OCHIN

A driving force for health equity

Submitted via email to statementsfortherecord@finance.senate.gov

May 24, 2024

Honorable Ron Wyden
Chairman
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Honorable Mike Crapo
Ranking Member
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Re: Statement for the Record- Hearing on Rural Health Care Supporting Lives and Improving Communities on May 16, 2024

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of OCHIN, we appreciate the opportunity to submit comments for the record in response to the U.S. Senate's Finance Committee's hearing: *"Rural Health Care Supporting Lives and Improving Communities."* OCHIN is a national nonprofit health information technology and research network that serves over 2,000 community health care sites with 25,000 providers in 43 states, reaching more than 6.1 million patients including Critical Access Hospitals (CAHs), rural and frontier health clinics as well as federally qualified health centers and local public health agencies. We applaud your focus on advancing policies and solutions that provide rural communities with the tools and resources needed to thrive and maintain their independence and self-sufficiency. Rural America's communities are resilient, self-sufficient, and adept at optimizing resources even when they are scarce. For rural communities, health and overall community and economic vitality are intrinsically linked. There are a range of policies and tools that create clear pathways to solve existing barriers to access, improve health outcomes, and drive practice financial sustainability.

OCHIN: DRIVING INNOVATION, ACCESS, AND SELF-SUFFICIENCY

For over two decades, OCHIN has advanced health care solutions by leveraging the strength of our network's unique data set and the practical experience of our members to drive technology innovation for patients and providers in rural and other underserved communities. OCHIN offers technology solutions, informatics, evidence-based research, workforce development and training in addition to policy insights. OCHIN has the largest collection of community health data in the country and more than two decades of practice-based research and solutions expertise. We provide the clinical insights and tailored technologies needed to expand patient access, connect care teams, and improve the health of rural and medically underserved communities. With over 137 million clinical records exchanged last year, OCHIN puts "one patient, one record" at the heart of everything we do to connect and transform care delivery. We ensure all health records flow seamlessly between patients and their many providers, giving clinicians

greater insight into their patients' health and helping to complete the circle of care in rural communities. We also drive interoperability on a national scale through our growing health information network and automated electronic case reporting for public health. In addition, OCHIN maintains a broadband consortium network to support rural health care providers access Federal Communications Commission (FCC) broadband subsidies.

BACKGROUND

Rural health clinics, CAHs, and other rural hospitals have demonstrated that they are able to provide first in class care with the right investments. The following are key areas where focus is needed:

- Healthcare serves as one of the largest employers in Rural America. The U.S. Census estimates around 22 percent of the civilian workforce in rural counties are employed in the education services, and health care and social assistance industry.[ii] The rural hospitals and facilities that make up rural health care systems are cornerstones of their local community and often serve as the first point of contact in the health care system for rural Americans. Rural hospitals serve as economic anchors, providing a strong tax base by employing residents, which in turn fund services such as public education, fire safety, police, and road maintenance. And while there remains high employer demand, there is limited access to education and workforce training programs leading to shortages and untapped talent. Health IT training and workforce development must include healthcare professionals and operational staff, which is needed to transform health care delivery, ensure cyber hygiene, and leverage artificial intelligence (AI) innovations.
- Rural Americans maintain strong ties to their communities. Viable health systems need viable communities. Rural communities have higher levels of social cohesion and stronger opinions that people in the community take care of each other. As such, the rural residents have deep, strong roots, and feel in invested in their communities. For example, individuals who leave and return to their rural home communities due to the presence of family, a sense of familiarity and moreover, a desire to make close connections with neighbors are primary motivators to return home. Additionally, growing up in a rural area is a strong indicator of returning home and practicing medicine, with 30-52% of providers from rural backgrounds reporting they chose rural practice.[iii] In turn, they help slow population loss, generate jobs, and increase human, social, and financial capital. Ultimately, strong informal support networks, social bonds, and civic engagement are essential to developing thriving sectors in rural areas.
- Rural providers innovate and hold the potential to successfully leverage health IT systems and digital modalities that facilitate interoperability to improve access and health outcomes. Given the vast geographies and patient mix of rural communities, rural providers retain generalized knowledge across a wide range of health issues leading them to be more adaptable. It allows them to be well-suited to connect with specialists using digital technologies to improve care delivery and leverage specialized expertise that may not be available readily in their communities. However, this requires the support of high-speed internet infrastructure and broadband to access virtual services including telehealth, eConsults, remote physiological monitoring, as well as strong cybersecurity. The foregoing is also needed to leverage AI systems which providers could use to expand access and quality of care to rural populations. Moreover, it will also support health information exchange and Electronic Health Record (EHR) platforms. Without reliable secure connectivity, rural healthcare providers cannot deliver a range of virtual services and access online resources.

OCHIN RECOMMENDATIONS

The following recommendations outline a multi-prong strategy, combining financial support, workforce development, technology enhancement, and collaboration that leverages the strength of rural communities. Implementing the following recommendations will contribute to the long-term viability and autonomy of rural healthcare providers and ensure sustained access to quality healthcare in rural and underserved areas.

- Provide New Funding and Simplify Existing Federal Grant Programs to Support Rural Provider Adoption of Hosted Certified Health IT Systems. Currently, too many rural providers have not received their fair share of funding to modernize their health IT systems which is essential to: expanding access to care through telehealth and other virtual services; optimizing operations and financial sustainability through informatics and analytics that support transitions to new payment and delivery models; strengthening cybersecurity; and leveraging the benefits of rapidly developing AI systems. Instead, many rural providers must use dated, fragmented technologies or paper. Alternatively, they rely on incentives that compel them to use large health systems' certified health IT systems that do not meet rural patient clinical needs nor their operational/financial needs. In these arrangements, the needs of rural providers are secondary to the priorities of large health systems. Outdated technologies have limited security features and do not support new features, such as multi-factor authentication and encryption, leaving rural providers more susceptible to attacks and data breaches. Rural providers may also not have up-to-date software patches to address security vulnerabilities which opens them up to increased risk of cybercriminals using these as potential vectors of compromise. Congress and the Biden Administration should ensure that existing federal programs such as the United States Department of Agriculture (USDA) community grant program is streamlined, simplified, and clarified so it can be readily used by rural providers to support the adoption of hosted and certified health IT as well as software subscriptions (that include regular security patches) which are essential infrastructure. We recommend congressional clarification during the Farm Bill reauthorization to expand this funding for critical access hospitals (CAHs) in rural communities. Also, the arcane USDA requirements of the grant process prevent rural providers, who do not have margins to support grant writers, from applying to these programs. The requirements and application process must be streamlined and simplified.
- Fund a Center for Medicare and Medicaid Innovation (CMMI) Virtual Specialty Services Network Demonstration to Test Digital Modalities that Expand Access and Sustainability in Rural and Underserved Communities that are Integrated with Primary Care. Federal and state level policymakers should prioritize investments in a demonstration that test a virtual specialty services network that integrates and coordinates with rural primary care providers and specialists, so patients get care when and where they need it. Further, for those rural hospitals or clinics that want to hire specialists to participate in the virtual specialty network, it will enable these rural providers to expand their geographical reach and increase their patient volume—thereby increasing financial sustainability and increased access to in-person specialists in rural communities. Consistent with the foregoing, we urge Congress to pass H.R. 7149/S 4078, Equal Access to Specialty Care Every Act of 2024 (EASE Act). The EASE Act would require the Centers for Medicare and Medicaid Services (CMS)

Innovation Center to test a delivery model designed to improve access to specialty health services in rural and other underserved communities.

- Support Funding for the Development of Sustainable Payment Models Designed for Rural Areas. Current payment models must account for the actual cost of care for patients serviced by rural providers. Congress, the Biden Administration, and state level policymakers should prioritize funding for payment models specifically designed for rural areas and that consider the unique aspects of rural health care. For example, rural providers have smaller patient populations, making it challenging to achieve meaningful risk stratification and develop targeted interventions for improving outcomes and reducing costs. Moreover, with smaller populations, rural providers cannot leverage economies of scale and lower per unit costs that come with volume. Given new payment models such as value-based payment tie payment to quality, a smaller patient pool can skew quality metrics and be misleading hampering their ability to participate successfully in Value-Based Pay (VBP) models. Rural providers must receive payments that account for the higher differential cost and the persistent historical and current underinvestment. Similarly, high enrollment of rural residents in Medicare Advantage (MA) plans have made the situation worse. MA net reimbursement to critical access hospitals is often lower for similar services than that of traditional Medicare because MA does not follow cost-based reimbursement. Also, MA plans typically do not cover all the services traditional Medicare does, including swing beds, which provide skilled nursing care for patients and are often a strong source of revenue stability for rural hospitals.[1]
- Empower Local Control of Savings and Funding. We urge policymakers to ensure new funding models maximize local control and retention of savings and fundings. The rise of venture capital in health care, while initially touted as a sustainability solution, has led to significant diversion of resources away from the direct delivery of care to support the profits of these investors. Further, it has not improved quality or cost-effectiveness. There are alternative funding models where federally qualified health centers (FQHCs) and CAHs have greater flexibility to partner to effectively support rural areas. For example, leveraging telehealth and eConsults, CAHs could offer specialty care services to patients served by FQHCs in metropolitan areas. This could provide CAHs with enough visits to expand the number of specialists they can sustain.
- Fund Reliable and Secure Broadband Connectivity for Rural Providers. Rural providers need reliable secure connections to deliver high quality care, yet the current federal subsidy program simply creates more barriers and risk. The Federal Communications Commission's (FCC) Rural Healthcare Connect Fund Program (HCF) does not award funding upfront but requires providers to incur costs and operate in arrears for a full year before their accounts is brought current. The program should be modernized and structured like the eRate program for schools and libraries. Besides providing funding upfront to meet the monthly costs, the program should be a grant program for providers rather than a subsidy that goes to telecommunication providers. The FCC should also open bidding for entities to administer the program that adopt streamlined, user-centered practices and policies that reduce the burden on rural providers. Ultimately, we encourage the FCC to reform HCF so that rural providers have modern health IT systems that support care delivery, essential operations including financial optimization, and have strong cybersecurity features.
- Invest in Health IT Workforce Development and Training Programs for Rural Communities. The ongoing and deepening shortage of certified health IT professionals illustrates the need for improved health IT workforce development and training of all health staff—not just staff in the IT department—

particularly as the role of technology in care delivery expands. We recommend that Congress and the Biden Administration along with state workforce programs streamline existing workforce programs (developed for the 20th Century) and implement new ones that provide a direct on-ramp for individuals with high school diplomas or GEDs in rural communities as part of career ladders. We also urge policymakers to invest in online learning options that are coupled to placement opportunities with local rural health care providers to optimize care delivery, establish local career opportunities, and strengthen rural communities.

CONCLUSION

Revitalizing and sustaining rural healthcare in the United States must be built on a collaborative effort among policymakers, healthcare providers, community organizations, and other stakeholders. OCHIN supports legislation that would achieve greater sustainability and accessibility of health care services within rural communities. The funding and support of rural hospitals and providers is essential to establish comprehensive and integrated care for our most underserved populations. Please contact me at stollj@ochin.org if we can provide any additional information to support your efforts.

Sincerely,

Jennifer Stoll
Chief External Affairs Officer