

November 29, 2019

Dear Representatives Davis, Sewell, Wenstrup, and Arrington:

On behalf of the [Healthcare Information and Management Systems Society \(HIMSS\)](#) and the [Personal Connected Health Alliance \(PCHAlliance\)](#), we appreciate this opportunity to provide feedback as you work to advance legislation to improve health care outcomes within underserved communities. We thank you for your leadership in issuing this bipartisan request for information and share your goal of improving care delivery and health outcomes for residents of rural and underserved communities.

- **What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?**
  - Evidence-based telehealth can help improve access to high-quality care for many Medicare beneficiaries and help address accessibility issues that beneficiaries in underserved areas and rural areas often face. Outdated restrictions on the use of telehealth in Medicare, most notably those found in Section 1834(m) of the Social Security Act, continue to limit the potential and impact of valuable tools and services for health care providers.
  - Remote patient monitoring (RPM) can also positively influence the health outcomes of patients with multiple chronic conditions within rural and underserved communities. Medicare began covering RPM in 2019, and, Medicaid programs do so sporadically. Policies that promote the use of RPM for chronic conditions through incentives could be key to a standardized use of RPM to improve care delivery. Please see the [linked document](#) for a compressive overview of successful remote patient monitoring programs from around the country.
  - Our members understand that access to broadband is necessary to realize the full potential of health technologies, including telehealth and RPM. Yet, there continues to be a great disparity in access to these vital services. According to the Federal Communications Commission (FCC), at least 21.3 million Americans, including many in rural and underserved areas, still lack access to broadband. Research shows this lack of access negatively affects both patients' health and clinicians' ability to provide the care needed to make their communities healthier. Committee action to advance consistent access to broadband could have a

dramatic impact on healthcare delivery in rural and underserved communities.

- **If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?**
  - To better serve patients in rural areas, the [University of Texas Health System](#) expanded its virtual health network, and leveraged telemedicine to increase access to basic and specialized health care services. Their virtual health network leverages the system's existing capabilities and connects all of UT's health institutions and medical schools under one statewide telemedicine network. The UT virtual health network has been particularly helpful for patients who are in situations where care is difficult to access. Additionally, the network is being used to better coordinate care, and leverage resources from across the entire health system. Despite the progress, one area that continues to be a challenge is access to broadband and adequate connectivity in rural areas of the state.
  - The University of Mississippi Medical Center leveraged its telehealth network for a pilot program to treat 100 rural residents (Medicaid beneficiaries) with type 2 diabetes. Leveraging RPM, the University of Mississippi Medical Center provided care management and patient education. The results of the pilot program included improved health and reduced health care utilization for those who received care management through remote monitoring. Additionally, this led to an estimated savings to Medicaid of \$339,184 for the 100 enrolled patients. For more information on this pilot program, and other successful uses of RPM from around the country, please view the [linked document](#).
- **What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?**
  - Several state-level policies that can have a positive impact on addressing workforce shortages include:
    - Recruitment to rural areas through loan repayment/forgiveness/scholarships that are made available to medical and other health professionals
    - Increasing residency programs available in rural areas
    - Growing healthcare education programs with rurally-focused curriculum
  - Streamlining and aligning telemedicine credentialing and reimbursement requirements across states can open up opportunities for telehealth in rural and underserved areas to supplement workforce shortages.
  - The healthcare community has benefited from congressional investment in [Project ECHO](#) (Extension for Community Healthcare Outcomes). This nationally-recognized successful model is being used in a growing number of communities

to improve care in underserved and rural communities. Project ECHO equips primary care providers in rural communities with training to provide specialty care, through a hub and spoke tele-mentoring model. Although Project ECHO is nontraditional telehealth, it has demonstrated proven results. Project ECHO helps address workforce shortages by linking community-based primary care clinicians through a knowledge network with a centrally-located inter-professional team of specialists who provide tele-mentoring and ongoing education. As of 2017, nearly 50 [peer-reviewed published papers](#) demonstrated the benefits of Project ECHO in increasing provider knowledge, self-efficacy, and professional satisfaction. Reauthorization and expansion of the program will have a lasting impact on care delivery in rural and underserved communities.

- **Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?**
  - To assist efforts to address substance abuse across the country, prescription drug monitoring programs (PDMPs) are being implemented in most states to monitor the prescribing of controlled substances, specifically around the opioid epidemic. Most states have had PDMP requirements mandated via state legislation. Many state-focused health information exchanges (HIEs) assist with the management and integration of these programs within provider care settings. HIMSS and PCHA would be pleased to introduce the Committee to a number of HIEs and [HIMSS Davies Award winners](#) that actively engage with their states to improve community and provider-level response to the substance use disorder epidemic.
  - Work underway in Nebraska helps to highlight the convergence of an active state HIE and favorable state laws to enable these projects to proceed optimally. Nebraska was the first state to require reporting of all dispensed prescription drugs to the PDMP. As a result, it became a comprehensive tool for all providers in the state to make more informed decisions. The PDMP also has an alert notifying the provider if the patient has received high dosages of opioids in the past seven to 30 days, which could signal a higher risk for adverse events like a possible overdose.

Overall, HIMSS and PCHAlliance encourage the Committee to look to Nebraska, and the work occurring there, for model practices and use cases for PDMP-exchange coordination and opioid policy-specific advances.

- **The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?**

- [Programs of All-Inclusive Care for the Elderly \(PACE\)](#) are an excellent health care delivery model that strives to address shortages of post-acute care and long-term services and supports. While PACE programs vary state-to-state, they intend to provide community-based care and services to people who would otherwise require nursing home level of care. One example of a PACE program utilizing technology to address gaps of care delivery and associated challenges of social isolation is found in the LeadingAge case study [“Improving Participant Satisfaction and Quality of Care with Engagement Technology.”](#) The case study touches upon multiple areas in need of consideration with regard to this particular population. These areas include social isolation, feelings of loneliness, depression, social networks, quality of life, staff efficiencies, efforts to reduce nursing visits, ED visits, and hospital admissions.
- Reports from several successful models that were launched through the [CMS Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents](#) show the beginnings of a positive impact. This Initiative was launched in 2012 and renewed for a second phase beginning in 2016. This effort is focused on improving the quality of care for people residing in long-term care (LTC) facilities by reducing avoidable hospitalizations. Beyond addressing avoidable hospitalizations, another LeadingAge case study [“Lexington Health Network and Curatesse Open Telehealth Platform”](#) provides the details of how Lexington Health leverages a telemedicine platform to connect remote nurse practitioners to provide enhanced clinical care. As the aforementioned models demonstrate, telehealth has many use cases in the LTPAC care setting.
- **There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?**
  - Social Determinants of Health (SDOH) data at sub-county and local level is needed to more accurately serve and better understand needs in underserved communities across the United States. Reliable data on housing integrity, food affordability and access, availability and reliability of transportation (public and personal) is needed to help better identify and address the causes of health disparities in rural and underserved communities.
  - Two initiatives currently working to increase the accuracy, availability, and use of data that reflects social conditions are:
    - [The Solutions in Health Analytics for Rural Equity across the Northwest](#) (SHARE-NW) is a five year project aimed to advance public health efforts in Oregon, Alaska, Washington, and Idaho through a better understanding of data access and quality.
    - [The Gravity Project](#) works to identify and harmonize social risk factor data for interoperable electronic health information exchange and focuses

on three specific social risk domains: food security, housing instability and quality, and transportation access.

- **Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?**
  - Requiring Medicaid reimbursement of RPM and telehealth would strengthen care quality in health systems that provide care to rural and underserved areas. Medicaid reimbursement would incentivize the development of more programs similar to the [University of Mississippi's diabetes management in the Delta program](#).
  - Removing Medicare geographic and originating site restrictions on telehealth (which is live audio-visual only) would help enable flexible, modern, evidence based care delivery nationwide.
  - HIMSS and PCHAlliance encourage the Committee to look to the [CONNECT for Health Act of 2019](#), a bi-partisan bicameral bill that would remove many of the outdated and overly burdensome restrictions on Medicare telehealth services.
  - Avoiding the continued closure of rural hospitals would also improve care quality. According to a 2019 [analysis](#) from Navigant, 21% of rural hospitals nationwide are at high risk for closure, adding up to the possible closure of 430 hospitals in 43 states. This analysis demonstrates that two out of three of these hospitals is considered highly essential to their community. [The Rural Emergency Acute Care Hospital \(REACH\) Act](#) is a bi-partisan bill that would help rural hospitals stay open by allowing certain small rural hospitals and critical access hospitals to be designated as rural emergency hospitals in order to receive special payment under Medicare.
  - Promoting interoperable sharing of data between hospital systems and Federally Qualified Health Centers (FQHCs) would also strengthen patient safety and care quality.

Again, thank you for the opportunity to provide feedback. We look forward to continuing to work with the Committee to improve care delivery and health outcomes for residents of rural and underserved communities. If you have questions, or would like additional information, please contact Josh Roll, HIMSS Manager of Congressional Affairs, at [JRoll@himss.org](mailto:JRoll@himss.org) or 703-562-8813 or Jody Hoffman, Policy Consultant for PCHAlliance at [Jody@RepublicConsulting.com](mailto:Jody@RepublicConsulting.com) or 202-341-1779.