LTPAC Health IT Collaborative Comments on the Draft 2020 – 2025 Federal Health IT Strategic Plan

Members of the Long Term & Post-Acute Care Health Information Technology Collaborative (LTPAC Health IT Collaborative), which was formed in 2005 to advance health IT issues by encouraging coordination among LTPAC provider organizations, policymakers, vendors, payers and other stakeholders, appreciate the opportunity to offer comments on the *Draft 2020 – 2025 Federal Health IT Strategic Plan,* which was released in January 2020.

The LTPAC Health IT Collaborative agrees with the laudable goals outlined in the *Federal Health IT Strategic Plan* and appreciate HHS' ongoing efforts to drive wide-spread adoption and use of health IT that will benefit the individual and society alike.

Overarching Comments

The LTPAC Health IT Collaborative appreciates the challenges in creating a high-level, strategic plan that serves to guide federal agencies over the next five years. We recognize that the most pressing health care issues at this time center on how we deal with the worldwide pandemic – Coronavirus disease 2019 (COVID-19). In time, the challenges we faced, and lessons learned will inform this strategic plan. What became clear in this crisis is the role of LTPAC providers in caring for our nation's vulnerable population and the importance of ensuring these healthcare and service providers are fully integrated in our interoperable ecosystem.

The plan, as currently drafted, is aspirational and provides a general roadmap for federal health IT policy that offers industry and stakeholders a sense of direction for where health IT policy is headed. As a living document that specifies the critical milestones to be achieved in the next five years to support a national infrastructure for health information exchange and ongoing implementation of federal health IT policy, the plan lacks detail. Stakeholders reviewing and using this document as a guidepost are at different points along the journey toward interoperability, so real strategies aimed at the different stakeholder groups, along with actions for meeting the goals outlined in the plan are needed. Without a better understanding of what actions and objectives various federal agencies intend to take, it is difficult for industry and stakeholders to assess the systems and capabilities that must be developed and deployed in order to participate fully in this increasingly digitized US healthcare system. The plan does not include suggested measures for engaging the different stakeholders. The only reference to communication strategies or benchmarks are found in the appendix and not the main document. **The Collaborative recommends that HHS focus on milestones that must be achieved rather than scoping out calendar dates alone for achieving critical objectives.**

The Collaborative has particular concerns that the goals reflected in the plan seem to reach only to limited sectors of the healthcare system that received *HITECH* incentives. Now that *HITECH Act* funding, opportunities and restrictions are behind us, we would anticipate a shift by banking on the infrastructure and broaden the benefits beyond those explicitly named in the *Act,* to

explicitly benefit LTPAC providers who are serving the most vulnerable and service demanding populations, who in turn stand to benefit the most from well-coordinated and health IT-enabled care.

The plan also continues to unintentionally perpetuate silos of care by promoting interoperability through health IT incentive programs (Promoting Interoperability and MIPS) while continuing to ignore the need for similar programs in other settings such as LTPAC and behavioral health. While we support HHS in highlighting the progress made, we find it only cites programs related to *HITECH* while discounting the progress and efforts put forth by LTPAC, behavioral health and others left out of *HITECH* that have made strides in health IT adoption and use based on limited business drivers only. These other sectors are critical to the success of this plan providing care for high risk, high cost individuals with multiple chronic conditions. Rolling out a strategic plan that lacks approaches, programs or support for these excluded sectors will result in providers that lag even farther behind their *HITECH* care partners.

Specific Comments by Goal/Objective

Goal 1: Promote Health and Wellness

The LTPAC Health IT Collaborative supports this overarching goal to address the full range of health needs and healthy behaviors and encourages ONC to take this goal one step further. To be truly person-centric and focused on meeting an individual's holistic health and social needs, we must also consider quality of life as a goal. For many individuals this is achieved through social supports and deployment of home and community-based services. **For these reasons, the Collaborative recommends and encourages the goal to be expanded to state "Promote Health, Wellness and Quality of Life."**

Objective 1a: Improve access to health information

The LTPAC Health IT Collaborative supports this objective to empower individuals by providing them access to their health information. We note that this objective strives to allow patients to become more engaged in their care and management and to alleviate strains on caregivers. Neither the objective nor the strategies recognize that there are patients who lack the capacity or ability to manage their own care. **The Collaborative recommends that the strategic plan include strategies to improve caregiver access to the loved one's health information is equally empowering and is a needed step in alleviating strains. All strategies that seek to enable individual access to their health information must also include similar provisions for their designated caregivers with the permission of the patient or legal surrogate.**

Objective 1c: Integrate health and human services information

The LTPAC Health IT Collaborative supports the objective to integrate health and human

service information in the health IT applications and certified EHRs used by healthcare settings providing a path to connect service providers, caregivers, and others through certified and non-certified technology tools.

We agree that integration of social determinants of health data is critically important but request that you go beyond that and increase your focus on care and service plan sharing and integration between health and social services. Gain a better understanding of information sharing between traditional healthcare providers, non-institutional providers (*e.g.,* life-plan communities (formerly CCRCs), senior housing, assisted living, etc.), and various types of service and support providers that provide interventions and assistance before a person's condition deteriorates. These types of providers, services and supports are integral in the care and outcomes of individuals. LTPAC, HCBS, and LTSS providers are essential and differentiated healthcare providers – they partner across the spectrum to improve customer/patient interactions, experiences and outcomes through care coordination, transitions and care and service delivery. Because of their tradition of delivering holistic support for the persons they serve, LTPAC, HCBS, and LTSS providers are uniquely positioned to craft and coordinate solutions for their customers/patients. To leverage the value of these providers, the strategic plan must acknowledge and integrate them into the plans including the health IT and data needs.

We recommend that the cross-agency *Federal Health IT Strategic Plan* and related activities integrate this sector (LTPAC including Life-Plan Communities, Senior Housing, Assisted Living, home and community-based services (HCBS) and long-term services and supports (LTSS)) including their health IT needs, data requirements, and effectiveness of information sharing with their clinical partners. Past strategic plans have primarily focused on hospitals and physicians. This plan and related federal health IT policy and programs have the opportunity to represent the broader healthcare community. The Collaborative recommends federal health IT policy and programs to recognize and support the LTPAC, HCBS and LTSS sectors including their various health IT systems, tools, data, measures, analytics, etc.

In fact, this sector could be a perfect partner to pioneer and demonstrate the success of such integration, since they have been more involved in delivering coordinated care than other providers in the healthcare ecosystem. **The Collaborative recommends launching a series of integrated/coordinated care demonstrations that are led by, or significantly engage, LTPAC and HCBS providers to bring their experience to other healthcare providers. This demonstration could also address strategies to improve health IT enabled sharing and ingestion of actionable data across healthcare organizations.**

Goal 2: Enhance the Delivery and Experience of Care

Objective 2c: Reduce regulatory and administrative burden on providers

The LTPAC Health IT Collaborative strongly supports leveraging Health IT to reduce regulatory and administrative burdens on all providers, including LTPAC providers. We firmly believe that Health IT is an important efficiency tool that should reduce such

burdens, if regulations were appropriately tailored. However, previous attempts to reduce provider burdens in the LTPAC sector have historically led to increased reporting requirements, oversight and regulators' expectations in reality. Below are some examples where regulations should be amended to ensure regulations and health IT deployed by providers are in sync:

Alignment of Regulatory Activity Across Agencies & Adequate Implementation Timeframes

We encourage ONC, CMS and other federal partners to sequence and align regulatory activity across all sectors, not just LTPAC, by coordinating timelines for development and implementation of regulations, and release of tools and guidance to support providers. We urge ONC and CMS to strive for consistency and alignment across various agencies and initiatives by monitoring and measuring the number, and realistic impact, of current and proposed requirements. We further recommend that ONC develop measures to monitor the timeliness of guidance and other tools released to healthcare providers to support compliance and implementation. For example, in 2019, skilled nursing assessment requirements changed dramatically under the new Patient-Driven Payment Model (PDPM). PDPM became effective October 1, 2019 but CMS did not release critical guidance in the form of the Resident Assessment Manual (RAI) Manual until September 18, 2019. This extremely late release resulted in significant challenges for health IT vendors, developers, and LTPAC providers related to documentation workload, interoperability, and efficiency of patient assessment, compliance, and consequently care. **In summary, the Collaborative recommends that federal partners significantly improve the sequencing and alignment of regulatory activities across all sectors including LTPAC by coordinating timelines for development, implementation of regulations and release of tools and guidance. Moreover, we recommend that ONC develop tools to ensure and monitor the timeliness of guidance from HHS for health IT development, implementation, and use by healthcare providers that facilitate compliance.**

Survey Process

The survey process in LTPAC is lengthy, disruptive, and burdensome to providers. The process is rooted in reviewing paper records, and it is still conducted this way by surveyors. The process can be significantly improved, streamlined, and expedited if regulators innovated and redesigned the process to take advantage of electronic health records (EHRs), point of care (PoC) devices, mobile devices, remote access, and other Health IT tools and capabilities deployed and used by a high percentage of providers today. Such redesign would reduce disruption to care delivery and normal operations, and result in reducing provider's burdens.

This has been recently accentuated by the current challenges the survey process presented during the current COVID-19 crisis and the risks it posed on surveyors, providers, and residents/patients.

The Collaborative recommends that CMS and other federal partners redesign and modernize the survey process using various health IT tools and capabilities to improve its efficacy and efficiency.

Innovation in Efficient Technology-Enabled Care Delivery

Providers' ability to leverage technology in innovative ways and deliver care more efficiently is currently hampered by regulations that pre-dated the technologies that are commonplace today. One such regulation is staffing ratio requirements for providers under Medicare or Medicaid. With effective use of technologies providers can potentially deliver better quality, more proactive, and more timely care with lower staffing ratios (and therefore lower costs). This is especially important today as the LTPAC sector faces a serious crisis of shortage of professional caregivers. Some of the technology innovations that could be leveraged include remote monitoring, medication adherence, mobile devices, telehealth, and telemedicine. **To encourage innovation, the LTPAC Health IT Collaborative strongly recommends a process to allow providers that are experimenting with technology and evaluating innovative care delivery that leverage technology and connected care staff to obtain an exemption from such ratios during the research and evaluation phase, and to be allowed to reduce such ratios if third party evaluations proved that the new technology-enabled care models could deliver safe and quality care at lower staffing levels.**

Innovative Technology-Enabled Value Based Models

Another area where innovation is currently hampered by regulations, is leading or participating in alternative and value-based care coupled with appropriate compensations and incentives for such participation. The Collaborative is pleased to see flexibilities offered with regards to the use of telehealth, including relaxing the geographic, originating site, telehealth tools, and array of services in response to the COVID-19 pandemic. However, even when such restrictions are relaxed under certain models, including the recent changes related to COVID-19, they remain too restricting. Some of the remaining restrictions include the limited types of providers eligible for reimbursement, like nurses (including telehealth nurses), chronic disease management professionals (care managers), Emergency Medical Technicians (EMTs), pharmacists, physical therapists (PTs), occupational therapists, to name a few. These professionals can deliver valuable and life-saving services via telehealth, but unfortunately, they currently cannot. Such restrictions on use of telehealth and the lack of financial incentives for LTPAC providers who need to invest in the technology infrastructure, equipment, hiring, and training the appropriate staff, etc. Urban nursing homes who can utilize will not be getting originating site fees which means they bear the cost to deploy the technology without compensation. Similarly, the home of the patient is an allowable originating site, but there is not an allowable originating site fee to cover the technology cost that include connectivity, diagnostic tools, lease of remote patient monitoring and telehealth equipment incurred by a home health agency. We firmly believe that the current COVID-19 crisis has clearly shown the value of health IT innovations, such as

telehealth, and magnified the challenges of staff shortages that could potentially be addressed by such innovative technology-enabled care.

Another example is the requirement by the CMS Quality Payment Program to use Certified EHR Technology (CEHRT) for advanced alternative payment models which limits LTPAC provider organization participation. **The LTPAC Health IT Collaborative strongly recommends removing such regulatory barriers that are preventing the sector from participating meaningfully in value-based care models that take advantage of health IT capabilities.**

Objective 2d: Enable efficient management of resources and a workforce confidently using health IT

Technology, from EHRs to PoC devices, is first and foremost an efficiency tool that takes advantage of entering a piece of data once and using it in multiple ways. That same efficiency gain is achieved with sharing that information in an interoperable manner with multiple parties - a patient's professional healthcare team, the patient or family/caregivers, external care partners, and an extended team. Technology can enable non-traditional staff to be connected to support an individual's care.

As mentioned above in response to objective 2c, if the regulatory framework allows, health IT as well as non-health technologies can offer significant efficiency gains, enhance the management of the workforce as well as other resources, and can potentially help address the severe shortage of caregivers.

As an example, a connected maintenance or dietary staff, who observe residents on a daily basis can help detecting changes in behaviors and activities that could be indicative of functional or cognitive decline, and can record such observations and trigger assessment by clinicians when warranted that could prevent exacerbations that may lead to hospitalizations or hospital readmissions. The same is true for remote monitoring, including both behavioral/ activity as well as biometric remote patient monitoring, which allow clinicians to manage up to 200 patients/ residents/ clients in some cases.

The Collaborative recommends that workforce strategies and initiatives encourage innovation, by allowing providers to experiment with technology and evaluate innovative care delivery that leverage technology and connected qualified care staff, including exemption from regulatory-required staffing ratios during the experimentation, research, and evaluation phase, and to be allowed to reduce such ratios if third party evaluations proved that the new technology-enabled care models could deliver safe and quality care at lower staffing levels.

Goal 3: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation

Objective 3a: Advance individual and population-health transfer of health data

The Collaborative recognizes the importance of all of the Strategic Plan objectives and believe this objective is one of the most important priorities in supporting person centric, longitudinal quality of care and quality of life. The ability to share information is necessary in order to reach the final major healthcare goals of:

- Individual involvement in their own health.
- Involvement of the individual's medical team in both care and wellness.
- Establishment of health and wellness goals through longitudinal data collection and analytics.
- Shifting the person's healthcare from episodic care to wellness and prevention care.
- Including new care technology like Precision Medicine.
- Being able to work with person's in rural areas.
- Supporting diagnosis, care, plan, and coordinating with the person's care team throughout their life.
- Achieving coordinated workflows across the healthcare ecosystem.

In the past few years, important industry initiatives have emerged that extend across the spectrum of care and services including the Gravity Project, PACIO and CMS Data Element Library, eLTSS, electronic Care Plan, and 360X. **The Collaborative encourages ONC to include in the strategic plan a roadmap that provides proactive planning, expansion and cross-initiative integration to guide the industry on the priorities.**

To achieve this goal and objective, the Collaborative also strongly recommends that ONC coordinate with other Federal Agencies (e.g. FCC) and programs (e.g. modernized Life Line Programs) to provide adequate, accessible, and affordable connectivity to all providers, including home health and home care in rural areas, who are excluded from subsidies available to other healthcare providers. In addition, we need to ensure that patients and families, especially low income older adults, not only in rural, but also urban and suburban areas, have access to affordable broadband connectivity, which is key to patient engagement, telehealth, remote monitoring, and data collection.

Goal 4: Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure

Objective 4a: Advance the development and use of health IT capabilities

The LTPAC Collaborative recommends that ONC re-evaluate their health IT certification programs to understand the limitations and bias toward hospital and physician practices.

Specifically, the CEHRT requirement and inclusion of base EHR capabilities to record and export clinical quality measures does not align with the quality measure reporting programs for post-acute care provider organizations and their vendors. Vendors who support this market don't have a business need to support QRDAI or QRDA III measure reporting in their systems. Building the functionality that won't be used by their providers is difficult to justify and prioritize. The result of this limitation is LTPAC providers participation when CEHRT is required for advanced alternative payment models.

The Collaborative agrees that there should be a baseline standard for health IT functionality and EHRs and recommends that the requirements and testing protocols be revisited. In the Final 21st Century Cures rule there were accommodations made for the pediatric community. **The Collaborative recommends that ONC implement a similar adaptation of the EHR testing and certification program in the rule that assesses the differences and accommodates quality measurement, implementation, data and workflow pertinent to the LTPAC sector care delivery and collaborative care processes. Not addressing the CEHRT issue may result in advanced payment and innovative care delivery models continuing to impede LTPAC organizations, and the large proportion of vulnerable and costly older adult populations they serve.**

Objective 4b: Establish transparent expectations for data sharing

Connected health requires an infrastructure that can be accessed across the healthcare continuum and greater data transparency where different specialties can share the same clinical language. From the LTPAC perspective, connected care should be built on a regulatory framework that does not penalize participants for sharing information. Instead, the regulatory framework should support and reward shared insights. Sadly, the 2019 Novel Coronavirus (COVID-19) outbreak serves as a harsh reminder that keeping information siloed can limit care and add burden to the healthcare system overall.

The LTPAC Health IT Collaborative has advocated for the use of recognized health IT standards for more than a decade. We are proud of the work we have done over the years and the work we continue to do in crafting specific use cases that support the models of care and coordination of care. For example, we have been involved in a variety of health IT initiatives ranging from the more recent PACIO, Gravity and DaVinci Projects to earlier and ongoing work on electronic Long-term Services and Supports (eLTSS) use cases.

Certainly, more needs to be done to improve understanding and application of the data that already is collected in EHRs, EMRs and databases across the country. We also believe that greater attention is needed to drill down on the definitions and terminology used to express this data and make it more useful to clinicians. **The LTPAC Health IT Collaborative respectfully suggests that those working in the LTPAC sector have tremendous knowledge that would inform any federal efforts seeking to broaden data collection to include the wide range of both clinical and non-clinical data that affects patient health and wellness. LTPAC providers focus is on treating the whole person – using what we call the quality**

care differentials (VQCCs). We evaluate individuals' medication needs, diet, function, cognition and activities of daily living (ADLs) – not just a symptom or acute episode. As the nation moves toward value-based care, we believe that the federal health IT strategy should support the work of our sector and encourage greater exchange of information across the healthcare continuum. In so doing, the federal strategic plan should prioritize not just the exchange of information, but the quality, value and usefulness of the information that is exchanged. More information only serves to overwhelm clinicians who are seeking data that will inform their understanding of the patient's condition and their clinical decisions about care of their patients.

The federal government should work with the LTPAC sector and other stakeholders that were not included in the initiatives of the past decade built around *HITECH* incentives. HHS also should harmonize the myriad initiatives and federal, state and private payer reporting requirements to reduce burden in a meaningful way. Defining the core data set, addressing the issues around patient matching and providing resources to non-incentivized providers would make a tremendous difference. We believe that prioritizing data flow between providers and across settings is an important step, and one that cannot be further complicated by introducing vast numbers of third-party apps that operate outside the bounds of HIPAA. While we have worked diligently on health IT adoption and use, we still need more time – and a longer on-ramp – to achieve the goals that precede the ultimate goal of seamless care coordination.

Objective 4c: Enhance technology and communications infrastructure

Health IT and other connected technologies are useless without the appropriate connectivity infrastructure, when speeds are inadequate, the service is unreliable, or when it is not affordable. This is true for Software as a Service (SaaS) EHRs, interoperability and information exchange, as well as telehealth and telemedicine.

Access to broadband Internet in rural areas is not only spotty and unreliable, but also not affordable to Home Health agencies, who do not receive subsidies from FCC universal fund, unlike hospitals, skilled nursing facilities and other healthcare providers. Moreover, low income Americans including older adults cannot afford such services, even in urban areas.

This leads to a widening digital gap that negatively affects low income seniors in terms of services they can receive, including access to their own health records and engagement in their own care, let alone receiving technology-enabled care, like telehealth. Furthermore, the lack of Internet access leads to social isolation, which is a risk factor for depression, and we know to have additional negative impacts on physical and mental health equivalent to smoking 15 cigarettes a day.

The LTPAC Health IT Collaborative urges ONC to coordinate with FCC to ensure all low-income older Americans, both in urban and rural areas, and all their care providers,

including home health agencies, have adequate and affordable broadband Internet access, including mobile Internet access.

Members of the Long Term & Post-Acute Care Health Information Technology Collaborative appreciate the opportunity to comment on the *Draft 2020 – 2025 Federal Health IT Strategic Plan.*

LTPAC Health IT Collaborative Members:

- American Association of Post-Acute Care Nursing (AAPACN)
- American Health Care Association (AHCA)
- American Society of Consultant Pharmacists (ASCP)
- College of Healthcare Information Management Executives (CHIME)
- Healthcare Information Management and Systems Society (HIMSS)
- John F. Derr, RPh, FASCP, LORAN Group
- LeadingAge and LeadingAge Center for Aging Service Technology (CAST)
- Michelle L. Dougherty, MA, RHIA
- National Association for the Support of Long Term Care (NASL)
- Society for Post-Acute and Long-Term Care Medicine (AMDA)
- Terrence A. O'Malley, M.D.