

## ISSUE BRIEF

### Inclusion of Long-Term Care in State-Level ARRA HIT Initiatives

May 11, 2009

A collaborative of national organizations including the American Association of Homes and Services for the Aging, American Health Care Association, American Health Information Management Association, National Association of Home Care & Hospice, National Association for Assisted Living, the Center for Aging Services Technologies and others worked together to ensure that the long-term care providers were included in the health information technology (HIT) provisions of the American Recovery and Reinvestment Act (ARRA) of 2009.

*Long-term care was included in the definition of health care providers in the ARRA and the law emphasizes interoperability and the exchange of health information across different healthcare settings.*

“HEALTH INFORMATION TECHNOLOGY AND QUALITY SEC. 3000. DEFINITIONS.

(3) HEALTH CARE PROVIDER- The term ‘health care provider’ includes a hospital, *skilled nursing facility, nursing facility, home health entity or other long term care facility...*and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.”

Also notable is that the definition of HIT in the ARRA goes beyond the storage and exchange of health information by including hardware, software, integrated technologies and packaged solutions and services for the *electronic creation of health information*, which encompasses telemedicine and telehealth technologies. The older, disabled, and chronically ill individuals who long-term care providers serve often have a multitude of health issues, multiple care providers, and transition frequently from one setting to another. Hence, this population stands to benefit the most from interoperable health information exchange and other health information technologies (i.e., telehealth) to reduce duplicative procedures, medical errors, and preventable costs and improve the quality of care.

**The following are key points for including aging service providers in the ARRA’s state-level initiatives, with corresponding recommendations:**

1. **Section 3013. State Grants to Promote Health Information Technology (Planning and Implementation Grants).** Funds are to be used to be used to conduct various activities to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards. The ARRA requires that health care providers (including long-term care) be consulted in the development of these grants.

*Recommendation: Long-term care providers should be included as active partners in state grant planning discussions to ensure that the infrastructure built from this investment is inclusive of this key component of health care information.*

*In particular, the grants should:*

- a. *Include language advising applicants for HIT Planning and Implementation grants, such as health information exchange facilitators (e.g. Regional Health Information Organizations (RHIOs) and Health Information Exchanges (HIEs), of the benefits of and need to seek partners from different care settings, including long-term care;*
- b. *Specify that one of the evaluation criteria for selecting recipients will be a preference for those who partner with long-term care providers.*

2. **Section 3014. Competitive Grants to States and Indian Tribes for the Development of Health Care Provider Loan Programs to Facilitate the Widespread Adoption of Certified EHR Technology.** Grants will be awarded for the establishment of programs for loans to health care providers for the purchase of certified EHR technology; enhance the utilization of certified EHR technology; train personnel in the use of such technology; or improve the secure electronic exchange of health information. In order to be eligible for these loan-program grants, the ARRA requires states to submit a strategic plan with a list of projects to be assisted through the Loan Fund and a description of criteria and methods for the distribution of funds.

*Recommendation: That States' loan programs are made available to long-term care and aging service providers and that these providers are included in the State's strategic plan.*

3. **Sections 4101, 4102, and 4201. Medicare and Medicaid HIT Incentive Payments.** With regard to HIT incentive payments for acute care providers under the ARRA, the bill puts special emphasis on "meaningful use" by acute care providers who would receive such incentives.

*Recommendation: That "meaningful use" of certified health information technologies (i.e., EHRs) by acute care providers include effective electronic exchange of health information with long-term care providers. Doing so is especially important for patients who receive post-acute or long-term care, and is essential in realizing the benefits of health information exchange to improve quality, increase efficiencies, and decrease costs to Medicare and Medicaid.*

The ability to exchange health information with long-term care providers, critical to achieving ARRA's goal that each person in the U.S. use an EHR by 2014, can be achieved by implementing the Health Information Technology Standards Panel (HITSP) interoperability standards developed on the national level.<sup>1</sup> However, the actual seamless flow of health information and "meaningful use" can only be achieved if long-term care providers are included as active partners in the ARRA-funded planning and implementation HIT projects at the state and regional level to ensure that the necessary infrastructure is in place.

Nationally, 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 more than 60% of home health agencies to implement electronic information systems functionalities equivalent to an Electronic Health Record (including physician orders, medication orders/dispensing, laboratory/procedures information).<sup>2,3,4</sup>

By including long-term care in partnerships of health care providers and regional health information organizations, and health information exchanges and others, States can more effectively attain the most meaningful use of HIT, maximize the return on ARRA funds and meet the goal that each person has an interoperable EHR by 2014.

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<sup>1</sup> For information on the Health Information Technology Standards Panel see [www.hitsp.org](http://www.hitsp.org) and “Roadmap for HIT in LTC 2008-2010” by the LTC HIT Summit at: [http://www.agingtech.org/documents/LTCSummitRoadmap\\_Final.pdf](http://www.agingtech.org/documents/LTCSummitRoadmap_Final.pdf)

<sup>2</sup> Fazzi R, Ashe T, Doak L. Part I Insights From Philips National Study on the Future of Technology and Telehealth in Home. Available on line at: [http://www.ctel.org/documents/Philips\\_2008\\_Home\\_Telehealth\\_Study\\_Slides.PPT#327,17,Barriers\\_have\\_slowed\\_telehealth\\_adoption](http://www.ctel.org/documents/Philips_2008_Home_Telehealth_Study_Slides.PPT#327,17,Barriers_have_slowed_telehealth_adoption).

<sup>3</sup> 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>.

<sup>4</sup> “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>