

Role of Health Information Technology in Long-Term Care Reform

Third National Medicaid Congress

June, 2008

Jennie Harvell

Health and Human Services

Assistant Secretary for Planning and Evaluation

OBJECTIVES

Share information about:

1. Health Information Technology (HIT) and Health Information Exchange (HIE)
2. Relationship of key HIT/HIE policy and infrastructure activities that could be used to support LTC reform
3. Introduction to (some of) the alphabet soup and other strange terms of HIT and HIE

LTC Reform

- LTC reform proposals often describe a long-term care system that:
 - Provides person-centered LTC organized around the needs of the individual (rather than around care settings)
 - Enables coordinated, high-quality care
 - Enhances consumer choice and independence
 - Supports the LTC workforce
 - Supports financial sustainability
- HIT and HIE include tools and functions that can support such a system.

Evidence for HIT

- Available evidence suggests that HIT can:
 - improve quality and continuity of care
 - improve health information exchange
 - Increase efficiencies in health related activities
 - decrease costs
 - increase transparency (e.g., support performance measurement)
- An essential component enabling efficient realization of these policy objectives is use of interoperable HIT
- Use of standardized HIT is limited, but growing.

LTC HIT/HIE Functions – Some Examples

- 1) **Administrative functions** (e.g., claims submission, census, Accounts Receivable - A/R [e.g., claims submission], Accounts Payable - A/P, general ledger, etc. in LTC these are often linked to required assessments (e.g., MDS, OASIS... data entry / management / submission)
- 2) **Point of Care** data collection
- 3) **Specific Electronic health information exchange** functions Including:
 - **E-prescribe for medications**
 - **CPOE** (Computerized Provider Order Entry) **for other (non medication) orders**
 - **transfer/discharge documents**
- 4) **Telehealth** applications
- 5) **Secure electronic messaging**
- 6) **Decision Support Tools**
- 7) **Quality Reporting Functions**
- 8) **Medication Administration Records**
- 9) **Automated Medication Dispensers**

Benefits of HIT/HIE in LTC

1. Clinicians are able to remotely access LTC provider's electronic health record (EHR), monitor & coordinate care, enter orders, etc.
2. Electronic medication ordering supports: more informed medication ordering, encourage use of generics, and support efficient filling, quality checking, and dispensing by the pharmacy.
3. Transfer documents more easily, quickly, and completely (i) created by the sending provider, and (ii) exchanged with the receiving provider; and receiving site is ready to provide needed services when the patient arrives.
4. Providers have immediate, real-time access to needed information and data collection is more complete and accurate.
5. Providers can access and integrate evidenced-based practice guidelines into EHR.
6. Telehealth: (i) in-home applications permit providers to remotely monitor patients, reduce provider costs, decrease ER visits, and increases access to clinicians, particularly in remote areas; and
(ii) application in schools with IDDM children to monitor BSLs
6. Enables prompt, more complete claims submission, and fewer claim denials.
7. Enables remote utilization review.

Efficient HIE Requires Interoperable HIT

Public/Private Health Care Programs:

- Executive Order 13410 requires as certain Federally administered or sponsored health programs (including Medicare, but excluding Medicaid) “implements, acquires, or upgrades health information technology systems used for the direct exchange of health information between agencies and with non-Federal entities, it shall utilize, where available, health information technology systems and products that meet recognized interoperability standards”
- “Recognized interoperability standards” are defined as standards recognized by the Secretary of HHS.

Interoperability Standards

Secretary of HHS has recognized/accepted HIT standards from:

- **HITSP** (Health IT Standards Panel) -- HITSP identifies standards needed for interoperable HIE in public and private sectors for specific Use Cases advanced by the AHIC.
 - **AHIC** (American Health Information Community) is charged with advancing implementation of interoperable EHRs.
 - **CHI** (Consolidated Health Informatics) Initiative – CHI identified standards for exchange of information between federal health care programs. HITSP uses CHI standards.
 - **Regulations** – CMS has published requirements for the use of certain standards (e.g., e-prescribing, privacy, security, claims)
 - Many interoperable HIT standards are available and could be used in LTC, including standards for:
 - Messaging
 - Content (including e-prescribing, standards for patient assessments)
 - Documents
 - Electronic Health Records (EHRs)*
 - Privacy and Security
- * Certification Commission for HIT (CCHIT) will begin specifying certification criteria for nursing home EHRs in July 2008

Medicaid

Enhanced Federal Medicaid Matching Funds

- Enhanced Federal Medicaid matching funds are available for State Medicaid programs to: (i) build (90% FFP) and (ii) operate (75% FFP) Medicaid Management Information Systems (MMIS).
- CMS encourages States to use federally recognized standards in their MMIS and other activities (e.g., Medicaid Transformation Grants requires that States “abide by national interoperability standards”).

Medicaid Transformation Grants (MTGs)

- In 2006 and 2007, CMS awarded a total of \$150 million in MTGs to 40 States (or territories) to improve the effectiveness and efficiency of Medicaid programs.
- MTGs included awards to 19 States for: HIEs, EHRs, or Data Warehouses, Hubs or Banks

MTGs that Linked LTC in their HIT Projects

- Kansas - clinical decision support for MRDD/PD Case Managers to improve access to preventive services
- Alabama - Partnership with Dept. of Aging
- Rhode Island – web-based HIE (including LTC facilities)
- Arizona – web-based HIE (including LTC facilities) providing access to beneficiary EHRs
- Mississippi - electronic health information highway (for routine and emergency use) to enable hospitals, nursing homes, medical needs shelters, public health centers, and other providers to share real-time event status, including need for staff, resources or supplies while accelerating patient flow and facility transfers.
- Missouri - Web-tool to request, authorize, and track HCBS for aged and disabled Medicaid beneficiaries.

HIE and Related Concepts

NAHIT released a report in May 2008 that Defines Key Terms for HIT and includes the following key terms:

- **HIE**: electronic movement of health-related information among organizations according to nationally recognized standards.
- **HIO** (Health Information Organization): An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
 - HIOs may be: geographically based (e.g., state or region), organized around populations (e.g., pediatrics), health data banks, integrated delivery networks (IDNs), etc.
- While the number of recognized/accepted HIT standards is growing, implementation of interoperable HIT/HIE needs to be encouraged

Nationwide Health Information Network

- The NHIN will provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare.
- The NHIN is a “Network of Networks” comprised of HIOs.
- ONC (Office of the National Coordinator for HIT) is sponsoring the NHIN-Connect demonstration that will support the interoperable exchange of health information within and across:
 - Eleven multi-stakeholder health information exchanges (HIEs)
 - four healthcare organizations
 - Federal health information exchange (involving the VA, DoD, IHS, and SSA)

State Level HIOs

FORE/AHIMA Reports on State Level Health Information Exchange Initiatives

- 75% of States pursuing HIE entities to improve quality and efficiencies, address privacy and security, and support health care reform
- State-level HIE entities support local, state, and possibly regional healthcare landscape (e.g., support data sharing with Medicaid programs)
- Effective partnership between State-level HIE entities and state governments are necessary for making progress towards interoperability --
 - Some State agencies, especially Medicaid are leading HIE efforts (providing resources, State-wide roadmaps, codifying HIE functions)
- But stakeholders perceive that it is most valuable for a state-level HIE be a structure that “engages, but sits outside of, state government”
- There is an:
 - “urgent need” to develop a sustainable business model for HIE entities; and
 - need to clarify how state-level HIE-Networks relate to the NHIN

Summary

LTC Reform should:

1. Support implementation of HIT/HIE in LTC
2. Support interoperable HIT/HIE in LTC
3. Include LTC providers as part of HIOs
4. Address Medicaid information needs in standard setting activities
5. Include Medicaid and Medicaid information needs in State-level HIO activities

Resources

Medicaid Transformation Grant Workgroups

HIE Workgroup:

Peter Yastrov, Arizona Project Director,
Chair

602-417-6970

Perry.Yastrov@azahcccs.gov

EHR Workgroup:

Anthony Rogers, Arizona AHCCCS
Director, Chair

(602) 417-4711

Anthony.Rodgers@azahcccs.gov

www.azahcccs.gov

Data Structure Workgroup:

Sandeep Kapoor, Chair (Kentucky)

502-564-6979 ext. 4176

Sandeep.Kapoor@ky.gov

Legal/Patient Consent Workgroup:

LaRah Payne, DC Medicaid

Privacy/Security, Chair

202-442-9116

LaRah.Payne@dc.gov

Provider Adoption/Deployment:

Kim Davis-Allen, Chair (Alabama); and

Richard Jensen

Kim 334-242-5011

Richard 202-416-0782

Kim.Davis-Allen@medicaid.alabama.gov

richard.jensen@gwumc.edu

Clinical Decision Support:

Anthony Rogers, Arizona AHCCCS

Director, Chair

602-417-4711

Anthony.Rodgers@azahcccs.gov

www.azahcccs.gov

Links

- HIT Roadmap for LTC and June 2008 LTC HIT Summit:
<http://www.ahima.org/meetings/ltc/LTCSummit.asp>
- AHIC:
<http://www.hhs.gov/healthit/community/background/>
- AHIC2:
<http://www.ahicsuccessor.org/hhs/ahic.nsf/index.htm>

LINK to AHIC Use Cases:

<http://www.hhs.gov/healthit/usecases/>

2008 Use Cases

[Remote Monitoring](#)

[Patient - Provider Secure Messaging](#)

[Personalized Healthcare](#)

[Consultation and Transfers of Care](#)

[Public Health Case Reporting](#)

[Immunizations & Response Management](#)

2007 Use Cases

[Emergency Responder — Electronic Health Record \(PDF\) \(377KB\)](#)

[Consumer Empowerment: Consumer Access to Clinical Information](#)

[Medication Management](#)

[Quality](#)

2006 Use Cases

[Harmonized Consumer Empowerment \(Registration & Medication History\) Use Case \(PDF\) \(258KB\)](#)

[Harmonized Electronic Health Record \(Laboratory Result Reporting\) Use Case \(PDF\) \(271KB\)](#)

[Harmonized Biosurveillance \(Visit, Utilization, and Lab Result Data\) Use Case \(PDF\) \(208KB\)](#)

Links

- **HITSP:** <http://www.hitsp.org/>
- **NHIN-Connect:** <http://www.hhs.gov/healthit/healthnetwork/background/>
- **CCHIT:** www.cchit.org
- **CHI Disability and Patient Assessment Standards:**
See CHI Report #24: <http://www.hhs.gov/healthit/chiinitiative.html>

HHS Secretary accepted the CHI recommendations for Disability and Assessment. Letter of acceptance:

<http://www.ncvhs.hhs.gov/070731lt.pdf>

HHS Federal Register Notice informing the public of the adoption of the CHI Disability and Assessment standards and announcing that the “Federal government will require all future federal health information acquisitions to be based on CHI standards...”.

Federal Register Notice:

<http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/07-6058.htm>

Links (cont'd)

- FORE/AHIMA Reports on State Level Health Information Exchange Initiatives
www.staterhio.org
- Defining Key Health Information Technology Terms (NAHIT)
http://www.nahit.org/cms/images/docs/hittermsfinalreport_051508.pdf

Research Links:

Toward a National Health Information Infrastructure: A Key Strategy for Improving Quality in Long-Term Care (Mayo)

<http://aspe.hhs.gov/daltcp/reports/toward.htm>

Making the "Minimum Data Set" Compliant with Health Information Technology Standards (Apelon)

<http://aspe.hhs.gov/daltcp/reports/2006/MDS-HIT.htm>

Standardizing the MDS with LOINC and Vocabulary Matches (Apelon)

<http://aspe.hhs.gov/daltcp/reports/2007/MDS-LOINC.htm>

Case Studies of Electronic Health Records in Post-Acute and Long-Term Care (UCHSC) <http://aspe.hhs.gov/daltcp/reports/ehrpaltc.htm>

Report on Health Information Exchange in Post-Acute and Long-Term Care (UCHSC) <http://aspe.hhs.gov/daltcp/reports/2007/HIErpt.htm>

Health Information Exchange in Post-Acute and Long-Term Care: Case Study Findings- Final Report (UCHSC)

<http://aspe.hhs.gov/daltcp/reports/2007/HIEcase.htm>

Links (cont'd)

- **Costs and Benefits of Health Information Technology (RAND) (AHRQ/ASPE)**
<http://aspe.hhs.gov/daltcp/reports/2006/HITcb.htm>
- **Evaluation Design of the Business Case of Health Technology in Long-Term Care: Final Report (Booz, Allen, Hamilton)**
<http://aspe.hhs.gov/daltcp/reports/2006/BCfinal.htm>
- **Taxonomies of NH and HHA HIT Functions.**
<http://aspe.hhs.gov/daltcp/reports/2007/Taxonomy-SDO.htm>;
<http://aspe.hhs.gov/daltcp/reports/2007/Taxonomy-HHA.htm>;
<http://aspe.hhs.gov/daltcp/reports/2007/Taxonomy-NH.htm>
- **AHRQ/CMS E-Prescribing Reports:**
<http://healthit.ahrq.gov/erxpilots>.
- **Current ASPE Research** – 1. Applying HIT standards to nursing home MDS and home health OASIS; 2. Case Study of HIT Cost/Benefits in LTC; and 3. Survey design of HIT adoption/use in nursing homes

- Questions?
- Contact:
Jennie Harvell
Senior Policy Analyst
Health and Human Services
Assistant Secretary for Planning and Evaluation
Telephone: (202) 690 6443
email: jennie.harvell@hhs.gov
- Thank You!