

Leveraging Health Information Technology to Protect Patients Requiring Long-Term or Post-Acute Care

Discussion Draft

Problem

Federal efforts to support the electronic use and exchange of interoperable health information are ongoing. The COVID-19 public health emergency has brought to the forefront the critical need for interoperable health information technology (health IT) tools across the care continuum and highlighted specific challenges nursing homes, home health agencies, and other long-term and post-acute care providers (here on referred to as LTPAC providers) face in containing the spread of infectious diseases; exchanging and sharing data with other providers; and fulfilling various reporting requirements. Inequitable access to and use of interoperable health IT persists across the continuum. The time is ripe to address the root cause of the challenge: all the programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act excluded LTPAC providers.

The rate of adoption and use of interoperable health IT among LTPAC providers 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 a result of technology gaps, it is more difficult to broaden data exchange between stakeholders, especially during instances of shared care and transitions of care between hospitals and the LTPAC sector. The pandemic also highlighted limitations around quality, safety, infection control, and public health reporting. 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, which is often lacking from LTPAC EHRs currently in use.

Legislatively appropriated funding is necessary to ensure nationwide interoperability of health IT and 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. Below are investment areas that need to be considered simultaneously.

Legislative Recommendations for Necessary Health IT 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 electronic clinical surveillance technology (ECST).
- *Direct funding to 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, infection and electronic clinical surveillance technology (ECST):*
 - Build out an interoperability verification program to include the LTPAC sector to ensure 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 implement an LTPAC Informatics & Technology Workforce Development Program to include training on and dissemination of information on best practices to integrate health information technology, including electronic health records, into LTPAC care delivery.

--

Supported by: LeadingAge, American Health Care Association (AHCA), Premier healthcare alliance, National Association for Home Care & Hospice (NAHC), American Medical Directors Association (AMDA), National PACE Association, American Health Information Management Association (AHIMA), American Society of Consultant Pharmacists (ASCP), and Healthcare Information and Management Systems Society (HIMSS)

- o 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 health information technology and information exchange tools.
- Medicare providers and settings that should be prioritized in these incentives all at once or, through a phased-in approach: (1) SNFs: 15,114, (2) Home Health: 11,356, (3) Hospice: 4,600, (4) Long-Term Acute Care Facilities (LTACHs): 1,152, (5) Inpatient Rehabilitation Facilities (IRFs): 371

--

Supported by: LeadingAge, American Health Care Association (AHCA), Premier healthcare alliance, National Association for Home Care & Hospice (NAHC), American Medical Directors Association (AMDA), National PACE Association, American Health Information Management Association (AHIMA), American Society of Consultant Pharmacists (ASCP), and Healthcare Information and Management Systems Society (HIMSS)