What Do Long-Term and Post-Acute Care (LTPAC) Providers Need to Know About Health Information Exchange?

The health care market is moving. Health information exchange (HIE) is becoming the standard of care among clinical practitioners.

More than half of physicians are now using electronic health records (EHR) systems and about three-quarters of their EHR systems are reported to meet the meaningful use criteria set by the EHR Meaningful Use Incentive Payment Program.[i] As part of this program, the Centers for Medicare and Medicaid Services (CMS) have issued close to $7B in incentive payments to over 130,000 eligible providers.[ii] CMS published guidance for meaningful use stage two on August 23, 2012, specifying that eligible providers must connect with at least three external providers that do not use the same EHR solution, or they must establish an ongoing connection with at least one health information exchange entity. These providers must also review 80% of patient medication regimens at time of admission, transfer, or discharge, a process commonly known as medication reconciliation.[iii] Additionally, emerging innovative care delivery models like Accountable Care Organizations and Patient-Centered Medical Homes will likely demand some form of health information exchange among participating providers.[iv,v]

> ### THE EHR MEANINGFUL USE INCENTIVE PAYMENT PROGRAM
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> This federal program, created by the HITECH Act and maintained by the Centers for Medicare and Medicaid Services, provides financial incentives to physicians and hospitals that adopt health information technology, including electronic health records and health information exchange.

Patients and families expect to interact with their health information and to communicate electronically with their providers.

Patients and their families are increasingly technology-savvy. They are accustomed to technology that provides them access to all of their information (i.e. mobile banking and smartphones). Similarly, they expect to have access to their health information and are often surprised to learn the capability is not already used by their providers.[vi,vii] Patients and their families are becoming more accustomed to electronic communication like text messaging and email, and they expect to be able to communicate with their providers in a comparable manner. Stage 2 meaningful use guidance supports this demand, requiring participating eligible providers to make clinical summaries available to patients through a portal or personal health record (PHR) within 24 hours of the visit. Patients will also have the opportunity to access their longitudinal record through a portal or PHR at any time. To qualify for incentives, providers must provide online access to health information for over 50% of their patients. Stage 2 meaningful use guidance also requires providers to enter an electronic progress note for more than 30% of unique patients.[viii]

The long-term, post-acute care community stands to benefit from the adoption of health information exchange.

Patients of long-term or post-acute care providers are more likely to have chronic conditions or behavioral health needs. These patients are therefore more likely to see numerous providers, making care coordination more difficult as they transition between care settings (i.e. acute care to rehabilitative care, home health or long-term care). Health information exchange can benefit these patients by enabling secure, timely electronic information exchange to support proper

medication management, seamless transitions of care, and expanded communication between numerous providers.[ix] Patients and family caregivers can also benefit from improved access to their own health data enabled through HIE.

Although LTPAC providers are not eligible to receive meaningful use incentives, it will be important for LTPAC providers to participate in electronic health information exchange. Hospital, ambulatory, and other clinical providers striving to attain meaningful use may be inclined to make referrals to LTPAC providers with whom they can share information electronically.

Overview of Direct

Direct is inexpensive, quickly-deployed, nationally-endorsed, and not tied to any vendor solution.

Direct is a protocol for encrypted messaging that supports the secure electronic exchange of health information between trusted entities (e.g. physicians, nurse practitioners, physician assistants, and case managers). Providers do not have to use an EHR in order to exchange information using Direct. Without an EHR, Direct works much like email; however, unlike most email, it is both highly secure and HIPAA-compliant. Health care providers with EHRs can use Direct as a complement to their current systems, either as a separate but parallel application or as a fully-integrated feature of their EHR system. Behind the system, Direct is enabled by health information service providers (HISPs) that are contracted to manage security and transport for Directed exchange, and, in some organizations, by a provider directory, which providers can query for the right Direct address.

In response to customer demand and certification requirements, a growing number of hospital and ambulatory EHR vendors are integrating Direct standards into their products, and Direct protocols and specifications are interoperable between vendor solutions. When fully implemented by vendors and providers, Direct will facilitate exchange between hospital and ambulatory care entities and their LTPAC counterparts.

Therefore, when fully implemented by vendors and providers, Direct will enable exchange between vendor solutions, so that LTPAC providers can choose any certified solution that best meets the requirements of their organization or facility.

What are the benefits of Direct?

The ability to exchange messages and electronic attachments securely using Direct exchange brings immediate benefit to hospitals, patients, and their physicians. As EHR vendors integrate Direct exchange functionality with their technology and as more robust use cases emerge, the value and demand for Direct exchange will grow.

WHAT IS DIRECT EXCHANGE?

In its simplest form, Direct exchange functions like email accessed through a secure web portal, except that the messages are encrypted and can only be accessed by the intended recipient, thereby ensuring compliance with The Health Insurance Portability and Accountability Act (HIPAA). Where Direct messaging is integrated with EHR technology, messages and attachments can be sent and received directly from within the user's desktop rather than through a separate portal, which is much more convenient for the user and more easily sent and received in the format used by the EHR application.

Sending and receiving secure messages and attachments

Using Direct exchange, LTPAC providers can quickly and easily send and receive secure messages and electronic attachments to others in their network (i.e. PCPs, other specialists, health caregivers, case managers, acute care providers and payers), without concern about HIPAA compliance. Often, nurses or support staff must call or use fax machines to convey patient information to other providers and manually document a record of that communication. With Direct, health professionals can draft an email, attach a file (i.e. lab result, referral paperwork, or prescription), and immediately send it to a colleague without moving from desk to printer to fax machine.

Facilitating referrals and transitions of care

Compared to phone calls and paper faxes, Direct exchange delivers more seamless referrals between providers and better experiences for patients during transitions of care. Clinicians can exchange referral and payer forms, along with care summaries, medication lists, and lab results with their colleagues in advance or after their encounter with the patient, as needed. These documents can be exchanged immediately as electronic attachments to a Direct message, eliminating the need for courier or patient transport of records, thereby reducing the risk of lost documents and incomplete or inaccurate information. With test results and diagnoses in hand, clinicians are less likely to schedule unnecessary or duplicative tests, avoiding inconvenience, cost and often pain to the patient, and are better equipped to respond effectively to support diagnosis, care and treatment for the patient.

Communicating with patients and families

Direct provides opportunities for health care practices to communicate more easily with patients. Using Direct, patients, providers and their support staff can exchange secure messages about the patient's treatment plan or diagnosis. For instance, a provider has the ability to provide updates to a long-term care patient or his/her family member about a diagnosis and send a lab result directly to the patient. Similarly, patients or family members can send messages to schedule an appointment or to update providers on health indicators often monitored at home, such as blood pressure or weight.

Additionally, patients have begun to more actively manage their care through Personal Health Records (PHR), which aggregate diagnoses and treatment plans in an online personal repository. Patients can then view their longitudinal diagnosis or treatment history. Patients can manually update PHRs, or clinicians can assist individuals by sending diagnoses or treatment plans to the PHR using Direct.

HOW DOES DIRECT EXCHANGE SUPPORT THE REFERRAL PROCESS?

"Closed loop referrals" are one of the most promising use cases for HIE technology. When fully implemented, a referring provider's EHR will quickly and easily notify the consulting provider by generating a message that includes a longitudinal care summary, medication lists, lab results, and other information needed to support informed decision-making about diagnosis and treatment effectively and efficiently. Upon receipt of the referral and delivery of care to the patient, the consulting provider can generate and send a Direct message back to the referring provider to effectively "close the loop," communicating the outcomes from the consult and recommending any further actions to be taken to assure good outcomes for the patient.

Enrolling in Direct

Visit HealthIT.gov to learn more.

Endnotes

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