

## Facilitate Adoption of Health Information Technology

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) strongly supports a high quality, safe, and efficient health care system. Health information technology (HIT) plays an integral role in the operation of such a system. Congressional leadership and a strong federal commitment are essential to ensure that long term care facilities can adopt inter-operable health information technology, electronic health records (EHRs), and e-prescribing systems without undue financial burden.

AHCA/NCAL applauds the provisions in the *Health Information Technology for Economic & Clinical Health (HITECH) Act*, which passed as part of the *American Recovery & Reinvestment Act of 2009 (ARRA, now Public Law 111-5)*, that are designed to increase HIT adoption among providers. Unfortunately, long term and post-acute care were not included in the *HITECH Act*. AHCA/NCAL urges Congress to provide HIT funding to long term and post-acute care settings comparable to the support provided in acute and ambulatory care settings. In the meantime, the Secretary of Health & Human Services (HHS) should use discretionary funding, including funding from the CMS Innovation Center, to promote HIT in these settings.

According to an April 2009 article in the *Journal of the American Medical Informatics Association*, nearly all skilled nursing facilities maintain at least basic electronic information systems for transmitting Minimum Data Set (MDS) data and similar capabilities. Extending federal HIT funding to long term and post-acute care would allow these providers to focus increasingly on patient care needs, and other meaningful use of HIT that would benefit patients who often transition among various health care settings. Since it is only when all health care providers adopt HIT that we will begin to realize the care benefits of EHRs, the reduction of medical errors or the savings that can be derived from making patients' care transitions as seamless as possible, AHCA/NCAL calls on Congress to extend HIT funding to long term and post-acute care.

The HHS Office of the National Coordinator for Health Information Technology (ONC) is responsible for coordinating nationwide efforts regarding HIT adoption and the exchange of electronic health information. ONC has estimated that the health care system will save an estimated \$140 billion per year – close to 10 percent of total U.S. health spending – if HIT is adopted. A Rand Corporation study found the U.S. health care system could save \$162 billion annually with widespread use of HIT. Beyond achieving efficiencies and costs savings, AHCA/NCAL supports HIT adoption by long term, post-acute, and other health care settings as it will help to improve patient safety and care quality, particularly as patients move between various care settings.

Several hurdles must be cleared before there is widespread adoption of HIT, let alone before any savings can be realized. First, interoperability standards must be established. On June 24, 2010, the Secretary of HHS issued a *Final Rule* regarding initial standards, which is part of HHS' incremental approach to ensure interoperability, functionality, utility, and security of HIT and support its meaningful use.

Other HIT tools and processes are expected to impact the long term and post-acute care sector to include: the Medicare and Medicaid EHR incentive programs and the U.S. Drug Enforcement Administration's (DEA's) *Interim Final Rule on Electronic Prescriptions for Controlled Substances* that took effect on June 1, 2010. Even so, without access to capital investments that can offset the costs associated with HIT adoption, it is unlikely that long term and post-acute care providers will deploy these tools in the near term. It follows that without HIT adoption among all providers, the federal government cannot expect to realize a robust return on its investment in HIT, including reduced administrative costs for claims processing and reimbursement; improved health care quality, efficiency, and care coordination; or enhanced patient safety and advancements in managing chronic conditions.

### Ask Congress...

To provide HIT funding to long term and post-acute settings comparable to the support provided in acute and ambulatory care settings. In the meantime, the Secretary should use discretionary funds, including funds from the CMS Innovation Center, to promote HIT in these settings.

### Key Facts

- According to estimates from the National Coordinator for Health Information Technology, the health care system could save close to 10% of total U.S. health spending if HIT is adopted.
- A Rand Corporation study estimates HIT adoption could save \$162 billion annually.
- To ensure the greatest ROI for the federal government's investment in HIT, there must be widespread adoption of HIT among all providers.