

# January 2016 Interoperability and Broadband: Challenges to Rural Information Exchange

The National Advisory Committee on Rural Health and Human Services supports the Department of Health and Human Services (HHS) efforts toward ensuring that all health care providers are able to achieve meaningful use of electronic health records (EHRs). The Secretary has identified this as one of the key foundations of the Department's efforts on delivery system reform.

The Committee's position echoes the concerns on interoperability that many provider organizations have already raised, including:

- The need to reinforce prevailing interoperability standards
- The need for more rigorous conformance testing prior to certification to ensure EHR products have interoperability functionality built in
- The importance of required public reporting data on vendors' actions to support interoperability

In the long term, HHS' efforts to move health care providers toward the meaningful use of EHRs has significant potential for helping rural health care providers and the vulnerable populations they serve. In the short term, however, there are challenges for rural providers. The Committee is particularly concerned about interoperability challenges. This is compounded by uneven access to affordable broadband capacity to fully realize the potential of electronic health records and other key health information technology applications.

The concerns around interoperability are not specific to rural hospitals and clinics but there are unique rural implications of these challenges. The current certification of electronic health record (EHR) products has not done enough to ensure interoperability. The Committee is concerned that many rural providers have thin operating margins and limited financial reserves meaning that if the certified EHR product they purchased cannot ensure interoperability they will not have the financial flexibility to purchase a new product even with the assistance of meaningful use (MU) payments.

HHS supported the initial funding of State health information exchanges (HIE) nationally, but the ongoing functionality of these State HIEs is variable. In some areas where there is not a central HIE, providers must move through multiple exchanges in order to transfer information and incur fees at each exchange. Given the financial realities of rural providers noted above, this creates a situation in which rural providers may be at risk of not meeting Stage 3 MU requirements for factors that are beyond their control.

Limited broadband capacity also continues to be a concern for rural providers. The Committee was encouraged by the recent White House Broadband Opportunity Council report and its attention to the challenges faced by rural health care providers.<sup>1</sup> The Committee encourages HHS to engage more broadly with the U.S. Department of Agriculture and the Federal Communications Commission given their available resources for supporting broadband deployment. The Committee is concerned that rural providers are at risk for not being able to meet MU Stage 3 requirements related to transmission of EHR data because of a lack of affordable broadband capacity locally.

The Committee applauds HHS for establishing a process whereby providers may be exempt from payment adjustment if they can show that demonstrating meaningful use would result in a significant hardship. The Committee encourages HHS to consider the prohibitive costs and delays sometime associated with interoperability issues and access to adequate broadband capacity as justifications for this exemption when dealing with financially vulnerable rural providers.

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<sup>1</sup> Broadband Opportunity Council. (2015, August 20). *Broadband Opportunity Council report and recommendations pursuant to the Presidential memorandum on expanding broadband deployment and adoption by addressing regulatory barriers and encouraging investment and training*. Retrieved from <http://1.usa.gov/1JISS3V>