NATIONAL
RURAL HEALTH
RESOURCE CENTER

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NATIONAL RURAL HIT COALITION
RESPONSE TO THE NATIONAL INTEROPERABILITY ROADMAP

The National Rural Health Information Technology (HIT) Coalition is pleased to have the opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC) "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap".

The National Rural HIT Coalition is a network of rural health and HIT leaders from organizations at every level, working together to enhance the implementation of HIT across rural America. The Coalition includes the following organizations:

- American Hospital Association (AHA)
- American Telemedicine Association (ATA)
- College of St. Scholastica
- Health Information Management Systems Society (HIMSS)
- Illinois Critical Access Hospital Network (ICAHN)
- Key Health Alliance
- National Cooperative of Health Networks Association (NCHN)
- National EMS Management Association (Advocates for EMS, and American Ambulance Association)
- National Organization of State Offices of Rural Health (NOSORH)
- National Rural Health Association (NRHA)
- National Rural Health Resource Center
- National Rural Recruitment and Retention Network (3RNet)
- Rural Wisconsin Health Cooperative (RWHC)
- Stratis Health

The National Rural HIT Coalition supports the ONC Interoperability Roadmap. Rural health care providers have unique challenges that are directly impacted by improved EHR interoperability. These challenges include limited HIT workforce, geographically broad referral networks and a shortage of primary care and other providers. Rural communities will likely benefit more than urban from supporting and developing models for interoperability across the care continuum.

Priority Use Cases (Appendix H)

The Coalition feels the following use cases enumerated in the Roadmap are critical for rural health care.

#18. Patients have the ability to access their holistic longitudinal health record when and where needed.

Since patients who live in rural communities often need to receive specialty care in other communities, it is important that information is available both pre- and post-visit. By providing patients with the ability to access and consolidate their information there is not a need to rely on exchange between disparate systems. This should be seen as one option in an incremental approach, however, with the ultimate goal being full query-based exchange between providers across the health care spectrum.

#48. Patients routinely engage in mental health risk assessments using electronic communications such as eVisits and telemedicine.

Behavioral health and chemical dependency providers are in high demand and short supply, particularly in rural communities. The last several years have shown that many of these services can be provided via telemedicine when the barriers of limited internet connectivity, poor or nonexistent reimbursement, and health information exchange are overcome.

#52. At-risk patients engage in healthcare monitoring programs which can detect life threatening situations (such as patient down and unresponsive) using at-home monitoring devices and electronic communications such as eVisits and telemedicine.

Remote and at-home monitoring will become increasingly cost effective and useful in all communities, but particularly in rural communities where distance to providers may be greater and access to home health may be limited. The Coalition fully supports increasing the use of monitoring programs.

Suggested Use Cases

1. Critical data, such as demographic, allergy and medications can be exchanged between any providers across the care continuum. A more complete record can be exchanged between those systems that are able to, thus providing an incremental approach.
    a. The Coalition believes that an incremental approach to interoperability will be more sustainable and will provide immediate benefit to patient safety. An approach that includes a data set that is focused on the minimum necessary to provide safe patient care during transfers and referrals while developing a more complete exchange methodology will be most useful.

2. Exchange of medical and behavioral information between state and federal correctional institutions and the private sector is encouraged. Electronic Health Records (EHRs) implemented in correctional institutions are required to be able to exchange information with the private sector.
    a. A patient population that is often ignored, and is a large user of behavioral health services, is the previously incarcerated. Their medical and behavioral health information is currently not electronically sent to private sector providers. Since these are government run institutions and there is a limited number of EHRs in use in corrections, this should be a relatively simple task with major impact.

3. Emerging care delivery models, including convenient care provided in outpatient pharmacy settings, utilizes robust exchange between other providers as well as with the patient's personal health record of choice.
    a. With the transition from volume to value-based health delivery models in full swing, communities are becoming more creative in delivering necessary health care. For example, more outpatient pharmacies are implementing, or at least investigating, providing primary care (or convenient care). We feel that this is an important development that needs to be encouraged to share information electronically with other local providers, particularly in rural.

Thank you for the opportunity to comment.

Sincerely,

Joe Wivoda, Chief Information Officer
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National Rural HIT Coalition