



Date: April 16, 2009

To: David Blumenthal, MD, National Coordinator, ONC

Re: Inclusion of Long-Term Care Settings in ARRA Funded Projects

Dear Dr. Blumenthal:

The collaborative of associations representing long-term care and aging services with respect to HIT congratulates you on your appointment as the National Coordinator. We appreciate the contributions that your office and staff have made in advancing Health IT Standards, particularly the efforts to support inclusion of the long-term care continuum of services, which represents the most publicly funded health care and treats the most costly segment of the increasingly aging population.

As you may know, we worked to ensure that the long-term care providers (skilled nursing facilities, nursing homes, home health entities and other long-term care providers) were included in the HIT provisions in the American Recovery and Reinvestment Act (ARRA) of 2009 because fully including this substantial segment of the health care community in interoperable electronic health records is critical to reforming the health care system. We are particularly pleased that the long-term care is included in the definition of health care providers in the ARRA and with the law's emphasis on interoperability and the exchange of health information across different healthcare settings. Health care expenditures for nursing facility and home health services are the 3rd highest expenditures (following expenditures for hospitals and physicians services). Total health expenditures made on behalf of individuals who receive these long-term care services are even higher when taking into account the annual costs of the hundreds of thousands of hospital stays, millions of physician visits, millions of medication orders, and services delivered by other health care professionals for these individuals. Given the frequent and costly health care encounters on behalf of persons requiring long-term care, we believe that the use of interoperable health IT on behalf of these individuals is critical to supporting necessary health care reform.

We are also aware of the ARRA-required investments in grants and loans programs that will be administered through your office to drive the adoption of interoperable HIT nationally.

We are contacting you today to provide two recommendations designed to maximize the return on this significant one time investment in the national HIT infrastructure:

- (1) We recommend that ONC include language in the ARRA requests for HIT grant and loan proposals advising applicants of the benefits of and need to seek partners from different care settings, including long-term care and providing such help as may be necessary to help identify potential partners (such as providing lists of federally certified providers in various areas).
- (2) In addition, we recommend that ONC specify that one of the evaluation criteria for selecting grant/loan recipients will be a preference for those who do partner with long-term care providers (and other healthcare providers who will not receive financial incentives).

As you are likely aware, long-term care providers serve senior, disabled and chronically ill populations who tend to have a multitude of health issues, multiple care providers, and transition frequently from one setting to another. Hence, this population would benefit the most from interoperable health information exchange and use to reduce duplicative procedures, medical errors, and inappropriate costs and improve the quality of care. In fact, the long-term care patients, and the health care providers that serve this population are the poster-children for the need for and potential benefits of interoperable HIT. Moreover, the long-term sector is ready to embrace electronic health records, with almost 100% of nursing homes and home health agencies having electronic billing and electronic reporting of federally-required health and functional status assessments (i.e., the MDS and OASIS). These assessment requirements have enabled 20% (or more) of nursing facilities and home health agencies to implement electronic information systems functionalities equivalent to an Electronic Health Record (including physician orders, medication orders/drug dispensing, laboratory/procedures information)^{1,2}. Further, adoption of HITSP-accepted assessments standards by CMS as it goes forward with new patient assessment requirements for nursing homes, home health agencies, and other provider settings will accelerate the adoption and use of interoperable EHRs by these providers, and will help improve safety, quality and continuity of care, and reduce unnecessary costs.

We believe that implementing our ARRA recommendations would substantially help ensure that organizations likely to be primary drivers of adoption of standards-based EHRs and facilitators of health information exchange, such as Health Information Exchanges (HIEs), Regional Health Information Organizations (RHIOs) and Regional Health Information Technology Extensions Centers, are inclusive of all provider settings and serve broad and diverse populations, including persons requiring long-term care. Advancing policies that extend interoperable health information exchange and use to support the needs of persons requiring long-term care (including the use of standards for patient assessments) will be necessary to meet the ARRA goal that each person in the U.S. use an EHR by 2014.

¹ Resnick HE, Manard BB, Stone RI, Alwan M. Use of Electronic Information Systems in Nursing Homes: United States, 2004. In *Journal of the American Medical Informatics Association (JAMIA)*. Available on line at: <http://www.jamia.org/cgi/reprint/16/2/179.pdf>.

² "Nursing Home and Home Health HIT Use Appears to be At Least Comparable to that of Physician Offices and Hospitals," available at <http://aspe.hhs.gov/daltcp/reports/2009/HITlitrev.htm>

Our collaborative met with Dr. Kolodner in the past and had a great working relationship with ONC. We would love the opportunity to meet with you in person to discuss our recommendations and maintain a strong relationship with you and your office. We look forward to meeting you in person soon and to hearing your thoughts.

Sincerely,

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cc: Senate Committee on Finance - Chairman Max Baucus and Ranking Member Chuck Grassley
Senate Committee on Health, Education, Labor & Pensions - Chairman Edward M. Kennedy and Ranking Member Michael B. Enzi
House Committee on Energy and Commerce - Chairman Henry A. Waxman and Ranking Member Joe Barton
House Committee on Ways and Means - Chairman Charles B. Rangel and Ranking Member Dave Camp
Charles E. Johnson, Acting Secretary, HHS
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