



## Issue Brief

# LTPAC Health IT Essential To Achieving Efficient, Effective Healthcare System

For nearly a decade, hospitals and physicians have been incentivized to adopt and use health information technology (health IT). The \$35 billion in federal funding provided under the *Health Information for Economic & Clinical Health Technology (HITECH) Act*, which was included in the *American Recovery & Reinvestment Act (ARRA)* and which codified the Office of the National Coordinator for Health Information Technology (ONC), succeeded in creating a sea change that has moved us toward digital health. The truly “meaningful use” of electronic health records (EHRs) and emerging technologies, however, remains out of reach.

While long term and post-acute care (LTPAC), behavioral health and other providers were excluded from *HITECH* incentives, NASL, as an organization, along with individual members, have shared our expertise as we continue actively working to involve LTPAC in a variety of federal health IT initiatives. For example, NASL members have served on federal advisory committees (e.g., ONC’s Health IT Standards & Policy Committees) as well as myriad technical expert panels (TEPs). Several NASL member companies also have developed software products that have gone through certification and are included in ONC’s Certified Health IT Product List (CHPL). NASL and its membership have worked with federal agencies – most notably ONC and the Centers for Medicare & Medicaid Services (CMS) – on health IT use cases for Health Information Exchanges (HIEs) and on implementation of the *Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014* that has standardized patient assessment data captured by LTPAC settings. More recently, NASL has helped to inform the Centers for Disease Control & Prevention (CDC) effort to develop guidelines for electronic reporting on infectious diseases. NASL also has worked with standards development organizations (SDOs) such as NCPDP, which is responsible for developing and maintaining the official Medicare Part D e-prescribing standard. LTPAC is no longer exempt from electronic prescribing requirements, although the current e-prescribing standard does not fully address workflow challenges in LTPAC settings.

LTPAC providers are essential partners in the delivery of longitudinal and chronic care for patients with multiple co-morbidities. Yet, operationalizing health IT in the LTPAC sector presents tremendous challenges that are even greater than what existed in the acute and ambulatory sectors that received federal incentive funding. The stringent and complex federal regulations that govern skilled nursing facilities (SNFs) and other LTPAC care settings, for example, further add to the challenges LTPAC health IT vendors and providers face.

## 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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ONC's [2018 Report to Congress](#) touts the progress made to date, citing health IT adoption rates of 96% for nonfederal acute care hospitals and 78% of office-based physicians. Although LTPAC and other "ineligible" providers received no incentives for adopting health IT or electronically exchanging health information, ONC's recent [Data Brief #41](#) shows 66% of skilled nursing facilities (SNFs) and 78% of home health agencies (HHAs) have adopted electronic health record technology. Still, only 18% of SNFs and 36% of HHAs can integrate patient health information received from outside facilities and only 37% of SNFs and 32% of HHAs use EHRs to exchange health information. Nearly 40% of HHAs also use telehealth technology to keep track of patients' health between in-person visits. While the LTPAC sector lags behind incentivized care settings, these statistics reflect the tremendous progress made despite the limited resources available to LTPAC providers.

On February 11, 2019, the Department of Health & Human Services (HHS) released two proposed rules on improving interoperability and access to electronic health information (EHI). The first proposed rule from HHS' Office of the National Coordinator for Health Information Technology (ONC) implements the "information blocking" provision of the *21st Century Cures Act* and a variety of other technical components and policies. The second proposed regulation, which was issued by the Centers for Medicare & Medicaid Services (CMS), is entitled, *Interoperability & Patient Access Proposed Rule*. This proposal supports CMS' MyHealthEData initiative, which is designed to improve patient access and advance electronic data exchange and care coordination. The CMS proposal also includes two Requests for Information (RFIs) – one seeking input on a patient matching strategy and the other asking how CMS can promote adoption of interoperable health IT by LTPAC, behavioral health and home- and community-based settings (*i.e.*, those left out of *HITECH* incentives). NASL is analyzing the impact of these proposed regulations and will develop comments on behalf of LTPAC health IT vendors and other providers.

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

#### **NASL Asks Congress**

- To incentivize health IT adoption and use by providers deemed "ineligible" for *HITECH* funding.
- To ensure that LTPAC stakeholders like NASL be included in, or 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.