HEALTH IT PRIMER

Health information technology (HIT) has been promoted as an essential tool to improve quality and efficiency, reduce preventable medical errors, and contain rising costs in the US healthcare system. Yet despite a burgeoning marketplace of available technologies marketed for use in the home and successful and ongoing product demonstrations by home care and hospice providers, persistent barriers still threaten the wide-spread adoption of HIT. Some barriers to adoption include high initial start-up costs for devices and software; inadequate reimbursement for telehomecare services; lack of patient-centered care coordination and care transition models that involve homecare and hospice providers; lack of coordination with existing federal or state resources; and lack of integration and interoperability among various technologies. To address these challenges, the homecare community must (1) define specific goals, and (2) engage in opportunities that encourage the development and use of various e-enabled technologies centered on improving person-centric longitudinal care delivery models, measureable clinical outcomes, and promoting self-care management among patients.

For additional information, contact NAHC/HCTAA at 202-547-7424

	CHALLENGES	GOALS	OPPORTUNITIES
Electronic Health Record (EHR)/Point-of-Care (POC)	• High initial start-up costs; • No inclusion in CMS EHR Meaningful Use Incentive Program; • Excluded from receiving technical assistance from Regional Extension Centers (RECs); • Lack of homecare and hospice specific EHR technical standards included in ONC Meaningful Use EHR Certification Program; • Lack of patient friendly care summary (i.e. linguistic and cultural competency, health literacy, etc.); • Lack of reliable internet access; • Concerns about privacy and security; • Limited availability of home care or hospice specific CCHIT Certified EHR products.	• Determine your needs first, and then find the technology vendor and product that best suits those needs; • Coordinate with your local and state officials regarding financial resources to support HIT adoption. The 2009 HITECH Act supports the development of state HIT loan programs to help providers purchase new or upgrade existing EHR systems; • Expand the scope of HITECH Act programs (e.g. Meaningful Use Incentives and RECs) to include <u>ineligible</u> meaningful use providers such as home care and hospice; • Support and provide technical assistance to homecare and hospice providers for 5010 and ICD-10 conversions in order to standardize the processing of healthcare claims electronically; • Identify technical assistance and tools	• **Encourage your home care EHR vendor to become CCHIT Certified** – The Certified Commission for Health IT (CCHIT) has released standards for a Certified Long Term and Post-Acute Care (LTPAC) EHR with home health care add-on. It was designed specifically to satisfy special care requirements among LTPAC (SNF, home care, etc.) while also going beyond Meaningful Use EHR certification criteria in order to meet clinicians' health IT needs across the care spectrum. o There are only 2 home care EHR products certified under this program: AOD Software and HealthMEDX.

		needed by homecare and hospice providers to support EHR adoption;	
		• Develop strategies for EHR and HIE generated culturally and linguistically competent patient summaries;	
		• Demonstrate positive outcomes by collecting data for quality improvement and trending patients' health;	
		• Encourage the FCC to make more spectrum available. Support access to affordable and useful broadband and WI-FI networks;	
		• Develop your own internal strategy to ensure the privacy and security of patient health information. Ensure that your EHR or POC product is HIPAA compliant.	
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Health Information Exchange (HIE)	• Lack of participation and engagement in the development of state HIT plans and HIE infrastructure; • Lack of technical standards to facilitate the electronic exchange of clinical information between homecare/hospice providers, and hospitals and physicians; • Concerns over privacy and security.	• Involve homecare and hospice providers in state or regional HIE governance and taskforces; • Explore critical partnerships that support the inclusion of homecare and hospice providers in a state or regional HIE (e.g. homecare and hospice provider, EMR and telehealth vendors); • Identify types of information and essential clinical elements required for safe and efficient transfers between ambulatory and post-acute settings, and homecare /hospice agencies (e.g. homecare plan of care document, OASIS-C, summary of care, etc.); • Establish technical standards to facilitate the electronic exchange of clinical information in a mutually beneficial format; • Identify technical assistance and tools needed by homecare and hospice providers to support their involvement in HIE; • Pilot/test the electronic information exchange between homecare/hospice providers and other clinicians involved in patient-centered care delivery; • Ensure that the HIE is HIPAA compliant, and	• **Support existing HIE models** – In 2011, four state HIEs (OK, MD, MA, and CO) were awarded ONC Challenge Grants to develop innovative and scalable solutions that improve long-term and post-acute care transitions; ONC Grantee Beacon Communities in ME, NY, and PA. • **Get involved** – Join the ONC Standards & Interoperability (S&I) Framework's Longitudinal Coordination of Care (LCC) Workgroup. The LCC is a community led initiative to promote the use of EHRs to facilitate patient care and to address the electronic exchange needs of long-term and post-acute care providers to enable interoperability in support of coordination of care and patient safety. • **Support Existing Transitions in Care and Care Coordination Models** that reduce avoidable hospital readmissions, enhance patient-centered care, and improve

		that all health information stored or shared using the HIE is secure and private.	transitions between healthcare settings (e.g. Virtua Home Care Transitions of Care Program and Massachusetts IMPACT Program).
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Telehealth	• High initial start-up costs; • Lack of wide spread governmental support to recognize telehomecare as a bona fide service under Medicare and Medicaid; • Lack of integration and interoperability between various technology devices and software (e.g. telehealth/remote monitoring, EMRs, point-of-care, etc.); • Lack of reliable internet access; • Concerns about privacy and security.	• Encourage reimbursement for telehealth under Medicare: Recognize the patient's home as an originating site and expand eligible geographic regions beyond health professional shortage areas; • Implement and fund a homecare and hospice telehealth/remote monitoring pilot to encourage Medicaid to expand the scope of reimbursable telehealth services to include telehomecare; • Explore strategies to incorporate telehealth and remote monitoring collected data into HIE; • Collect data that demonstrates positive outcomes including quality improvement, reduced hospital readmissions, and lowered costs; • Support access to affordable and useful broadband and WI-FI networks. Encourage the FCC to make more spectrum available. Include home care in rural health networks; • Develop your own internal strategy to ensure the privacy and security of patient health information.	• **Ask your Senator to Cosponsor FITT** – The Fostering Independence Through Technology (Act) of 2011, S.501, is a bipartisan bill that would create a pilot program to provide incentives for home care agencies across the country to use home monitoring and communications technologies, giving seniors and other Medicare beneficiaries greater access to the care they need while enabling them to stay in their homes. • **USDA Distance Learning and Telemedicine Program** – Provides funding to meet the healthcare needs of rural health care providers through the use of technology. • **HRSA Telehealth Network Grant Program (TNGP)** – A competitive grant program that funds projects that demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in urban, rural, and frontier communities.
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Mobile Health (mHealth)	• Concerns about privacy and security; • Lack of reliable internet access; • Concerns over authenticity of mobile health apps; • Lack of standards specific to mobile platforms that enable the secure exchange or transmission of health information.	• Encourage the FDA to adopt responsible and flexible rules related to mHealth apps that promote innovation and patient empowerment, and protect privacy and security of health information; • Encourage the development of more homecare and hospice applications; • Support access to affordable and useful broadband and WI-FI networks. Encourage the FCC to make more spectrum available.	• **Get involved** – Participate in federal and state sponsored discussions on the use of mHealth in home care and hospice. • **Push for Innovation** – Encourage the FDA to consider new wireless medical devices for home care and hospice in the Medical Device Innovation Initiative's Innovation Pathway.