About the Road Map:

Since 2005, a group of stakeholder associations known as the Long Term and Post Acute Care (LTPAC) HIT Collaborative, recognized their common interests and vision for health information technology. The collaborative was formed to advance HIT issues through coordinated efforts, hosting of an annual LTPAC HIT Summit and publishing of a Road Map. The 2010–2012 LTPAC Health IT Road Map is the third Road Map published by the Collaborative to provide guidance to provider organizations, policy-makers, vendors, payers, and other stakeholders. This road map identifies the progress made in the past years and formalizes the priorities for the next 24 months. The LTPAC Health IT Road Map is available at: www.ahima.org/advocacy/ltpachit.aspx

Executive Summary

When the 2004 Presidential Order to establish the person-centric integrated electronic health record (EHR) was issued, a collaboration of long-term supports and services and post-acute care (LTPAC) stakeholders, as well as, ASPE, CMS and ONC representatives, was established to represent this important healthcare sector on issues concerning health information technology (HIT). Since then, the LTPAC HIT Collaborative has hosted annual Health IT Summits, published two Roadmaps for Health IT in LTC, provided input to policy and regulatory agencies on LTPAC HIT, and promoted the participation of LTPAC in the emerging agenda to leverage health IT and EHR interoperability. Given recent events, including the HITECH Act, introduction of a national health care reform, a maturing of health information technologies, and an expanding awareness of the key role that LTPAC plays as a third pillar in the nation’s healthcare ecosystem, the LTPAC HIT Collaborative is now publishing a third Roadmap to update progress and priorities that will assure the effectiveness of LTPAC in serving our nation’s post-acute, chronic care and wellness needs. This Roadmap calls for advocacy and support for expanded direct and indirect participation by LTPAC in the incentives, investments, and initiatives driving interoperable healthcare and health information exchange (HIE) to benefit the populations served by LTPAC; the effective adoption of interoperable health IT by sector participants with a particular focus on transfers of care and e-prescribing; and, finally, a continued advocacy and discovery toward a person-centered model for a quality healthcare experience in the United States.

The last two years have seen notable milestones. The interoperable EHR agenda has been codified and accelerated by the HITECH Act with significant funding and incentives to support the adoption of EHR systems for hospitals and physicians. A foundational set of standards necessary for LTPAC participation in an interoperable health information ecosystem have been completed. EHR certification efforts are underway including those that will benefit LTPAC EHR technology vendors. Perhaps, most importantly, a sharper clarity regarding the importance, definition, and role of LTPAC as the nation’s third healthcare pillar is emerging. LTPAC providers are beginning to participate in many of the nation’s health information exchange initiatives, significant calls are being made to expand HIT meaningful use incentives to LTPAC, and
healthcare reform includes consideration of the needs for person-centered funding for long-term services and supports.

The expanded LTPAC vision encompasses a broad range of providers: home and community-based services; nursing homes; assisted living; long-term acute care hospitals; rehabilitation and post-acute care facilities; PACE programs; hospice; chronic disease and co-morbidity management; medication therapy management and senior pharmacists; wellness providers; and others. What distinguishes this sector is its focus on coordination of supportive services and care, restoring and maintaining health, wellness and functional abilities, and a particular, almost programmatic, focus on the particular needs and goals of each of its consumers and their families. This focus demands an application of health IT towards shared care, transitions of care, and person-centered longitudinal health and wellness records to ensure a person receives affordable, quality and coordinated care when they need it, where they need it.

The prominence of LTPAC is being driven by an the emergence of an expanding base of consumers, an expanding consumerism with a growing preference of personal choice and control, and the emergence of a wide array of technologies (care documentation, communications and coordination technologies, remote monitoring and health delivery (telehealth) technologies, medication therapy management, and electronic health record repositories). The size of the LTPAC sector has always been understated. While the sector is officially responsible for around 10-15% of total healthcare spending, very significant out of pocket investment in health, wellness, and age-supportive products and services, personal care giving, assistive technologies, and housing modification give the sector a much larger impact. In particular, LTPAC is a significant participant in transfers of care (CMS notes over 35% to post-acute settings alone), a primary use-case for health information exchange to ensure that electronic quality measures are person-centric and are carried from care site to care site. LTPAC recipients are also among the heaviest users of medications.

In the current roadmap, the Collaborative is prioritizing three sets of efforts:

1. The Collaborative is advocating for full participation, consideration and benefits for LTPAC providers in national, state, and regional HIT incentives, investments, and initiatives. This includes participation in government HIT funding initiatives, participation in HIE entities, incorporation of LTPAC in meaningful use definitions, continued stewardship of standards that support LTPAC, and inclusion in research programs.

2. The Collaborative is promoting effective demonstration and adoption of HIT by the LTPAC sector. This includes expanding EHR certification to solutions across the LTPAC spectrum, assessing the level of LTPAC EHR adoption and HIT capabilities, showcasing technology and interoperability adoption, identifying and disseminating effective practices for information use and sharing, HIE use-cases for shared care, personal health and transitions are all priorities with a particular urgency around improving the experience of consumers during transitions of care and the extended management of medications.
3. Ultimately, health is about maintaining well-being, quality of life, and independence. The Collaborative believes that the LTPAC sector must promote a person-centered vision of health and wellness across the total spectrum of healthcare and not just within a setting. With transitions and medications as an important first steps, we champion a continued focus on developing technologies; service delivery strategies and models; and incentives that enable consumer control and choice. The Collaborative calls for research, demonstration, timely implementation of approved programs, proper funding, and flexible insurance options that support innovative personal uses of health IT to improve population and personal health.

2010-2012 Priorities and Recommendations for Action

a. Leverage Existing Programs and Policies
   • **Goal:** To successfully advocate for inclusion of LTPAC in both national and state HIT policies and programs designed to expand the adoption, use, and exchange of health information for all Americans.

b. Certify LTPAC Vendor Solutions
   • **Goal:** Establish EHR certification criteria for LTPAC providers to promote EHR adoption, coordinate care among health care settings to increase quality of care, and to prepare for possible provider incentives.

c. Adopt and Use Health IT and EHRs
   • **Goal:** To support LTPAC provider adoption and use of HIT, EMRs, and EHRs.

d. Health Information Exchange
   • **Goal:** Foster the strongest inclusion and participation of LTPAC providers and vendors in emerging state HIEs and the national health information network (NHIN).

e. Prioritize Transition of Care and Electronic Prescribing
   • **Goal:** Promote care coordination and continuity of care through the use of HIT during transition of care (TOC) periods and for electronic prescribing (e-prescribing).
f. Focus on Person-Centered Health and Healthcare
   
   • *Goal:* Empower persons (consumers, patients, families, caregivers and practitioners) to expect, person-centered and person-directed outcomes (including wellness, independence and control) as they participate in healthcare systems, processes and activities.

g. Showcase Valuable and Effective Use of Health IT Solutions
   
   • *Goal:* Move HIT in LTPAC from the phase pilot testing and demonstrations of value to becoming sustainable part of operations that continuously result in improved care quality, increased efficiencies, and cost-effectiveness.

h. Promote and Disseminate Research
   
   • *Goal:* Define and advance an EHR/HIT research agenda that includes a focus on LTPAC and contains identified priorities.

i. Strengthen LTPAC HIT Collaboration
   
   • *Goal:* Strengthen the effectiveness of the LTPAC HIT Collaborative and to achieve sustainability and viability as a volunteer organization.

*Immediate Next Steps*

- Promote the LTPAC HIT Roadmap Agenda to Stakeholders, Change-Agents and Policymakers
- Mobilize LTPAC Stakeholders
- Participate in National, Regional, Local and Private HIE Initiatives and Agendas
- Educate, Assess and Accelerate EMR/EHR Adoption by LTPAC Stakeholders
The 2010-2012 Road Map was Developed by the LTPAC Health IT Collaborative

The 2010-2012 LTPAC Health IT Road Map can be found at: www.ahima.org/advocacy/ltpachit.aspx