Health Information Technology Survival Guide
Two Opportunities

• HITECH Act Section 3011(a)(2) allows the Secretary to direct existing funds to “non-eligible” providers. **Money Obligated!**

• HHS Report to Congress on other providers that could benefit from “Incentive Payments”. **Report Not Yet Delivered, New Funds Unlikely!**
New Opportunity

- The new Health Care Reform Law created and funded the Center for Medicare and Medicaid Innovation.
  - Fund demonstration and pilot programs, to identify what works in terms of improving health care quality while reducing costs. Then replicating nationally.

- AHCA is poised to propose that CMMI fund five pilot programs to demonstrate how, in the post acute care environment, HIT will work to reduce hospital re-admissions.
  - 23.5% re-admission rate between SNFs and hospitals needlessly cost Medicare $4.34 billion in 2006.
The Best Opportunity
“Is created by you, within your own facility, and within your own community.”

**HIT Survival Guide**

- Assessing your HIT needs and adoption strategy.
- How and where to get involved now in the community around you.
- The importance of HIT in your future.
Panel of Experts

- Peter Schuna
  Vice President, Pathway Health Services
  White Bear Lake, MN

- Juliana Preston
  Vice President, HealthInsight
  Salt Lake City, UT

- Larry Wolf
  Health IT Strategist, Kindred Healthcare
  Louisville, KY
Where are the Handouts!

All are on the AHCA Website:

www.ahcancal.org

Other Resources:

http://statehiereresources.org/
Objective: Identify and obtain funding resources to enhance resident quality of care through the adoption and utilization ("Meaningful Use") of health information technology.

- (Falls under AHCA’s Funding Stability Goal)
- Propose to and secure funding from the Center for Medicare & Medicaid Innovation, for a demonstration program assessing the benefits of Health Information Exchange to reduce hospital readmissions.
- Provide member education and strategy support to ensure LTPAC participation in emerging Accountable Care Organizations since HIT will fast become an integral part of reimbursement.
- Analyze and develop strategy to advance LTPAC funding opportunities when the CMS releases its report to Congress on other providers that could benefit by receiving incentive payments.
Health Information Technology Committee

Objective: Promote the adoption and use of an electronic health record (EHR) system to capture acuity resulting in improved case mix scores and rates

- Provide the technical expertise needed to support AHCA Research Department efforts to complete an industry inventory on EHR utilization/health information exchange and the positive impact on resident care quality.

- “Most Wired Award”

- HIT took kit(s) and/or template HIT presentation(s) for use by HIT Committee members and State Affiliates to increase EHR understanding, adoption, and use.
Adopting and Selecting an EHR/EMR

Peter Schuna
Vice President
Pathway Health Services
Overview

✓ EMR vs. EHR
✓ Questions to consider
✓ Adoption of an EMR
  ✓ Assess
  ✓ Plan
  ✓ Select
EMR vs. EHR

– Electronic Medical Record
  • An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.
EMR vs. EHR

– Electronic Health Record
  • An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.
What needs to be answered?

- Local host or Software as a Service (SaaS)?
- What are our final objectives?
  - Paperless?
  - Improved quality?
  - Time savings?
- Are my staff ready?
- How much will it cost?
- What do we lose or how do we get information from our paper charts?
- What do I not have that I think I need?
- What do we have today that we are not willing to give up?
- Mobile devices?
- Integration with existing systems?
- When should I call a vendor?
- What questions should I ask a vendor?
Adoption

• Assessing (Internal Review)
  ✓ Governance
  ✓ Vision and Strategic Planning
  ✓ Staff Assessment
  ✓ Total Cost of Ownership
  ✓ IT System Inventory
  ✓ Mission Critical Applications
  ✓ Financing
Indicate your position by checking the appropriate box. If you are a physician/clinician with administrative responsibilities, check only physician or other clinician.

- Physician
- Other clinician (e.g., PA, NP, RN, LPN, CNA, CRNA, lab tech, pharmacist, pharmacy tech, PT, OT, RT, social worker, dietician)
- Administrative/operations staff (e.g., administrator, biller, coder, communications/customer service, finance officer, food service, IT, health information management, reception/front desk)

Concerning HIT and EHR, check the column that most closely describes how you feel about each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>1. HIT, in general, increases overall efficiency.</td>
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<tr>
<td>2. Computerized alerts and reminders can be annoying.</td>
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<td>3. Our residents and/or their families likely are expecting us to use a computer for their records</td>
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<td>4. HIT, in general, will improve my personal productivity.</td>
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<td>5. HIT is difficult to learn how to use.</td>
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<td>6. Use of HIT in front of residents or their family members is depersonalizing</td>
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<td>8. HIT improves quality of care and resident safety.</td>
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<tr>
<td>9. Once all documents are scanned into the system, we will have a complete EHR.</td>
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<tr>
<td>10. A first step toward a successful EHR is addressing workflow and process changes</td>
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<td>11. We are in an age where we must exchange data electronically with others and HIT helps us do this.</td>
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<td>12. Healthcare is too complex anymore without access to clinical decision support provided by HIT.</td>
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<td>14. We cannot afford an EHR.</td>
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<td>15. HIT can have unintended consequences if we don’t apply professional judgment in its use.</td>
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### Results Form for

(Select position type: Physicians, Other clinicians, or Administrative/operations staff)

Responses from facility ____________________________  (insert number responding and percent response)

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<tr>
<th>Concerning HIT and EHR, participants checked the column that most closely describes how they feel about each of the following statements:</th>
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**Total**

**Highlight or circle the statements above where responses indicate a risk factor for the organization.**
Adoption

• Planning (Direction Setting)
  ✓ Steering Committee
  ✓ Clinical IT Leadership
  ✓ Goal Setting
  ✓ Change Management
  ✓ Workflow and Process Mapping
  ✓ Chart Conversion Planning
<table>
<thead>
<tr>
<th>Current Content</th>
<th>Source (e.g., internal LIS, reference lab, hospital, imaging center)</th>
<th>Current Format (e.g., handwritten, eFax, email, dictated, shingled, dark colored paper)</th>
<th>EHR Requirements</th>
<th>Backfill Period of Time (consider: reporting, continuity of care/Referrals)</th>
<th>How (e.g., in advance, just-in-time, concurrent with go live)</th>
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Stratis Health; Chart Conversion Planning; [http://www.stratishealth.org/expertise/healthit/nursinghomes/adopt.html](http://www.stratishealth.org/expertise/healthit/nursinghomes/adopt.html); Date Accessed: 3-4-2011.
Adoption

• Selection
  ✓ Vendor Selection
  ✓ Requirement Analysis
  ✓ Request for Proposal
  ✓ Differentiation
  ✓ Product Demonstration
  ✓ Site Visit
  ✓ Reference Check
<table>
<thead>
<tr>
<th>Key Differentiators (list in order of importance)</th>
<th>Vendor A</th>
<th>Vendor B</th>
<th>Vendor C</th>
<th>Vendor D</th>
<th>Vendor E</th>
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<td>l. Comprehensive functionality</td>
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<td>a. Intake referral management</td>
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<td>b. Positive person identification for residents</td>
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<td>c. Medication reconciliation</td>
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<td>d. Pharmacy integration, DUR, ESA</td>
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<td>e. Clinical alerting and prompts</td>
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<td>f. Continuity of care document</td>
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<td>g. Benchmarking</td>
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<td>h. Dietary management</td>
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Works Cited & Resources

• Works Cited
  – Stratis Health
    • “Health Information Technology Toolkit for Nursing Homes”;
      http://www.stratishealth.org/expertise/healthit/nursinghomes/nhtoolkit.html
  – Dan Cobb, CTO & Co-Founder, HealthMEDX
    • “Selecting an EHR”; LSN Technology Conference Presentation, December 2010.
  – Sue Mitchell, Consultant
    • “HIT* as a 2nd Language”; September 2008

• Other Resources
  http://www.stratishealth.org/expertise/healthit/nursinghomes/nhtoolkit.html
  http://www.stratishealth.org/expertise/healthit/homehealth/hhtoolkit.html
  http://www.cchit.org/
  http://www.ahima.org
  http://www.ahcancal.org
  http://www.health.state.mn.us/e-health/index.html
Identifying State HIT Resources

Juliana L. Preston, MPA
Vice President, Utah Operations
Healthinsight
Statewide and/or Regional Resources

- State Health Information Exchange Cooperative Agreement Program
- Health Information Exchanges
- Quality Improvement Organizations
- Regional Extension Centers
- Beacon Communities
State Health Information Cooperative Agreement Program

• Designed to promote health information exchange that will advance mechanisms for information sharing across health care system

• Local contact to find out what is happening in your state:
  
  http://statehiereresources.org/contacts/
Health Information Exchanges

• Electronic mobilization of health care information
• Proposed as a mechanism to reduce waste and costs of health care
• Defined geographic area (state, community, etc.)
Quality Improvement Organizations

• Experience in EMR selection, adoption, and implementation in physician office setting
• Quality improvement expertise across all healthcare settings
• Various other contracts involving health information technology
• [Link](http://www.ahqa.org/pub/connections/162_694_2450.cfm)
Regional Extension Centers

• Provide training and support services to assist doctors and other providers in adopting EHRs
• Offer information and guidance to help with EHR implementation
• Regional Extension Centers

Beacon Communities

- 17 communities funded to strengthen current HIT infrastructure and exchange communities
- Improve care coordination
- Increase the quality of care
- Slow the growth of health care spending

http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov/onc_beacon_community_program/improving_health_throug
h_health_it/1805
Contact Information

Juliana L. Preston
VP, Utah Operations
*HealthInsight* (QIO, REC, Beacon Community)
801.892.6625
jpreston@healthinsight.org
Looking Toward the Horizon

“The future is already here, it’s just not evenly distributed.”

William Gibson
Variation in 5-Star Ratings

Best of the Small

Best of the Large
Looking Toward the Horizon

• Times are changing
• Increased demand for quality care and quality outcomes
• Increased cost pressures
• Increased need for collaboration with other providers

• Find “The Future, Today”
• Build on the best of our heritage
• Learn from the best in others
Trends

- Readmissions
- Never Events
- Partnerships
- Consolidation
- Health IT Adoption
- Data Rich Model of Care
- Information Exchange
Federal Initiatives

• HITECH Act – February 2009
  (Health Information Technology for Economic and Clinical Health)
• Patient Protection and Affordable Care Act – March 2010
• Health information technology is essential infrastructure
  – Electronic Health Records
  – Quality and Public Health Reporting
  – Information Exchange
• Primary focus is ambulatory (physician practices) and hospitals (short-term acute care, critical access, children)
• Increasingly, a recognition that all providers need to adopt
State and Local Initiatives

- Health Information Exchanges
- Provider Directories
- Privacy
- State HIE (every state)
- HIE Challenge Grants for long-term/post-acute care (Colorado, Maryland, Massachusetts, Oklahoma)
- Beacon Communities (Seventeen across the US)
- Center for Medicare & Medicaid Innovation
In Conclusion

- Changing standards of care
- Health IT is becoming the norm
- Changing reimbursement model
- You are where innovation happens
Thank You

Larry Wolf

larry.wolf@kindredhealthcare.com

Long-Term/Post-Acute Health IT Roadmap

http://www.ahima.org/advocacy/ltpachit.aspx
Questions?