March 4, 2022

The Honorable Mariannette Miller-Meeks, M.D.   The Honorable Morgan Griffith
1716 Longworth House Office Building   2202 Rayburn House Office Building
Washington, DC 20515   Washington, DC 20515

The Honorable Mike Kelly
1707 Longworth House Office Building
Washington, DC 20515

Submitted electronically via email to Kendyl.Willox@mail.house.gov, Emily.Mace@mail.house.gov, and Sam.West@mail.house.gov

Re: Healthy Future Task Force Modernization Subcommittee Request for Information

Dear Representatives Miller-Meeks, Griffith, and Kelly,

We applaud your commitment to work together to improve digital modernization efforts in the United States healthcare system. The undersigned organizations write to urge that long-term and post-acute (LTPAC) settings must be part of the solutions as you look towards lessons learned during this public health crisis and how to safeguard the nation's most vulnerable beneficiaries. The rate of adoption and use of interoperable health information technology (HIT) among LTPAC providers (skilled nursing, home health, hospice, long-term acute care facilities, inpatient rehabilitation facilities) lags far behind acute and ambulatory care providers, which has created an uneven playing field in our healthcare eco-system that makes it challenging to treat the nation's older adults, chronically ill, and vulnerable patients.

Unfortunately, inequitable access to and use of interoperable HIT persists across the continuum. Given the LTPAC space has never had proper incentives to adopt electronic health records (EHRs) and clinical surveillance technology, LTPAC providers face real limitations in how they can manage and control the spread of infectious diseases (such as COVID-19, but also other infections that pre-date COVID-19 and need consideration into the future, such as Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (C. diff) and others), manage chronic conditions, exchange and share data, including data collected from wearable devices, with other providers, and fulfill reporting requirements. A clear need exists for a comprehensive cross-continuum infection prevention and antimicrobial stewardship workflow, which could be utilized by infection preventionists, pharmacists, and other clinicians for clinical decision support, patient care, patient safety monitoring, and public health reporting.

The time is ripe to address the root cause of the challenge: all the programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act excluded LTPAC providers. **_Legislatively appropriated funding is necessary to ensure nationwide interoperability of health IT and data exchange and sharing across the care continuum, including technological functionality to improve quality of care, patient safety, and infection control during this pandemic and beyond. Interoperable health IT technology is foundational and a key enabler of other innovations, including wearable health and wellness devices, telehealth, and other models to come. Below are investment areas that need to be considered simultaneously._**

Legislative Recommendations for Necessary Health IT Improvements in LTPAC

- Authorize funding for LTPAC providers to adopt interoperable HIT with a focus on patient care and safety, including infection control and prevention

- o Direct HHS/CMS to establish a financial incentives program for LTPAC providers making the transition to interoperable EHRs and technology aimed at improving patient care and safety across the continuum, including electronic clinical surveillance technology (ECST).

- Direct funding to ONC to ensure proper bidirectional interoperability between acute care (e.g., hospitals and physicians), LTPAC providers and other ancillary providers (e.g., therapy, pharmacy, etc.). Resources would support the implementation, use, and sustainability of interoperable EHRs, infection and electronic clinical surveillance technology (ECST):
  - o Build out an interoperability verification program to include the LTPAC sector to ensure the secure cross-continuum information exchange and alignment, where necessary with acute care.
  - o Develop minimum criteria that the EHRs and ECST would need for LTPAC providers to receive funding support.
  - o Adapt, enhance, expand and/or and implement an LTPAC Informatics & Technology Workforce Development Program to include training on and dissemination of information on best practices to integrate health information technology, including electronic health records, into LTPAC care delivery.
  - o Adapt, enhance, expand and/or implement an LTPAC Technical Assistance Program, such as via health information exchanges or other entities, to support LTPAC providers in their efforts to acquire, implement, adopt, and effectively use interoperable health information technology and information exchange tools.

We, the undersigned organizations, look forward to working with the Healthy Future Task Force Modernization Subcommittee to advance legislation that will ensure LTPAC providers have necessary EHRs and clinical surveillance technology in place, which is crucial to the data modernization discussion. If you have any questions regarding our comments or need more information, please contact Shara Siegel, Director of Government Affairs at shara_siegel@premierinc.com or 646-484-0905.

Sincerely,

American Medical Directors Association (AMDA)- The Society for Post-Acute and Long-Term Care Medicine
American Health Care Association (AHCA)
American Health Information Management Association (AHIMA)
American Society of Consultant Pharmacists (ASCP)
Healthcare Information and Management Systems Society (HIMSS)
LeadingAge
National Association for Home Care & Hospice (NAHC)
National PACE Association
Premier healthcare alliance