Enhancing EHR in LTPAC Settings

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February 19, 2019
Agenda

▲ Overview of the M-CEITA and LTPAC Group

▲ Investing in LTPAC EHRs

▲ Overview of Michigan LTPAC EHR Environment

▲ LTPAC EHR Challenges and Barriers

▲ LTPAC EHR Solutions: New Technical Assistance available for LTPAC settings

▲ Questions and Answers
Who is M-CEITA?

- Michigan Center for Effective Information Technology Adoption (M-CEITA)
- One of 62 ONC Regional Extension Centers (REC) providing education & technical assistance to primary care providers across the country
- Founded as part of the HITECH Act to accelerate the adoption, implementation, and effective use of electronic health records (EHR)
- Funded by ARRA of 2009 (Stimulus Plan)
- Purpose: support the Triple Aim by achieving 5 overall performance goals

THE TRIPLE AIM

1. Improve patient experience
2. Improve population health
3. Reduce costs
4. Improve quality, safety & efficiency
5. Engage patients & families
6. Improve care coordination
7. Improve population and public health
8. Ensure privacy and security protections
9. Meaningful use
10. Certified technology infrastructure
M-CEITA’s LTPAC Group

The LTPAC group focuses specifically on enhancing the EHR and Health Information Exchange among Long Term Post Acute Care Settings.

Focused on studying the Michigan health IT landscape for LTPAC providers and how to advance the use of EHR and health information exchange (HIE) in the LTPAC community.

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LTPAC providers are motivated to adopt health services technologies that will enable them to provide innovative care delivery models and position providers well for strategic partnerships in the future.
Investing in LTPAC EHR

*adapted from healthit.gov
Key Opportunities in Quality Improvement

▲ Care Transitions

▲ Medication Management
Federal Factors

Past – Focus on Eligible Providers

- HITECH Act
- Incentive Funds

Present – Increased Flexibility

- LTPAC Inclusion
- Interoperability Between Provider Types
Federal Initiatives

CMS Considering Changes to Star Measures

Value-Based Reimbursement

Readmission Rates and Short-Term Rehab Measures
Value-Based Purchasing

Measure – Hospital Readmissions

SNF's Score Compared to US

Quarterly & Annual Progress Reports

Payment Incentives
5 Star Changes

▲ New Survey Process
▲ Payroll Based Journal
▲ RUGS Risk Score
Readmission Rates and Short-Term Rehab Measures

- Value Based Purchasing Program – Readmissions
- CMS Revising Measure on Preventable 30-Day Readmission
- Short-Term Rehab (e.g. Mobility, Self-Care)
Goal is to improve coordination of care and transitions of care by promoting interoperability and connectivity at LTPAC facilities
- Provide technical assistance (TA) to improve connectivity and interoperability
- Benefit to vulnerable patient population
- Meet changing patient expectations for seamless care delivery across continuum

Certificate of Need process incentivize HIT investment
Linking HIT and Care Improvement - Louisiana

▲ Camelot Brookside Care Center – 120 bed SNF in Louisiana
▲ Upload vitals/weights immediately to EHR and used Telehealth
▲ Goal to reduce 26.3% hospital readmission rate in 2014
▲ Intervention
  - 24/7 vitals monitoring post-hospital
  - Care protocol on all post-hospital residents
  - Proactive intervention (including weekends) on changes in condition
▲ Result = readmission rate down to 10.4%
Linking HIT and Care Improvement - Oklahoma

▲ Oklahoma pilot project – 5 LTPACS and 1 hospital, 20 month pilot during 2013 and 2014

▲ ADT, Referral Management, Transition Document Exchange

▲ Realtime information on patient conditions
  - 98% Nursing Assistant compliance with daily patient assessments
  - 97% Patient satisfaction level
  - 78% lower 30 day readmission rate
  - 70% lower 30 day return to ED
  - 50% lower hospital readmission within 12 months
Patient Care and Patient Safety
LTPAC settings with robust EHR and HIE: Providers reportedly experience a positive impact on workflow for nursing staff and many nurses see EHR as an efficiency-enhancing tool.

What is the Michigan LTPAC providers’ EHR experience?
EHR Trends in Michigan LTPAC Facilities

- Implementation
- Utilization
- HIE
- Desired Enhancements

LTPAC EHR Trends
LTPAC EHR Implementation

- Analyzed availability of EHR for LTPAC providers

- Most popular EHR platforms are Certified EHR Technology (CEHRT) by the ONC

- LTPAC providers have modernized operations by implementing EHRs
Results from 2018 Michigan LTPAC Survey

Higher adoption rates compared to national trends

Implementation rates are increasing, aligned with the direction of broader healthcare industry
LTPAC EHR Utilization

- Analyzed EHR Utilization at LTPAC providers
- Once EHR systems are adopted, how they are utilized varies
- Utilization rates and management of HIT infrastructure closely linked
LTPAC EHR Utilization

▲ LTPAC facilities typically utilize only a few EHR functionalities
▲ Most commonly used function: medication management

Table 3 EHR Utilization- Survey Summary

<table>
<thead>
<tr>
<th>Question about EHR Utilization</th>
<th>Most Popular Responses</th>
<th>Percent of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most entered patient record into the EHR</td>
<td>Medication and allergies, and vitals</td>
<td>100%</td>
</tr>
<tr>
<td>Most installed EHR capability</td>
<td>Medication Administration Record (MAR)</td>
<td>93%</td>
</tr>
<tr>
<td>Most valuable EHR capability</td>
<td>Medication Administration Record</td>
<td>83%</td>
</tr>
<tr>
<td>Most utilized EHR CDS tool</td>
<td>Medication Alerts and Reminders</td>
<td>80%</td>
</tr>
<tr>
<td>Most utilized CPOE EHR functionality</td>
<td>Physician Orders</td>
<td>80%</td>
</tr>
</tbody>
</table>

Table 3 summarizes survey respondents’ EHR utilization. The table highlights that survey respondents most often utilize EHR for medication management and physician orders.
LTPAC HIE Utilization

- Analyzed HIE at LTPAC providers
- Need to become interoperable with hospitals, clinics, and health systems to provide continuity of care and to be recognized as a preferred referral recipient by other providers
**LTPAC HIE Utilization**

▲ Table highlights HIE activity at LTPAC facilities

▲ The table highlights that HIE is being utilized at a low/moderate level

▲ The most common exchanges being related to radiology reports, lab reports, exchanges between hospitals outside the system, and pharmacies.

<table>
<thead>
<tr>
<th>Question about HI Exchange</th>
<th>Most Popular Responses</th>
<th>Percent of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most viewable results in your organization's EHR</td>
<td>Radiology Reports</td>
<td>46%</td>
</tr>
<tr>
<td>LTPAC's most viewed (read only access) organizations clinical HI in their EHR</td>
<td>Lab Reports</td>
<td>39%</td>
</tr>
<tr>
<td>Most provided organization with read only access to clinical HI in the LTPAC EHR</td>
<td>Hospitals (outside of system/unaffiliated)</td>
<td>46%</td>
</tr>
<tr>
<td>Most utilized public health reporting EHR functionality</td>
<td>Pharmacies</td>
<td>35.7%</td>
</tr>
<tr>
<td>Type of information provided through the patient portal</td>
<td>Not applicable</td>
<td>71%</td>
</tr>
<tr>
<td>Greatest frequency of receiving patient information electronically</td>
<td>Submission of electronic data to immunization registries</td>
<td>29%</td>
</tr>
<tr>
<td>Greatest frequency of sending patient information electronically</td>
<td>Sometimes</td>
<td>47%</td>
</tr>
<tr>
<td>Greatest frequency of admissions received medication lists or records</td>
<td>Sometimes</td>
<td>40%</td>
</tr>
<tr>
<td>Greatest frequency of an organization’s usage of DSM to transmit patient information.</td>
<td>Sometimes</td>
<td>34%</td>
</tr>
</tbody>
</table>
LTPAC HIE Utilization

- LTPAC providers have engaged in HIE, more specifically for ADT with outside organizations.

- Nearly 50% of SNFs and less than 2% of HHAs included in the query were participating in HIE through MiHIN, while about 45% of inpatient rehab and 15% of LTAC were participating.
LTPAC Desired Enhancements

▲ Analyzed LTPAC provider requests for EHR enhancements

▲ Most LTPACs selected various enhancements, if not all available offerings in the survey

▲ Integrating patient data from external sources into EHR was most often sought
LTPAC Desired Enhancements

Improve Quality of Patient Care
- Integrating patient data from external sources into EHR
- Utilizing data analytics
- Integrating physician orders and labs

Increase Patient Safety
- Medication management
- Management of patient consent
- Outcome alerts

Promote Operations Efficiency
- Managing workflow changes
- Developing policies and procedures for managing data quality
- HIE agreements and technical support
- Infrastructure reliability and security
LTPAC organizations in general have not reached a level of EHR utilization where their technology investment is fully integrated within their clinical operations.

LTPAC providers are frustrated with the day-to-day experience of using their EHR.
Environmental Scan identified various EHR adoption and utilization challenges

Categorized issues into the following themes

Lack of Interoperability
Lack of Incentive Programs
Lack of TA and Training
Cost and Reliability

LTPAC EHR Challenges
LTPAC EHR Adoption and Utilization Challenges – Interoperability

▲ Interoperability Within Internal and External systems
  - Would promote integration of patient data
  - Most sought after EHR enhancement
  - Would help manage physician orders and lab orders

Lack of Incentive Programs

Lack of TA and Training

Cost and Reliability

LTPAC EHR Challenges
LTPAC EHR Adoption and Utilization Challenges – Interoperability

▲ 60% of those surveyed indicated that integrating patient data from external sources was the most sought EHR enhancement

▲ EHR interoperability would add more value to the EHR
LTPAC EHR Adoption and Utilization Challenges – Lack of Incentive Programs

▲ 2016 AHRQ report tied lack of incentive funding to low adoption and utilization rates

▲ Upcoming regulatory changes and incentives could help to clarify the value-add of EHR adoption
LTPAC EHR Adoption and Utilization Challenges – Lack of TA and Training

▲ Observed lack of currently available technical assistance (TA)

▲ Most TA to providers is from vendors
  – Focuses on troubleshooting immediate glitches

▲ Lack of TA on how the EHR could:
  – Improve workflows
  – Help manage quality improvement initiatives
LTPAC EHR Adoption and Utilization Challenges – Cost and Reliability

**Cost**
- Purchasing an EHR
- Maintaining an EHR

**Reliability**
- Infrastructure must support the EHR
- High speed internet access
- Delays related to updating EHR
LTPAC EHR Challenges and Barriers – Cost and Reliability

▲ Costs
- Maintaining an EHR
- 35.3% indicated it was a challenge hindering further EHR adoption and utilization

▲ Infrastructure
- Reliability of the system
- 35.5% indicated reliability was an issue hindering further EHR adoption and utilization
The environmental scan found that the greatest challenge to EHR utilization, regardless of ownership type, provider type, or HIT management type, was the need for additional support with EHR capabilities.
Solution to EHR Challenges – Addressing the Need for Support

Lack of Interoperability

Lack of Incentive Programs

Lack of TA and Training

Solution: EHR Technical Assistance

Cost and Reliability
Solution to EHR Challenges – Addressing the Need for Support

▲ M-CEITA has helped over 4,000 Michigan providers earn incentives

▲ Customized plans are developed to optimize use of EHR systems

▲ Workflow analysis performed with practice improvement solutions offered

▲ Serve as a liaison with vendor issues
Solution to EHR Challenges – Technical Assistance

▲ Overview of Technical Assistance

– Each client is assigned an M-CEITA representative
– Experienced health IT advisors deliver personalized assistance to meet your needs
– Data-driven approach to guide improvement
– Evaluate and educate on EHR use, quality reporting, VBP, and more
Solution to EHR Challenges – Technical Assistance

**Discovery Phase**
- General Business Activity
- Learn about your facility
- Understand technology in place and workflows

**Defining Site-Specific Goals**
- Needs Assessment
- Define what brings value to each site
- Create an improvement plan

**Action Phase**
- Implement improvement plan
- Attain milestones for success

**Continuous Improvement Plan**
- Measure Success
- Determine needs and future goals

Phases of the Technical Assistance Program
Contact Us to Learn More

Would you like to find out more? Contact M-CEITA today!

Call: 888-MICH-EHR

Email: mceita.ltpac@altarum.org

Resources

▲ M-CEITA LTPAC information: M-CEITA
▲ LeadingAge CAST has several resources at: LeadingAge CAST
▲ Office of the National Coordinator (ONC) has resources at: ONC
▲ American Health Care Association has resources at: AHCA
▲ CMS 5-Star and Interoperability at: 5-Star
▲ CMS Value-Based Purchasing program at: VBP
▲ MI Certificate of Need Standards at: CON