Implementing EHR in a LTC facility

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April 27, 2004 President Bush issued an executive order on health information technology. This order was mainly focused on acute and ambulatory care settings. Members of the LTC setting recognized this gap and met together to develop a ‘road map’, this project was aimed at promoting the adoption of interoperable health IT in long term care in order to transform the healthcare delivery system.
History

14 stakeholder groups that met and developed the report included:

- American Association of Homes and Services for the Aging and the Center for Aging Services Technology
- American College of Health Care Administrators
- American Health Care Association/National Center for Assisted Living
- American Health Information Management Association
- American Health Quality Association
- American Medical Directors Association
- American Society of Consultant Pharmacists
- Center for Health Transformation
- Home Care Technology Association of America
- National Association for Geriatric Nursing Assistants
- National Association for Home Care and Hospice
- National Association for the Support of Long-Term Care
- National PACE Association
- Setting Priorities for Retirement Years (SPRY)
History

- August 2005 Long Term Care (LTC) Health Information Technology (HIT) summit - The purpose of this summit was to articulate a vision, construct a road map, and develop an agenda for focusing private and public sector efforts toward promoting and implementing electronic health records (EHRs) and other information technologies in LTC settings.

- 2008-2010 LTC HIT Road Map builds on progress made since 2005 and sharpens the focus on promoting health IT implementation, demonstration, and adoption. The road map also challenges the aging services spectrum to engage in a consumer-centric approach to using technology that enables innovation while recognizing the need to simultaneously address critical adoption barriers.
Issue

As of 2005 between 20-30% of U.S. hospitals and 12% of provider offices have adopted EHRs, while adoption in LTC lags far behind, at only about 1%.

Reasons why LTC’s should be at the forefront of EHR adoption

- Extended stays = Lengthy charts = reduce space required
- Average resident takes 6-7 medications/day = preventing harmful drug interactions
- Residents typically have multiple chronic conditions = track assessments and monitor clinical outcomes better.
Project Objectives

- Identify Stakeholders
- Development a plan to facilitate implementation
  - Recognize challenges/barriers
  - Identify factors that will promote adoption
- Select an appropriate EHR system
- Identify recommendations to make improvements to EHR implementation projects
Stakeholders

- LTC Facility
- Residents
- Staff
- Providers
- Payors
- Family Members
- Acute Care Facilities
Barriers/Challenges

- The California HealthCare Foundation and other reports have found that lack of capital resources is the greatest barrier to implementing HIT systems.
- Choosing the right system, particularly ones that are noncomplex and user friendly.
- Cost and time required to train staff, and need for ongoing training.
- Human factors: resistance to change and unfamiliarity with computers.
Facilitating factors

- Studies have shown that strong implementation planning is a key facilitator for EHR implementation
- Key points to focus on are:
  - System selection
  - Staging the implementation process
  - Learn what advancements are being made in the technology
Selecting the system

- Look for those systems developed especially for LTC settings
- Determine what systems hospitals are using in the area
- Choose a vendor who will provide 24 hr support
- Understand and realize what is needed from the system
  - Point of Care
  - Laboratory
  - Radiology
  - Medication
  - Order entry
Staging the Implementation Process

- Prepare for culture change/ Gain staff buy-in early.
- Acceptance by staff and their willingness to use the system has been found to be a major factor in the success of these projects:
  - Assess nurses attitudes in order to promote development of positive attitudes (Use a survey tool)
  - Positive nurse attitudes will play a factor in influencing provider attitudes
  - Monitor end-user satisfaction
- Allow adequate time for staff training, retraining, assess for effectiveness of training.
EHR Systems for LTC

- SigmaCare – based out of New York. Their product is for long term care facilities. 
- Optimus EMR – based in California. Product also for LTC. Partnered with Salina Office Services Corporation as leading software developer for LTC.
- A 2004 survey by AHIMA showed only 25% of EHR vendors targeted LTC facilities.
What others have done

- TIGER (Technology Informatics Guiding Education Reform) has formed committees to create tools for informatics competencies, leadership, staff development, policy directives, consumer HIT, and interoperability to promote nursing empowerment in this movement.

- In the long run, standardization of EHR architecture, standardization of vocabulary and content will be required for the success of interoperability.
What others have done

- Minnesota Department of Health instituted a program in 2007 to provide no-interest loans and grants to rural and underserved providers and facilities to purchase and implement EHR’s.

- Since 2007 Health Resources and Services Administration (HRSA) has issued more than $42 million in grants for EHR purchases and implementation.

- In Feb. 2009, President Obama signed the American Recovery and Reinvestment Act. $29 billion has been devoted to HIT for the next several years. One provider can gain as much as $60,000 in incentives.
Recommendations

- LTC settings make up about 10 percent of national health spending. These facilities participate in a large percentage of the transitions in care events which are priority areas for health IT interoperability. Seniors consume substantially more than 50 percent of healthcare services and dollars in this country, and with the first baby boomers reaching the age of retirement, the demographic trends and the increased consumerism associated with them will only intensify these proportions.
Recommendations

- Recommendations that the government should establish basic system requirements for EHRs.
- Ability to integrate MDS assessment information into EHR.
- All staff should have access to EHR, limited to read/write as necessary for function.
- Ability to access pre admission data electronically would be extremely valuable.
References


