January 30, 2023

The Honorable Brian Schatz   The Honorable Mike Thompson
U.S. Senate   U.S. House of Representatives
722 Hart Senate Office Building   268 Cannon Office Building
Washington, DC 20510   Washington, DC 20515

Submitted electronically via email to Gabrielle_Schechter@schatz.senate.gov and
Crozer.Connor@mail.house.gov

Re: CONNECT for Health Act Request for Feedback

Dear Senator Schatz and Representative Thompson,

We thank you for your commitment to expanding coverage of Medicare telehealth services through the *CONNECT for Health Act (CONNECT Act)* and your interest in seeking feedback prior to its reintroduction. The COVID-19 pandemic certainly brought to light the need for improved access to telehealth to safeguard the nation's most vulnerable beneficiaries, and we support the goals of the *CONNECT Act* to make further improvements in this space. We also appreciate this opportunity to flag additional gaps in technology adoption that exist in long-term and post-acute (LTPAC) settings that have not been adequately addressed at the federal level to date. Closing these gaps are foundational to support improved access to telehealth.

As background, the rate of adoption and use of interoperable health information technology (HIT) among LTPAC providers (skilled nursing, home health, hospice, long-term acute care facilities, inpatient rehabilitation facilities) lags far behind acute and ambulatory care providers. This has created an uneven playing field in our healthcare eco-system that makes it challenging to treat the nation's older adults, chronically ill, and vulnerable patients. As you look to leverage telehealth technology to realize meaningful and lasting improvements in patient care, the undersigned organizations urge Congress to take action to promote access to critical technology solutions in LTPAC settings.

Unfortunately, inequitable access to and use of interoperable electronic health records (EHRs) capable of ingesting and sharing telehealth data, and electronic clinical surveillance technology (ECST) persists across the continuum with serious implications for patient care. The root causes of these challenges can be traced back to the exclusion of funding for LTPAC providers under the Health Information Technology for Economic Clinical Health (HITECH) Act. Today, LTPAC providers face real limitations in managing and controlling the spread of infectious diseases (such as COVID-19, but also other infections that pre-date COVID-19 and need consideration into the future), managing chronic conditions through various means including telehealth and remote patient monitoring (RPM), exchanging and sharing data with other providers, and fulfilling reporting requirements. A clear need exists for a comprehensive cross-continuum infection prevention and antimicrobial stewardship workflow, which could be utilized by infection preventionists, pharmacists, and other clinicians for clinical decision support, patient care, patient safety monitoring, and public health reporting.

The undersigned groups believe that ***federal financial support is crucial to ensure nationwide interoperability of HIT capable of integrating telehealth data as well as data exchange and sharing across the care continuum, including technological functionality to improve quality of care, patient safety, and infection control during this pandemic and beyond. Interoperable HIT***

technology is foundational and a key enabler of data collection, reporting and new innovative care models. As you look to expand telehealth coverage, below are additional areas ripe for investment that should be considered simultaneously.

Legislative Recommendations for Necessary HIT Improvements in LTPAC

- Authorize funding for LTPAC providers to adopt interoperable HIT with a focus on patient care and safety, including infection control and prevention
  - Direct HHS/CMS to establish a financial incentives program for LTPAC providers making the transition to interoperable EHRs and technology aimed at improving patient care and safety across the continuum, including ECST.

- Direct funding to the Office of the National Coordinator (ONC) to ensure proper bidirectional interoperability between acute care (e.g., hospitals and physicians), LTPAC providers and other ancillary providers (e.g., therapy, pharmacy, etc.). Resources would support the implementation, use, and sustainability of interoperable EHRs and ECST:
  - Build out an interoperability verification program to include the LTPAC sector to ensure the secure cross-continuum information exchange and alignment, where necessary with acute care.
  - Develop minimum criteria that the EHRs and ECST would need for LTPAC providers to receive funding support.
  - Adapt, enhance, expand and/or and implement an LTPAC Informatics & Technology Workforce Development Program to include training on and dissemination of information on best practices to integrate HIT, including EHRs, into LTPAC care delivery.
  - Adapt, enhance, expand and/or implement an LTPAC Technical Assistance Program, such as via health information exchanges or other entities, to support LTPAC providers in their efforts to acquire, implement, adopt, and effectively use interoperable HIT and information exchange tools.

We, the undersigned organizations, thank you for your continuing work through the *CONNECT Act* to help providers leverage technology to improve access to care. We urge Congress to likewise look to promote the transformative power of technology in LTPAC settings and look forward to working with you to ensure these providers have necessary EHRs and ECST in place to support expanded access to telehealth services. If you have any questions regarding our comments or need more information, please contact Shara Siegel, Senior Director of Government Affairs, at shara_siegel@premierinc.com or 646-484-0905.

Sincerely,

American Medical Directors Association (AMDA)- The Society for Post-Acute and Long-Term Care Medicine
American Health Care Association (AHCA)
American Health Information Management Association (AHIMA)
American Society of Consultant Pharmacists (ASCP)
Healthcare Information and Management Systems Society (HIMSS)
LeadingAge
National Association for Home Care & Hospice (NAHC)
National PACE Association
Premier Inc.