



Rural Health Equity Workshop

STAR HIE Program

Lisa Nicole Danehy-Sarnowski

Branch Chief, Strategic Planning, Office of Policy, Office of the National Coordinator for Health IT



Agenda

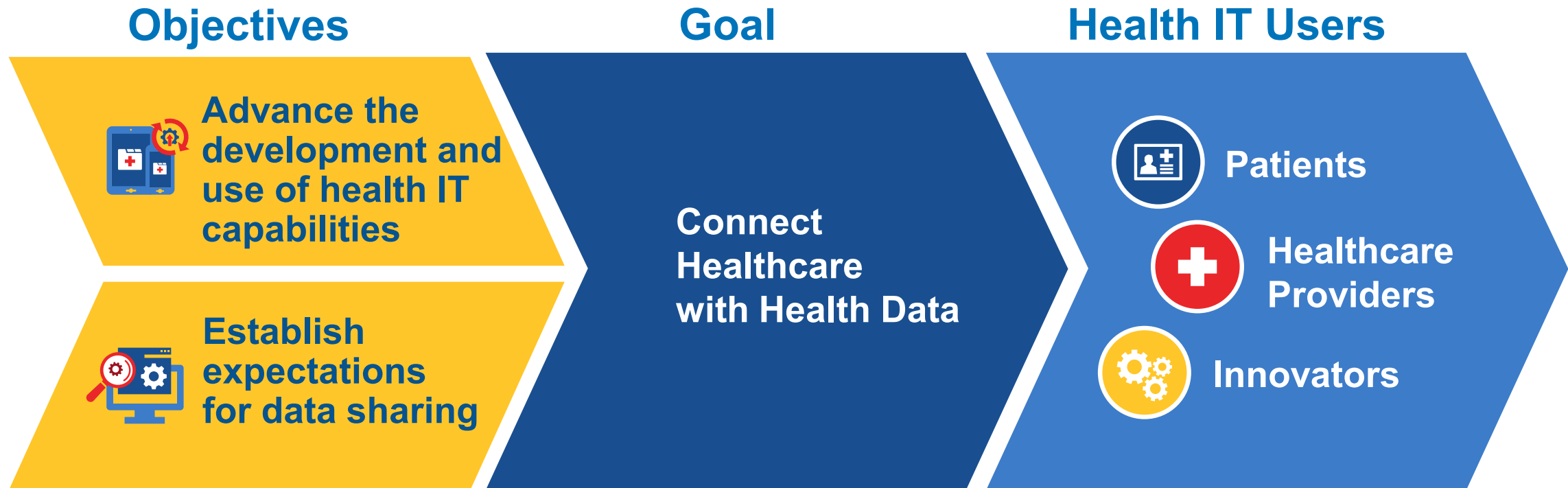
1. Welcome
2. Overview of Rural Populations & Health Inequities
3. Telemedicine Efforts in Georgia
4. The Value of HIE in Texas Rural Medicine
5. Discussion
6. Health Equity Work Group Next Steps
7. Closing Remarks



Overview of Rural Populations & Health Inequities

Lisa-Nicole Danehy-Sarnowski, ONC

Office of the National Coordinator for Health IT



Rural Health Equity

- Key challenges for rural health IT:
 1. Access to 1) affordable, sufficient, reliable, secure, fast broadband connectivity,
 2. financing for state-of-the-art health IT tools, and
 3. financing for and local access to health IT know how to adopt and maintain health IT, and to support the rural health organizations' ability to conduct population level data analysis.



Photo credit: Leila Samy

Two on the left: Montana; there was an extensive fire raging and putting at risk local infrastructure (e.g., broadband and health care)

Photo on the right: Colorado.



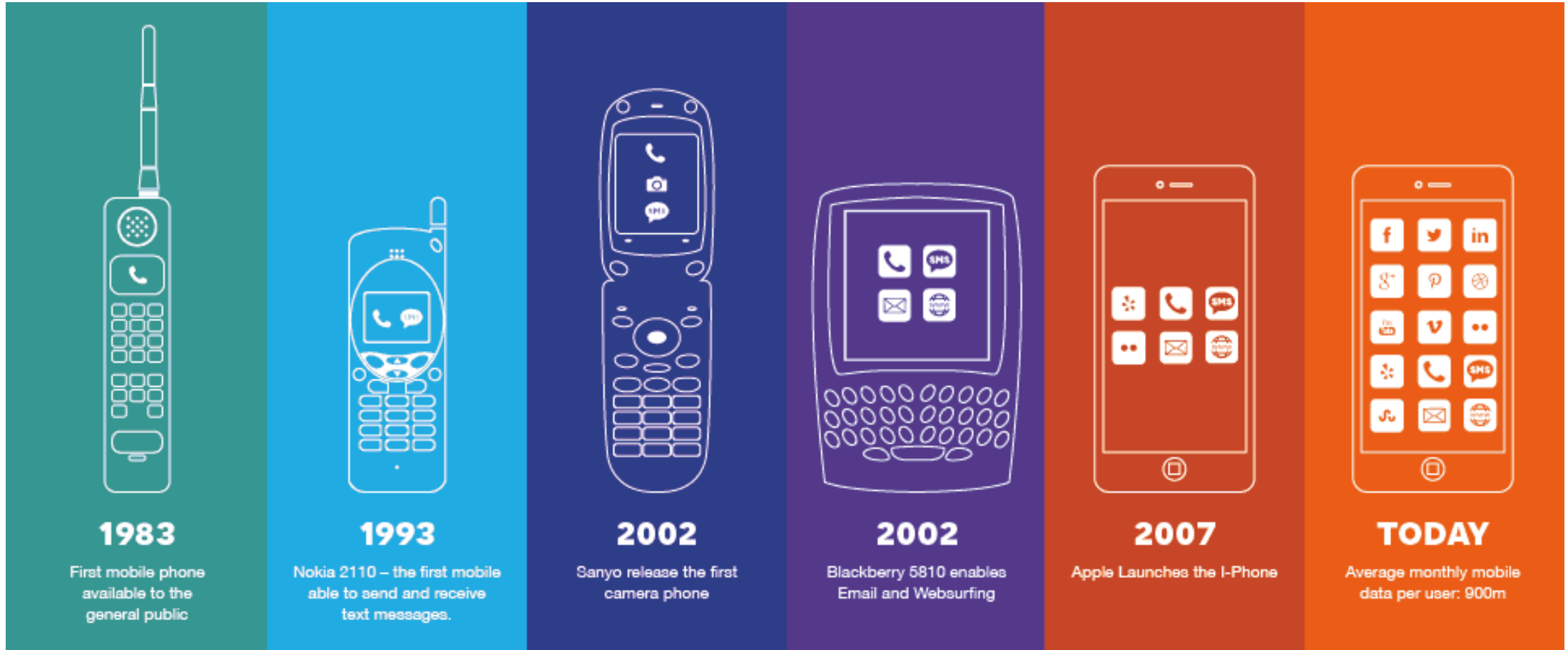
Telemedicine Efforts in Georgia

ONC STAR HIE Program Call

Suleima Salgado, MBA/ Director of Telehealth, Telemedicine, and Project ECHO

August 25, 2021

Technology is Improving



Technology is Improving



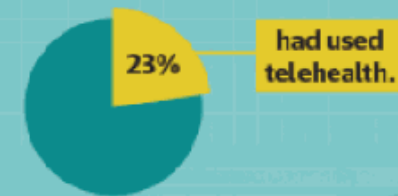
HOW TELEMEDICINE WORKS

Telemedicine can range from phone calls with doctors to video chats.

- Real-time, audio-video communication that connects physicians and patients in different locations
- Technologies that collect images and data to be transmitted and interpreted by physicians later
- Apps and wearable devices that can remotely monitor patients' blood pressure and weight
- Verbal/audio-only and virtual check-ins via patient portals, messaging technologies

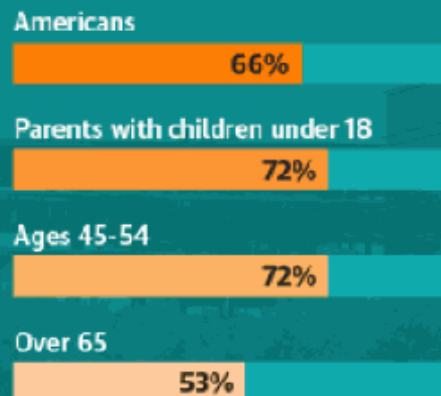
TELEMEDICINE USE

April 2020 poll of 2,201 adults found that



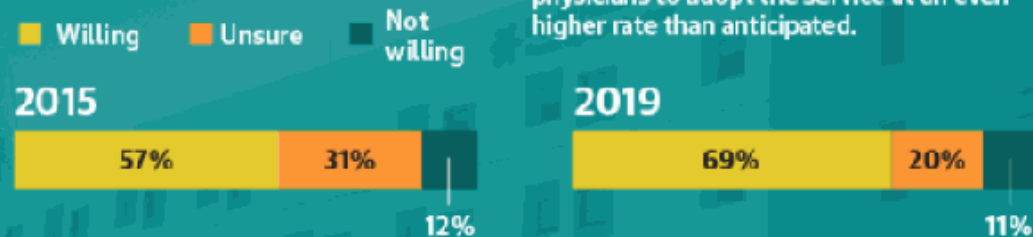
PATIENT WILLINGNESS

According to data from American Well, 66% of Americans are willing to see a doctor via video.



PHYSICIAN WILLINGNESS

Telehealth adoption was rising prior to the coronavirus, but experts say the virus caused physicians to adopt the service at an even higher rate than anticipated.



SOURCE: AMERICAN WELL/COMMUNITY IMPACT NEWSPAPER

BY THE NUMBERS

1B The adoption of telemedicine has shifted since the coronavirus began, with virtual health care interactions expected to top 1 billion this year.

50% March telehealth visits surged 50% amid the coronavirus pandemic.

200M The number of general medicine visits analysts expect to see in 2020, up from 36 million initially thought.

Georgia Department of Public Health



159 County Health Departments

159 County Boards of Public Health

18 Public Health Districts

18 District Health Directors

1 State Health Commissioner

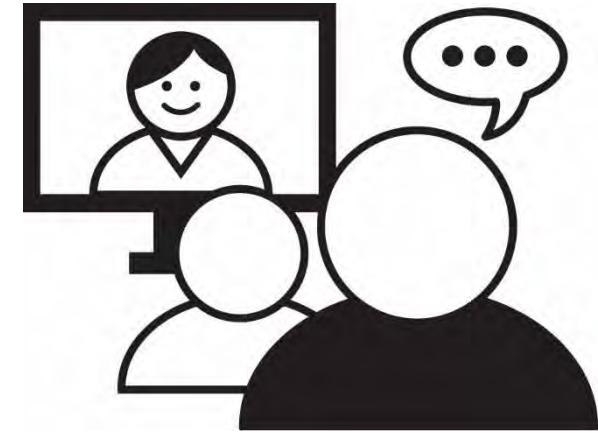
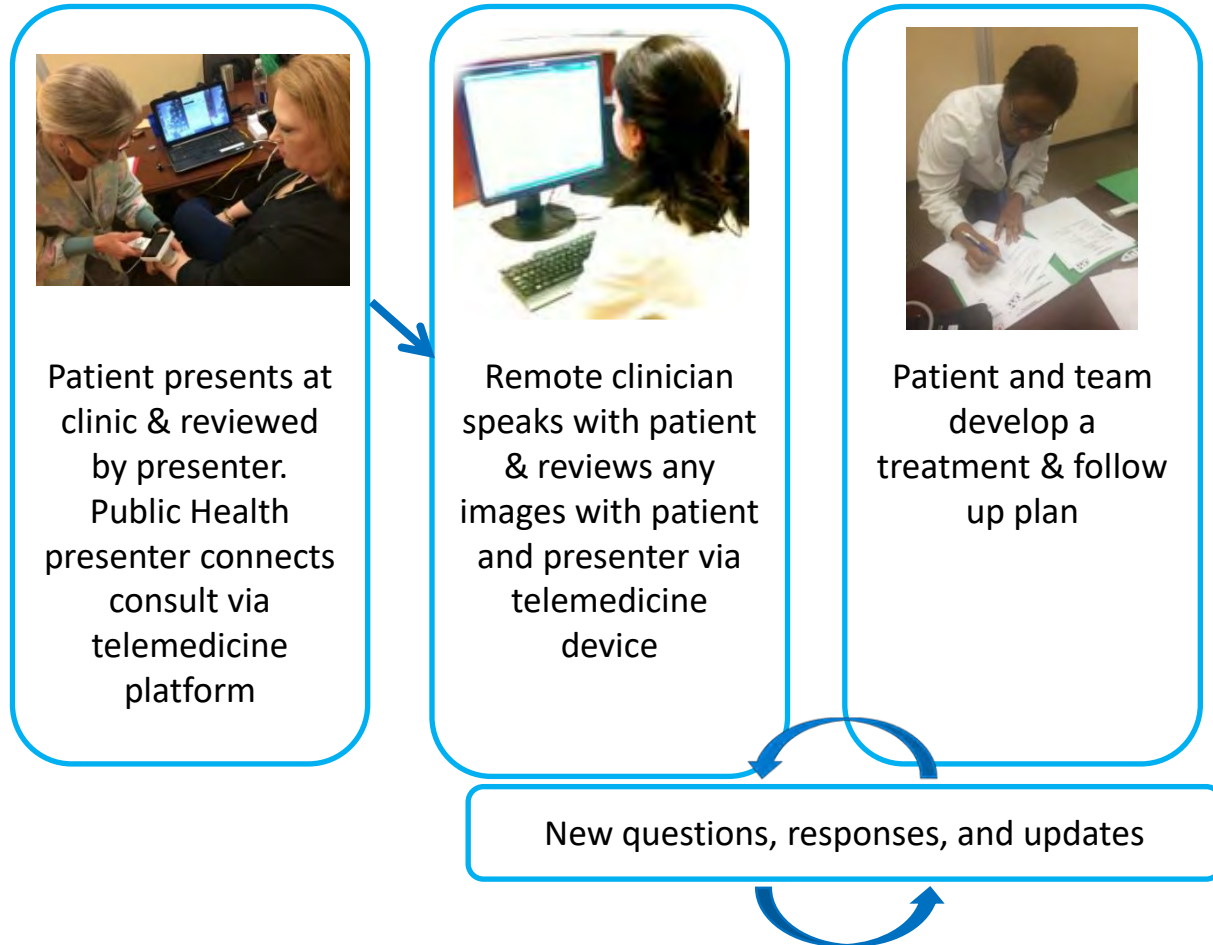
1 State Board of Public Health

Georgia's Telemedicine Network (Pre COVID)

- Broadband connectivity is limited in many areas therefore the county health centers serve as "presenting sites"
- Patients come to county health centers for telemedicine visits
- **Nurses serve as the hands for clinicians on the other end of the screen**
- Provides access to specialty services to rural, and underserved areas



Pre COVID-Traditional Telemedicine



Providing care to patients who may have health barriers to overcome in receiving treatment

Target: Urban, Rural, underserved settings

Barriers: technology, connectivity, transportation, stigma, work schedules, shortage of providers & distance to provider, long waits for appointments, language/cultural barriers, etc.

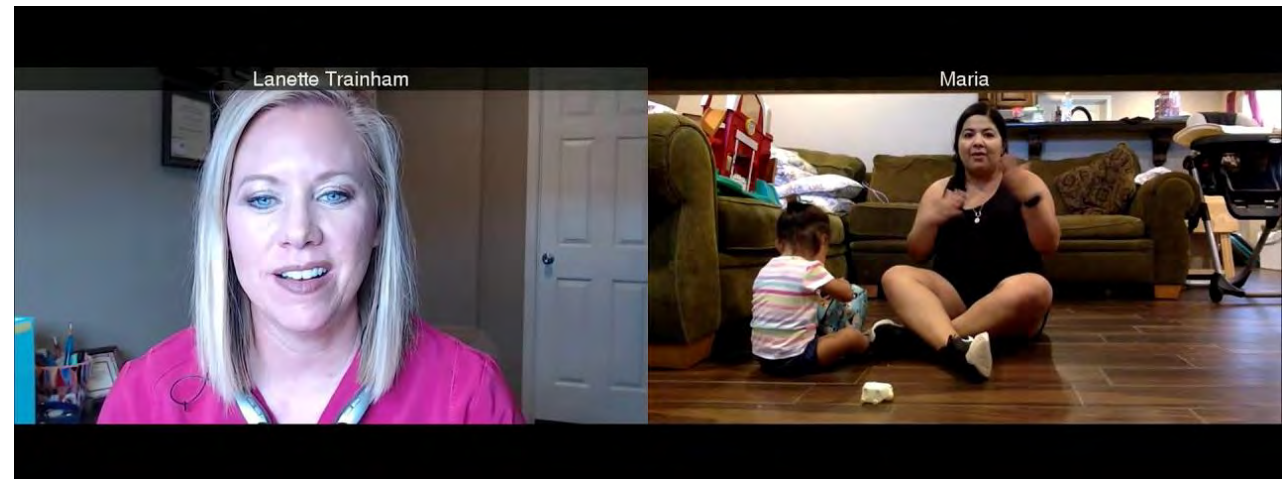
Leveraging Telemedicine during COVID-19

Almost overnight, we went from our normal in clinic, telemedicine consultations to remote patient care.

Collaboration tools became critical enablers for the new normal and healthcare systems needed to immediately transform efforts and ensure essential patient services continued during COVID-19.



- What platform would you use?
- What is the cost?
- Are there policies and procedures in place?
- Are services reimbursable?
- Will patients/providers even use the platform?



Leveraging Telemedicine during COVID-19

Implemented **Web-based platform** for both programmatic and Telemedicine services

Pre-COVID-19 (January 1- March 1, 2020)	Early COVID-19 (March 1, 2020- May 1, 2020)	During COVID-19 (January 1- March 1, 2021)			
Meeting Minutes	3, 573	Meeting Minutes	1,136,047	Meeting Minutes	1.92 M
# of meeting attendees	358	# of meeting attendees	69,953	# of meeting attendees	115.92K
# users (Hosts)	19	# users (Hosts)	821	# users (Hosts)	893
Total Meetings	147	Total Meetings	31,732	Total Meetings	47.36K
Total Video Meetings	104	Total Video Meetings	23,445	Total Video Meetings	38.62K
# of account holders	25	# of account holders	1241	# of account holders	1454

This does not reflect in clinic Telemedicine consultations, Telehealth sessions, or point to point endpoint calls.

DPH Telemedicine Specialty Services

- **Asthma/Allergy** - pediatric
- **Audiology** - pediatric
- **Behavioral Health counseling** - pediatric school based
- **Cardiology** - pediatric
- **Community Paramedicine (Ambulatory)**
- **Concussion** – school based
- **Dental Services** - school based
- **Dermatology** - adult and pediatric
- **Diabetes Classes** - adult and pediatric
- **ECHO (Infectious Diseases)**
- **Emergency Preparedness / Disaster Response**
- **Endocrinology** - pediatric
- **Genetics/Developmental** - pediatric
- **Hypertension** - adult
- **Infectious Disease** - adult and pediatric
- **Interpreter Services**
- **Lactation Support/WIC**
- **Maternal Fetal Medicine (High Risk)** - adult
- **Mental Health (HIV)** – adult
- **Nephrology** - pediatric
- **Neurosurgery** - pediatric
- **Nutrition/WIC** - adult and pediatric
- **Opioid Provider Education & Training**
- **Orthopedic**
- **PrEP**
- **Sickle Cell** - adult & pediatric
- **Tele-therapy** for early intervention (BCW)-pediatric
- **Video Direct Observation Therapy** - Tuberculosis

Health Information Exchange (HIE)

To create a healthier Georgia through the use and exchange of electronic health information to improve patient-centered health care, increase efficiencies and improve the health of the state's entire population.

DPH Connected to GaHIN



- COVID information
- Immunization data (GRITS)
- Syndromic Surveillance Reporting



Challenges/ Areas of Opportunity:

- Ensure all are connected to HIE
 - Tele visits
- Return on Investment
- Buy In / Support (Info Tech Team)

Thank You

Suleima Salgado, MBA

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Project ECHO Program Manager
Office of the Commissioner
Georgia Department of Public Health
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The Value of HIE in Rural Medicine: Patient Care, Public Health & Sustainability, Health Equity

Texas Rural Healthcare Facilities

According to data.HRSA.gov, as of April 2021 Texas had:

- 88 Critical Access Hospitals
- 316 Rural Health Clinics
- 200 Federally Qualified Health Center sites located outside of Urbanized Areas
- 106 short term hospitals located outside of Urbanized Areas

Selected Social Determinants of Health for Rural Texas

18.4% of Texas residents lack health insurance (Kaiser, 2019). According to the USDA Economic Research Service, the average per capita income for Texans in 2019 was \$52,813, with the rural per capita income at \$42,214. The ERS reports, based on 2019 ACS data, that the poverty rate in rural Texas is 17.1%, compared with 13.3% in urban areas of the state. 20.0% of the rural population has not completed high school, while 15.9% of the urban population lacks a high school diploma according to 2015-2019 ACS data reported by ERS

- 35 counties have no physician.
- 80 counties have five or fewer physicians.
- 58 Texas counties are without a general surgeon.
- 147 Texas counties have no obstetrician/gynecologist.
- 185 Texas counties have no psychiatrist.

More than 20 hospitals in Texas' rural areas have closed in recent years, while 60 percent of the 164 remaining hospitals are at risk of closing

[Rural health for Texas Overview - Rural Health Information Hub](#)

A&M Rural and Community Health Institute and the Episcopal Health Foundation.

Throckmorton, county pop = 1641, Throckmorton city pop = 828



Throckmorton County Memorial Hospital – beds = 3



The Healthy Families, Healthy Texas plan

- HB 4, which would expand telehealth by making permanent the waivers put in place during the pandemic that allow programs administered by the Health and Human Services Commission to pay for telemedicine services at the same rate as in-office services and by allowing audio-only telemedicine visits.
- HB 5, which increases access to high-speed internet across the state, thereby removing one of the chief obstacles to telehealth in rural areas.
- HB 290, which would provide two six-month periods of continuous coverage for children in the Medicaid program. Families currently have to complete several income eligibility assessments throughout the year to remain in the program. This legislation would reduce the required number of eligibility tests to one every six months.
- HB 797, which allows home care and hospice agencies to administer vaccines.
- HB 15, which creates the infrastructure needed to invest in research on brain health, including the prevention and treatment of traumatic brain injuries and of substance use disorders.
- HB 18, which would establish a statewide discount drug program to allow uninsured Texans access to medications like insulin and epinephrine at significantly reduced prices.
- HB 133, which addresses maternal mortality by providing 12 months of continuous postpartum coverage for new mothers in HHSC programs.
- HB 4139, which would create an office within HHSC dedicated to eliminating health disparities and increasing health equity.
- HB 2487, which would require hospitals to disclose prices before the provision of services.
- HB 3923, HB 3924, and HB 3752, which expand health care coverage options for small employers and individuals who are not eligible for Medicaid and do not have access to employer-sponsored plans.

Who is HASA?

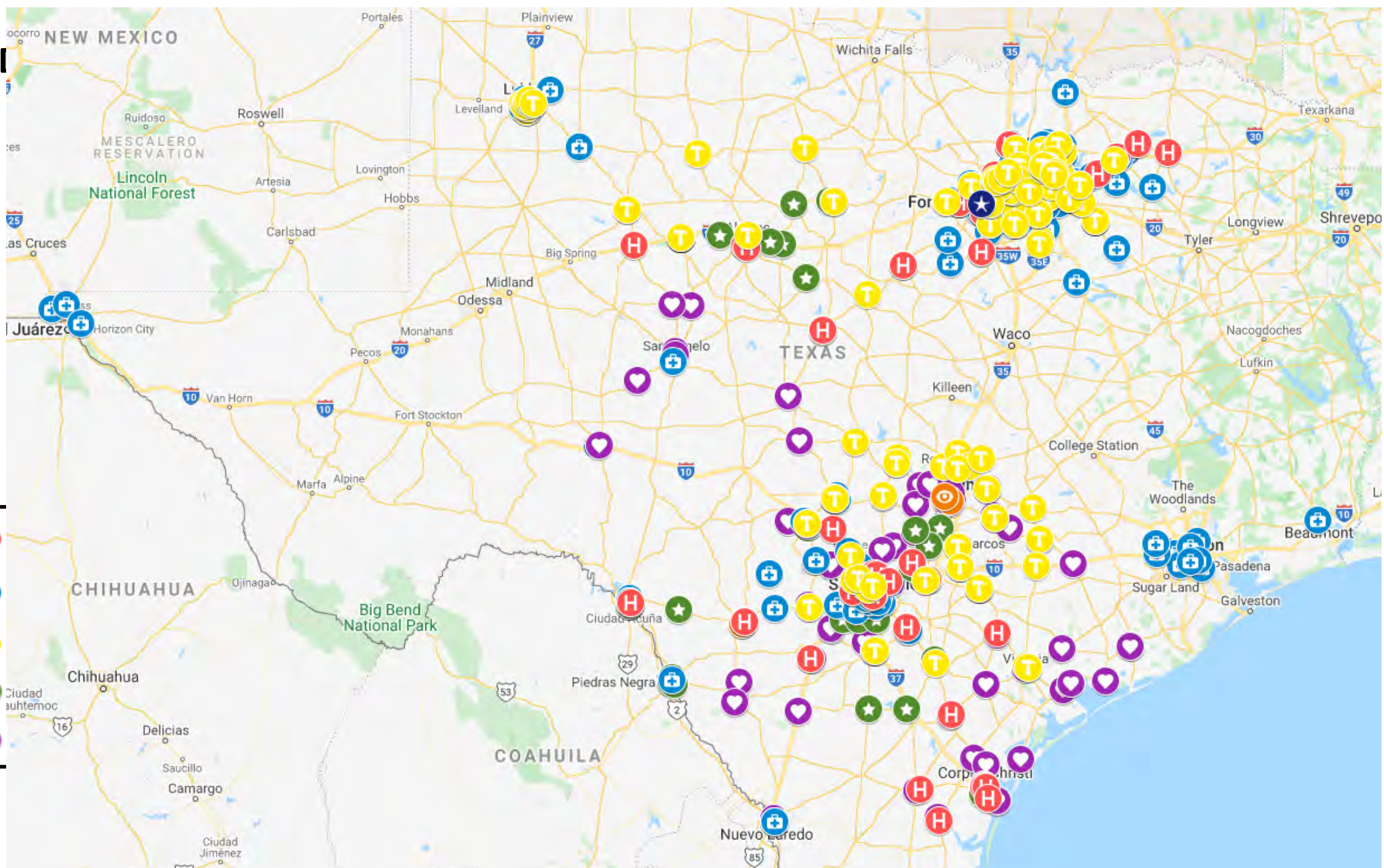
Who is HASA?



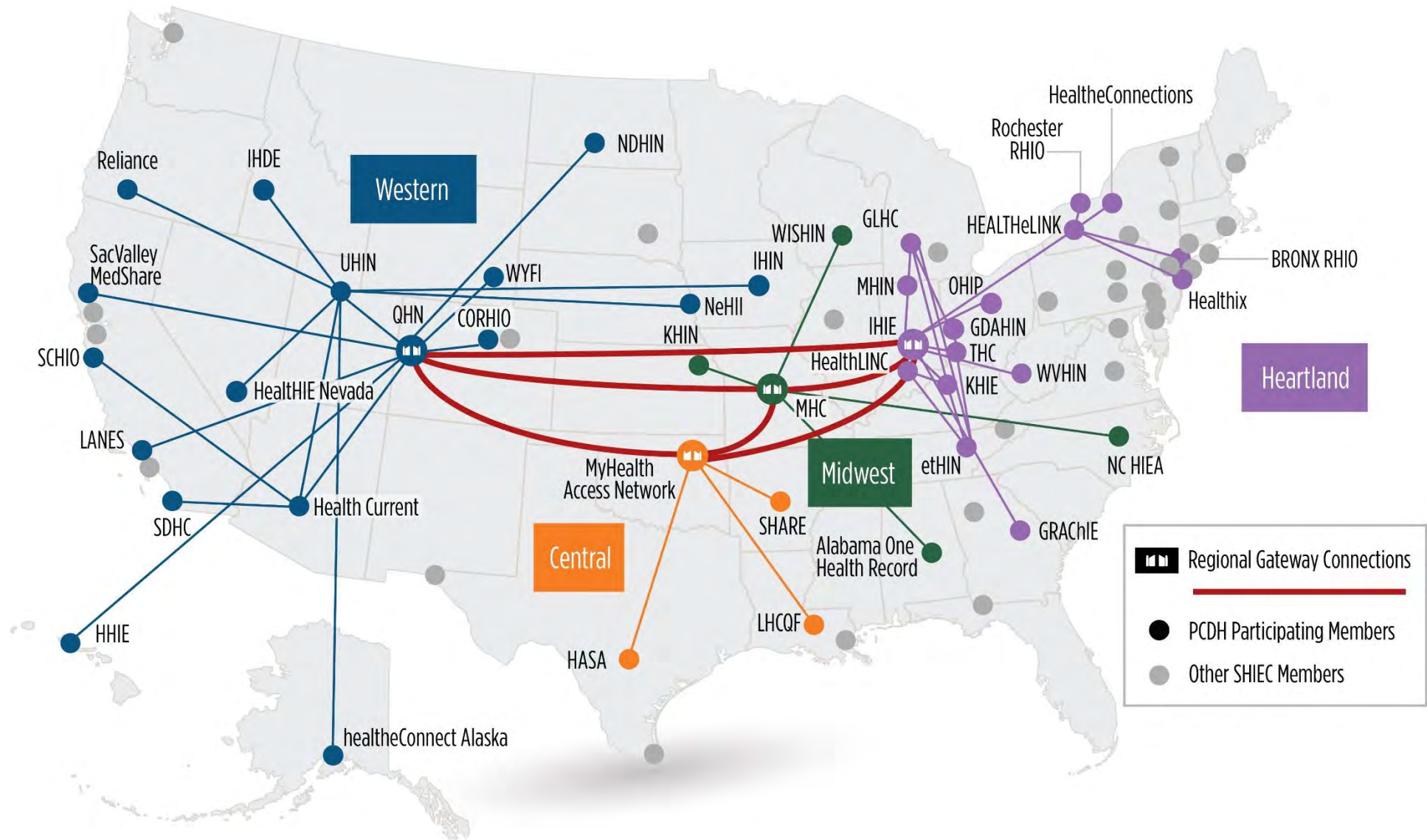
HEALTH INFORMATION EXCHANGE IN SUPPORT OF THE QUADRUPLE AIM:

- Improved Health
- Lower Health Care Costs
- Improved Health Care Experience
- Improved Provider Experience
- Keeping healthcare local

HASA's I



Patient-Centered Data Home



The eHealth Exchange

A rapidly growing network for securely sharing health information



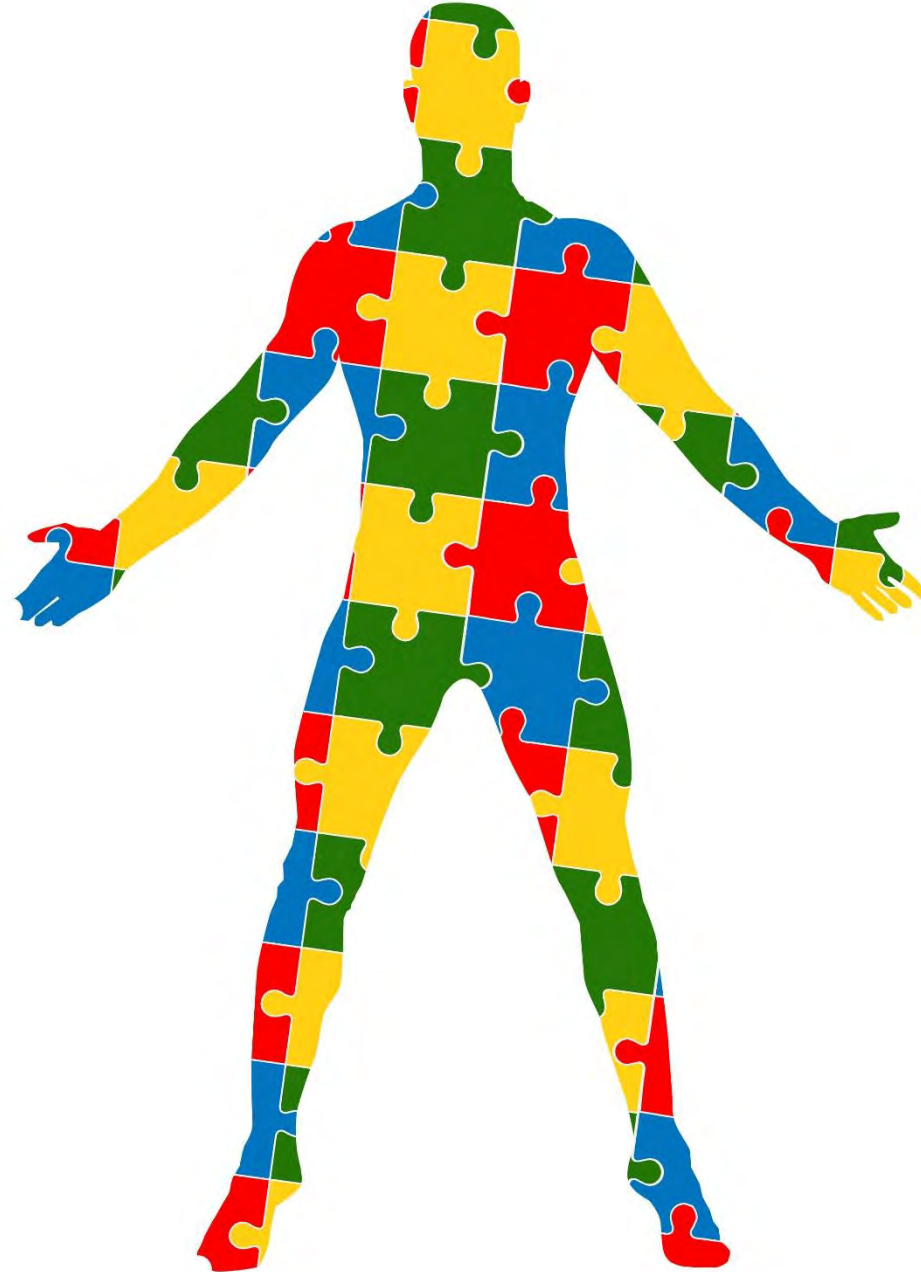
Shared Trust Framework

Common Standards, Specifications & Policies

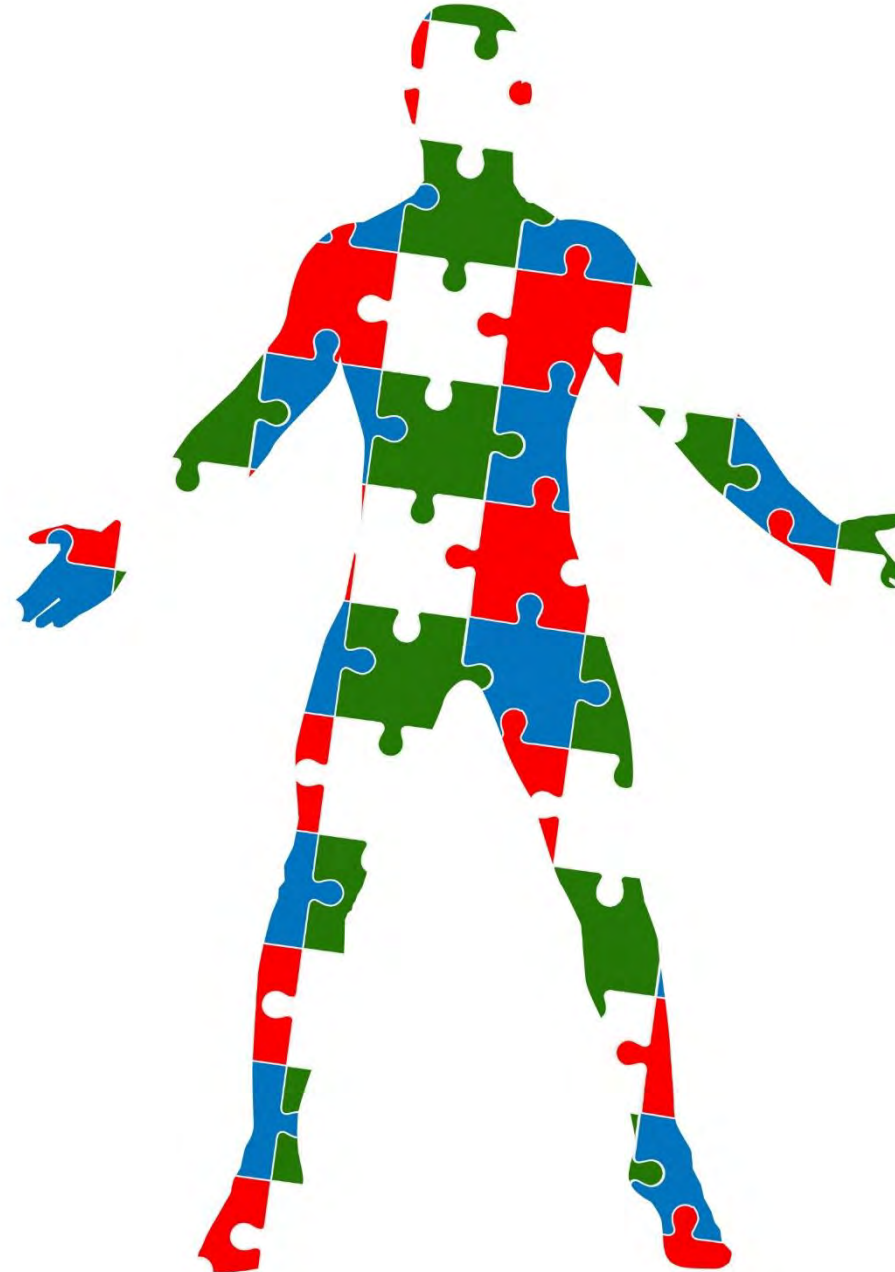
eHealth Exchange[®] An initiative of **The Sequoia**
2015 project

HIE: What & Why

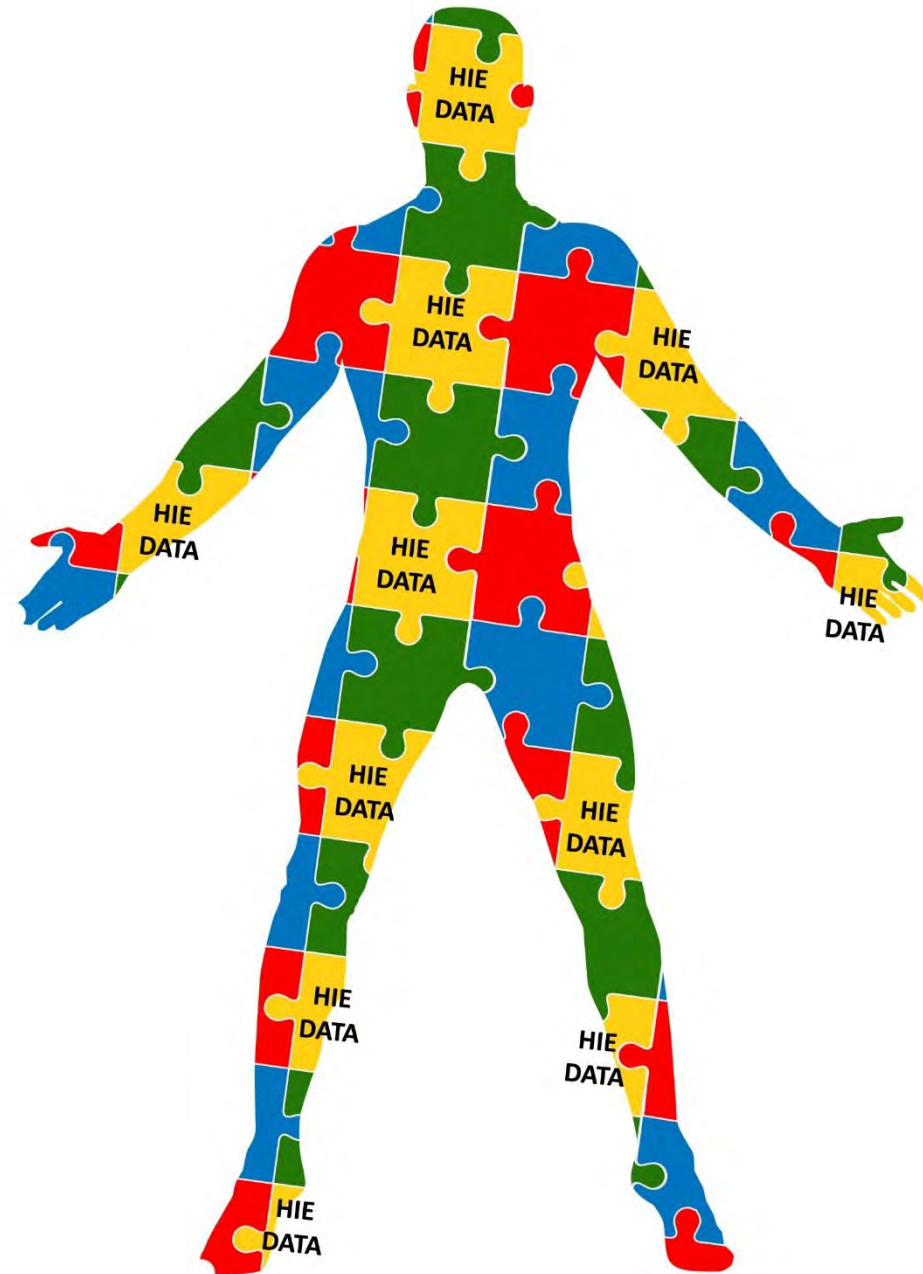
HIE in a Nutshell



HIE in a Nutshell



HIE in a Nutshell



Because the **RIGHT** care at the **RIGHT** time requires the **BEST** information possible.

The Value of HIEs to Rural Hospitals

	Patient Care	Finance	Quality	Regulatory
Ever-present access to clinical information				
Medical history	✓			
Previous diagnoses	✓		✓	
Lab & Imaging results	✓	✓	✓	
Medications	✓		✓	
Allergies	✓	✓	✓	
Access to historical records through our Virtual Health Record (VHR)	✓	✓	✓	
Alert Notifications				
30-Day readmission notification	✓	✓		
ED notifications from other area and transfer hospitals	✓			
Provide alerts to all area providers	✓		✓	
Care Coordination	✓	✓	✓	✓
Discharge notifications from transfer hospitals				
Coordinate back to swing beds	✓	✓		
Transitions of Care	✓	✓		
Close Gaps in care	✓	✓	✓	
Advance Directives	✓	✓	✓	
Discharge Summaries from transfer hospitals				
Look them up in real time	✓		✓	
Have them securely delivered on a set time interval	✓		✓	
Medication reconciliation	✓		✓	
Regulatory				
Meaningful Use Stage 3	✓		✓	✓
Electronically exchange CCDs	✓	✓	✓	
MU3 Reports	✓	✓	✓	
CURES Act requirements	✓	✓	✓	✓
Notifications to providers and post-acute	✓	✓	✓	✓
Patient access to records	✓	✓	✓	✓
Cost-effective to join HIE				
Affordable monthly fees based on ADC calculation, not licensed beds		✓	✓	
Use Coronavirus Relief Funds for connection fees		✓	✓	
New 1115 Waiver offers potential for HIE as quality measure		✓	✓	✓

Telehealth Opportunities



Attributions
TH Reports

HASA

ADT/CCDA



Telehealth visits

Patient



ADT/CCDA

Epic CCDA Exchange

Patient



Clinic visit



PCP

Referral & Scheduling

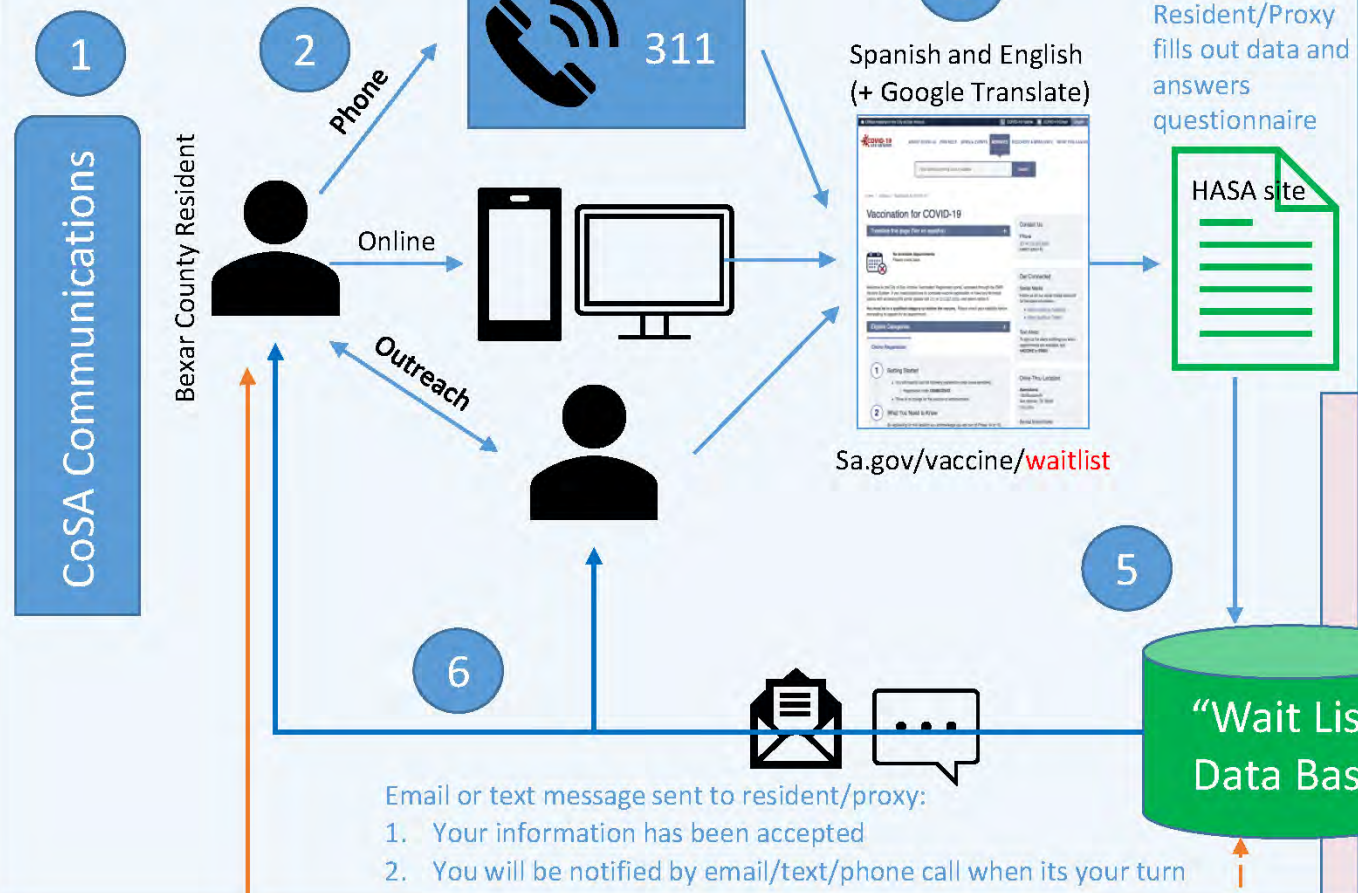


SCP



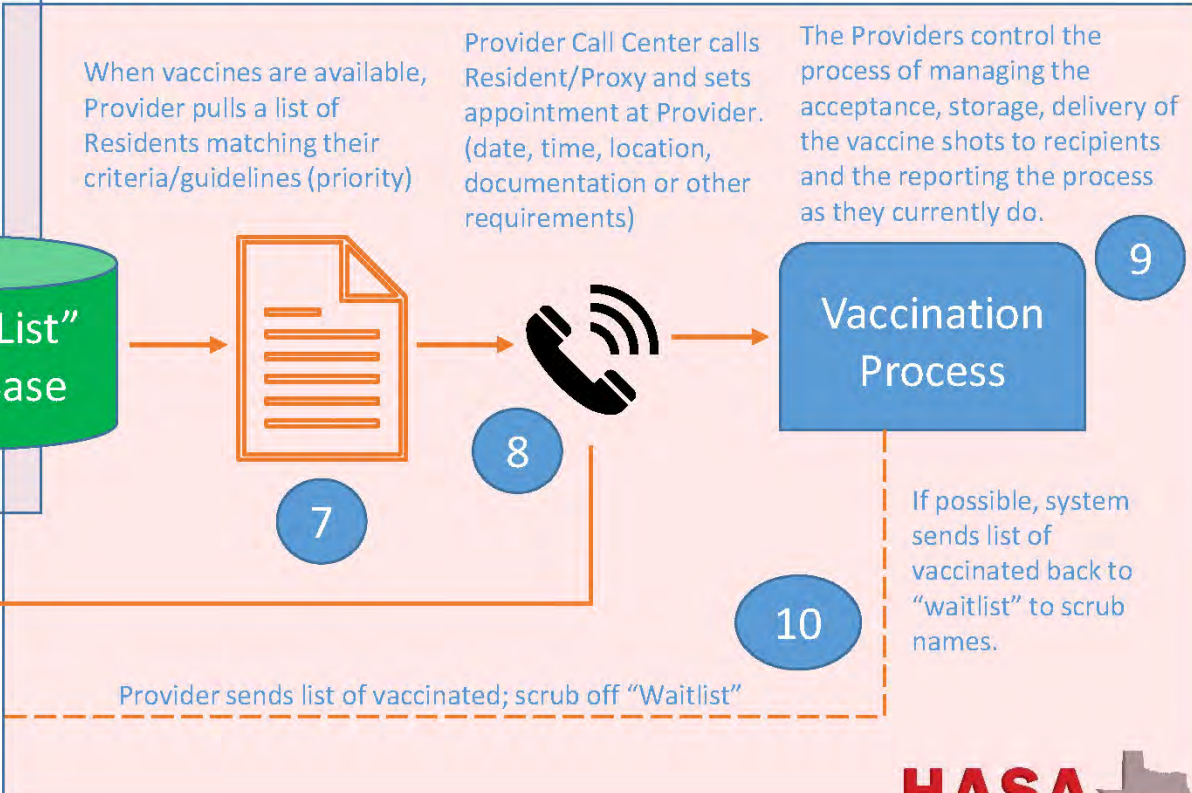
65+/1a/1b Waitlist User Story

"Waitlist" Experience



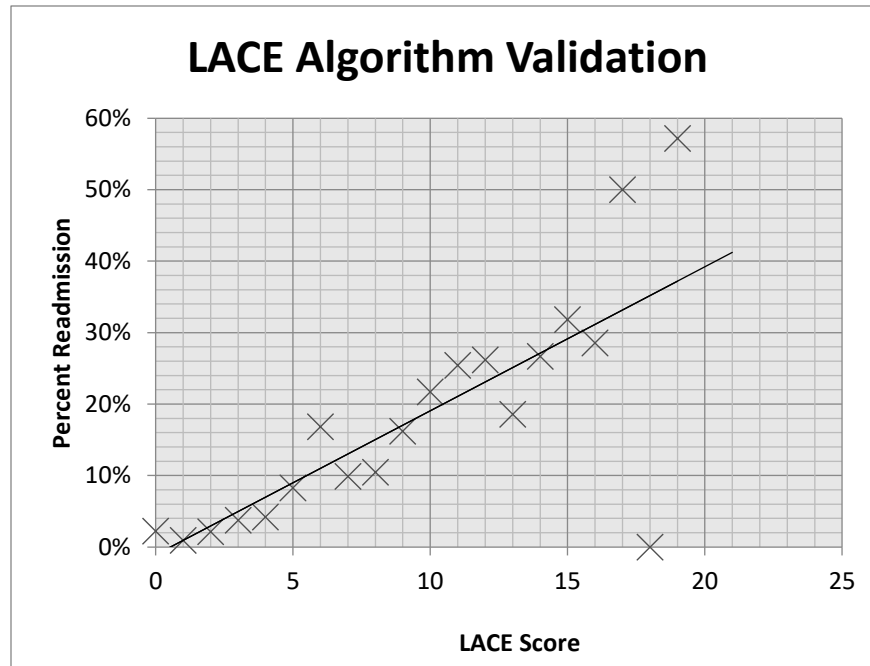
What goes into the data base (to be determined)

1. Name
2. Age/DOB
3. Resident Address (including Zip Code)
4. Phone number
5. Email address
6. Eligibility
 - a. Categories 1a, 1b, over 65
 - b. Employment (Healthcare workers, first responders, teachers, others designated etc.)
 - c. Underlying health condition (just YES or NO without providing personal health information)
7. Transportation needs
8. Other eligible household members
9. Preferred vaccination location



ROI Estimates for LACE-Calculated Readmissions

Patient ID	Patient Name	DOB	Length of stay of most recent visit	Acuity of admission	Comorbidities	ED visits in past 6 months	Total Score	Risk Level
618948	DI_ADIHD IO	DI_0-60471-	7	3	5	0	15	High
623526	DI_ARCGINAE	DI_38151-95	0	3	3	4	10	High
184485	DI_RA NTNAA	DI_-04--1--	0	3	5	2	10	High
713440	DI_GMEOZRAZ	DI_-9-94615	7	0	0	0	7	Moderate
643367	DI_SS YIWN	DI_-5-209-2	7	0	0	0	7	Moderate
2479783	DI_RRBSGHES	DI_92190-99	1	3	2	1	7	Moderate



	Annual Cost Avoidance
Impact on High Risk for readmit at 50% (LACE score >14)	\$ 8,030,000.00
Impact Moderate Risk for readmit at 20% (LACE score >4<15)	\$ 21,078,750.00
Total impact on readmissions	\$ 29,108,750.00

- CMS readmission avg. cost= \$11,000
- Based on 2017 Bexar County Census



What notifications are required?

Events notifications for patient's admission, discharge or transfer. Specifically, notifications on a patient's:

- **Emergency department**
 - Presented
 - Discharged
- **Observation admission/ registration**
- **Inpatient admission**
- **Transfer**
 - From outpatient to inpatient
 - Unit transfers are not required
- **Discharge**



To whom should ADT notifications be sent?

Notifications must be sent to providers for the purposes of:

- **Treatment**
 - Primary Care Practices (PCP)
 - Accountable Care Organizations (ACO)
 - Federally Qualified Health Centers (FQHC)
 - Physician Organizations (PO)
 - Independent Physician Associations (IPA)
 - Multi-Specialty Practices
- **Care coordination**
 - Post-acute care service providers and suppliers:
 - Skilled Nursing Facilities
 - Home Health Agencies
 - Hospices
- **Quality improvement**
 - Practitioners, identified by the patient as primarily responsible for his or her care



Who must comply?

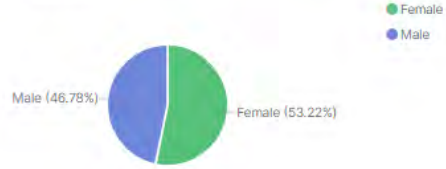
The facility must have an EMR or administrative system with the ability to send notifications.

- **Hospitals Participating in Medicare and Medicaid**
- **Psychiatric Hospitals**
- **Critical Access Hospitals**

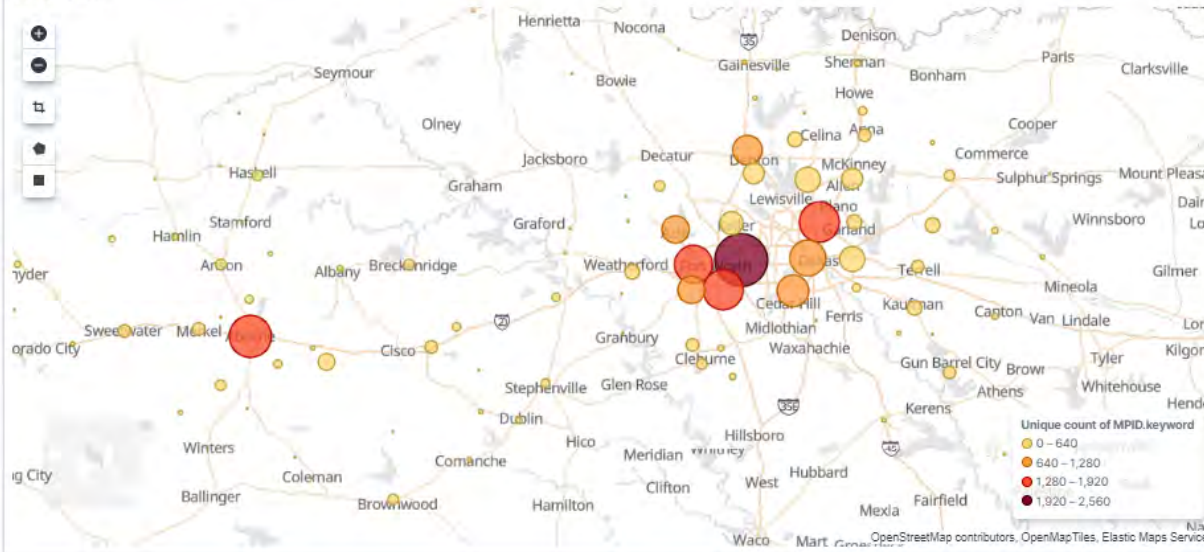
Swing Beds

COVID-19 - Tracking

COVID-19 CASES BY SEX



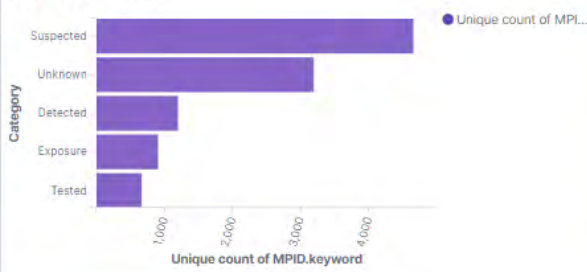
COVID-19 MAP



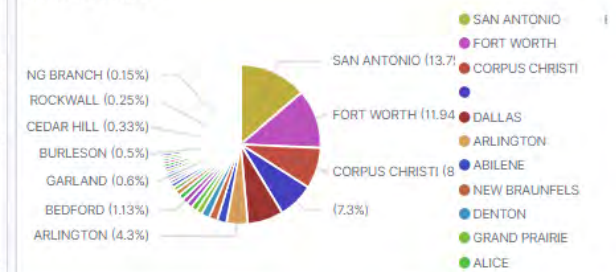
COVID-19 COUNT

10,484
Unique Patients

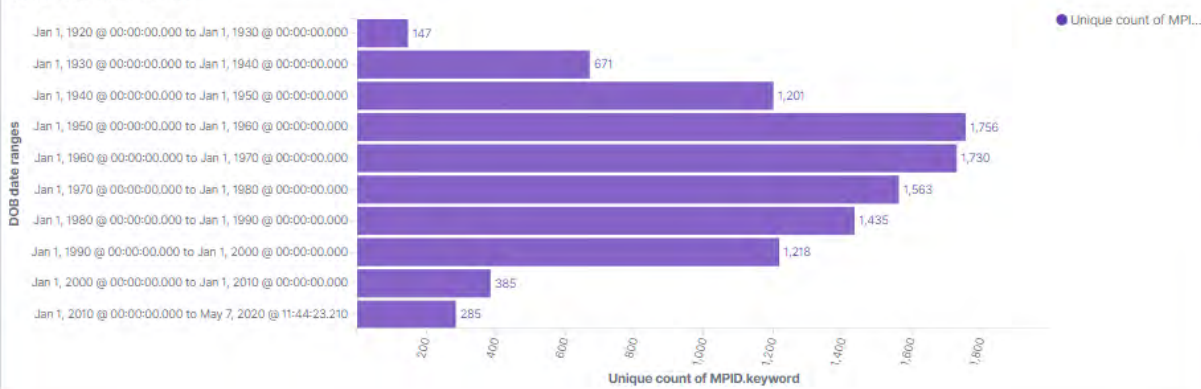
COVID-19 BY CATEGORY



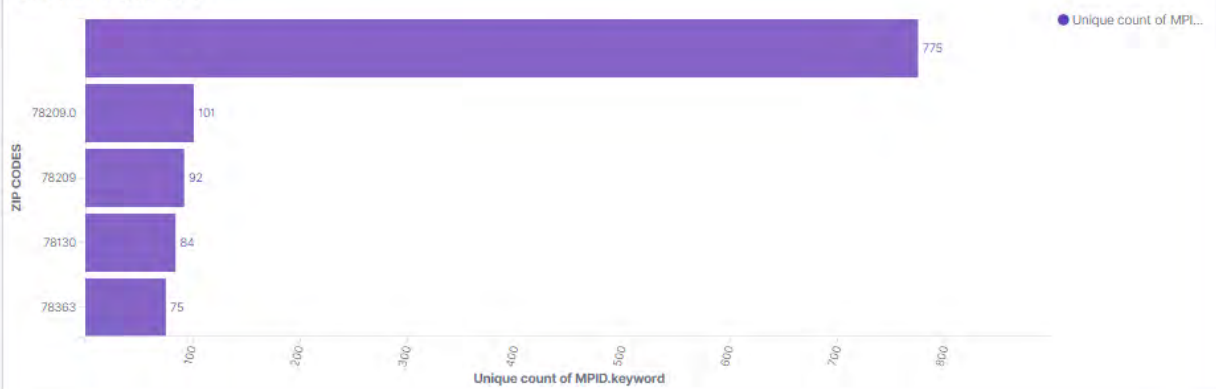
COVID-19 BY CITIES



COVID-19 BY DATE OF BIRTH



COVID-19 BY ZIPCODE - TOP 5



Q&A



Phil Beckett, PhD
Chief Executive Officer
832-496-4442
pbeckett@hasatx.org

Discussion

George Gooch, Texas Health Services Authority

Poll & Discuss

How if your HIE supporting telehealth and related programs in rural communities? (select all that apply)

- Improve access to care
- Address the environmental, behavioral, and social risk that may be increased based on geography
- Different settings and workforce challenges
- Other

Poll & Discuss

How has sufficient broadband access impacted your HIE's efforts to support rural communities?

- None
- Minimal
- Moderate
- Significant

Health Equity Work Group Next Steps

Lisa-Nicole Danehy-Sarnowski, ONC

A large, abstract graphic on the left side of the slide, composed of various colored triangles and polygons in shades of blue, green, yellow, and orange, creating a complex, geometric pattern.

Thank You!

Lisa-Nicole Sarnowski

Lisa-Nicole.Sarnowski@hhs.gov

202-573-6251