Letter to the Secretary: February 17-19, 2010, Washington, D.C.

February 17, 2010

The Honorable Kathleen Sebelius, Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, D.C. 20201

Dear Secretary Sebelius,

I want to share with you highlights of the recent meeting of the National Advisory Committee on Rural Health and Human Services from February 17-19, 2010 in Washington, D.C.

The Committee approved its 2010 Report, which focuses on options for home and community-based services for the rural elderly, the rural implications of primary care workforce issues, and health care provider integration. I have attached the executive summary of the report and its specific recommendations. We will send the formal report to you within the next month.

The Committee used this meeting to hear from members and stakeholders about key rural issues facing rural health and human services providers. The meeting also served as an opportunity for the Committee to decide what topics to focus on for the 2011 Report. We had the benefit of hearing from a number of speakers from the Department. Dr. Mary Wakefield, the Administrator of the Health Resources and Services Administration (HRSA), welcomed the Committee and shared with us your interest in promoting collaboration both within DHHS and across the various Cabinet-level departments, welcome news because collaboration has been a continuing concern of the Committee. Rural areas would benefit greatly from any improvement in the ability of Federal Departments to work together to reduce administrative burden and coordinate services.

The Committee also selected topics for the 2011 Report: rural implications of payment bundling and accountable care organizations; childhood obesity in rural communities; and the rural implications of the Administration's Caring Communities for Young Children Initiative.

The Committee also notes that the Administration on Aging (AoA) is holding a series of public meetings this year to gather input on the reauthorization of the Older Americans Act (OAA), which provides key programs and services to seniors living in rural areas. We will be sending a

letter to Assistant Secretary of Aging Kathy Greenlee in the coming months to share a number of the aging-related recommendations we have made in our reports over the past five years that we believe have relevance for the OAA reauthorization.

The Committee is encouraged by efforts by the Administration for Children and Families (ACF) to reach out to rural areas through the Rural Early Childhood Institute to take place from March 25-26, 2010 in Overland Park, Kansas. As you know, the ACF programs play a vital role in rural communities, particularly those programs that support early childhood education and support services. To bolster the Committee's ability to effectively to deal with these issues, we ask you to consider adding staff support from ACF to attend the meetings of this Committee. We currently have staff support from HRSA and AoA, but ACF support would help flesh out the expertise the Committee needs to fully serve its purpose.

I also wish to raise several other issues with you on behalf of the Committee. The first one relates to the proposed rules for the health information technology incentive payments authorized by the American Recovery and Reinvestment Act (ARRA). It is essential that HHS develop final rules that do not put rural providers at risk of not having a viable opportunity for being able to qualify for these payments. The reality is that many small rural hospitals are at a lower level of adoption for health information technology than their urban and suburban counterparts and have a much longer way to go to meet the meaningful use standards as currently proposed. We plan to submit a letter of comment on the proposed Centers for Medicare and Medicaid Services regulation on the "Medicare and Medicaid Programs: Electronic Health Record Incentive Program" and we will provide greater detail on this issue in the letter.

There are a few additional issues pertaining to the implementation of ARRA legislation that we would like to bring to your attention. The first is in reference to the interoperability standards for exchange between eligible professionals and hospitals outlined in the ONC regulation "Standards & Certification Interim Final Rule: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology." It is essential that the regulations are developed in a manner that ensures a coordinated and integrated approach to installation of HIT systems between rural hospitals and physician offices. Because of the interdependency of physicians and hospitals in rural areas, the failure to share meaningful and timely patient information can negatively impact quality patient care - the very goal of "meaningful use." Fewer physicians to cover hospital patients in rural areas, the lack of hospitalists, and the resulting demands placed on rural physicians make the use of integrated systems, or at least compatible systems, a critical issue. Ultimately it would be important to interface these systems with the human services networks providing services to beneficiaries in rural areas as well.

Additionally, the Committee recommends that the Department use whatever resources are available to support the installation of HIT and EHR systems. The ARRA legislation authorized a grant program to states for the development of loan programs for HIT (Section 3014 "Competitive grants to States and Indian Tribes for the development of loan programs to facilitate the widespread adoption of certified EHR technology"). As HHS continues to implement ARRA HIT provisions we are hopeful that some of the funds can be allocated to Section 3014.

Second is the Committee's continuing interest in finding better ways to serve rural residents who are eligible for both Medicare and Medicaid. Of the 7 million dual eligible beneficiaries in the country, 1.3 million of those individual live in rural areas. These individuals often have a more limited health care infrastructure than those in urban areas. The Committee urges HHS to consider creating a demonstration program that would combine Medicare and Medicaid revenue into a single program of coordinated services to dual-eligible beneficiaries in isolated rural communities.

Finally, the Committee is hopeful that the HHS system that is designed to track ARRA investments will be able to identify which funds have provided support to activities in rural communities, which have been hard hit by the economic crisis.

Thank you again for the opportunity to share highlights from our recent meeting and to raise specific concerns. We would welcome having you or your designee join us for our next Committee meeting in Charleston, South Carolina from June 14-16, 2010.

Sincerely,

David M. Beasley
Chair