

# TECHNOLOGY NEWS

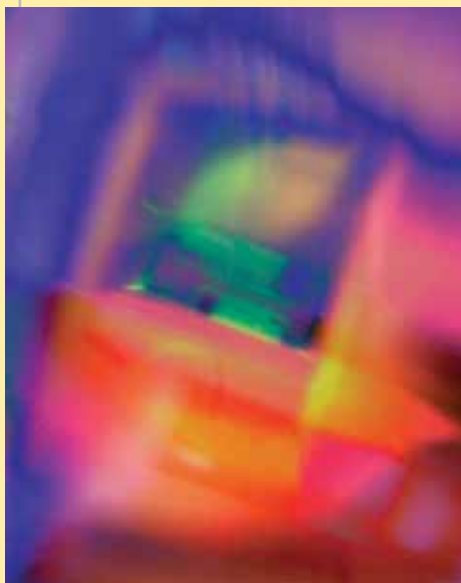
IN HEALTH CARE

## States Moving On HIE

A new state alliance report calls for creating implementation plans, engaging stakeholders, and establishing privacy strategies and health information organization business plans.

A health information exchange (HIE) cannot become a reality until states establish widespread broadband access, according to a new report from the State Alliance for e-Health.

The report was released as a guide



to helping states move toward electronic HIE as they begin to implement the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

The measure, which was included in the nationwide economic stimulus package enacted by Congress earlier this year, is aimed at fostering HIE and the adoption of electronic health records (EHRs) through financial

incentives, education, training, and state-led actions.

### Report Outlines Steps

The guide, titled “Preparing to Implement HITECH,” outlines six steps that states should take to prepare for HIE.

To start, states need to develop a plan to implement HIE, while those with existing plans need to update them. The plans must outline steps that the state will take to create a health information organization (HIO) structure and ensure participation by all providers, including laboratories, hospitals, and other “generators of medical records.”

The second action states should take, according to the guide, is to engage stakeholders, which typically include consumers, health care providers, pharmacies, insurers, employers, and state and local government agencies.

“Ensuring that all major stakeholder groups are involved in planning and priority setting is critical in finalizing and implementation strategy,” the guide says.

Specifically, stakeholders should be involved in developing, updating, and vetting the state road map and in the creation of forums for interested parties “to voice their interests and priorities,” the guide advises.

A good initial effort in this direction is for states to work with their stakeholders to assess their current HIE environment since many states have

local or regional HIE efforts and HIOs, the guide notes.

The remaining steps recommend that states establish a state leadership office, prepare state agencies to participate in HIE, implement privacy and security strategies and reforms, and determine an operational and business model for the state HIO.

### Medicaid Agencies Get Involved

In related news, state Medicaid agencies have already begun moving toward HIE, according to a report from the Department of Health and Human Services Office of Inspector General (OIG), which found that 25 agencies are currently involved in planning and developing statewide HIE networks.

According to the report, “these networks are intended to allow most, if not all, health care providers and payers in the state to securely exchange clinical information.”

Also found by OIG were 12 state agencies that have implemented a variety of health information technology (HIT) initiatives for Medicaid beneficiaries and participating providers, including: claims-based EHR, electronic prescribing, remote disease-monitoring, and personal health record initiatives.

OIG also reviewed states’ implementation of a framework developed by the Centers for Medicare & Medicaid Services (CMS) to help states modernize their Medicaid information systems.

Thirteen Medicaid agencies include the framework as part of their HIT and HIE planning, the report says.

According to state Medicaid directors, the CMS framework provides useful guidance that will “increase the interoperability of Medicaid information systems, as well as increase the possibility of Medicaid participation in future HIT and HIE initiatives.”

—Meg LaPorte

## Early Adopters See Benefits Of Technology

Nursing facilities that implemented sophisticated health information technology (HIT) systems early on are beginning to see benefits in resident care, clinical support, and administrative activities, according to a new study from the *Journal of the American Medical Directors Association*.

The study, which examined the cases of four nursing facilities possessing “high [HIT] sophistication” through focus groups and interviews, also found a diversity of technology among the facilities, including resident alerting mechanisms for clinical decision support, enhanced reporting capabilities of patient-provider interactions, remote monitoring, and networking among affiliated providers.

The participants reported at least

two different electronic health record systems and “numerous software programs” to manage resident care activities, clinical support for caregivers, and administrative activities.

Respondents also shared experiences about the HIT systems adopted in their facilities. “The first year we chose the hardware, and then the second year I had them do a lot of work entering user-defined assessments,” said an administrator. “We have a specialized assessment when we put in intake and supplements at meals. So the questions, kinds of feedback, and kinds of answers you get are dependent on how you set up your input and then develop your report.”

The study also yielded information about administrators’ desires to improve upon their current HIT capabilities. And they want more, the researchers found.

Some administrators have gone as far as developing their own technological solutions, one of which measures the timeliness of answering call lights using a “bio-time clock system.”

According to the respondent, the time clock enables nurse assistants to punch in by putting a finger on a scanner that reads their fingerprint. “Our future plan is to take that technology on the time clock system, integrate that with the nurse call system, and know who answered every call light on every call. It can be used as a base to improve services.”

The study concludes that nursing facilities are beginning to advance beyond business applications and the required minimum data set. “There is a belief among nursing home administrators that IT systems do improve the quality of care given to residents.”

—Meg LaPorte

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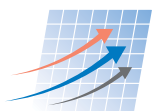
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