

Your Comment Tracking Number: 1jx-84va-9gz4

RUPRI Rural Health Panel

Keith J. Mueller, PhD (Panel Chair)
Andrew F. Coburn, PhD
Jennifer P. Lundblad, PhD
A. Clinton MacKinney, MD, MS
Timothy D. McBride, PhD
Sidney Watson, JD

Friday, April 19, 2013

Office of the National Coordinator for Health Information Technology (ONC) and Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services (HHS)

Attention: Interoperability RFI
Hubert H. Humphrey Building
Suite 729 D
200 Independence Ave.
SW., Washington, DC 20201
By electronic submission at <http://www.regulations.gov>

RE: CMS-0038-NC, Proposed Rule: Advancing Interoperability and Health Information Exchange.

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased offer comments regarding the Department's Notice of Proposed Rulemaking to implement the new Health Insurance Market Rules consistent with the Affordable Care Act.

The Panel understands that CMS will receive comprehensive comments from a wide variety of sources. Thus we will limit our comment to rural-specific issues.

QUESTIONS FOR PUBLIC COMMENT:

1. What changes in payment policy would have the most impact on the electronic exchange of health information, particularly among those organizations that are market competitors?

Panel response:

Any policy requirement or mandate intended to advance interoperability and health information exchange must be accompanied by financial and technical assistance support to be effective for rural patients and providers.

- Rural health care provider organizations eligible for the current Medicare and Medicaid incentive funding and technical assistance via the ONC HIT Regional Extension Center Program (i.e., acute care hospitals and individual clinicians as Eligible Providers (EPs) generally lag behind their urban and suburban counterparts in terms of EHR implementation and meaningful use Stage 1 attestation.
- Health care provider organizations which are not eligible for Medicare or Medicaid

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incentive payments, nor HIT Regional Extension Center technical assistance (e.g., post-acute care providers including skilled nursing facilities, home health agencies, hospice programs) generally have low EHR adoption and implementation rates.

As a result, there is a disproportionate gap in rural health EHR use, and therefore a more limited ability to exchange health information.

2. Which of the following programs are having the greatest impact on encouraging electronic health information exchange: hospital readmissions payment adjustments, VBP, ACOs, Medicare Advantage, EHR incentive programs, medical/health homes? Are there any aspects of the design and implementation of these programs that are limiting their potential impact on encouraging care coordination and quality improvement across settings of care and among organizations that are market competitors?

Panel response:

Many of the program levers cited above as potential mechanisms for advancing interoperability and health information exchange will not have the desired effect in rural areas, where there is more limited implementation of these programs because of constraints in program design. For example, critical access hospitals are paid on a cost reimbursement basis and are not eligible for and do not participate in CMS' hospital value based purchasing program and readmission penalty program; Medicare ACOs have not emerged in any significant ways in rural areas.

4. What CMS and ONC policies and programs would most impact post acute, long term care providers, and behavioral health providers exchange health information? How should these programs and policies be developed and/or implemented to maximize the impact on care coordination and quality improvement?

Panel response:

The RUPRI Health Panel recommends a) expanding the Medicare and Medicaid meaningful use incentive program across the full continuum of care delivery, including the range of post-acute care provider types, and b) extending the timeframe (beyond its February 2014 end date) and scope and eligibility of the HIT Regional Extension Center technical assistance program to include provider organizations across the continuum of care.

Sincerely,

The Rural Policy Research Institute Health Panel

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