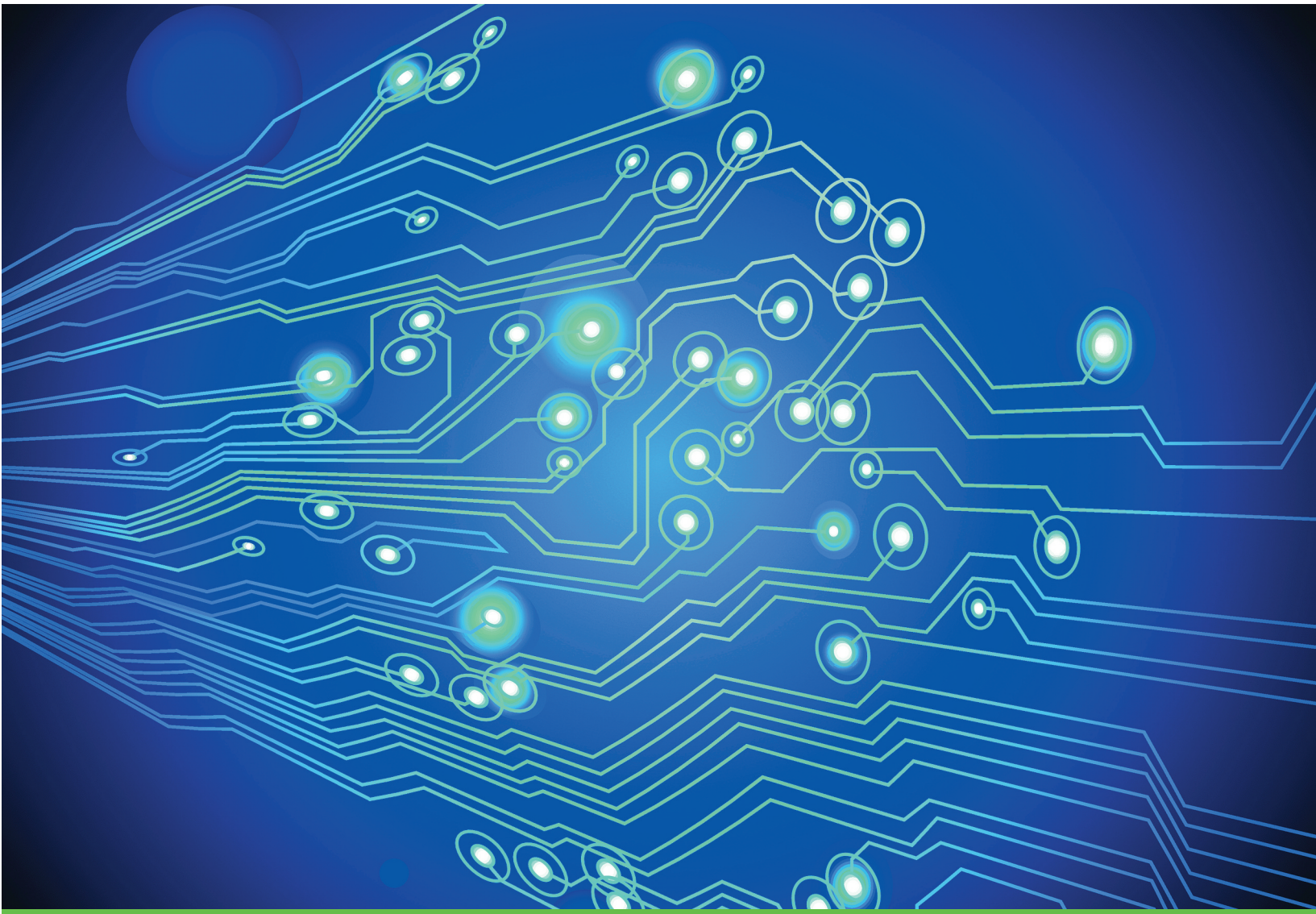
Long–Term and Post–Acute Care

LTPAC HIT

Health IT Collaborative ■ www.ltpachealthit.org

A Roadmap for Health IT in Long-Term and Post-Acute Care (LTPAC)

2012–2014



About the Road Map:

Since 2005, a group of stakeholder associations known as the Long Term and Post- Acute Care (LTPAC) Health Information Technology (IT) Collaborative, recognized their common interests and vision for health IT. The Collaborative was formed to advance health IT issues through coordinated efforts, hosting of an annual LTPAC Health IT Summit and publishing of a Road Map. The 2012–2014 LTPAC Health IT Road Map is the fourth Road Map published by the Collaborative to provide guidance to provider organizations, policy-makers, vendors, payers, and other stakeholders. This Road Map identifies the progress made in the past years and formalizes the priorities for the next 24 months. The LTPAC Health IT Road Map is available at: www.ltpachealthit.org.

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Executive Summary

After decades of anticipation, we have clearly entered the crucible in which the future of the nation's health experience and enterprise is being forged. The impacts of demographic and personal aging are experienced in a context already roiling in economic, policy, and institutional crisis. Interestingly, disruptive demographics and technological advances intensify the crisis and provide the key opportunities for new solutions. The Long Term and Post-Acute Care (LTPAC) sector is increasingly recognized as an essential component and a potential innovator of emerging national, community and personal health and wellness strategies.

It is in this context that the LTPAC Health Information Technology (IT) Collaborative (the Collaborative) introduces its fourth Road Map designed to prioritize action for 2012-2014. We have seen significant progress against priorities highlighted by the third Road Map:

- Publishing of certification criteria and process for LTPAC electronic health record (EHR) solutions by the Certification Commission for Health Information Technology (CCHIT), and successful completion of certification requirements by leading LTPAC EHR vendors.
- Office of the National Coordinator for Health Information Technology (ONC) Challenge Grants awarded to four states to promote LTPAC health information exchange (HIE) initiatives.
- Continued adoption of electronic medical/health record (EMR/EHR) solutions and related strategies by the LTPAC sector.
- Exploratory incorporation of health and wellness monitoring technologies by LTPAC providers to support existing and emerging business and service models.
- Broader recognition and support of LTPAC concerns and activities in ONC, standards, and quality initiatives.

However, much remains to be done. The LTPAC sector has a unique opportunity to use emerging cloud/social/local/mobile technologies to leverage and accelerate its unique person-centered competencies and mission to play an increasingly important role in our nation's health and wellness. This emerging role requires proactive innovation and engagement by the LTPAC sector in the new healthcare and consumer realities. The sector can no longer remain reactive, simply following government reimbursement and compliance regulations. Rather, the sector will need to experiment with business and service models and with partnerships that allow it to thrive as traditional healthcare revenues are disrupted.

LTPAC providers must continue to innovate across three time spans. In the short term, LTPAC providers need to strengthen tactical relationships with acute care and primary providers and support the ability of these organizations to: achieve objectives of the Health Information Technology for Economic and Clinical Health (HITECH) Act, and earn credibility as competent and trusted partners. In the midterm, LTPAC providers must become engaged in more substantial partnerships as part of accountable care and bundled payment initiatives, showing its ability to prove delivery of quality services, experiences and outcomes with financial and

customer accountability. In the long term, LTPAC providers must leverage technologies that build on their legacy of longitudinal customer-centered care to enable and accelerate new business models and service strategies with the goal of integrating care and hospitality that appeal to empowered consumers as they pursue health and wellness goals.

Priority Areas for Action

The Collaborative has identified five priority areas for action for the 2012-2014 Road Map:

***Care Coordination*:** LTPAC must be a leading participant and enabler of customer-centered longitudinal care planning and coordination across providers and contexts.

Quality: LTPAC must leverage technology to support transparent, accountable delivery, measurement, and improvement of quality of care, services and outcomes as experienced by consumers both within and across care settings.

Business Imperative: LTPAC must leverage technology to generate innovative, efficient business and service strategies and models that will assure it a leading role in the future of health and wellness delivery.

Consumer-Centered: LTPAC's unique opportunity lies in its ability to leverage technology to build on its legacy of longitudinal person-centered care and services through effective integration of care and hospitality paradigms.

Workforce Acceleration: LTPAC must re-equip, re-empower, and re-educate its workforce to effectively leverage technologies as part of care and hospitality service delivery to create great customer relationships, experiences, and outcomes.

Next Steps

- Work with stakeholders at national, state and local levels to identify and advocate for opportunities to include LTPAC in health IT and innovation initiatives, such as Meaningful Use.
- Invest in emerging technologies, business models and workforce skill sets that support significant improvements in workflow automation, decision support, HIE, user productivity and consumer engagement.

How to Use This Road Map

This Road Map is most effective when used in conjunction with the Collaborative website, particularly its sections on Road Map, Tools and Resources, Advocacy & Public Policy and News which provide resources documenting current state and emerging activities. A great starting place for reviewing current state LTPAC health IT is the December 2011 report published by the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE), titled *Opportunities for Engaging Long Term and Post-Acute Care Providers in Health Information Exchange Activities: Exchanging Interoperable Patient Assessment Information*.

The Road Map is intended to stimulate grassroots activities, investments, advocacy and collaboration among policy makers, researchers, vendors, providers, consumers and other LTPAC health IT stakeholders. It is hoped that the recommended priority areas for action, key priorities, and objectives and strategies will be useful as these grassroots initiatives formulate their own actions. In each annual health IT Summit, and bi-annual Road Map, the Collaborative attempts to mark accomplishments, calibrate next steps, and spur on new collaboration and innovation.

Care Coordination

GOAL:
Achieve enhanced coordination of care between hospitals, physicians, LTPAC and other providers.

RATIONALE:
Achieving higher levels of care coordination is critical to reaching national goals of improved care quality and population health while reducing health care costs through the use of health IT.

Care coordination is the deliberate organization of patient care activities to facilitate the appropriate delivery of health care services. It involves activities to promote, improve, and assess integration and consistency of care across primary care physicians, specialists, acute and LTPAC providers, consumers and caregivers, including methods to manage care throughout an episode of care and during transitions. Examples of coordination of care include discharge from a hospital, transfer of care from a primary care physician to a specialist, and coordination of home and community based services.

Care coordination is enhanced through the expedited patient information flow, which reduces duplication of care services and medical errors, and leads to cost savings. According to the Joint Commission, approximately half of all hospital-related medication errors and 20 percent of all adverse drug reactions are attributed to poor communication during transitions of care. Pharmacists' involvement in medication reconciliation during transitions of care involving the LTPAC setting improves patient outcomes and reduces overall burdens and health care costs.

KEY PRIORITIES:
1. Leverage health IT to improve care coordination within and across all provider settings.
2. Promote the inclusion of LTPAC in national and regional care coordination related HIE, standards and certification initiatives.
3. Educate the LTPAC community about best practices for HIE and health IT enabled care coordination.

OBJECTIVES AND STRATEGIES TO PURSUE:
1. Shape the issue of care coordination and workflow through involvement in national standardization, interoperability, and certification efforts for LTPAC health IT systems.
    a. Facilitate care coordination and workflow.
    b. Develop case studies to illustrate how increased effectiveness, efficiency, and satisfaction were achieved with LTPAC health IT.
    c. Promote seamlessness of LTPAC health IT care coordination processes.
    d. Identify care coordination benchmarks when LTPAC health IT is used.

2. Facilitate standards, interoperability and certification efforts of LTPAC electronic health records (EHRs).
    a. Establish the use of LTPAC health IT as a key tool to support improvements in continuity of care.
    b. Showcase LTPAC EHR and HIE activities being implemented in federal, state, and private-sector programs.
3. Educate the LTPAC community about care coordination, workflow, and best practices for HIE.
    a. Support National Governor's Association (NGA) recommendation that states complete an environmental scan of LTPAC facilities, providers, care centers and others to understand their landscape and key challenges.
    b. Incorporate LTPAC into ongoing state strategic IT plans.
    c. Increase current LTPAC involvement in the ONC Standards & Interoperability Framework (S&I) Longitudinal Coordination of Care Workgroup (LCC WG).
4. Address ongoing national health IT standards issues.
    a. Contribute to uniform definitions, assessment methods, or scales (e.g. functional status) to be communicated consistently across care settings.
5. Provide mechanisms for certification of LTPAC EHR products.
    a. Support EHR product certification criteria when making health IT/EHR investment decisions.
    b. Ensure EHR certification criteria supports efficient and cost-effective interoperable HIE and data re-use across providers.

Quality and Process Improvement

GOAL:
To improve the quality of care and quality of life for people receiving LTPAC services by fostering person and caregiver centered, harmonized quality measurement and improvement throughout the spectrum of care.

RATIONALE:
Within the healthcare system there are various initiatives focusing on quality improvement. Most significant are the:

- National Quality Strategy, released in March 2011.
- 2012-2015 Federal Health Information Strategic Plan, released by ONC in September 2011.

Within the ONC Strategic Plan, Strategies I and II are relevant to LTPAC. Strategy I.C.3: "Support health IT adoption and information exchange in long-term/ post-acute, behavioral" points out that LTPAC and behavioral health settings are essential partners in patient care coordination. The ONC, ASPE and Centers for Medicare and Medicaid Services (CMS) will coordinate to address quality measures and evolving clinical decision support opportunities that will promote appropriate exchange of health information in LTPAC and behavioral health care settings for optimal coordination of care.

The National Quality Forum (NQF) followed these initiatives by forming the Measure Application Partners (MAP) and publishing the February 2012 report Input on Measures Under Consideration by HHS for 2012 Rulemaking. The MAP report Section on "Post-Acute Care/Long-Term Care Performance Measurement Programs: Input on Measures" analyzed the quality measurements and the gaps in measurements in skilled nursing facilities (SNFs), home care, rehabilitation, and long term acute care hospitals (LTACs).

As these important entities endorse quality indicators, there are some cautions. Quality measures built specific to a setting may measure the same quality indicator but measure it differently, making the indicator in-comparable across settings. Also, as most providers will attest, measurement of quality indicators is rarely coupled to process improvement to achieve the highest quality of care and quality of life.

In order to achieve the ultimate national objective of an integrated, dynamic, longitudinal person-centric EHR, all providers--not just those eligible for CMS health IT adoption incentives authorized in the HITECH Act of the American Recovery and Reinvestment Act (ARRA) (i.e., eligible hospitals and eligible professionals)—must be included in health IT initiatives. Emerging models such as Accountable Care Organizations and Bundled Payments will require longitudinal care quality outcomes. Decision support, chronic care, and co-morbidities will require processes and quality outcomes that are comprehensive and not limited to existing setting or provider silos.

KEY PRIORITIES:

LTPAC providers, vendors, and associations, must work together with national and state quality organizations, as well as physicians and hospitals to ensure that they:

1. Include LTPAC providers and vendors in developing electronic measures (e-measures) suitable for accountable care, meaningful use, and reducing hospitalizations.
2. Focus on longitudinal person-centric quality outcome processes and measurement in chronic and co-morbidity care.
3. Assist eligible hospitals and physicians with meeting meaningful use in care involving LTPAC settings, particularly during transitions of care.
4. Develop and include Quality of Life e-measures.
5. Harmonize quality measures across the spectrum, leveraging existing processes to reduce administrative burdens.

OBJECTIVES AND STRATEGIES TO PURSUE:

1. Encourage LTPAC associations, organizations, providers, and vendors to work with acute care associations, providers and vendors to support the advancement of dynamic, integrated, longitudinal, person-centric EHR and care plans to:
    a. Support the NQF to harmonize quality measurements across the spectrum of care.
    b. Support the Long Term Quality Alliance (LTQA) to propose quality processes, measurements, improvements and outcomes.
2. Support work of the NQF's LTPAC Quality Workgroup on electronic quality measurement and reporting.
3. Engage LTPAC vendors, providers and others in the efforts by the S&I LCC WG to identify and develop standards needed to support exchange of information, across provider settings and overtime, during instances of shared care and transitions of care
4. Connect with quality improvement organizations to:
    a. Develop workflow redesigns to include LTPAC processes.
    b. Assist quality measure developers in LTPAC gap analysis identification and prioritization.
5. Ensure quality measurements are a part of all transitions of care initiatives:
    a. Work with national provider organizations to identify quality measurements in the clinical information exchange between home care agencies, SNFs, assisted living facilities (ALFs), LTACs, hospice, hospitals and physicians.
6. Ensure medication management quality measures are developed, including poly-pharmacy, across the spectrum of person-centric longitudinal care.
7. Support research in providing quality outcome processes and measurements.
8. Identify HITECH Act Stage 1, 2, & 3 "Meaningful Use" electronic quality measures requiring the engagement of LTPAC providers and vendors to provide comments and support.

Health IT as a Business Imperative

GOAL:
LTPAC providers must adopt and use health IT effectively to streamline processes, improve efficiencies, enable new innovative business models, connect with acute care providers and demonstrate the value of health IT-enabled LTPAC providers to the health system.

RATIONALE:
Our nation must dramatically improve its healthcare system and deliver value at lower cost. There is pressure on traditional reimbursement streams. Payment schedules are being reduced while the unit care costs continue to rise. The shift to new value-based and performance driven payment models, such as Accountable Care Organizations and Bundled Payments, aims to manage the overall cost of care across settings, while improving outcomes.

As a result, new models are emerging in voluntary, as well as regulation-driven, partnerships. LTPAC providers are part of the solution: they offer lower-cost care settings and the appropriate resources for individuals who need support in chronic disease management, extra time to recover from illness, stabilization, rehabilitation or supportive services. However, in order for LTPAC providers to prosper and survive in this environment, they need to innovate and improve the value they deliver to customers (patients, residents, families, other providers and payers). For example, pressures on short-term acute-care hospitals to reduce re-admission rates and improve outcomes create new challenges for hospitals and new opportunities for LTPAC providers. As hospitals face financial penalties for re-admissions, there will be monetary value to partners that can manage, stabilize, provide rehabilitation and supportive services to discharged patients and reduce their re-admission rates.

Health IT, including interoperable EHRs, HIE, tele-health, remote monitoring and shared care planning and coordination tools, are key enablers for providing these services efficiently, cost-effectively, and in coordination with other healthcare providers. This makes health IT a business imperative for care providers and puts it in sync with national goals to improve care, population health, and reduce health care costs through the use of health IT.

KEY PRIORITIES:
Encourage LTPAC providers to adopt health IT and demonstrate they can:
1. Streamline processes, increase efficiencies, and reduce their operating costs.
2. Enable new business models, including integrated/coordinated care models.
3. Exchange electronic health information across care settings to support care coordination during shared care and transitions of care.
4. Achieve transparent quality outcomes and reduce re-admission rates and costs to payers and strategic partners.

OBJECTIVES AND STRATEGIES TO PURSUE:

1. LTPAC providers must adopt and use health IT to improve care and efficiencies rather than just collecting the data necessary for mandated regulatory assessments and billing.
    a. LTPAC providers must not only implement health IT, but also must deeply integrate it into care processes by collecting and sharing information in ways that streamline activities and allow for better management of resources and risks. This requires providers to train staff on process improvement, health IT and how to effectively use these systems to improve care.
    b. Providers should integrate assessing the impact of the implementation of health IT on business processes and care outcomes as part of their on-going quality improvement and operations management efforts.
2. Interoperable EHRs and LTPAC Certification: The CCHIT, with leadership from LTPAC providers and vendors, defined certification criteria in 2011. Three vendors have passed the certification process to date. LTPAC providers, vendors and associations must leverage this accomplishment through the following strategies:
    a. LTPAC EHR vendors must pursue the implementation of interoperability standards and certification.
    b. Providers should be encouraged to pursue implementing and upgrading to certified interoperable health IT systems.
    c. LTPAC providers should work on HIE, directly with other provider partners and/or through state and regional HIE entities.
    d. Providers should integrate assessing the impact of health IT implementation on care outcomes as part of their on-going quality improvement efforts, and in partnership with other providers, to demonstrate the value of HIE, interoperability and certification.
    e. LTPAC providers must document the benefits to strategic partners and payers, including readmission rates and cost to payer.
    f. This assessment would help providers identify gaps in the information they need to exchange, required standards, and future certification requirements.
3. Providers must document and publish the outcomes of successful implementation on: business, care quality, utilization and cost to demonstrate the value of health IT-enabled LTPAC providers to the health system in not only peer-reviewed publications but also as case studies. Associations and the Collaborative should encourage sharing and broadly disseminating provider best practices, lessons learned, and advice to others through various dissemination activities, including shared learning collaboratives.

Consumer and Caregiver Activation and Engagement

GOAL:
Accelerate person-centered "culture change" across and beyond LTPAC settings and services to empower and support consumer and caregiver well-being, engagement, and choice.

RATIONALE:
Patients and consumers engage LTPAC supports and services in order to support well living and dignified end of life. The care goals of these relationships frequently need to address whole person needs: housing, services, and care across the entire wellness domain. The most effective care contexts integrate and craft care and services that support the preferences, dignity and needs of consumers and their caregivers in the places that they call home.

The Center for Advancing Health defines Patient Engagement as "actions individuals must take to obtain the greatest benefit from the health care services available to them." Patient Activation is the process of educating and enabling patients to take an active role to realize the benefit of patient engagement. Health outcomes are enhanced when consumers and their caregivers become active participants in the planning and coordination of the individual's health care. Within LTPAC supports and services, the scope and context of services are extended from health to wellness and hospitality and from patients to consumers, families and caregivers.

LTPAC settings have been rapidly evolving their care delivery to take greater account of person-centered services, and to support consumer engagement and choice through "culture change" movements. Emerging technologies, including personal health and wellness records, tele-health and tele-monitoring, smart-home, and customer relationship management (CRM) technologies are all allowing LTPAC providers to craft new services built around consumer preference and need. New business models are emerging to leverage this new service delivery. Increasingly LTPAC service providers may be able to exercise leadership by coordinating consumer engagement with person and wellness centered solutions across the healthcare spectrum.

KEY PRIORITIES:

1. Identify and disseminate case studies that demonstrate LTPAC "culture change" and wellness initiatives empowered and accelerated by technology.
2. Explore business and service models and strategies to scale LTPAC-led longitudinal coordinated care models, such as PACE (Program of All-Inclusive Care for the Elderly).
3. Develop practices for integrating care (EHR) and hospitality (CRM) systems, while preserving privacy and security, to support person-centered services.
4. Promote adoption and support of consumer access to health and wellness information and service portals by LTPAC providers.
5. Promote consumer and caregiver activation and engagement in use of health, wellness and compliance (including medication) monitoring technologies for improved self-management.

OBJECTIVES AND STRATEGIES TO PURSUE:

1. Identify and advance state of technology enabled wellness assessment.
2. Publish white paper on state of personal health record (PHR) and CRM solutions and strategies available to LTPAC for managing needs and preferences, providing consumer access to information and services, and show how these capabilities are changing business and service models.
3. Expand and incorporate consumer and caregiver centered innovations in LTPAC Health IT Summit showcase and poster sessions.
4. Monitor use of online social communities and peer support to advance use and impact of PHR, wellness and monitoring technologies and their incorporation into LTPAC service models.
5. Recruit participation of “culture change” associations and organizations in the Collaborative and LTPAC Health IT Summit.
6. Monitor the emergence of Mobile Health (mHealth) solutions and their incorporation into LTPAC service models.

Workforce Acceleration

GOAL:
Accelerate development of technology skill sets across all levels of the LTPAC workforce.

RATIONALE:
Foundational to advancing technology adoption in the LTPAC setting is the development of a workforce possessing the skills necessary to implement and effectively use health information and other technologies and achieve their meaningful use. LTPAC has deployed and used financial and clinical systems for many years. However, while required financial and MDS/OASIS functions are routinely implemented, research shows that providers typically utilize only 30% of the array of capabilities available in their software packages. *(Howard Degenholtz, University of PIttsburgh, 2011)* To remain viable in a healthcare environment moving towards interoperable EHRs, HIE, monitoring technologies, CRM, and service delivery and payment reforms supported by health IT, LTPAC organizations must have enlightened leadership and trained staff with advanced technology skills to fully adopt and use these systems and devices effectively.

Advancing technology in LTPAC requires a workforce with the following expertise:

- Leadership
- Information system and IT project management
- EHR, informatics and health information management (HIM)
- Nursing informatics
- Data analytics

Efforts to build a LTPAC workforce with these requisite skills can be accelerated by leveraging the ONC Workforce Development initiative. The community college components of this ONC initiative identify six key roles for supporting health IT and provide specific curriculum and competency exams for each of the following roles:

- Practice Workflow & Information Management Redesign Specialist
- Clinician/ Practitioner Consultant
- Implementation Support Specialist
- Implementation Manager
- Technical/ Software Support Staff
- Trainer

KEY PRIORITIES:

1. Promote provider awareness of the need for and engagement/employment of trained health IT professionals.
2. Promote LTPAC specific technology training.
3. Identify and evaluate the costs/benefits of LTPAC certification/credential that recognizes health IT expertise.
4. Advocate for the incorporation of LTPAC in broader health IT training and curriculum development initiatives.

OBJECTIVES AND STRATEGIES TO PURSUE:

1. Promote provider awareness of workforce skill sets required for adoption and meaningful use of EHRs and participation in HIE.
2. Launch a Collaborative workgroup to advance Workforce Development objectives.
    a. Attract professionals trained in technology and informatics to LTPAC.
    b. Outreach to existing participants in ONC workforce development programs.
    c. Outreach to students at higher education institutions offering information technology and informatics programs (e.g. community colleges, colleges, universities).
    d. Advocate for internship/mentoring programs in LTPAC provider settings.
    e. Build awareness of LTPAC workforce needs with academic institutions, professional associations, and certification/credentialing bodies.
    f. Monitor ONC and Quality Improvement Organization (QIO) initiatives impacting health IT workforce development, and promote inclusion of LTPAC needs in such initiatives.
3. Building off of the ONC Workforce development program:
    a. Identify core skills necessary for adoption and meaningful use of EHRs in LTPAC (e.g. IT leadership, workflow re-design, project management, data analytics and use of data for decision making).
    b. Identify core skills necessary for LTPAC providers' participation in HIE.
    c. Facilitate development of health IT educational programs that are targeted to an LTPAC audience.
    d. Identify and develop staffing roles and models that support implementation and meaningful use of health IT in LTPAC settings.
    e. Develop career ladders for LTPAC health IT workforce members.
    f. Develop model job descriptions that incorporate health IT skill sets (e.g. retool job description of facility HIM and administrative nursing staff).
    g. Develop LTPAC certification/credential that recognizes health IT expertise and leadership skills.
4. Collaborate with LTPAC stakeholders to identify opportunities to address gaps in workforce health IT skills and knowledge.

The 2012-2014 Road Map was Developed by the LTPAC Health IT Collaborative

The 2012-2014 LTPAC Health IT Road Map can be found at: www.ltpachealthit.org

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