels that this information will put them in a strong position to approach capital hill for support.
- Broadband legislation: There is potential for Representative Clyburn, South Carolina, and Representative Nancy Pelosi, California, to introduce a bill related to rural infrastructure. SHLB is dedicating a lot of energy to this and feels optimistic that the White House would support it as broadband is a bipartisan issue.
- SHLB continues to work to increase their membership to increase grassroots support to work with capitol hill.

Rural Community Opioid Crisis: HIT-Led Approaches

Mike McNeely, FORHP

Rural Community Opioid Response Programs (RCORP) continue to grow. Initially a $100 million investment, it increased by $120 million in FY 2019 for one-year use, and this year (FY 2020) will be an additional $110 million for single year use. Currently funded projects number 316 with additional 169 awards planned this fiscal year. FORHP plans to fund projects to build capacity for treatment, implementation grants for direct services that fall into the HHS Five-Point Strategy to Combat the Opioid Crisis and a pilot related to neonatal abstinence syndrome. All of the grant programming is consortia-related allowing partnerships with urban but based in rural. FORHP has projects in 47 states. The three that aren't included have more issues with methamphetamine (meth). FORHP has begun to allow for the the possibility of funding projects that include initiatives to address meth if capacity allows after addressing opioid use disorder (OUD). Additional work includes:

- There is a cooperative agreement for technical assistance support to the rural communities engaging in activities to combat OUD, evaluation, and best practices to develop briefing materials.
- Three Centers of Excellence: One related to family-based approaches, one for best practices in recovery housing programs, and the third for addressing opioid-related mortality in the Delta and/or Appalachian regions.
- Planning grants: FORHP anticipates awarding 50 planning grants with 18-month project periods as 12-month project periods have consistently proven to not be long enough to complete all of the work.

There much telehealth and Project ECHO included in currently funded RCORP projects. Telehealth is generally an acceptable modality to be included, and many different modalities are being allowed.

Cybersecurity: Implications of the Cyber-Security Crisis for Rural

Matt Quinn, HRSA

The CISA-405(d) workgroup is trying to demystify the biggest cybersecurity threats and best practices to address them. Two years ago, they published [Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients](#). The workgroup is working on updates and companion pieces, updating threats and approaches. The workgroup has also been facilitating spotlight webinars. Participation in the workgroup is open and doesn't require in-person attendance. March is patient safety awareness month and the workgroup will launch a campaign, *Cyber Safety is Patient Safety!* The team also offers educational outreach in the form of speaker, webinars, and on-site events.

- To learn more about CISA-405(d), visit www.phe.gov/405d
- Follow them on social media to stay up to date on all things 405(d)! Across [Facebook](#), [Twitter](#), and [Instagram](#) the 405(d) program is releasing new cybersecurity awareness products, tools, and information.
- Join their email list by sending an email to CISA405d@hhs.gov and request to be added.

Please send comments/feedback about this meeting summary or the National Rural HIT Coalition to Nicole Clement at nclement@ruralcenter.org.