

June 8, 2006

## **Pushing Long Term Care onto the Nation's Health Information Technology Agenda**

The confluence of health care advances, emerging technology, and the aging of 77 million baby boomers demands that our nation's health information technology agenda include long term care. That is why the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) are pleased to join other stakeholders at this year's Long Term Care Health Information Technology Summit.

Building on our collective efforts outlined in our 2005 Summit report, *A Road Map for Health IT in Long Term Care*, we offer the following points for discussion and action. Our responses below are intended to generate an ongoing dialogue with Summit participants and others who seek to work collaboratively to advance the development, implementation, and integration of electronic health information technology that will benefit the 1.5 million frail, elderly, and disabled Americans who rely on the quality long term care AHCA/NCAL members provide each day.

**1. Describe two or three key initiatives your organization has in progress or planned that advances objectives outlined in "A Road Map for Health IT in Long-term Care", the consensus document that emerged from the Chicago Long-term Care HIT Summit. Discuss progress, challenges, opportunities and implications.**

AHCA/NCAL is working aggressively to promote the involvement of long term care (LTC), and specifically our facility members, in a number of health information technology (HIT) arenas.

Regional Health Information Organizations (RHIOs) are paramount to ensuring that all health care providers – acute-care, long term care, physician and home health partners – can seamlessly exchange eHealth information. In 2005, LTC participated in the following initiatives:

- *Indianapolis RHIO* ~ AHCA/NCAL providers, including the Miller Homes, Kindred, and Beverly Enterprises joined hospitals and insurance companies to help design LTC requirements for the Indianapolis RHIO.
- *Georgia RHIO* ~ The AG Rhodes Homes and SavaSeniorCare are active participants in the Georgia Health Information Exchange.
- *CMS/AHRQ LTC ePrescribing Standards Pilot Study – Minnesota* ~ The Benedictine Health System, along with hospitals, software developers, pharmacies, and insurers are studying the nuances of electronic medication prescribing in the LTC setting.

- *Total Living Choices* ([www.tlchoices.com](http://www.tlchoices.com)) ~ AHCA/NCAL are supporting this referral portal that links AHCA/NCAL members, hospitals, and consumers and provides electronic sharing of patient transfer and discharge information.

Additionally, AHCA/NCAL:

- Developed *Choosing a Long Term Care Software Application Partner Guide and Worksheet*, a selection tool designed to guide our members on key steps and safeguards in selecting technology products. The tool also links to potential vendors that understand these important guidelines.
- Published *A Guide to Choosing a Software Application Developer Partners*. (<http://www.providermagazine.com/pdf/software-survey-03-2006.pdf>).
- Reviewed the Centers for Medicare & Medicaid Services' (CMS') proposed rule (CMS-0011-P Medicare Program: ePrescribing and the Prescription Drug Program Notice of Proposed Rulemaking (NPRM) at 42-CFR Part 423) noting shortcomings vis-à-vis long term care settings as proposed in the draft regulation. AHCA/NCAL then collaborated with the National Council for Prescription Drug Programs (NCPDP) to correct this oversight. AHCA/NCAL also offered NCPDP comments on its ePrescribing flow model.
- Submitted comments and voted on CMS' HL-7 Functional Model.
- Partnered with the Long Term Care Consortium (LTCC) to educate LTC providers on operational issues related to the *Health Insurance Portability and Accountability Act (HIPAA)*, as well as privacy and confidentiality regulations issued by CMS and the Office of Civil Rights (OCR). CMS is evaluating use of the LTCC and AHCA HIT Committees in developing its electronic Resident Assessment Protocol (RAP).
- AHCA/NCAL joined several other organizations to sponsor the Continuity of Care Record (CCR) recognizing that the CCR could reduce the assessment and documentation burdens as a patient transfers between hospitals and skilled nursing facilities. The CCR has been used as a basis for discussion with CMS for using the type of data it generates to automatically populate corresponding fields in the Skilled Nursing Facility (SNF) standard Minimum Data Set (MDS) and potentially the electronic health record (EHR) once in full operation.
- AHCA, along with other organizations, continues to promote MDS 3 development that complies, where possible, with established health informatics standards. Working with the CMS and the Assistant Secretary for Planning and Evaluation (ASPE), we continue to advocate that a focus on HIT must be retained at every stage of the MDS refinement process.

AHCA/NCAL also is planning a redesign of its web site to include eHealth information tools such as a HIT Index that connects providers to products and services that address clinical and technical issues. We will be conducting a survey of our members to determine the HIT “sophistication” level of facilities for HIT innovation, development, and implementation. The survey data will allow us to better target the specific needs of facility members.

Access to dedicated dollars represents one of the most significant barriers to HIT development and implementation in long term care. Consequently, the critical thinking and collaboration of this Summit’s e participants regarding how public/private funding can help to overcome this barrier is essential. Similarly, we must work to develop national standards to ensure the interoperable use of EHRs. Without such harmonization of data standards, interoperability cannot be achieved and we will not be able to achieve the seamless, secure electronic exchange of patient information needed to ultimately improve patient care as well as reduce costs.

**2. Based on your organizational interests and stakeholders please respond to at least two of the following questions. Shape your responses to inform the development of an actionable agenda and keep in mind both provider and consumer perspectives.**

**a) How may or should emerging Pay for Performance programs support adoption of Health IT in Long-term care settings?**

HIT and Quality-Based Performance reimbursement programs are interdependent. For example, while a performance based payment system can be a major driver for providers to move toward IT adoption, measurable data from IT is needed to drive the specific payment structure that rewards quality performance. Therefore, any payment plan must provide both incentive for adoption (to include initial purchase investment, staff training compensation and ongoing operating maintenance costs) and rewards for actual quality improvement enhanced by the use of HIT. Costs (initial purchase investment, staff training compensation, and ongoing operating maintenance costs) are often cited as a primary barrier to IT adoption. Finding other financial incentives such as grants and low-interest loans for providers to meet up-front costs could be combined by including IT in any Quality Based Purchasing Initiative. This would improve the business case for investment in HIT.

Also, AHCA/NCAL believes that the adoption of HIT brings with it reasonable expectations of savings and efficiencies that will result in enhanced quality care. These expectations are based in part on technology-related improvements in resident clinical assessments, treatment plans, and protocols. Expectations are also based on technology-related improvements in operating efficiency characterized by an increase in nursing time at the bedside and a corresponding reduction in time spent on paper work and clerical tasks.

Staff and patients would benefit, for example, from more timely and accurate collection and reporting of patient outcome measures. If accomplished in real time,

these measures could form the basis of early alerts to situations calling for treatment changes, adjustments to care delivery, and/or staff education and training to enhance quality. Reporting and tracking of patient information from the bedside has the potential to improve performance of frontline caregivers and to increase their sense of empowerment and professional satisfaction.

In addition, adoption of EHRs and similar HIT can expedite participation in mandated state surveys by both facility staff and surveyors. HIT has been shown to expedite survey data requests, thereby reducing burdens on surveyors and facility staff. Simply maintaining patient records and related information in easily updated, accessible electronic format could be an indicator of a well-run facility.

These obvious advantages notwithstanding, we recognize that the decision to purchase and install HIT requires financial, clinical, and regulatory considerations. AHCA/NCAL believes that the long term care profession must make a strong business case for return on HIT investment. This data will motivate individual providers to move more rapidly toward adoption of HIT and, perhaps more importantly, to immediately adopt an interoperable EHR when available.

***b) In light of the recent implementation of Medicare D and the challenges associated with that implementation, what health IT activities should be prioritized to support the effective integration of Medicare D processes across the profession?***

The effective integration of Medicare Part D into the daily workflow of facilities will require significant improvements in HIT infrastructure. Presently, myriad providers and Part D Plans (PDPs) exist. Each PDP has its own formulary and process for confirming eligibility, billing, and processing claims adjudication. The burden of keeping all of these variables untangled will fall squarely on the shoulders of the providers. Managing large, complex data sets is clearly an opportunity for HIT. A single point of reference for these data can be presented in a searchable Web portal that would be available to all providers. Once provider authentication is verified, each resident's plan benefits can be displayed alongside any medical notes (allergies, contraindications, drug/food interactions, etc.) in an exportable format for use in prescribing, billing, and clinical care.

***c) What targeted research activities would be most helpful for informing the case and practices for Health IT in long-term care?***

Any and all research into the benefits of HIT in the long term care setting must include clinical and financial assessments. Long term care must work with technology partners to develop key metrics that empirically supports claims of improved patient care and other quality measures. These metrics must extend beyond considerations for saving staff time, concentrating on measuring:

- Reducing medication errors
- Reducing patient injuries
- Reducing unplanned transfer to acute care settings

- Reducing staff injuries and other risk factors
- Improvement in survey scores
- Improved validity of care outcome measures
- Improvement in the care planning process
- Accurate assessment and appropriate RUGs identification
- Automated pharmacy adjudication and billing adjustments
- Reduced legal costs including copying medical charts, reduced requests for records and reduced litigation fees
- Increases in appropriate referrals

These benefits are complex and interdependent. Some investments will enhance multiple benefits, while improvements along one dimension might come at the price of performance on another. Understanding the intersection of these complex components will require investment in HIT hardware, software, and infrastructure as well as a sophisticated structural modeling and statistical estimate of model parameters.

***d) Other than regulatory data sets, what data tools, instruments, assessments and/or terminologies carry the most promise for the informing rich data environment to promote functional status, quality of life and wellness management and independence for seniors?***

The long term care profession must obtain, analyze, and operationalize real-time care and financial data. Hand-held, remote, and embedded sensing devices that provide real-time, MDS relevant assessment items can improve care and care planning by closely monitoring each resident's status and needs. Examples of promising technology include:

- Radio Frequency Identification (RFID) technology for locating patients and staff, inventory control, medication pass, and improving patient's orientation to environment.
- Video/Voice Over Internet Protocol (V/VOIP) to expand "distributed knowledge" where an advanced practice nurse can provide real-time training and advice concurrently to several Certified Nursing Assistants (CNAs).
- Environmental cueing devices that provide reminders and assistance to residents until staff can arrive.
- Electronic Physician Order entry systems with automated updates of order sheets and Medication Administration Record (MAR).

Long term care also can benefit from a communication standard, perhaps HL7, that allows for platform/application independence. Such a standard would permit LTC technology to store terabytes of data necessary to develop a comprehensive health care data model that is not possible at this time.

**e) How can Health IT be most effectively leveraged to support the long-term care profession's quest for information?**

- HIT affords the long term care profession the means to access information at the point of care.
- HIT can provide real-time patient information allowing:
  - Remote sensing of patients/residents
  - Alerts when residents need immediate assistance
  - Clinical decision support
  - Contra-outcome reporting
  - Access to resident information at the point of care

Still, we are cognizant of potential data overload. Left unchecked, HIT systems can grow to a point that overwhelms clinicians.

Deciding what information is appropriate in which clinical or financial circumstance is beyond the scope of HIT professionals alone and these decisions must be made in concert with clinicians, operators, and researchers. Finding appropriate vehicles that tap into the collective expertise of these professionals will be a considerable challenge as we develop and implement 21<sup>st</sup> Century HIT systems.

**f) What key Health IT strategies should long-term care organization be pursuing to ensure that they are positioned to take leadership in disease, chronic care and wellness management initiatives?**

Disease management is a complex process that demands the cooperation of providers and payers all along the continuum of care.

Individual electronic health records are crucial to sharing accurate and timely clinical information among providers. EHRs will allow long term care providers to evaluate factors contributing to long term care needs and assess how to best address their impact. When establishing, implementing, or tracking a care plan, it is mandatory that clinical trends be identified, so that early interventions may be taken should negative trends be detected. This process adds even more value when dealing with chronic disease and co-morbidities. Wellness trends are also very valuable in determining good health maintenance practices.

AHCA/NCAL encourages organizations to be involved in the EHR initiative and to keep their members/constituents fully apprised of alternatives. Good clinical data help to inform the quality process. Quality care cannot be left to "just happen" or to happen by regulation. This is particularly important as patients move between care settings.

**3. Identify emerging issues and challenges that you feel need to be incorporated or prioritized in the LTC HIT agenda and have not yet been adequately addressed by the roadmap or in your response.**

While the traditional nursing home will always have a place in the health care continuum, long term care must evolve to meet the needs of baby boomers – a generally healthier, discriminating, mobile, educated and non-compromising population. To assure a fluid continuum of living options where individuals move easily between appropriate care settings, money must follow the person. This could mean:

- Home with technology
- Home with help
- Small group homes
- Apartments
- Assisted Living
- Nursing Home

In addition to greater options in care settings, geriatric diagnostic centers will be needed. These centers will offer customized evaluations by highly trained staff who will recommend medical, physical, social, recreational, and spiritual approaches that fit the needs and wants of each person.

#### SUMMARY

The future success and viability of long term care depends on seamless integration of HIT into clinical and business practices, along with regulatory compliance. Consumers – our residents, their families, and future residents – and other health care providers will require that we in long term care demonstrate competence in HIT. Collecting, storing, analyzing, and sharing eHealth data will improve our ability to deliver quality care as we pursue excellence in health care practice. Our profession will face major challenges, including:

- Variation in LTC business models (e.g., multiple facility chains' HIT needs are markedly different from those of independent operators);
- Funding and maintaining a technology infrastructure can be expensive; and,
- Inclusion of LTC in eHealth data exchange with other providers relies on our HIT competency.

eHealth initiatives experienced rapid expansion in 2005. We expect that this trend will continue and accelerate over the next several years. As it does, the long term care profession must continually strive to keep pace with these developments – our residents are depending on us.