Chapter Advocacy Roundtable (CAR) Monthly Call

Pam Varhol
CAR Chair
New England Chapter

April 17, 2020

HIMSS

Agenda

- U.S. Federal & State Actions:COVID-19
- Announcements
- Open Discussion on COVID-19

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Key Health IT Provisions

David Gray

Senior Manager, Government Relations & Connected Health Policy

HIMSS

Congressional Action to COVID-19

COVID #1- Coronavirus Preparedness and Response Supplemental Appropriations Act

- **Signed into law March 6, 2020**
- **Provided $8.3 billion in emergency funding for federal agencies to respond to COVID-19 pandemic**
- **Granted HHS Secretary waiver authority over 1834(m) originating site restrictions on telehealth**
  - **Allowed rural AND urban sites, and beneficiary's home, to serve as eligible originating sites**
  - **Required providers to have a Medicare-established relationship with beneficiary in previous 3 years**

COVID #2- Families First Coronavirus Response Act

- **Signed into law March 18, 2020**
- **Focused on paid leave, free coronavirus testing, protection for public health workers, and expanded benefits for children and families**
- **Modified "Qualified Provider" language for Medicare telehealth services to allow required preexisting relationship to be established outside the Medicare program**

COVID #3- Coronavirus Aid, Relief and Economic Security (CARES) Act

- **Signed into law March 27, 2020**
- **Over $2 trillion relief package focused on healthcare delivery, state & local funding, business and non-profit relief, and overall economic stimulus.**
- **Provides financial relief, advanced reimbursement payments, and expanded telehealth flexibility**

COVID#4, 5, 6- ???

*Medicare Telehealth Takeaways (*limited to COVID-19 PHE)*

- **HRSA Grants (Sec. 3212): -** Reauthorizes HRSA's grant programs that promote the use of telehealth. The bill authorizes $29 million annually through FY 2025, with at least 50% of the funds awarded for projects in rural areas
- ***HSAs for Telehealth Services (Sec. 3701)** - Allows for High Deductible Health Plans (HDHP) with a Health Saving Account (HSA) to cover telehealth services prior to a patient reaching the deductible.
- ***Medicare Telehealth Flexibilities (Sec. 3703) -** Removes the requirement that a provider must have treated the patient in the past three years. Further, the section expands the Secretary's waiver authority over all 1834(m) statutory restrictions.
- ***Telehealth Distance Sites (Sec. 3704) -** Allows Federally Qualified Health Centers and Rural Health Clinics to serve as a distant site for telehealth services during the COVID-19 emergency.
- ***Home Dialysis Patients Waiver (Sec. 3705) -** Eliminates the requirement that a nephrologist conduct some of the periodic evaluations of a patient on home dialysis face-to-face during the COVID-19 emergency period.
- ***Hospice Care Telehealth Waiver (Sec. 3706) -** Allows qualified providers to use telehealth to fulfill the hospice face-to-face recertification requirement during the COVID-19 emergency period.
- ***Telecommunications, Remote Patient Monitoring and Telehealth Waivers (Sec. 3707)** - Directs HHS to issue guidance encouraging the use of telecom systems, including RPM, to furnish home health services during the COVID-19 emergency.
- **Federal Communications Commission** - Provides $200 million for the FCC to support the efforts of providers by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services.

Additional Key Health and Health IT Provisions

- **CDC Public Health Data Modernization -** Authorizes $500 million for public health data surveillance and infrastructure modernization efforts at the CDC, state, and local health departments
- **Public Health and Social Services Emergency Fund** – Provides $100 billion for our health system to prevent, prepare for, and respond to coronavirus, domestically or internationally.
- **42 CFR Part 2 Changes**
  - Amends regulations governing the confidentiality and disclosure of substance use disorder records, including allowing certain re-disclosures to covered entities, business associates, or other programs subject to HIPAA after obtaining the patient's prior written consent.
  - HHS Secretary shall issue guidance within 180 days on the sharing of patients' protected health information related to COVID-19, including guidance on compliance with HIPAA regulations and applicable policies.
- **Community Health Centers and Community Mental Health Services Demonstration** – extends funding for these programs (and others) through November 30, 2020
- **Coronavirus Relief Fund** - Provides $150 billion to States, Territories, and Tribal governments to use for expenditures incurred due to the public health emergency with respect to COVID-19 in the face of revenue declines,
- **Increased Reimbursement and Additional Waivers and Flexibilities:**
  - Temporarily suspends 2% Medicare sequestration for the period May 1, 2020 through December 31, 2020
  - Medicare add-on payments for inpatient hospital COVID-19 patients, increasing the payment that would otherwise be made to a hospital for treating these complex patients by 20 percent.
  - Gives acute care hospitals flexibility during the COVID-19 emergency period to transfer patients out of their facilities and into alternative care settings (such as post-acute care) in order to prioritize resources needed to treat COVID-19 cases
- **Provides additional funding to address issues around Smart Communities, SDOH, Precision Medicine**

HIMSS CARES Act Summary of Key Provisions

https://www.himss.org/news/cares-act-provisions-healthcare-and-health-it

US Federal Policy Responses to COVID-19 Pandemic

April 17, 2020

CMS RelaxesTelehealth Requirements

- **In-State Telehealth Licensure Requirements**
  - In general, a provider must be licensed in the state where the patient is located at the time of treatment
    - CMS has waived this requirement for Medicare patients
    - States can request a Medicaid waiver from CMS
- **According to the Federation of State Medical Boards, 44 states have waivers in place for their Medicaid programs for this purpose**
- **CMS Interim CMS Final Regulation permits 80 additional telehealth services**
  - Audio-only visits
  - Inpatient rehabilitation, hospice, and home health facilities
  - Remote patient monitoring
  - Prior provider-patient relationship no longer needed

Other CMS Actions Granting More Flexibility

- **Physician Self-Referral Rules**
  - On March 30, CMS issued blanket waivers of sanctions under the physician self-referral law for COVID-19 purposes, providing vital flexibility for physicians and providers
  - The waivers are effective March 1, 2020, and may be used without notifying CMS
- **Quality Payment Program and Quality Reporting Program / Value-Based Purchasing**
  - Deadline for 2019 submission extended until April 30, 2020
  - COVID-19 has triggered implementation of the MIPS Automatic Extreme and Uncontrollable Circumstances (E&UC) policy
    - Clinicians who don't submit data will automatically receive a neutral payment adjustment in 2021
      - The automatic policy does not apply to groups or virtual groups
      - Required to complete an application if data has already been submitted
  - Granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs for upcoming measure reporting and data submission

CMS Expands Accelerated and Advance Payment Program

- **To increase cash flow to providers of services and suppliers expanded the program to a broader group of Part A providers and Part B suppliers**
  - Only for the duration of the public health emergency
  - Intended to provide necessary funds when there is a disruption in claims submission and/or claims processing
- **Can provide accelerated or advance payments to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor**
- **To qualify for advance/accelerated payments**
  - Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form
  - Not be in bankruptcy
  - Not be under active medical review or program integrity investigation
  - Not have any outstanding delinquent Medicare overpayments
- **Qualified providers/suppliers will be asked to request a specific amount**
  - Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period

Additional Regulatory Actions Across HHS

- **HHS Office of Civil Rights and HIPAA Requirements**
  - OCR will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers
    - Must serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the public health emergency
  - Enforcement discretion for violations of certain provisions of the HIPAA Privacy Rule
    - Refers to covered entities and business associates for uses and disclosures of protected health information for public health and health oversight activities during the PHE
  - Covered entities may disclose PHI (such as the name or other identifying information about individuals) to first responders without their HIPAA authorization
  - Health care providers can share information with CDC, family members of patients, and others, to help address the COVID-19 emergency
- **HHS Office of Inspector General**
  - Notified physicians that they will not be subject to administrative sanctions for reducing or waiving any cost sharing obligations federal health care program beneficiaries may owe for telehealth services furnished
    - Covers various modalities, including telehealth visits, virtual check-in services, e-visits, monthly remote care management, and monthly remote patient monitoring

What's Next on the Agenda

- **Further regulatory changes and flexibilities across HHS to help address the pandemic**
- **When will Final ONC and CMS Interoperability Regulations be formally published?**
  - Effective date for the certification portion is generally 60 days after publication
  - Compliance for other components of ONC's Regulation occur six months from its publication
    - CMS Regulation implementation dates are generally January 1, 2021 or January 1, 2022
  - For actors regulated by the information blocking provision, enforcement of information blocking civil monetary penalties (CMP) will not begin until OIG engages in a notice and comment period
  - Health IT developers and HIN/HIEs will not be subject to penalties until OIG's CMP Regulations are final
    - ONC and OIG must still define the appropriate disincentives for providers under information blocking
  - The timeframe for enforcement would not begin sooner than the compliance date and will depend on when the CMP Regulations are finalized
  - ONC and OIG are emphasizing that they are exhibiting discretion on conduct that occurs before that time and any questionable actions will not be subject to information blocking CMPs
    - However, the actors that are subject to the information blocking regulations must comply as of the compliance date

Questions?


Clinical Research
Population Health
Public Health Data
Interoperability
Public Health
Innovation
Social Determinants of Health
Machine Learning
Meaningful Use
Artificial Intelligence
Patient Empowerment
Precision Medicine
Meaningful Use
Data Exchange
Burden Reduction
Cybersecurity
APMs
MIPS
Health I&T
Clinical Research
APMs
Innovation
Innovation
Machine Learning
Infrastructure
Meaningful Use
Burden Reduction
Public Health
Social Determinants of Health
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Public Health Data
Precision Medicine
Population Health
Data Exchange
Cybersecurity
Quality
Data Exchange
Infrastructure
Burden Reduction
Patient Generated Health Data
Social Determinants of Health
Workforce
Transformation
Patient Empowerment
Quality
Public Health
Value
Population Health
MIPS
Patient Generated Health Data
Social Determinants of Health
Health I&T
Clinical Research
Patient Empowerment
Workforce
Patient Empowerment
Clinical Research
Artificial Intelligence
Promoting Interoperability
Cybersecurity
MIPS
Cybersecurity
Population Health
All of Us Program
Interoperability
APMs
Quality
Promoting Interoperability
All of Us Program
Value
Interoperability
Infrastructure
Precision Medicine
Value
All of Us Program
Precision Medicine
Artificial Intelligence
Public Health Data
Machine Learning
Transformation
Patient Generated Health Data
Workforce
Data Exchange
Transformation
Public Health
Public Health Data
Innovation
Transformation
Promoting Interoperability

US State Policy Responses to COVID-19 Pandemic

U.S. State Actions Telehealth

- **Licensure requirements and renewal waivers**
  - Over 32 sates are temporarily waiving in-state licensing requirements for qualified medical personnel overall and specifically for delivering telehealth for providers outside of state lines.
- **Medicaid coverage**
  - Over 28 states are expanding access to telehealth for Medicaid recipients.
- **Commercial/Private Insurance Coverage**
  - Over 19 states are mandating that commercial insurance carriers cover telehealth

Learn more here: https://www.himss.org/news/states-covid-19-information-technology

Data Surveillance and E-Case Reporting

- Besides telehealth, states are beginning to appropriate funds for surveillance to detect and manage the outbreak and require electronic case reporting to public health entities.
- Many opportunities here to expand these capacities.

Learn more here: https://www.himss.org/news/states-covid-19-information-technology

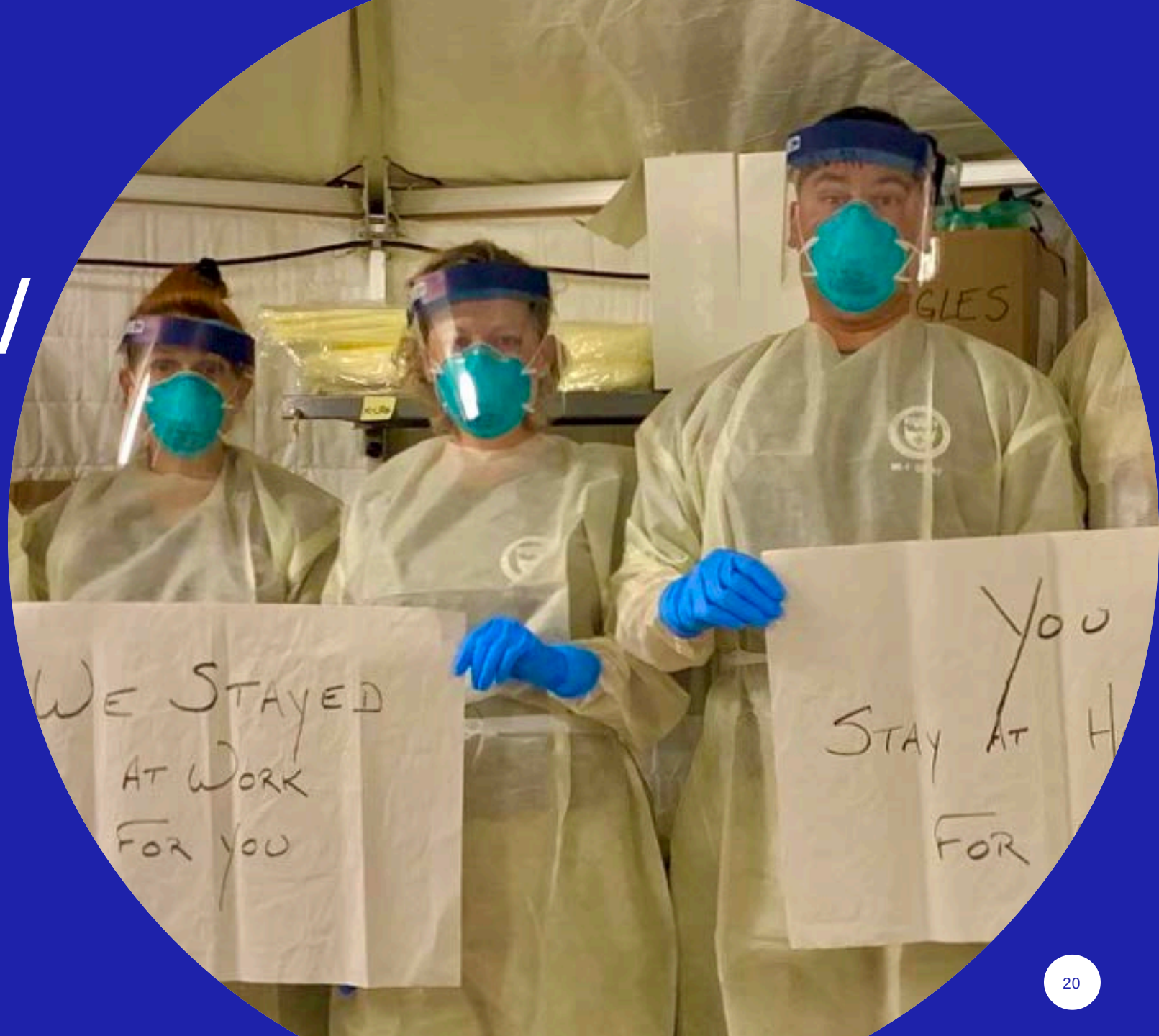
In Times of Crisis, HIEs are Front and Center

- Health information exchange (HIE) organizations play an essential role in aggregating and disseminating data to give local hospitals, public health officials and providers a better understanding of the virus' spread and the patients being tested and treated.
- Several state and regional HIEs and health information networks are leading efforts to respond to COVID-19, since they have the capability to share valuable patient data. The level of infrastructure of each HIE varies by state
- The following are examples of how HIEs have prioritized in their response efforts:
  - **Test Results Aggregation and Alerting:** HIEs are coordinating directly with public health officials, providers and labs to increase awareness of cases and community transmission, and to better prepare providers for interventions with infected patients.
  - **Population Health Surveillance and Analytics**: Because of their role as data aggregators, many HIEs are implementing tools to assess trends and inform decision making around regional responses.
  - **Broader Coordination across Communities:** Many HIEs partner with clinical and social organizations within a community and leverage their existing infrastructures to offer broader support and expanded access to non-HIE participants.
- **Learn more about HIE use cases, specific example and considerations for HIEs and relevant stakeholders to respond to COVID**

HIMSS Supports GlobalHealth IT Preparedness & Response Efforts for the COVID-19 Outbreak

- HIMSS continues to monitor current CDC recommendations fin response to COVID-19 and clinical best practices and identifying model practices for treatment
- HIMSS engaged the ONC and EHRA to determine how to improve outbreak management functioning (like electronic contact tracing) within commercial and CDC GOTS (NEDSS Base System) surveillance systems
- HIMSS China Team is monitoring the response of this issue on the ground and documenting lessons learned around vitalstrategies
  - The team is leveraging big data for screening low-risk groups with a possible contact history and is also considering how internet based apps and platforms can be employed to deliver cost-effective online screening and consultation to a larger low-risk population
  - Working to combine other sources of data, could help track down and manage the high-risk population with precision
  - The team released a recent article about current efforts using big data and screening tools that can be found at https://mp.weixin.qq.com/s/N36WQDJf3MqhjCWuuHKv8Q
- HIMSS was successful in helping to secure $50 million for the first year of a multi-year effort to support the modernization of public health data surveillance and analytics at CDC and state and local level.
  - Explore with HIMSS PPC on the best use of these funds to address immediate threats including COVID-19 and that support foundational infrastructure that helps all conditions/hazards?.

Immediate State & Local Strategies to Combat the COVID-19 Pandemic



- All states should immediately scale-up telehealth services to reduce the number of individuals using health care facilities while at the same time preserving and improving health. The Trump Administration has issued flexible and constructive guidelines for Medicaid, and states can use those flexibilities to help account for the uninsured population or those outside of the safety net.

  - While over 40 states have "parity" laws in place for telehealth services, HIMSS strongly encourages states **to include or expand provisions for both coverage and payment parity for all plans**
  - States are encouraged to **require private insurance carriers to reimburse for telehealth in the same way as an in-person visit.** Payments to providers should be the same as an in-person visit and should:

    (1) **extend to post-COVID-19 encounters**;

    (2) **extend across all Health Plans in a state's jurisdiction** (Medicare, Medicare Advantage, Commercial, Medicaid Fee-for-Service, Managed Medicaid,); and

    (3) **apply to non-COVID-19 related visits**, which is essential in supporting vulnerable populations, including patients with chronic illnesses and will likely reduce the burden of providers now and post COVID-19 along with improving population health.

- HIMSS also encourages states to **maintain the COVID-19 telehealth expansions for ongoing treatment and remote patient monitoring for persons with chronic conditions and compromised immune systems.** It has been documented that virtual care delivery models support the quadruple aim by improving access, care coordination, clinical outcomes, and supports patient engagement. HHS created funding mechanisms through the CMS, CDC, HRSA and the FCC by which states can permanently retain the virtual life-saving connected care models and increase disease prevention and treatment measures that are essential to combat COVID-19 and future chronic and communicable disease threats.

- State legislatures should move quickly to **expand license portability**, (i.e. the Interstate Medical Licensure Compact,) to make it easier for providers to acquire licenses to practice in multiple states using telehealth in response to the Coronavirus pandemic.

- HIMSS also encourages states to **allow healthcare providers to engage in asynchronous telehealth services, such as store-and-forward**, provided that any and all telehealth practices are clinically appropriate, properly documented, and otherwise comply with proper standards of care.

- States should consider **permanently including the originating site (the location of the Patient) to include the Patient's Home to boost remote patient monitoring (RPM) during the COVID-19 crisis and these efforts should be extended beyond the next 12-24 months after the COVID-19 crisis is expected to end** as a lever to deliver quality care for patients with chronic conditions, reducing their need to visit the emergency department or be admitted to the hospital as an inpatient.

- HIMSS strongly encourages states to **maximize their participation in federal funding programs for healthcare telehealth network infrastructure and connectivity** offered through the Federal Communications Commission (FCC), US Department of Agriculture, and other agencies, with the consideration providing a state funding match is aligned with federal funding.

- Given the dynamic nature of the coronavirus outbreak, states should ensure that providers who are not able to make significant investments in modern telehealth technology have a mechanism to reach their patients. HIMSS also encourages states to **support telehealth networks that build on peer-to-peer consulting that bring specialty expertise to small or rural providers through Project ECHO or similar programs.** Moreover, the HHS Office for Civil Rights has made allowances for providers to reach the most vulnerable populations.

- Further, HIMSS encourages states to **embrace mobile health solutions that support the transmission of patient health information using smartphones or tablets** through secure applications while protecting patient privacy.

HIMSS


GMC

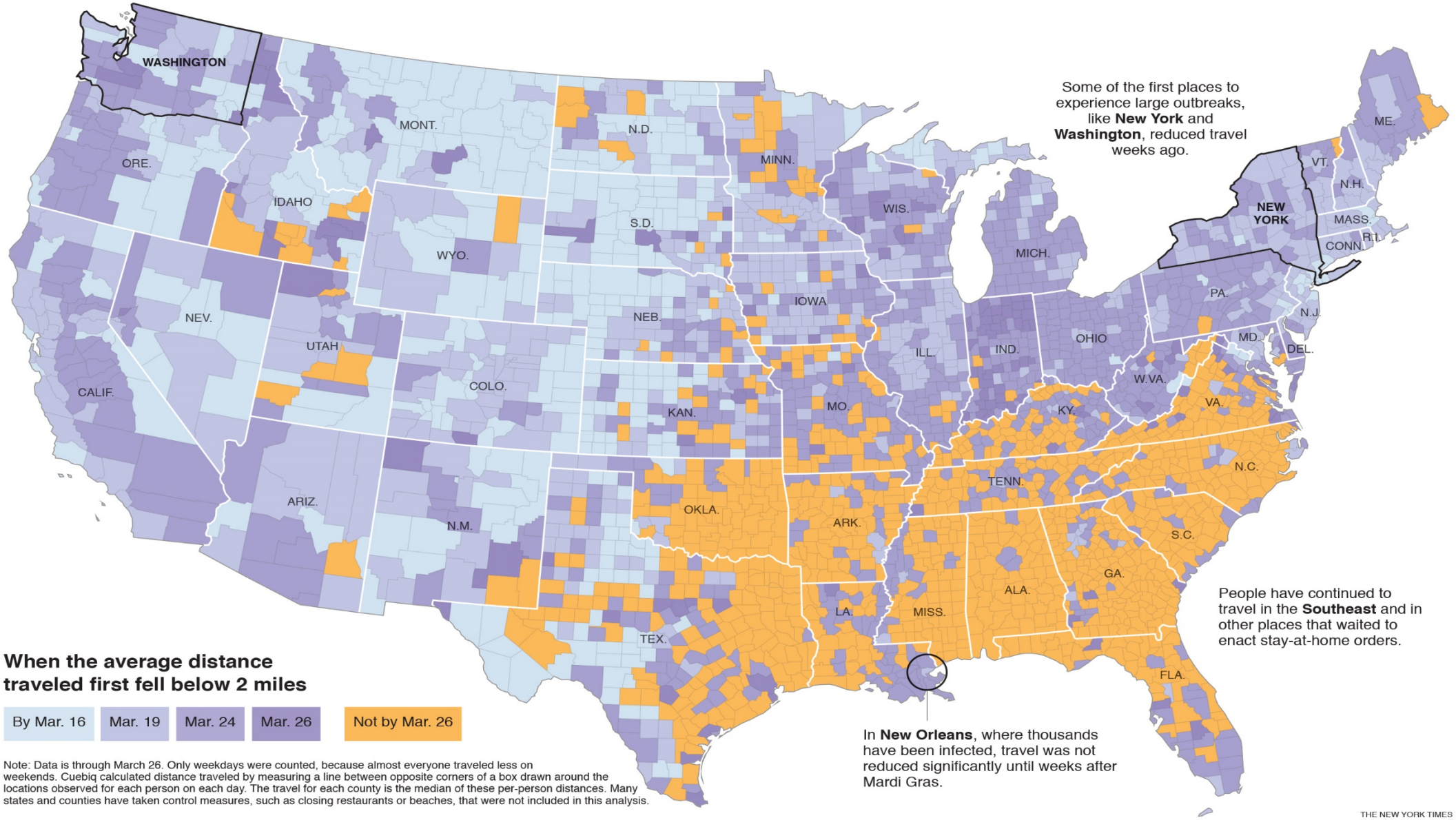
➢ *Mandate by public statute or regulation routine public health data submission and query by leveraging relief funding that supports electronic case reporting (eCR), and that enables cross-jurisdiction sharing of notifiable condition reports.*

- Given current COVID-19 data collection and aggregation efforts taking place, states should leverage easily scalable solutions like the CDC Foundation-supported Digital Bridge or EHR-lite mechanisms to **ensure consistent quality data reporting to the state health departments and to the CDC.** This strategy is vital to ensuring that underserved and rural communities are able to respond to the COVID-19 crisis.

- States should also consider as a priority, the **establishment or expansion of reporting on additional data elements during emergency declarations such as bed capacity, workforce, personal protective equipment (PPE), etc.,** where assessment and coordination to handle system surge is supported by data.

- Moreover, states should **mandate that demographic data is captured and shared with state and local public health authorities** to support contact tracing, hot-spotting, and informed policy decision making. This activity is especially important as providers leverage point of care tests.

Recent COVID-19 Headlines State & Local Governments Track Cell Phone Data



Strengthen the public health and health data infrastructure by using current relief funding to prioritize syndromic surveillance, emergency response, and environmental data with clinical care documentation using standards -based platforms (e.g. FHIR, etc.).

- HIMSS recommends that states **utilize the Department of Homeland Security (DHS) Fusion Model to make available a set of protocols, methodologies, and tools that support standards-based interoperability and information sharing during crises**. This approach will allow community partners to leverage needed data sources that may not be currently available to them. The DHS protocols could help healthcare leaders understand data ownership and data sharing policies before a crisis takes place.

- States should consider the use of **smart health technologies such as artificial intelligence and machine learning to provide predictive analytics** with hourly detection as well as continuous monitoring for potential outbreaks leading to greater situational awareness and timelier interventions.

- Public health communications infrastructure is similarly important, and states should **take advantage of the growing availability of mobile phones and internet-based reporting tools that may inform outbreak and diagnostic reporting**, particularly where traditional surveillance systems are outdated.

➢ *Leverage Health Information Exchanges (HIEs) or cross-sector health data sharing platforms to collect data across sectors including electronic health record data, emergency room (EMR) encounters, emergency medical services (EMS) data, public health surveillance data, etc.*

- **States have the authority to declare and deputize an HIE to collect coronavirus information** and should consider the role HIEs may play in enabling automatic submission of syndromic surveillance information to the state health department, and the collection of COVID-19 test data from hospitals, public health labs, EMS systems, and community test sites (e.g. churches, drug stores, other retailers). Such a process could reduce the data reporting obligations of providers.

- States may also engage **HIEs and local and state epidemiologists to create COVID-19 dashboards** that leverage aggregated and anonymized location data from social media sources and support the creation of disease prevention maps. Concrete examples of this can be found in the states of Washington and Indiana.

- Moreover, given the socio-economic impacts of COVID-19, states should **consider how HIEs can support clinical and public health workforce needs, care coordination, and in the management of data related to the Social Determinants Of Health (SDOH)**, which are crucial to the delivery of care to vulnerable populations.

Future Forward – State Health IT & Emergency Response Planning

- **Perspectives on restricted personal freedoms, including privacy and other human rights given the outgrowth of surveillance, potential data exploitation, and misinformation are being tested across the world.**
- **Legacy technology and legacy policies (e.g. remote working, issuing devices)**
- **Digitization of services (convenience reframed as essential services)**
- **A lot of band aids across agencies taking a siloed approach to modernization of services – virtual services**
- **States will need to realize an enterprise strategy**
- **How many critical health systems are on outdated IT systems?**
  - Anticipate modernized systems or infrastructure packaged in the 4th Aid Package
  - Also modernizing the business processes that were reliant on paper processes

HIMSSPolicy Resources

COVID-19

- CARES Act (PL 116-136) Health Provisions
- CARES Act- Support for Data Elemental to Health Campaign
- Telehealth in the COVID-19 Spotlight (Federal Actions)
- Remote Patient Monitoring: COVID-19 Applications and Policy Challenges
- States Tackling COVID-19 Using Information and Technology
- In Times of Crisis, HIEs are Front and Center

ONC & CMS Interoperability Final Rules

- Final ONC Interoperability Regulation: What You Need to Know
- Final CMS Interoperability Regulation: What You Need to Know
- CMS Interoperability Regulation: Conditions of Participation Fact Sheet
- ONC Interoperability Regulation: Provisions Related to Quality Program Reporting for Certified EHR Technology

Recently Submitted Public Comment Letters

- HIMSS and PCHAlliance Comment on Federal Health IT Strategic Plan

Announcements

Alana Lerer

Manager, Government Relations

HIMSS20 Digital

- Explore expert-led sessions across 17 health information and technology topics.
- Earn continuing education credits towards CAHIMS, CPHIMS and enduring credits (ACPE, CME, PDU, CNE and LLSA.)
- **Highlighted session:** Hear from ONC National Coordinator, Dr. Rucker, and HIMSS President & CEO, Hal Wolf, on the need for interoperability to address COVID-19. Register here.

Explore HIMSS20 Digital here.

Explore and submit to the HIMSS COVID-19 digital think tank

The HIMSS COVID-19 Digital Think Tank is a valuable resource for you and your peers as you lead your facility, team and patients through the crisis. Share what you know, see what's working for others, and bring lessons back to your community.

Share. Have a COVID-19 related process or solution that's working well in your organization? Submit it.

Learn. Looking for ways to better manage COVID-19? Explore solutions from fellow healthcare professionals.

Ask. Have questions about a solution? Comment on it and engage in the discussion.

Get Started

COVID-19 Maker Challenge

- **Calling All Makers!** ***Join Challenge America and the Veterans Health Administration Innovation Ecosystem in the fight against COVID-19.***
- ***We are seeking challenges arising from the frontline efforts to combat COVID-19***

https://www.covid19makerchallenge.com/

Chapter Leader Webinars

Chapter Election and Board Transition

Wednesday, April 22, 2020 12:00 pm CT

Register

State Spotlights

- **Nick Christiano (New York)**
- **Marcine Forrette (South Dakota)**
- **Lee Lavergne (Texas)**
- **Chad Hiner (Washington State)**

Open Discussion

Questions for you and your organizations/Chapters:

- What are the challenges, roadblocks, and frustrations (policy, technical, workforce, etc.) that you have experienced in your COVID-19 response?
- What have you seen from your state/local government's response to these challenges and what are the related opportunities and insights for the health IT community?
- What are the most important opportunities, lessons learned, best practices, insights, you have experienced with your COVID-19 response?
- If you are utilizing telehealth, what have been some of the rollout challenges or obstacles? What have been your biggest successes? Have you been able to capture any data/how are you measuring success or results?
- What are the technology obstacles/limitations you have encountered? Have you been able to address them yet?
- How has your advocacy tactics and focus areas changed because of COVID-19?

Specific to HIMSS and the GR team:

- What resources or tools do you wish were out there that you do not have/see elsewhere?
- Regarding opportunities to educate congressional, state and federal staff for future legislation/agency action, what issues should we be focusing on? How can we take your experiences and bring them to these stakeholders?
- How can HIMSS help you make connections, domestically or globally, with federal or private sector contacts?

Thank you!

- **Suggested monthly tasks:**
  - Take care of yourself and your community!
  - Email HIMSS about your advocacy progress and questions.
  - Share your COVID-19 Story
- **Review CAR call slides and recordings posted on the CLRA.** (Get Involved → CAR Calls)
- **Next monthly call: May 15th at 12pm ET**

HIMSS