



Pennsylvania Homecare Association

May 21, 2014

Health Information Technology Policy Committee  
Office of the National Coordinator for Health Information Technology  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington D.C. 20201

*Submitted via email to [onc.request@hhs.gov](mailto:onc.request@hhs.gov)*

Members of the HIT Policy Committee:

Thank you for this opportunity to provide feedback on the proposed voluntary electronic health record (EHR) certification criteria for long-term and post-acute care and behavioral health. The Pennsylvania Homecare Association (PHA) represents more than 500 home health and hospice agencies providing valuable and cost-effective post-acute care to nearly one million people each year in their homes.

Homecare agencies care for individuals with a variety of medical conditions including acute illnesses, chronic conditions, long-term disabilities and terminal diagnoses. In almost all cases, patients are referred to homecare and hospice providers from an acute care provider. In 2008, 40% of all Medicare beneficiaries discharged from a hospital received post-acute services, with about 38% of those patients discharged to a home health agency. A 2012 study by the Alliance for Home Health Quality and Innovation found that patients who receive home health as the first care setting following hospital discharge tend to have a lower overall Medicare episode payment compared to patients who receive care from other facility-based settings. Using claims data, the study concluded that those patients save Medicare \$5,411 each when home health is used as the first post-acute care setting.

Post-acute care is one of the fastest growing segments of healthcare. With the advent of healthcare reform and an increased focus on quality and cost-effectiveness, post-acute providers, particularly in-home care providers, are well-positioned to deliver the high-tech, high-touch care that helps prevent costly re-hospitalizations and keeps people in their homes and communities, where they want to be. Home health has the potential to be utilized to achieve the Triple Aim outlined in the Affordable Care Act by improving patient experience, improving the health of populations and reducing the per capita cost of healthcare.

Homecare providers have embraced the use of technology that enhances care and improves

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coordination of care for patients as they strive to remain at home, living as independently as possible. The adoption rate of EHRs by homecare providers before the establishment of the Health Information Technology for Economic and Clinical Health (HITECH) Act far exceeded other providers. A 2008 study found that more than 58% of agencies had EHRs in place. Homecare is highly-coordinated care that helps people transition from institutional settings to home and would greatly benefit from the expanded use of EHRs, particularly those with a great interoperability across settings. We do believe the establishment of a voluntary EHR certification program could provide value to homecare providers.

However, EHR adoption among homecare providers could begin to level off or even decrease because this segment has not been included in the Office of the National Coordinator (ONC) EHR Incentive Program. Homecare providers are not eligible for the monetary and technical assistance provided under the HITECH Act. Homecare providers being asked to do more with less funding and more demands on their time and resources.

But this has not stopped these organizations from working to make EHRs, health information exchanges (HIEs), and other health information technology solutions significant features of the treatment of their unique patient population.

With the increased clinical emphasis on care transitions, medication reconciliation and avoiding and reducing re-hospitalizations, home health providers are increasingly becoming the “go-to” provider to coordinate care and connect with patients in their home environment, since that is where many issues start and where many solutions are found. One of our provider members told us about a patient who had 12 expensive ER visits for GI issues. Finally, after 12 trips to the ER, the physician made a referral to home health. During the very first visit, the home health nurse found that the patient had obvious cognitive deficits regarding food preparation and storage. She was simply eating bad food...a simple solution that would not have been found if a nurse hadn't visited the home and a simple diagnosis that could be shared with the patient's physician and hospital with the use of an EHR that communicated with all providers across a secure platform.

There have been some efforts at the state level by the Pennsylvania eHealth Partnership Authority to provide \$500,000 in grant funding to providers, including home health, to implement secure DIRECT Messaging. Five Pennsylvania home health agencies received funding and have already reported increased patient safety due to improved communications and improved ability to rapidly and efficiently communicate with physicians and other providers regarding medication and other treatment plan questions.

However, another \$500,000 was spent on a consumer advertising campaign to educate the public about EHRs. While consumer education is important, at this time perhaps the funds would have been better spent to encourage more widespread use among providers, particularly those who have not been incentivized to date.

Also, in Pennsylvania there is currently no directory of DIRECT Messaging users, leaving many home health agencies who want to be ahead of the curve and implement EHRs in the dark about which physicians and hospitals they work with use DIRECT and which don't.

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More must be done. There cannot be a widespread adoption of home health EHR systems if homecare is not valued the same as other providers and given an incentive to expand the use of EHRs.

Thank you again for the opportunity to provide comments. We look forward to the increased use of EHRs and more opportunities for homecare providers to get involved.

Sincerely,

/s/

Vicki Hoak, CEO