Issue Brief
LTPAC Health IT Essential To Achieving Efficient, Effective Healthcare System

Background

Even before the Office of the National Coordinator for Health Information Technology (ONC) was established in 2005 in the US Department of Health & Human Services (HHS), NASL was advocating on health information technology issues that affect the long term and post-acute care (LTPAC) sector in representing NASL member companies that develop the software and health IT systems used by the majority of LTPAC providers.

A national trade association, NASL represents the ancillary services, and advocates at the federal level on behalf of our members' legislative and regulatory interests. NASL members include rehabilitation therapy companies, clinical laboratory and portable x-ray/EKG providers, suppliers of complex medical equipment and specialized supplies and health information technology (health IT) companies that develop and distribute full clinical electronic health records (EHRs), billing and point-of-care health IT systems that serve the majority of post-acute care providers working in assisted living, home health, inpatient rehabilitation facilities, long term care hospitals and skilled nursing facilities. A founding member of the LTPAC Health IT Collaborative, NASL has been working alongside our colleagues for more than a decade to advance health IT issues for LTPAC.

NASL is eager to achieve the kind of interoperability that puts patients in charge of their healthcare, but recognize that there are many milestones to reach first. The $35 billion in federal funding that Congress provided under the *Health Information for Economic & Clinical Health Technology (HITECH) Act,* which was enacted as part of the *American Recovery & Reinvestment Act (ARRA),* succeeded in creating a sea change that has moved us toward digital health. The Office of the National Coordinator for Health Information Technology's (ONC's) *2018 Report to Congress* touts the progress made by those that received *HITECH* incentive funds – 96% of acute care hospitals and 78% of office-based physicians have adopted certified health IT. In contrast, post-acute, behavioral health and other "ineligible" providers for *HITECH* incentive dollars lag behind in terms of adoption and use of health IT. ONC's November 2018 *Data Brief #41* shows 66% of skilled nursing facilities (SNFs) and 78% of home health agencies (HHAs) have adopted electronic health record technology. Nearly 40% of HHAs also use telehealth technology to keep track of patients' health between in-person visits.

Ask Congress

To incentivize & support adoption & use of health IT in the LTPAC sector plus electronic exchange of health information across care settings.

Key Facts

NASL represents LTPAC ancillary service providers, including health IT developers/ vendors with full clinical & point-of-care IT systems.

NASL IT member companies serve the majority of LTPAC providers. NASL is a co-founder of the LTPAC Health IT Collaborative & active in myriad federal health IT initiatives.

NASL members have served on federal advisory committees & Technical Expert Panels. Several NASL IT member products have undergone certification & are listed on ONC's Certified Health IT Product List (CHPL).

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Achieving widespread interoperability will require greater adoption and use, as well as foundational basics – establishing an infrastructure for nationwide health information exchange, standards that discreetly define the information to be exchanged, cybersecurity and privacy protections that ensure a patient's health data remains protected and ensuring accurate patient matching.

NASL is hopeful that the Trusted Exchange Framework & Common Agreement (TEFCA) proposed by ONC will provide the infrastructure that has been missing to date. NASL and its members are involved with a variety of initiatives that are working with standards development organizations (SDOs) such as HL7 and NCPDP to apply existing standards to new use cases and that better define the core data set needed for health information exchange such as the US Core for Data Interoperability (USCDI). ONC's selection of The Sequoia Project as the Recognized Coordinating Entity (RCE) for TEFCA already is helping to advance greater connectivity. In addition, we applaud Congress' passage of an FY2020 spending package that requires ONC to develop patient identification recommendations that it must report to the Congress next year.

All of these steps are important milestones for achieving interoperability. Still, we remain concerned about the potential for unintended consequences that put patient safety and/or privacy at risk and increase provider burden. Maintaining the integrity of patient health data is essential. Without it, interoperability is of little consequence. As Congress considers its role in advancing interoperability, NASL recommends that efforts focus on provider-to-provider exchange and that privacy protections and measures to safeguard patients' personal health information be put in place before having to exchange data with third party applications that operate outside of the bounds of the *Health Insurance Portability & Accountability Act (HIPAA).* In addition, due to the central role of the RCE in nationwide interoperability, NASL recommends that Congress consult with The Sequoia Project and its partners in advance of issuing any draft legislation on interoperability. NASL welcomes the opportunity to serve as a resource to Congress as we leverage the operational, clinical and technical expertise of our members and our involvement in healthcare coalitions working on key issues and driving improvements in national health policy that improve care quality for the patients we serve.

Interoperability demands one solution that works across settings, which is why we are encouraged by recent efforts to address patient identification issues and to improve alignment of federal programs and requirements.

NASL Asks Congress

- To provide resources that put post-acute care and other providers deemed "ineligible" for *HITECH* funding on par with incentivized hospitals and professionals. Also, a longer glide path to interoperability should be afforded to sectors that have not received such federal support to date.
- To ensure that LTPAC stakeholders like NASL be consulted on any future health IT legislation that Congress may consider and that could incentivize health IT adoption, impact care quality or improve care coordination for those in our care.
- To consider NASL a resource on health IT issues that impact the LTPAC sector.