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LTPAC ROUNDTABLE: Series

• To provide LTPAC IT leaders (providers, vendors and academia) with a forum for informing HIMSS North America (HNA) on ways the HNA society can help;
  
  – advance the adoption and use of health information technologies within LTPAC provider organizations,

and

  – advocate LTPAC’s IT needs and concerns to external healthcare IT organizations (e.g. acute-care providers; HIT vendors; policymakers).
LTPAC ROUNDTABLE: Calendar

2017

October
Reshaping the LTPAC HIE Landscape

November
Joint Meeting: Cybersecurity community

December
Advancing Patient Engagement in Mental Health

2018

January
Joint Meeting: Nursing Informatics community

February
HIMSS18 preview

March
No Meeting – HIMSS Global Conference

April
Environmental Scan of LTPAC Interoperable Health Information Technology Capabilities

June
TBD
LTPAC ROUNDTABLE: Agenda

LTPAC Updates – HIMSS18 and LTPAC HIT Summit
Lorren Pettit, Vice President, HIS and Research, HIMSS North America

Environmental Scan of LTPAC Interoperable Health Information Technology Capabilities
Joshua R Vest, PhD, MPH,
Director, Center for Health Policy,
Associate Professor, Health Policy & Management,
Indiana University Richard M Fairbanks School of Public Health at IUPUI
Scientist, Regenstrief Institute, Inc.

Questions / Answers
HIMSS18 : LTPAC Highlights

• LTPAC Preconference Symposium
  Long-Term and Post-Acute Care Symposium: Digital Health in and with LTPAC Settings
  – All day event with 6 LTPAC focused educational sessions

• LTPAC Day at HIMSS18
  – LTPAC Breakfast
  – LTPAC Forum
    • 3 LTPAC focused educational sessions
  – HIMSS HIE in LTPAC Research Study Results Released at the Interoperability Showcase
  – LTPAC Reception
14th Annual LTPAC HIT Summit

- Theme: Technology Connecting the Healthcare Eco-System
- Two days of LTPAC focused educational sessions
- Dates: June 24-26
- Location: Washington Hilton Hotel, Washington DC

For more information, visit:
http://leadingage.org/ltpac-hit-summit
LTPAC ROUNDTABLE: Agenda

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Questions / Answers
Environmental Scan of LTPAC Interoperable Health Information Technology Capabilities

Preliminary findings

Joshua R Vest, PhD, MPH
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Acknowledgements

Indiana University
• Harold Kooreman
• Kevin Wiley

Weill Cornell Medical College
• Arian Jung
• Mark Unruh

HIMSS
• Lorren Pettit

The Foundation for Post-Acute and Long-Term Care Medicine
• Paul Katz
• Christine Ewing

This work was supported by HIMSS.
Why do we care about LTPAC organizations and HIT?

Demographics

The 65 and Over Population Will More Than Double and the 85 and Over Population Will More Than Triple by 2050

Part of US health care delivery system

Financial & Policy

Quality & care
The population LTPAC (predominately) serve is growing.

The 65 and Over Population Will More Than Double and the 85 and Over Population Will More Than Triple by 2050

There are a lot of LTPAC organizations in the US....

Figure 1.1. Number of Nursing Homes: United States, 2005-2014

Source: CASPER, includes nursing homes in Guam, Puerto Rico and the U.S. Virgin Islands

HIMSS transforming health through information and technology
LTPAC were excluded from federal EHR incentive programs....
LTPAC were excluded from federal EHR incentive programs.

- LTPAC (especially SNFs) are a source of significant spending by Medicaid and Medicare.
LTPAC were excluded from federal EHR incentive programs.

- LTPAC (especially SNFs) are a source of significant spending by Medicaid and Medicare.
- LTPACs serve vulnerable, and often, underrepresented populations.
EHRs widely expected to support higher quality of care and LTPACs are a longstanding focus of quality measurement and assessment.
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- LTPAC population experiences frequent transitions in care
  - EHRs could support communication & information sharing
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- LTPAC population experiences frequent transitions in care
  - EHRs could support communication & information sharing
- Medications are the most common therapeutic intervention for LTPAC patients
  - EHRs could improve safety with decision support and allergy warnings
EHRs widely expected to support higher quality of care and LTPACs are a longstanding focus of quality measurement and assessment.

- LTPAC population experiences frequent transitions in care
  - EHRs could support communication & information sharing
- Medications are the most common therapeutic intervention for LTPAC patients
  - EHRs could improve safety with decision support and allergy warnings
- LTPAC organizations face many quality measures reporting requirements
  - EHRs may support better data management and reporting
Current state of HIT adoption among LTC?

A Statewide Assessment of Electronic Health Record Adoption and Health Information Exchange among Nursing Homes

Erika L. Abramson, Sandra McGinnis, Jean Moore, Rainu Kaushal, and with the HITEC investigators

HSR: Health Services Research 49:1, Part II (February 2014)

- New York State
- 2011-2012
- Survey
- 18% EHR adoption
- #1 barrier: Cost
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National
• 2005-2011
• HIMSS Analytics
• ~45% EHR adoption

Health Information Technologies: Which Nursing Homes Adopted Them?

Ning Zhang PhD,a,b,*, Susan F. Lu PhD,c, Biao Xu PhD,d, Bingxiao Wu PhD,e, Rosa Rodriguez-Monguio PhD,a, Jerry Gurwitz MD,b  JAMDA 17 (2016) 441–447
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A national report of nursing home information technology: year 1 results

Gregory L Alexander, Richard W Madsen, Erin L Miller, Melissa K Schaumberg, Allison E Holm, Rachel L Alexander, Keely K Wise, Michelle L Dougherty, and Brian Gugerty

Journal of the American Medical Informatics Association, 24(1), 2017, 67–73

• National
• 2014-2015
• Survey
• IT capabilities are greater than actual IT usage
Current state of HIT adoption among LTC?

- National
- 2013-2014
- Survey
- 49% EHR adoption
- EHR adoption associated with improvements in quality measures
Current state of HIT adoption among LTC?

Implementation of Electronic Health Records in US Nursing Homes

- National
- 2013-2014
- Survey
- 49% EHR adoption
- EHR adoption associated with improvements in quality measures

- 2016
- National
- Survey
- 64% EHR adoption among SNFs
- Included:
  - interoperability domains (Send, Receive, Find, Integrate)
  - HIO participation
Research questions

1. What is the extent of interoperable HIT adoption among LTC/PAC organizations?
2. What factors (which are amenable to policy and educational interventions) are associated with HIT adoption?
Survey domains

• “Standard” areas
  – Adoption
  – Vendor choice
  – Interoperability
  – IT staffing resources
  – Barriers / enablers of usage
Survey domains

• “Standard” areas
  – Adoption
  – Vendor choice
  – Interoperability
  – IT staffing resources
  – Barriers / enablers of usage

• Areas reflecting organization innovation adoption¹
  – Specialization
  – Differentiation
  – Professionalism
  – Complexity
  – Centralization
  – Administrative intensity

¹Damanpour F. The Academy of Management Journal 1991
Methodology: survey development

Literature review

• Key questions matched existing LTC surveys verbatim*

*mirrored ONC language
Methodology: survey development

Literature review

- Key questions matched existing LTC surveys verbatim*

Reviewed within the team

- Adapted wording
- LTC researchers & HIT experts
Methodology: survey development

- Literature review
  - Key questions matched existing LTC surveys verbatim*

- Reviewed within the team
  - Adapted wording
  - LTC researchers & HIT experts

- Piloted with 3 SMEs
  - Content
  - Readability
  - Length
Supplemental data (ongoing)

- Minimum Data Set (MDS) – via LTC Focus
- OSCAR/CASPER
- HCRIS
Supplemental data (ongoing)

• Minimum Data Set (MDS) – via LTC Focus
• OSCAR/CASPER
• HCRIS
• These provide:
  – Staffing
  – Resident demographics
  – Ownership
  – Location
  – Financials
Supplemental data (ongoing)

• Minimum Data Set (MDS) – via LTC Focus
• OSCAR/CASPER
• HCRIS
• These provide:
  – Staffing
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  – Ownership
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Basis for calculating measures for domains from our framework
Methodology: sampling frame & data collection
Methodology: sampling frame & data collection

• Members of the Society for Post-Acute & Long-Term Care Medicine (AMDA)
  – Represented long term care / post acute care organizations
  – Leaders & clinicians familiar with organization’s IT & features
Methodology: sampling frame & data collection

• Members of the Society for Post-Acute & Long-Term Care Medicine (AMDA)
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• Members invited via email to complete online survey
  – Invitation came from AMDA board member’s email
  – Entry into a raffle offered as an incentive for completion
Methodology: sampling frame & data collection

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  – Leaders & clinicians familiar with organization’s IT & features
• Members invited via email to complete online survey
  – Invitation came from AMDA board member’s email
  – Entry into a raffle offered as an incentive for completion
• Invitations send between January 1st and February 9th
  – Reminders to non-respondents varied by day of the week & time
Results: respondents

• 625 respondents *preliminarily* linked to a SNF
  – 72% of all respondents
  – ~16 response rate

![Pie chart showing role distribution among respondents: Medical Director 54%, Director of Nursing 4%, Administrator 6%, Other 36%]
Results: respondents

- 625 respondents preliminarily linked to a SNF
  - 72% of all respondents
  - ~16 response rate
- Majority identified as role Medical Director (54%)
- 59% had been in this role for 5+ years
- 68% were "completely" or "mostly" familiar with their organization’s IT systems
## Survey sample compared to national data

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Survey sample</th>
<th>LTC Focus</th>
</tr>
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<tbody>
<tr>
<td>For profit</td>
<td>51%</td>
<td>69%</td>
</tr>
<tr>
<td>Hospital based</td>
<td>4%</td>
<td>5%</td>
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<tr>
<td>&lt;50</td>
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More nonprofit

Preliminary findings
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**Preliminary findings**

More nonprofit

Little larger
Results (preliminary)

• Overall EHR adoption
• Perceived impact
• Barriers to EHR adoption
• Domains of interoperability
• Barriers to information exchange
• Strategy
Percent of SNFs adopting an EHR, 2018.

86

Preliminary findings
Percent of SNFs adopting an EHR compared to other studies.

Survey sample: 86%
New York State (2012): 18%
HIMSS Analytics (2011): 45%
Columbia CIN (2014): 49%
ONC 2016: 64%

Preliminary findings
Clinical care was the most common reason for EHR usage.

- EHR adoption: 86%
- Finance: 37%
- MDS data reporting (among those with EHR): 58%
- Clinical: 97%

Preliminary findings
Clinical care was the most common reason for EHR usage.

Not all LTPAC-specific EHRs include financial capability.
EHR adoption did not vary by ownership, hospital location, or multi-facility status.

*Limited to respondents associated with SNFs

No statistical differences

Preliminary findings
EHR adoption did not vary by size or percent of residence on Medicaid.

No statistical differences

Preliminary findings
Most commonly identified EHR vendors...

- PointClickCare: 44%
- MatrixCare: 28%
- HealthMEDX: 3%
- AmericanHealthtech: 2%
- Vision: 2%
- SofCare2: 2%

Preliminary findings
SNF EHR market concentration...

SNF

PCC 44%

Matrix 28%

Other 28%

SNF EHR market concentration...

Nearly 3/4ths of the market

SNF

PCC 44%

Matrix 28%

Other 28%

SNF EHR market concentration similar to hospital EHR market.

For SNF:
- PCC: 44%
- Matrix: 28%
- Other: 28%

For Hospital:
- Epic: 26%
- Cerner: 25%
- Meditech: 17%
- Other: 32%

SNF EHR market concentration similar to hospital EHR market.

SNF

- PCC: 44%
- Matrix: 28%
- Other: 28%

Hospital

- Epic: 26%
- Cener: 25%
- Meditech: 17%
- Other: 32%

68% among 3 vendors

Ambulatory EHR market also becoming concentrated. 60% of all ambulatory providers use: Epic, Allscripts, Eclinicalworks, athenahealth, or NextGen
Example item: The EHR has improved our ability to provide high quality care.
Perceptions that EHRs improve quality, efficiency, & care coordination, but less on getting discharge summaries & staff satisfaction.

Preliminary findings
Cost remains the most “significant” barrier to EHR usage.

Preliminary findings

Staff turnover
Lack of internet
Lack of staff computer skills
Don’t know how to assess EHR quality
Lack of IT expertise
EHRs change workflows too much
EHRs lower staff productivity
Functionalit doesn’t match needs
EHRs not user friendly
Too many activities still on paper
Capital need to acquire & implement
Cost remains the most “significant” barrier to EHR usage.

Adoption factors associated with electronic health record among long-term care facilities: a systematic review

Clemens Scott Kruse, Michael Mileski, Vyacheslav Alaytsev, Elizabeth Carol, Ariana Williams  *BMJ Open* 2015;5:e006615. doi:10.1136/bmjopen-2014-006615

Preliminary findings
Cost remains the most “significant” barrier to EHR usage.

- Capital need to acquire & implement: 30% (Financial)
- Too many activities still on paper: 24% (Technological)
- EHRs not user friendly: 4% (Technological)
- Functionality doesn’t match needs: 2% (Technological)
- EHRs lower staff productivity: 24% (Technological)
- EHRs change workflows too much: 24% (Technological)
- Lack of IT expertise: 16% (Technological)
- Don’t know how to assess EHR quality: 16% (Technological)
- Lack of staff computer skills: 16% (Technological)
- Lack of internet: 16% (Technological)
- Staff turnover: 16% (Technological)

Preliminary findings
Cost remains the most “significant” barrier to EHR usage.

- Capital need to acquire & implement
- Too many activities still on paper
- EHRs not user friendly
- Functionality doesn’t match needs
- EHRs lower staff productivity
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- Lack of IT expertise
- Don’t know how to assess EHR quality
- Lack of staff computer skills
- Lack of internet
- Staff turnover

Preliminary findings
Cost remains the most “significant” barrier to EHR usage.

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<th>Percent</th>
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<td>30</td>
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Do staff at your facility do the following electronically? (ONC domains of interoperability)

<table>
<thead>
<tr>
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<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>SEND key clinical information</td>
<td>25</td>
</tr>
<tr>
<td>RECEIVE key clinical information</td>
<td>42</td>
</tr>
<tr>
<td>INTEGRATE health information</td>
<td>12</td>
</tr>
<tr>
<td>FIND health information</td>
<td>34</td>
</tr>
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Information from outside sources

Preliminary findings
SNF progress on interoperability less than other organization types*

*ONC Data Brief 2016
ONC Report to Congress 2016

Preliminary findings

SEND key clinical information
RECEIVE key clinical information
INTEGRATE health information
FIND health information

Percent

LTPAC
Office-based
SNF progress on interoperability less than other organization types*

*ONC Data Brief 2016
ONC Report to Congress 2016

Preliminary findings

SEND key clinical information
RECEIVE key clinical information
INTEGRATE health information
FIND health information

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<th>LTPAC</th>
<th>Office-based</th>
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<tbody>
<tr>
<td>SEND key clinical info</td>
<td>25</td>
<td>38</td>
<td>85</td>
</tr>
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<td>34</td>
<td>52</td>
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Reported barriers to exchanging clinical information are largely technical.

- Lack of interoperability w/our EHR: 47%
- Lack of organizations to share with: 35%
- Lack of technical know-how: 29%
- Lack of clear policies / DUAs: 19%
- Lack of value from info sharing: 12%
- Concerns with data security: 12%
- Concerns about HIPAA: 11%
- Lack of trust in the data received: 5%
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- Lack of trust in the data received: 5%

Common reason for data blocking-like behavior
SNFs participating in community Health Information Organizations reported significant technical barriers & fewer partners to exchange less frequently.

Preliminary findings

- Lack of interoperability w/our EHR: 55%
- Lack of technical know-how: 33%
- Concerns about data security: 13%
- Lack of trust in the data received: 6%
- HIO participation: 17%
If given the opportunity, would you purchase the same EHR system again?

- **Definitely yes**: 15%
- **Probably yes**: 25%
- **Unsure**: 32%
- **Probably not**: 16%
- **Definitely not**: 12%
EHR adoption appears to be high (& increasing), but interoperability remains a challenge.
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- Respondents from SNFs reported 86% EHR adoption rate (up from prior estimates.)
EHR adoption appears to be high (& increasing), but interoperability remains a challenge.

- Respondents from SNFs reported 86% EHR adoption rate (up from prior estimates).
- Percent of SNFs meeting ONC interoperability domains lagged behind hospitals & ambulatory care providers.
  - Lack of interoperability was a barrier to information exchange.
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- Perception that EHRs improve quality & efficiency.
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- Perception that EHRs improve quality & efficiency.
- Costs remain a significant barrier.
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Lorren Pettit, Vice President, HIS and Research, HIMSS North America

Environmental Scan of LTPAC Interoperable Health Information Technology Capabilities

Joshua R Vest, PhD, MPH,
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Questions / Answers
Discussion

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Announcements and Reminders

• Next LTPAC Roundtable
  – Topic: TBD
  – Date: Early June – look for details via email

• LTPAC HIT Summit
  – Dates: June 24-26
  – Location: Washington Hilton Hotel, Washington DC
  – For more information, visit: http://leadingage.org/ltpac-hit-summit