As the summer heats up, we have accumulated a number of things to tell you about. Our TAG has been focused on the issues surrounding quality reporting for 2014 and beyond as you can see by a couple of the articles below. We have also completed our work for the USDA pilot and have learned a lot about how the system works and what some of the barriers and opportunities are. A draft summary indicates what we did, what we learned and what’s left to do. The participants are now in the very capable hands of our Kansas USDA staff working on their applications. An opportunity for Distance Learning and Telemedicine grant funds is also described below. Now, on to the updates…

Public Health Reporting: We have had a number of questions about the Public Health Reporting exemption and will have much more information about that in August, but for now, the exemption is in place for Stage 1 of Meaningful Use. The exemption letter is still valid even though the date of the letter is old.

2014 Meaningful Use Clinical Quality Measures Readiness Survey: This week, KHA emailed all CIO/IT contacts an online survey regarding 2014 Meaningful Use Clinical Quality Measures Readiness. Beginning in fiscal year 2014, the reporting of clinical quality measures (CQMs) will change for all eligible hospitals, regardless of whether they are participating in Stage 1 or Stage 2 of Meaningful Use. Hospitals will be required to electronically submit 16 of the 29 approved CQMs across three National Quality Strategy domains using EHR technology that has been certified to the 2014 Edition Standards. With the 2014 Edition Certified EHR Technology (CEHRT) requirements and concerns about vendor readiness, KHA is asking for member hospitals to complete a brief survey regarding 2014 CQM readiness. Responses will facilitate our ability to appropriately communicate these concerns at the Federal level. Survey completion deadline is Friday, July 19.

Kansas Provider Health Information Technology Grant Program: KDHE Division of Health Care Finance has a new program to assist Medicaid incentive eligible hospitals with some of the initial setup costs and subscription fees for participating in health information exchange. The state will pay 13% of the cost of these fees effective 7/1/13. Hospitals are eligible to receive the discount until 9/30/14. Only hospitals that have received a Medicaid EHR incentive payment
are eligible. The discounts for service are coordinated directly with the two state approved HIOS, Kansas Health Information Network (KHIN) and Lewis and Clark Information Exchange (LACIE). Kansas Medicaid is working with CMS to extend the program to Medicaid eligible professionals. Approximately 593 professionals and 42 hospitals are eligible for the reduced fees. For more information contact Christina Rondash at KDHE Division of Health Care Finance, Incentive Payment Analyst. Phone: 785-296-2154, Email: crondash@kdheks.gov

2013 Distance Learning and Telemedicine Grant Funds Available: USDA is accepting applications for grants to provide access to education, training and healthcare resources in rural areas. Funding is authorized through the Department's Distance Learning and Telemedicine (DLT) Grant Program. This year, USDA may provide up to $17.5 million in grants. To be eligible, applicants must serve a rural area, demonstrate economic need and provide at least 15 percent in matching funds.

The DLT Program provides financial assistance to encourage and improve telemedicine services and distance learning services in rural areas through the use of telecommunications, computer networks, and related advanced technologies. The grants are awarded through a competitive process, may be used to fund telecommunications enabled information, audio and video equipment and related advanced technologies which extend educational and medical applications into rural locations. The submission deadline is August 12, 2013. For more information and to download the announcement, visit http://www.rurdev.usda.gov/UTP_DLTResources.html

Broadband/Healthcare Connect Fund: KHERF has retained a consultant (CTC Technology & Energy) to assist us in establishing the broadband needs of Kansas hospitals and identify potential options to fulfill those needs. For example, determine if a consortium should be created to apply for the funds available as part of the FCC’s new Health Care Connect Fund. As part of our efforts, we established a technical advisory group to provide us with input and they met in late April.

As a result of input given during that meeting, we released a Request for Information in mid-June seeking communications services over a dedicated network specifically for use by the Kansas health care community. We anticipate the responses will help to identify one or more private partners interested in providing broadband access to HCPs throughout the State. Responses are due on July 17.

We will be gathering the technical advisory group again in early August to review the results of the RFI and determine our next steps. We will keep you informed as this project move forward. Questions can be directed to Jennifer Findley.

Below is a direct link to the RFI for those that are interested in reading it. http://www.kha-net.org/FurtherInformation/DownloadsHITCriticalIssues/d106556.aspx

KHA Submits Comments on CMS IPPS Proposed Rule for FY 2014: KHA recently submitted comments to CMS addressing the reporting of Clinical Quality Measures, CQM through electronic health records. Our statements echoed the common themes expressed by our HIT Technical Advisory Group and members. Within our comments, we identified specific
concerns about the immaturity of EHRs, misalignment of quality program timeframes and inaccuracies within e-specifications. We also emphasized the significant burden of reporting and additional costs anticipated to meet these new CQM reporting requirements. KHA urged CMS to delay the start of mandatory reporting and incorporate the experience and lessons learned from voluntary reporting initiatives to make automated quality reporting truly successful. Click here to view the full version of the Comments letter.

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