

PROVIDERS AGREE: HIT BEATS PAPER

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One of the fundamental reasons for the slow uptake of health information technology (HIT) in nursing facilities and the long term care setting in general is the lack of data showing the benefits and costs of sinking valuable capital into such systems.

A new government report starts to provide answers, at least in part, by offering case studies of eight technologically progressive nursing facility and home health agency sites profiling their experiences. Published by the U.S. Department of Health and Human Services (HHS), the study sought to:

- Understand how HIT, including point-of-care and health information exchange tools, are being used in selected nursing facilities and home health agencies;
- Identify the types of costs and benefits associated with these HIT applications, including the entities to whom these costs and benefits accrue; and
- Develop a data collection and analysis plan to assess the magnitude of the costs and benefits.

A couple of main points came out loud and clear from the case studies, namely that once a long term care provider moved away from paper-based systems, there was no turning back, as long as they could handle the technical upkeep of the HIT system.

This sentiment emerged even though

Study Documents Long Term Care Provider Benefits

none of the sites profiled in the HHS report had conducted a rigorous cost-benefit analysis of their HIT programs.

Access To Data Critical

The profiled nursing facilities use HIT to assist with administration, operations, and electronic health records (EHRs), with EHRs as the most common tool.

Steven Chies, senior vice president of long term care operations for Benedictine Health System, Duluth, Minn., a system cited in the report, says his organization has made advanced technology a key strategic tool for its 40 facilities.

“Even though we are still in the midst of evaluation [of the costs and benefits], we have seen increased documentation of patient acuity, and that has probably been the biggest impact thus far,” Chies says.

Benedictine will continue to explore new uses for HIT, he says, noting that some facilities are starting to use new video conferencing equipment with the ultimate goal of allowing more access to patients for “virtual” visits with family.

The HHS case studies showed that nursing facilities and home health staff overwhelmingly listed the “anytime, anywhere” access to health information afforded by EHRs as the best benefit thus far. Being able to find the health record and communicate information to family members and physicians has proven invaluable.

“This access to electronic records was sharply contrasted to locating and retrieving the single copy of the resident’s paper chart, which may be in use by another individual, requiring not only the time to find and retrieve the record” but also resulting in delays in waiting for the record to become available, the report said.

HIT has also made it easier to meet administrative and federal requirements in long term care. EHRs integrated with clinical information help meet the complex web of reporting requirements, and patient billing can be automatically generated from clinical data, shortening the billing cycle and improving accuracy with automated edit checks, the report said.

Minimum data set and home health care outcome and assessment informa-

'THE FINAL BENEFIT IS THE OPPORTUNITY FOR A HEALTH INFORMATION EXCHANGE THAT CONNECTS ACUTE CARE WITH LONG TERM CARE.'

tion set data were also more accurate with the electronic systems.

"Most providers also reported reductions in administrative staffing because of accrued time savings," the report said.

Tools Boost Tracking Capabilities

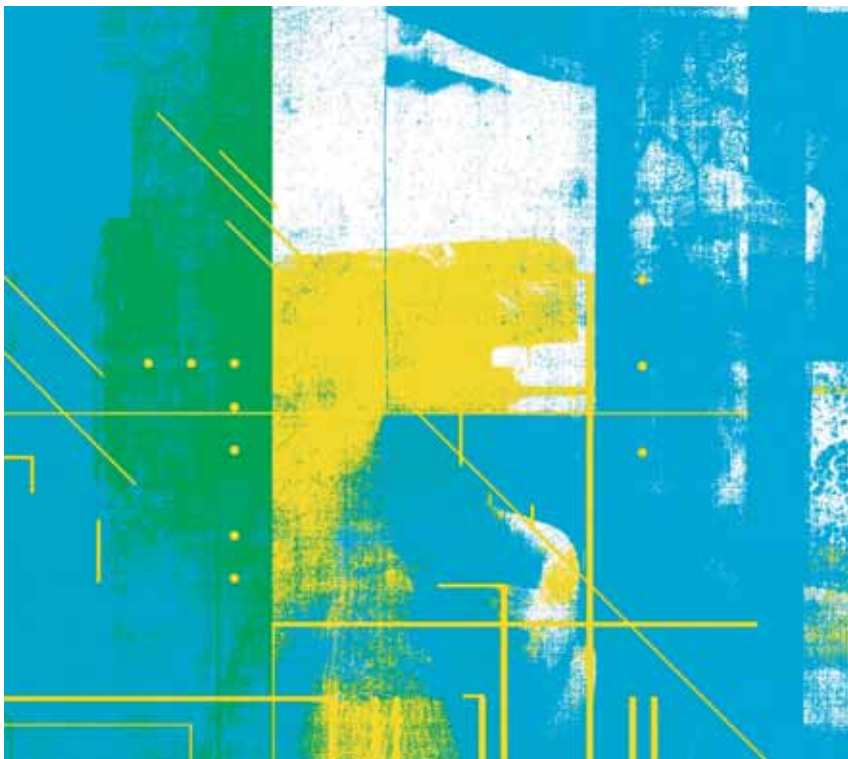
A third cited benefit was improved quality management through reports, alerts, and decision-support tools. As in the case of Benedictine, the case studies showed at least the potential for HIT to give staff the following tools: the ability to answer alerts for specific patient needs; methods for fall prevention; and mechanisms to track status, weight decline, skin breakdown, and hospitalizations.

Though some of the tools are beyond the current capabilities of most long term care settings, the ability to improve patients' activities of daily living is a recurrent result from even limited HIT implementation.

The final benefit is the opportunity for a health information exchange that connects acute care with long term care and physicians. "Data exchange with physicians for order review and approval minimized duplicate data entry, and data exchange with hospitals facilitated patient admission and transfer processes," the report said.

So, why not more HIT in long term care? The hurdles are high, and, as Chies says, many providers are in a wait-and-see mode, what with the health care reform debate raging in Washington and the economic squeeze on budgets.

The HHS report said case study sites described large financial outlays for servers and back-up systems, though the amounts varied widely depending on storage size and speed of the system and other factors, like how much was



budgeted for labor, technical support, and clinician time for system and workflow redesign.

Incentives May Be On The Way

Greg Alexander, professor at the University of Missouri Sinclair School of Nursing and researcher in HIT use in nursing facilities, says the acute-care setting has more support to handle HIT, thus giving such facilities a computer-savvy staff to maintain and improve the systems moving forward.

"Nurses running the systems are not well-trained in HIT, and even administrators have little knowledge. The facilities get a lot of vendor support at first, but they eventually pull out," Alexander says.

The fact that HIT is not reimbursed is also a large barrier, he says, though that is changing with the incentives

put in place by the economic stimulus package signed by President Obama in February 2009 that targeted the accelerated adoption of HIT across health care settings.

In fact, the American Recovery and Reinvestment Act contains a measure that requires HHS to study the extent to which payment incentives should be made available to health care providers, like nursing facilities and home health agencies, which are receiving minimal or no payment incentives for implementing certified EHR technology.

The HHS report said even though there is a need for more evidence on the costs and benefits of HIT in the long term care setting, there is enough proof from even small samplings that quality of care and efficient services improve with the use of such technology in these settings. ■