Expanding Access to Financing & Telehealth for Rural Health Care Providers: Washington State

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September 15, 2016 in Cheney, Washington

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Within an agency charged with promoting nationwide adoption of technology in healthcare to transform care delivery, I am charged with working to ensure that rural communities are not left behind.

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1. Data and trends in Health IT and eHealth
   - Overall, Rural, Critical Access Hospitals (CAH)
2. Collaborative rural health and Veteran health initiatives
3. Links to resources
Hospitals receiving incentive payments for EHR Adoption or Meaningful Use: 2011-2013

May 2011

December 2013

Click here for animated version
Percent of Physicians e-Prescribing through an Electronic Health Record: 2008-2013

Click here for animated version
Percent of Physicians e-Prescribing through an Electronic Health Record
Local Area Trends of EHR Adoption, 2008-2013
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Local Area Trends of EHR Adoption, 2008-2013

Created by HHS Office of the National Coordinator for Health IT, Office of Economic Analysis, Evaluation, and Modeling
The Medicare and Medicaid EHR Incentive Programs have cumulatively paid $22.9 billion in incentive payments as of March 2014.

Note: Payments for May 2012 and June 2013 include payments to Medicare Advantage providers.

Source: CMS EHR Incentive Program
Data as of 03/31/2014
Progress with Adoption of Health IT and eHealth
Basic EHR adoption among office-based physicians in rural areas and small primary care practices

- Rural: 38%
- Small primary care practices: 35%
- Total: 34%

Note: From 2009 to 2011, the adoption rate for rural providers *more than doubled* and the percentage of rural physicians that have adopted EHRs slightly higher than for physicians overall.

Rural refers to physicians in a county outside of a Metropolitan Statistical Area. Small primary care practices refer to primary care physicians in practices with 10 or fewer physicians. Data source: National Ambulatory Medical Care Survey (NAMCS) Electronic Health Record Supplement mail surveys, 2008-2011.
How Are We Doing in Rural Areas?

Percent of Pharmacies in Urban and Rural Counties Enabled on the Surescripts Network

Percent Active December 2008: Urban 75%, Rural 61%
Percent Active April 2012: Urban 93%, Rural 91%

Note: From 2009 to 2012, rural pharmacies actively prescribing medication electronically *increased by 50%*
95 Percent of All Eligible Hospitals Demonstrated Meaningful Use of Certified Health IT by 2015
93% of Critical Access and Small Rural Hospitals have Demonstrated Meaningful Use of Certified Health IT | 2015

Office of the National Coordinator for Health IT
Hospital Progress to Meaningful Use

Hospital Progress to Meaningful Use by Size, Type, and Urban/Rural Location

February 2015

Percent of Eligible Hospitals

- MU Attested
- AIU Paid
- Registered
- Not Participating

Office of the National Coordinator for Health IT
Location of Critical Access and Small Rural Hospitals that Demonstrated Meaningful Use of Health IT Under Medicare as of April 2015

Percent of All Eligible Hospitals that Demonstrated Meaningful Use Under Medicare, April 2015

- Small Rural (<100 beds)
- Critical Access

1-20%  21-40%  41-60%  61-80%  81-100%
Critical Access Hospitals Report Challenges, Yet Forge Ahead with Advanced Health IT Capabilities

See: http://goo.gl/hoo5YR
• As of 2013, 89 percent of CAHs had an EHR in place;
  – 62% with an EHR had a fully electronic system,
  – 27% with an EHR had a system that was part electronic and part paper.

• Most CAHs adopted (as of 2013) or planned to adopt (by the end of 2014) telehealth, teleradiology, and capabilities associated with care coordination and health information exchange with other providers and patients.

• As of 2013, CAHs reported the highest rates of adoption for teleradiology (70%) and telehealth (59%) capabilities. 15% of CAHs reported patient engagement capabilities.
• Financing and workforce related challenges were most commonly reported.
• CAHs that pooled resources with other hospitals were more likely to have EHR and capabilities related to health information exchange and care coordination.
• CAHs with faster internet upload speeds were more likely to have the capability to provide patients with the option to view, download, and transmit their health information.
Links to Data on CAH Progress and Challenges

- ONC Blog Posting: http://goo.gl/hoo5YR
- ONC Data Brief: http://goo.gl/gkMx9y
- Health Affairs paper on CAH progress and challenges: http://goo.gl/sAF6At
• Health IT use varies dramatically among rural providers
• HHS funded technical assistance had a huge impact among rural providers
• Missing a year of incentive payments was more common among rural providers
• Rural providers and hospitals had higher rates of electronic exchange with other providers, but lower rates of exchange with patients
WHAT ARE WE DOING TO HELP?
Collaborate with and Leverage Federal and private sector partners

- Streamline programs serving rural America
  1. Technical assistance
  2. Funding, Broadband & Workforce
  3. Veterans’ Care Coordination and Quality
Expand Funding for Rural Health IT

• Financing is cited as the top challenge for rural doctors and hospitals serving remote and poor communities.
• In late 2011, the President announced an initiative, led by HHS and USDA, to help link rural providers to financing assistance.
• Between 2012 and 2014, this HHS and USDA led initiative generated approximately $1 billion in rural health care financing across 13 states. USDA investments helped rural clinics/hospitals upgrade their facilities, transition from paper to electronic health records, encourage exchange of health information, and offer telehealth.
• Workshops: By September 2016, we will have convened workshops to reach doctors, clinics and hospitals in each of 20 states: Iowa, Kansas, Illinois, Texas, Mississippi, Georgia, Michigan, Minnesota, Tennessee, Missouri, Montana, Wyoming, Kentucky, Pennsylvania, South Dakota, North Carolina, Maine, Ohio, Washington, and Virginia.
• Target populations: We reached rural areas that are poor, frontier, Appalachian and in the Delta, as well as Indian and tribal communities.
Current Project Locations
Collaborative Rural Health Financing Initiative

The United States

[Map showing project locations in the United States]
ONC/VA Leveraging Health IT to Improve Care Coordination and Quality for Rural Veterans

- About half of VA patients seek care both at VA and in their local communities. Among rural Veterans, this percentage is even higher.
- However, there is no systematic way for VA and non-VA providers to exchange these patients’ health information to coordinate and co-manage care. For rural Veterans, interoperable exchange between these different systems can improve access, quality and timeliness of their care.
- HHS and VA signed an MOU and are working with public and private partners to bridge this gap by 1) building the environment and partnerships needed for exchange between rural community providers and VA providers and 2) helping rural communities address their unique health IT challenges, including access to financing, broadband, workforce, and technical assistance.
- To get this work done, we in HHS are engaging directly with individual community leaders, including leadership of local HIEs like those of you in this room who are your communities’ trusted experts and movers and shakers.
  - To get involved, contact Leila Samy at Leila.Samy@hhs.gov

See links for examples of HHS and VA initiatives using patient engagement and health information exchange to improve care for rural Veterans.
LINKS AND RESOURCES
Get involved
Contact: Leila Samy, Rural Health IT Coordinator

leila.samy@hhs.gov
@LeilaSamy
Share: Tools, resources and best practices
www.healthit.gov/ruralhealth

For more information:
• Learn how ONC and its partners are helping rural health care providers get connected: http://bit.ly/22fEUuF
• HHS/VA projects to improve care coordination and quality for rural veterans: http://goo.gl/a7sHCC and http://1.usa.gov/1iJS4Rx.
• Overview of collaborative rural health IT efforts 2010-2013: http://goo.gl/CIjXIS

CAH Survey Data
• ONC blog posting summarizing results: http://goo.gl/hoo5YR
• ONC Data Brief: http://goo.gl/gkMx9y
• Health Affairs paper on CAH progress and challenges: http://goo.gl/sAF6At
Tools and resources for critical access and rural hospitals adopting Health IT

www.HealthIT.gov/RuralHealth

**Rural Implementation Steps**

1. **Assess your Organization Readiness**
   - The first step in EHR implementation is to conduct an assessment of your current organization and its goals, needs, and financial and technical readiness. With an accurate view of your level of preparedness, your organization can design an implementation plan that meets the specific needs of your organization.

2. **Plan Your Approach**
   - Planning starts with the information gathered during the assessment phase, to outline the organization’s EHR implementation plan.

3. **Select or Upgrade to a Certified EHR**
   - There are a number of steps involved in choosing the right EHR system for your organization. Eligible health care professionals and eligible hospitals must use certified EHR technology in order to achieve meaningful use and qualify for incentive payments. Looking to make your current EHRs meaningful use compliant? Start here.

4. **Conduct Training & Implement an EHR System**
   - EHR implementation involves the installation of the EHR system and associated activities, such as training, mock “go-live” and pilot testing.

5. **Achieve Meaningful Use**
   - The final phase of EHR implementation involves successfully attesting to demonstrating meaningful use of EHRs, and reassessing what you have learned from training and everyday use of the system.

6. **Continue Quality Improvement**
   - Emphasizes continuous evaluation of your organization’s goals and needs post-EHR-implementation to continue improving workflows that achieve the individual organization’s goals while leveraging the benefits of electronic health records (EHRs).
Visit Healthit.gov/RuralHealth
Then, click “Funding Opportunities” Tab for information about USDA Rural Development, Rural Utilities Service and Federal Communications Commission assistance programs.

**USDA Rural Development, Health IT, and Telehealth Program Funding Overview**
See link to webinar that provides overview of all USDA Rural Development loan and grant programs that fund health IT infrastructure, telehealth equipment, hardware and software and network infrastructure.

**Access to capital: Insights from a commercial bank**
This webinar explains the evaluation process commercial banks use to make a decision on a loan. Prepares Rural and Critical Access Hospitals for questions and requests when applying for a loan with a commercial bank, and work to make their loan applications more appealing to lenders.

All these resources are available from main landing page: Healthit.gov/RuralHealth
• Link to short video about the subsidy program: https://vimeo.com/usacvideos/review/165183327/5be4436638)

• Flyers available today:

Expanded HITECH Support for Medicaid Health Information Exchanges

• **Background:**
  
  • The guidance of how to allocate the matching funds for Health Information Exchange (HIE) based on the State Medicaid Director’s letter of May 18, 2011*, limited to supporting HIE for Eligible Professionals and Eligible Hospitals, that is, Eligible Providers (EPs) who were eligible for EHR incentive payments.
  
  • That guidance was issued when Meaningful Use Stage 1 was in effect. Meaningful Use Stage 2 and Stage 3, however, later broadened the requirements for the electronic exchange of health information.


• **State Medicaid Directors Letter February 29, 2016** (SMD# 16-003):
  
  • This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care with until 2021.
  
  • Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
  
  • It may also support the on-boarding of laboratory, pharmacy or public health providers onto HIEs.

What this means:

• States may support HIE architecture such as provider directories, encounter alerting systems, secure messaging, query exchange, care plan exchange, and public health systems.

• States may now support broader HIE on-boarding, i.e., the technical process of establishing secure connections, aligning encryptions standards and certificates, as well as the administrative processes such as consent models, contracts, and business associate agreements.

• These systems, in keeping with the principles of the Medicaid Information Technical Architecture (MITA) supports broader HHS goals around delivery system reform, including CPC+
As part of the U.S. government’s urgent response to the epidemic of overdose deaths, the Secretary of HHS convened HHS senior leadership and subject matter experts from across the Department to develop an initiative, grounded in the best research and clinical science available, to combat opioid abuse.

The HHS Secretary’s evidence-based “opioid initiative” focuses on three targeted areas:

1. Opioid prescribing practices to reduce opioid use disorders and overdose;
2. The expanded use of naloxone (a life-saving drug that reverses the deadly respiratory effects of opioid drug overdose); and
3. Expanded use of Medication-assisted Treatment (MAT) to treat opioid use disorder.

HHS continues to coordinate with agencies across the Department, and HHS leadership has joined together to aggressively implement the new opioid initiative and monitor progress. Many activities are already underway, and the Department continues to seek opportunities to work with its partners on this public health crisis. HHS and the Obama Administration at large continues to make addressing the opioid abuse problem a top priority.
Thank you!