LeadingAge®
LEADERSHIP SUMMIT

Encouraging LTPAC Providers to Adopt Technology: An Advocacy Campaign

Speakers

Daniel Ciolek, Associate VP Therapy Advocacy, American Health Care Association (AHCA)

John Knapp, Vice President, Advocacy, Premier Inc.

Majd Alwan, SVP of Technology and Business Strategy/Executive Director, CAST, LeadingAge

LeadingAge® LEADERSHIP SUMMIT

Why do we need to adopt technology?

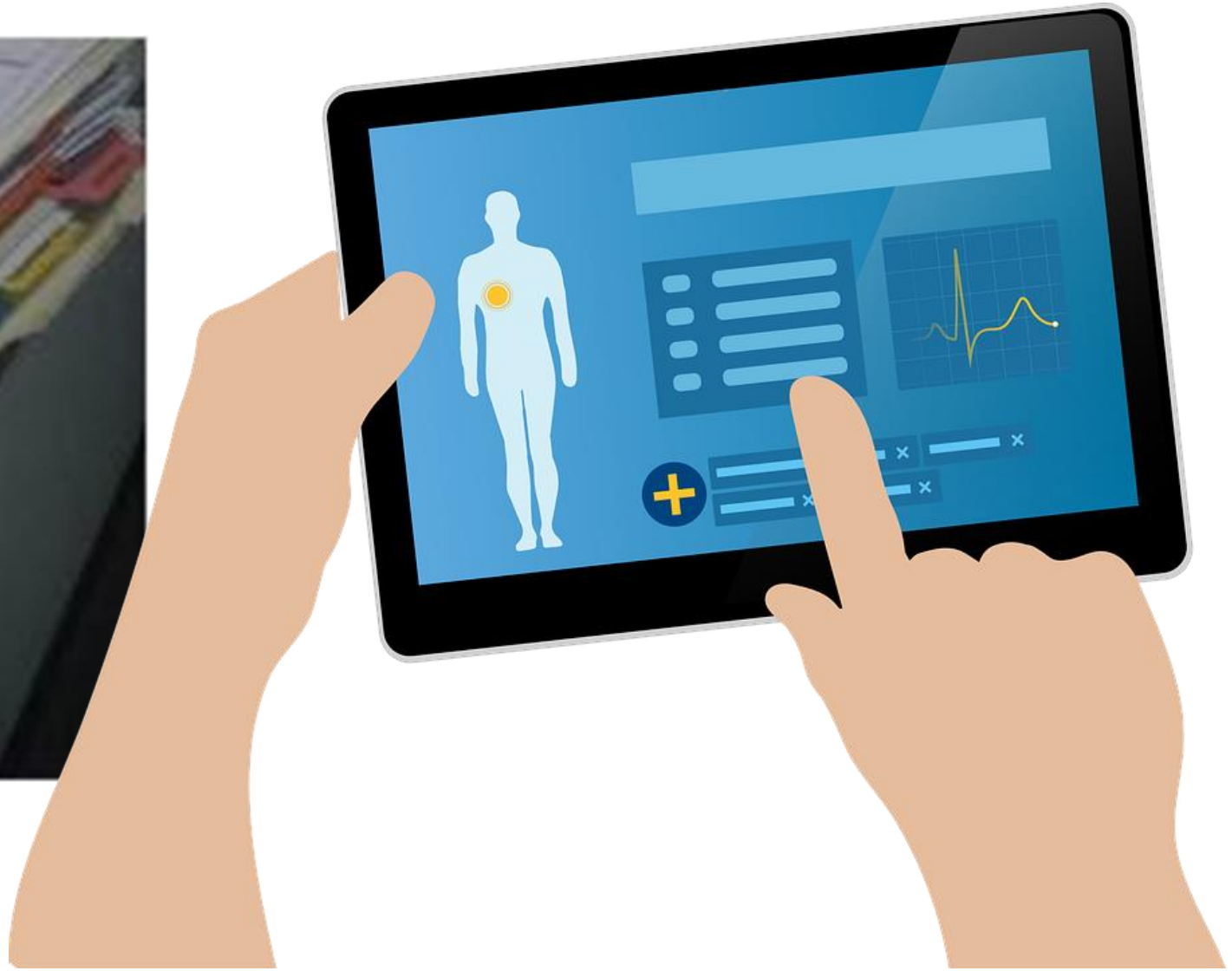
MISCOMMUNICATION

QUALITY

CENTERS FOR DISEASE CONTROL AND PREVENTION
CDC

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

So how do we get from this? To This?



practice
ehr vendor
data
health system
hospital
ehr incentive
report
health record ehr
meaningful use stage
meaningful
years
health care system
information technology
technology
healthcare
medicare and medicaid
health information
clinical
physicians
system
ehr
health information exchange
medical
electronic
new
providers
health information technology
medical center
emr
electronic medical records
records
information
work
company
ehr incentive program
management
electronic health records
accountable care organizations
health
department of health
clinical decision support
privacy and security
patient
health care
patient care
care
doctors
time
services
improve

Background – I

Federal efforts to support the electronic use and exchange of interoperable health information are ongoing, but long-term and post-acute care (LTPAC) providers were excluded from receiving funding.

The COVID-19 public health emergency has brought to the forefront the critical need for interoperable health information technology (health IT) tools across the care continuum and highlighted specific challenges nursing homes, home health agencies, and other LTPAC providers face in containing the spread of infectious diseases; exchanging and sharing data with other providers; and fulfilling various reporting requirements.

Inequitable access to and use of interoperable health IT persists across the continuum.

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.

The rate of adoption and use of interoperable health IT among LTPAC providers lags far behind acute and ambulatory care providers.

Background - II

This 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. As a result of technology gaps, it is more difficult to broaden data exchange between stakeholders, especially during instances of shared care and transitions of care between hospitals and the LTPAC sector.

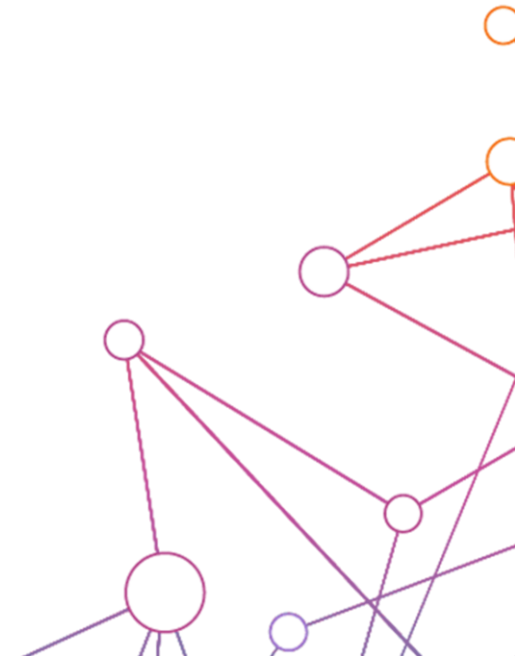
The pandemic also highlighted limitations around quality, safety, infection control, and public health reporting. A clear need exists for a comprehensive cross-continuum infection prevention and antimicrobial stewardship workflow, which could be utilized by infection preventionists, pharmacists, and other clinicians for clinical decision support, patient care, patient safety monitoring, and public health reporting, which is often lacking from LTPAC EHRs currently in use.

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.

National Supporting Organizations

National Associations Contributing to, and supporting this effort:

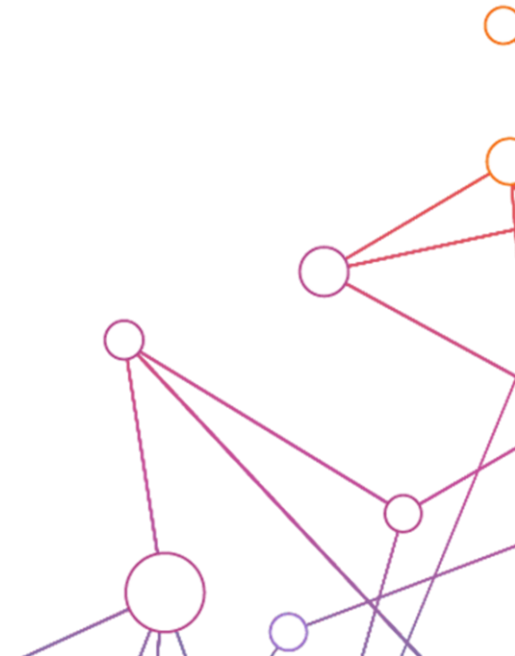
- LeadingAge & LeadingAge CAST
- American Health Care Association (AHCA)
- Premier healthcare alliance
- National Association for Home Care & Hospice (NAHC)
- American Medical Directors Association (AMDA)
- National PACE Association
- American Health Information Management Association (AHIMA)
- American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



Recommendations: Ask - I

• *Authorize funding for LTPAC providers to adopt interoperable Health IT with a focus on patient care and safety, including infection control and prevention*

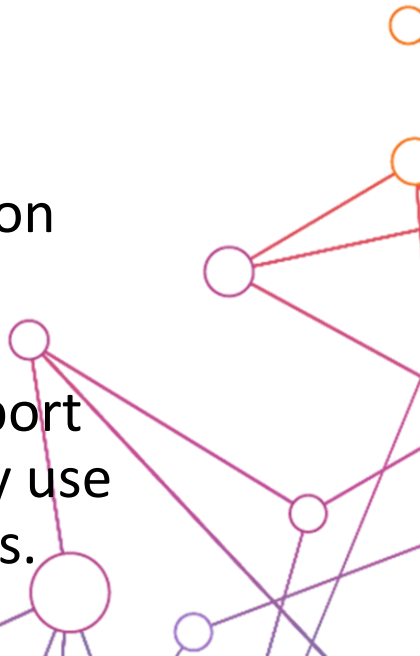
- Direct HHS/CMS to establish a financial incentives program for LTPAC providers making the transition to interoperable EHRs and technology aimed at improving patient care and safety across the continuum, including electronic clinical surveillance technology (ECST).



Ask - II

• 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 control, and electronic clinical surveillance technology (ECST):

- Build out an Interoperability Verification Program for the LTPAC sector to ensure cross-continuum information exchange and alignment, where necessary with acute care.
- Develop minimum criteria that the EHRs and ECST would need for LTPAC providers to receive funding support.
- 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.
- 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.



LTPAC Settings

Medicare providers and settings that should be prioritized in these incentives all at once, or through a phased-in approach:

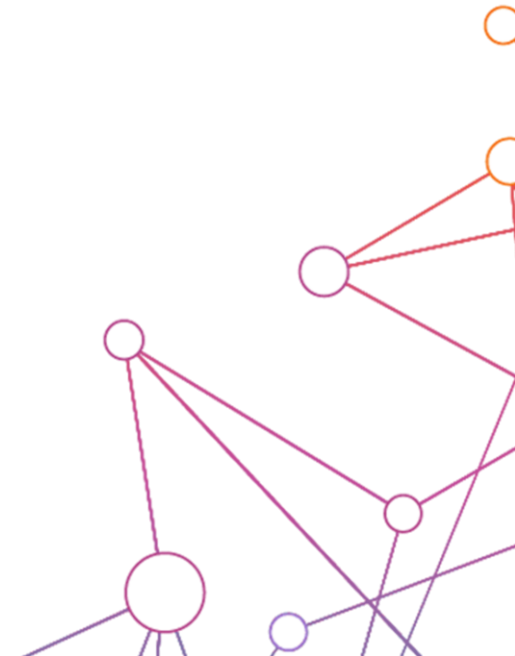
(1) SNFs: 15,114

(2) Home Health: 11,356

(3) Hospice: 4,600

(4) Long-Term Acute Care Facilities (LTACHs): 1,152

(5) Inpatient Rehabilitation Facilities (IRFs): 371



Potential ROI

- Better Care Quality: Sharing clinical information in a timely manner leads to better care coordination, better care quality, and better outcomes (e.g., medication reconciliation)
- Higher staff-efficiencies, no more wasting time on the phone with hospitals and other care partners trying to get, or share information
- Reducing unnecessarily repeated labs and other tests, hospital readmissions, and overall cost
  - The LTPAC settings we listed represent 27,993 communities/ operations, that serve nearly 5 million **Medicare** beneficiaries who accounted for almost **$72 billion dollars** in **2020** (SNF $28.1B, HHAs $17.1B, Hospice $22.4B, LTCHs $3.4B, IRFs $0.81B MedPAC March 2022 Data Book)
  - Hospital costs for **Medicare** in 2020 totaled **$172B**!
  - The annual cost of hospital readmissions for Medicare Beneficiaries, who tend to significantly utilize LTPAC settings post hospitalizations, is over **$26B** Annually (https://www.healthcaredive.com/news/ma-patients-readmission-rates-higher-than-traditional-medicare-study-find/557694/).

Background on work to date

- Aforementioned groups developed a **one pager** framing current LTPAC HIT challenges and broad recommendations

- Collectively, we have been raising awareness and attention on the issue
  - Submitted group comments to the Healthy Future Modernization Subcommittee Task Force
  - Met with key committees of jurisdiction
  - Had preliminary discussion with the Office of the National Coordinator for Health Information Technology

- Discussions have been positive; interest in receiving further details

- Timing for **all** legislation remains a big question through the end of the year

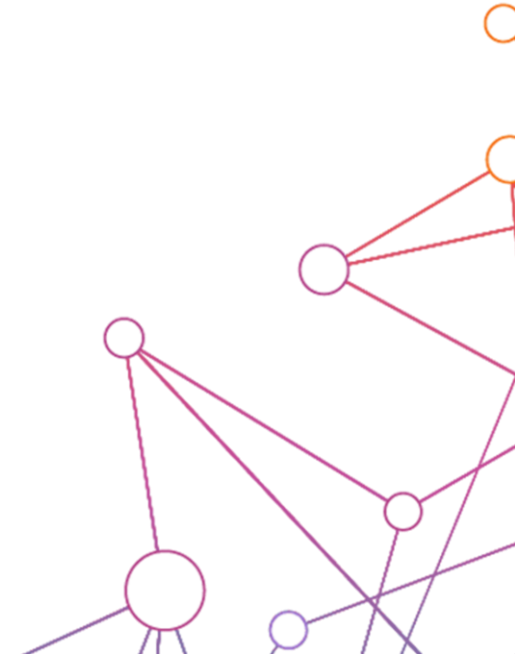
Potential Role and Opportunities for YOU!

- Leverage your connections in your state and district to identify champions in Congress to support this effort
  - Leverage your lobbyists, if applicable

- Mention this effort and share the **one pager** with your representatives

- Leverage your connections to make other organizations aware and supportive of this effort

- Help us collect anecdotes or data on
  - How filling these gaps would be helpful for your patients
  - Challenges created as result of technology gaps
  - Efficiencies these technologies would create
  - Anything else you would be willing to share!

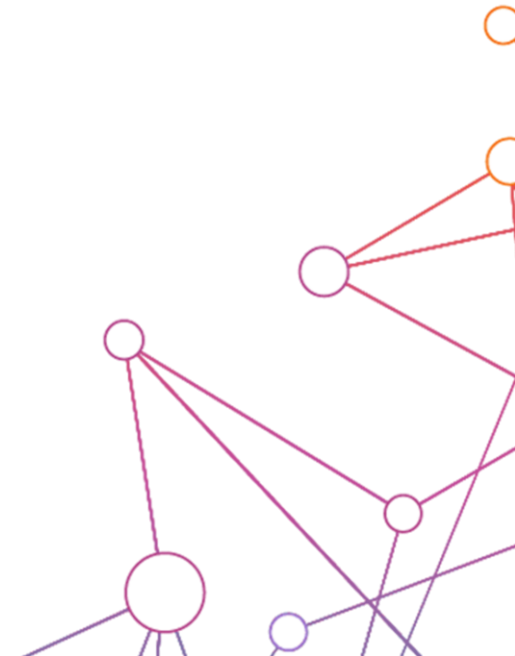


Background for Hill Meetings

- Not sure who to reach out to?
  - House Member- https://www.house.gov/representatives/find/
  - Two Senators- https://www.senate.gov/senators/contact/

- Key committees of jurisdiction:
  - House: Ways & Mean; Energy & Commerce
  - Senate: Finance; Health, Education, Labor and Pensions (HELP)
  - Note on Senate Aging

- Constituent voices matter!
  - Introduce yourself and your company
  - Connect back to the state/district
    - Number and types of patients served
    - Number of employees



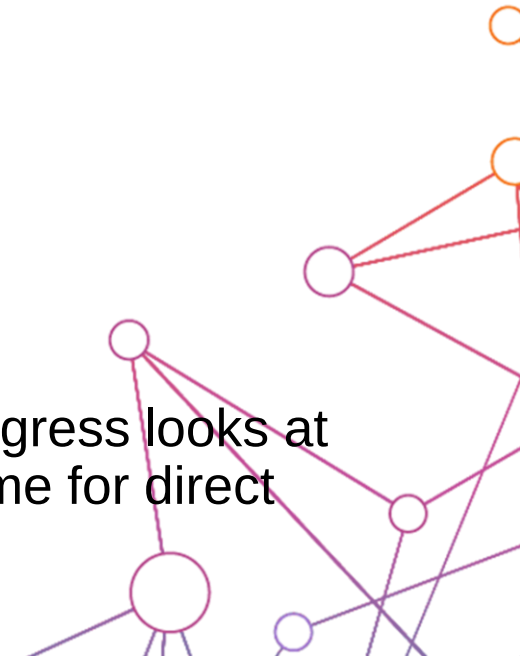
Key Points for Meetings

- LTPAC providers were left out of the 2009 HITECH Act funding that helped hospitals and physicians invest in electronic health records (EHRs)

- COVID-19 spotlighted challenges LTPAC providers face in containing the spread of infectious disease.

- Interoperable EHR and clinical surveillance technology adoption needed to:
  - Improve patient care and safety outcomes
  - Advance health equity
  - Achieve cost savings
  - Report to state and federal entities
  - Achieve nationwide interoperability
  - Proactively respond to future public health crises

- Unfortunately, funding remains a significant barrier for LTPAC providers. As Congress looks at lessons learned from the pandemic and healthcare modernization, now is the time for direct investments to support patients in LTPAC settings



Questions & Contacts

Daniel Ciolek dciolek@ahca.org

Knapp, John John_Knapp@PremierInc.com

Majd Alwan malwan@LeadingAge.org

LeadingAge® LEADERSHIP SUMMIT

Relevant CAST Resources

- One Pager: https://docs.google.com/document/d/1aWd1Cj_oV1X2h60cKolabqXOCjxlP3Rc/edit#heading=h.gjdgxs

- Telehealth & Technology Policy Priorities: https://leadingage.org/Technology-Telehealth-2021

LeadingAge® LEADERSHIP SUMMIT

Evaluate Sessions in the Event App

- Go to the **sessions** icon
- Select the session
- Click on **evaluate session** link
- Respond to all questions
- Tap **submit** button

LeadingAge® LEADERSHIP SUMMIT