

Aging Services Technology



Technology-enabled services and supports are essential tools for long-term and post-acute care (LTPAC) providers to participate in the reform of the nation's health care system. Electronic Health Records, Telehealth, Telemedicine and other technologies can help LTPAC providers deliver integrated and person-centered care and services that support the health and wellness of older adults across the continuum, and are essential to strategic partnerships with physicians, hospitals and Accountable Care Organizations as well as other coordinated care delivery models that will improve the quality of care and quality of life, while easing the burdens and cost of care.

Issue 1:

Financial Support for LTPAC Providers to Adopt and Use Interoperable EHRs

LTPAC providers are important partners for acute care providers. However, the success of these partnerships will depend on LTPAC providers a) having interoperable Electronic Health records (EHRs); and b) their ability to use EHRs to exchange relevant health information electronically with other care partners, either directly or through a health information exchange (HIE) entity. LTPAC providers with these capabilities will be able to participate more fully in facilitating smooth transitions of care and in planning and implementing shared care.

FACT 1: Small stand-alone, especially rural LTPAC providers, have much lower EHR adoption rates than larger chain-affiliated and urban counterparts, let alone hospitals, physicians and eligible professionals.

Solution 1:

LeadingAge urges Congress to authorize additional funding to accelerate EHR adoption for LTPAC providers, particularly those in rural areas, who do not have the resources to invest in this foundational technology. New sources of financial assistance—including grants, and low-interest loans—would go a long way toward helping LTPAC providers make the initial investment in interoperable EHR systems.

FACT 2: LTPAC providers that have interoperable EHRs are not effectively engaging in electronic health information exchange activities with hospitals and other eligible professionals.

Solution 2:

LeadingAge urges Congress to include LTPAC settings in national health IT initiatives, including the development, adoption and use of interoperability standards, the certification of IT products, and the engagement of LTPAC providers in EHR incentive programs, as well as ONC's technical assistance programs, and health information exchange activities. Additional ongoing incentive payments (similar to those offered to hospitals and eligible professionals and recently extended to certain Behavioral Health Providers in the President's 2017 Budget Proposal) tied to quality measures relevant to LTPAC settings would ensure the full participation of LTPAC providers who have interoperable EHRs, or have the resources to invest in such systems, in health information exchange activities with other care partners including hospitals, behavioral health providers, and other health care professionals.

Such investments can reduce unnecessary hospitalizations, hospital readmissions, and can improve the quality of care in shared care as well as transitions of care.



Issue 2:

Telehealth and Telemedicine Demonstration Projects Engaging LTPAC Providers

Telehealth and telemedicine are important technology solutions that can help LTPAC providers carry out their mission to deliver integrated and person-centered care and services, including chronic care management, that support the health and wellness of residents and clients across the continuum.

FACT: The current limitations on the definition of telehealth, eligible originating sites, geography, eligible clinicians, etc. in the Social Security Act are significantly hampering the delivery of much needed efficacious services to older adults in different care settings and preventing providers participating in innovative care delivery systems from demonstrating the cost-effectiveness of these services.

Solution 1:

LeadingAge supports **The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S.2484/H.R.4442)** which creates a “bridge” program waiving the Medicare requirement that telehealth services occur at a qualified site, and requires providers to report annually on how telehealth technologies could reduce Medicare spending under the Merit-Based Incentive Payment System (MIPS). We recommend ensuring that LTPAC providers can participate in these demonstrations.

Solution 2:

LeadingAge supports the **Telehealth Innovation and Improvement Act of 2015 (S. 2343/HR 4155)** which allows CMMI to test covering expanded telehealth services, certified enhanced telehealth service, and no limitations on geographic areas or location of the patient. We are pleased that LTC PAC providers are eligible to participate in these models.

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