

Health Information Exchange and Health Information Technology Topical Area Meeting
Long Term Care
August 15, 2006

Vision

- Share and gather information from other providers (hospitals, doctor offices, clinics, labs, & pharmacies).
 - Residents can not remember where they have been before.
- Send information electronically
- Enhance/increase ICD9 coding skills (SNOMED)
- Continuity of Care Record with functional status
 - Needs better definition
- CMS Rules-how does this fit into vision?
 - Post Acute Care Assessment
- Better focus states resources on facilities that have poor performance
- EHR as an audit process improvement
- How can we use HIT to improve administrative billing?
- Electronically functionality for providers, records in home health (home monitoring devices), institutional, hospital, PHR, assisted living, home hospice, MRDD group homes, and physician.
 - sharing of information among these groups and institutions
- Decision support best practices
- Clinical protocol templates
- Prevention reminders
- Making sure information flows both in and out
 - Rehab/Short Acute/Long Term Care
- Reporting to public health-immunizations, bio-surveillance
- Complete 2567 state survey electronically and send to ODH (state)
- Long term, more than likely will not have constant access to physicians 24 hours a day.
 - Tel-a-medicine: for people in long term care setting/in-home wound care
 - Especially specialists, limited care specialist
- Broadband access, fast access to providers and care sites and state
 - MDS2 may only be in dial-up capacity
- What roles do independent practitioners (family, paid nurses, etc.) play?
- Value System
 - Better provider satisfactions/ staff retention
 - Better access to information which leads to (cost savings)
 - More time for physicians per patient
 - Increased efficiency
- Opt-in/Opt-out option
 - Long-term care: no opt-out option
- Better patient care (cost savings)
 - Delay institutionalization
 - Move back into community/home
 - Fewer errors
 - Lower level of care
 - Help decision support capacity
- Administrative
 - Improved response time for requests
 - Transfer basic, key information to electronic format

- Standardize critical elements/key information
- Archive data/process
- Families have access to PHR
- Patient has access to PHR and electronic health record
- Repository- a storehouse of information in one place
- Electronic world will make it easier to spot problems
- Data entry-data dictionary

Barriers to HIT Adoption

- Money-invest, equipment, training, maintenance, support
- Inertia – resistance to change
- Fear of technology-lack of certification, confidence in products, abuse of
- Information, risk of data integrity
- Skill sets of staff
 - Transition, implementation, on-going use
- Third party payment
- Infrastructure to be able to share information with others
- Interoperability within an institution/facility
- Lack of ROI belief – poor understanding of costs of current business, poor workflow analysis
- Regulatory-board of pharmacy, nursing, OSHA, Federal certification, JCAHO accreditation, State Licensure, DEA for controlled substances
- Electronic signatures-positive id
- Discovery rights, guidance documents, user rules, etc.

Barriers to Health Information Exchange

- Positive ID
- Identifying unique people across settings and b/t institutions
- Multiple listings for the same person
- Privacy-who has data, and who are they sharing data with
 - Security-
 - Opt-out, information to whom, for what?
- Institutions/people understanding what HIPAA allows
- Ability to connect, send/receive
- Broker; health care clearing house
- Standardization needs
- Infrastructure-send/receive
- Payment rate for exchange

Policy Options to Address Health Information Technology Adoption Barriers

- Lack of ROI-Business case development
- ASPE funded study of this next coverage months; long term care
- Dollars to invest-loan, grant, tax credits, payment incentives (pay for performance)
- Tie quality incentives and electronic capacity
- Joint purchasing
- Resources: center to help people adopt HIT (KēPRO), modify in house policies and procedures to accommodate HIT, relate with vendors, legal electronic record

