Health Information Technology Integration in Long-Term Care: Challenges, Best Practices, and Solutions for States

Introduction to Long-Term Care in the States

Currently, long-term care (LTC) expenditures make up 32 percent of state Medicaid budgets and thus a significant contributor to the budgetary shortfall being experienced in 46 states. More than 10 million elderly, disabled and developmentally disabled Americans use long-term care services and supports to assist them in day-to-day functions, and as the baby boomers age, more and more Americans will be depending on Medicaid for LTC services. It is then critical that governors find innovative solutions that contain costs while maintaining high quality care. Broader use of HIT is one of those solutions.

Long-term care can be provided through a variety of provider types including skilled nursing facilities, home health care, assisted living facilities, fully integrated retirement communities and others. In recent years, many states have successfully sought to move care out of expensive skilled nursing facilities to home and community based services (HCBS) for patients where these services were most applicable. States can provide several services under the Center for Medicare and Medicaid Services (CMS) HCBS waiver program, which allows them to administer the program in a way that best serves patients. Currently, 48 states and the District of Columbia offer services through HCBS waivers. These waivers reflect the first step by states toward reducing costly institutionalized care.

Moving toward a HCBS system is a stated priority of CMS but care coordination challenges must be overcome to realize the benefit that home and community based care can provide. However, the HCBS system leads to care coordination challenges. Long-term care patients typically have multiple care providers, which can lead to fragmented health information and duplicative tests and services. Increasing the number of health care providers and decentralizing care can result in silos and fractured health information. That fracturing is particularly critical as patients are transferred between hospitals and other provider types. Further fragmentation of care occurs for the 9 million LTC patients that are dually-eligible for Medicaid and Medicare because the programs differ on policies related to covered services.

The use of health information technology, such as electronic health records (EHRs), has long been identified as a potential tool for enhancing health care quality and reducing costs in long-term care. In the past decade, hospitals and physician offices have begun adopting and using EHRs, but many LTC facilities and providers have not taken these same steps. That technological divide hinders appropriate care coordination and transition for patients using services in several different health care settings. Covering the full spectrum of care is essential to meaningful integration of care.
Identified Barriers in Long-Term Care and Health Information Exchange Integration

There is great promise for electronic exchange of health information to reduce fragmentation, especially for LTC patients. It can improve the quality of care delivered and is a potential mechanism for reducing health care costs by reducing duplicative testing and services. Many LTC facilities already use technology in their care settings, but connecting with broader state health information exchange (HIE) efforts is just beginning. Although states understand the value of integrating HIT and LTC, many challenges remain. Challenges that are frequently identified include:

- **Lack of funding/payment incentives**: LTC facilities and providers are largely excluded from the Health Information Technology for Economic and Clinical Health Act’s (HITECH) incentive payments for providers and facilities that adopt and use EHRs. While eligible providers (physicians, physician assistants, nurse practitioners, etc.) that work within LTC facilities have the option to direct their EHR incentive payment to their facility, the majority of LTC providers are excluded from these payments.

- **Inaccessibility of Data**: Clinical data within long-term care providers is often fragmented due to antiquated record systems that collect only a portion of a patient’s health information. This inadequate information in an inconsistent structure is a significant barrier. Certain data sets are already reported to CMS through the Minimum Data Set (MDS), and CMS receives electronic copies of that information in almost real time. However, that data cannot be shared across care providers. In addition, many clinicians find MDS data to be insufficient for clinical use.

- **Workforce Issues**: LTC facilities vary widely from small facilities to large networks of facilities and the cost of upgrading to electronic health records for smaller facilities can be disproportionately large. In addition to the costs, smaller facilities often lack staff resources to develop, implement and maintain these systems. Even in larger facilities, it can be difficult to attract and retain skilled IT workers to support the necessary systems. Given privacy and security issues when exchanging health information across entities, clinical caregivers and IT staff must be well-trained to protect personal health information. In addition, HCBS providers must train workers to use electronic health records—often on mobile devices. The IT workforce frequently has high turnover rates and typically lower education and health care training. Consequently that training can be costly and time intensive.

- **Lack of Standardization of EHRs**: LTC is provided in different types of care settings and facilities. The current lack of standardized data collection methods can lead to challenges in supporting care-coordination functions like treatment history, referrals and transfers. The Certification Commission for Health IT (CCHIT) has certified an EHR that is unique to LTC but adoption of that certified EHR has been low.
Multiple and Competing State Health Initiatives Running in Parallel: States are coordinating numerous initiatives related to health care system transformation. States are addressing major issues across the health care spectrum including sustaining Medicaid, implementing the federal health reform law, and attempting to control rising health care costs. As a result of those obligations, states have largely focused their HIT efforts on first integrating incentive-eligible providers and hospitals into information exchange efforts, leaving fewer resources for ineligible providers, including LTC providers and facilities.

What’s Next

The challenges states face in integrating LTC into HIE are substantial, but several states have already begun taking steps to address these barriers. Long-term care by nature is wide-ranging and there are many pathways states can choose to address the identified challenges. Below are some steps to address the challenges states are facing:

Understanding the Environment and Engaging Stakeholders

By conducting a standardized, non-biased, environmental scan of existing LTC facilities, providers, care centers and others can help states understand their state landscape. Additionally, identifying the key challenges for providers can help states target solutions to those issues.

The Long-Term/Post-Acute Care effort, sponsored by AHIMA, is an ongoing resource that can serve states. Other associations that specifically cater to the LTC community such as the National Association of States United for Aging and Disabilities (NASUAD) and the National Association of Support of Long-Term Care (NASL) have information that will help states plug into LTC stakeholders.

States may consider creating a LTC work group or solidifying strategic plans for LTC integration in state HIE efforts. State HIT Coordinators are charged with engaging, convening and coordinating all stakeholders and can facilitate the efforts within a state to integrate long-term care into HIE. Developing connections with these constituencies is a basic, but critical first step in developing the relationships necessary to enact real change.

Incorporate Long-Term Care into Ongoing State Strategic HIE Plans

State strategic and operational plans vary widely in outlining their goals for long-term care. Some states, such as New York, have programs to ensure

Oregon recently sent out a survey to the LTC provider and facility community to assess their current readiness and interest in joining into statewide HIE initiatives.

New York has focused on ensuring patient-centered care with a collaborative approach that engages the entire health care community, including long term care providers. Under Phase V of the Health Care Efficiency and Affordability Law (HEAL NY), the state is developing a clinical decision support tool to help manage the care of elderly and disabled patients in long-term care settings.
LTC integration in state HIE efforts. While re-writing the current state SOP plans is not feasible, consider including LTC into your future HIE outreach plans. As health care costs continue to be a major issue for states, integrating LTC with HIE efforts can provide greater efficiencies and potential savings.

Utilize Regulatory and Policy Levers
States can utilize their regulatory and policy levers to develop and enhance HIE across the state. Beyond traditional tools of legislation, rules and regulations, states can also attempt to drive the market using purchasing from their state employee benefit program or Medicaid. Furthermore, convening payers to make the case for better integration of LTC and HIE can help push the market toward adoption.

North Dakota passed a law that provides statutory structure for health information technology. Effective January 1, 2015, any health care provider, including LTC providers, participating in the HIE may only exchange health information using a certified EHR system. This will ensure LTC providers using certified technology will be able to connect to state HIE efforts.

Conclusion
The many challenges states face in connecting LTC to HIE efforts will not all be solved quickly. States can begin by engaging stakeholders to help build support for the initiative. As states struggle to reign in health care spending, integrating HIE and LTC has the potential to improve the efficiency and effectiveness of the entire health care system; therefore reducing overall health care spending and increasing the quality care provided to patients.

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2. Centers for Medicare and Medicaid Services; HCBS Waivers Section 1915 (c) website www.cms.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp
4. LTPAC Roadmap and Advocacy; www.ahima.org/advocacy/ltpachit.aspx