

The Future Of HIT In LTC

A roundtable of providers and experts discuss how far technology has come and what still needs to happen.

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As the long term care environment is facing continual change, new communications, as well as health information technology (HIT), are emerging at an ever-quickening pace. Recently, eight leaders in long term care HIT came together at the Long Term Post-Acute Care (LTPAC) HIT Summit to read the tea leaves and offer insights on topics ranging from the future impact of new tools like iPads and Siri, to HIT interoperability, to how long term care can add more value to the health care continuum.

Q: What do you see as emerging technologies that will impact long term care (LTC)?

Czarnik: Technology has leapfrogged in the past couple of years. I think that Apple's Siri has paved the way for greater utilization of voice recognition technology. Think of improvements to smart charting and patient care at the bedside with a tool like Siri.

Mintz: We see the benefits of technology in every industry. I rented a car recently and found the rental experience has really changed in recent years. In long term care, we see technology as more than just a kiosk on the wall, but at the patient bedside, enabling better care.

Green: Technology is becoming more important in users' lives and will continue to transform the way we provide care to our patients. A few years ago we would not have envisioned tablets and other mobile device use at the bedside; now mobility is essential for information access and for documentation of care. Also, technology enables remote patient monitoring, which will allow people to stay in the home longer and receive more care in home settings.

Q: Any advice for LTC executives on financing new technology?

Green: In LTC, budgets are very tight. Investments needed to support the electronic record don't come with the benefit of incentive dollars as they do for eligible providers and practitioners.

Careful planning and wise buying are essential to ensure we are not investing in short-term technologies and solutions.

Czarnik: I see difficulties when the facility has a typical LTC-sized technology budget, but has board members with acute care expectations. It's important to align the budget to reality.

Diller: It's hard to budget for technology projects because we typically like a three-year planning horizon. But in LTC, budgets can change frequently, whenever Medicare reduces reimbursement.

Claypool: Leveraging technology gives LTC the opportunity to make improvements internally. Get our own house in order. Then we face the challenge of connecting across the spectrum of care providers. That's the next wave.

Q: What does the future hold for interoperability?

Page: A lot has been said and promised about interoperability, but the moment of truth occurs every Friday evening for LTC facilities admitting patients.

Hospitals discharging to LTC and nursing homes want electronic orders to avoid rekeying patient admission data. It's still not happening seamlessly.

Green: For regional providers, it can be simpler than for national providers, where the challenge is linking multiple pharmacy, lab, radiology, and other ancillary providers into a company's single electronic health record. With increased HIE (Health Information Exchange) activity and the standardization that is expected to come along with that activity, the challenges should diminish.

Claypool: As LTC providers and members of the continuum of care, we can help by driving for a shared data standard.

Mutschler: True interoperability is science fiction. There will always be something else internal to integrate before we can step into the external realm of true interoperability.

Czarnik: Interoperability is important but it's an ongoing challenge that's never going to go away. We'll always have new technologies to integrate across the continuum of care.

Q: How do you see technology improving LTC?

Claypool: Technology is automating the cycle of patient care which includes:

1. Assessment
2. Development of the care plan
3. Executing care giving activities according to the plan
4. Capturing data
5. Repeating the cycle with the first step and reassessing

We have the opportunity to continually improve patient outcomes, put into place a system of checks and balances for patient care, and show how we make the best decisions for each resident.

Page: The industry is already seeing the impact of data transparency across the continuum. It's not uncommon for hospitals to monitor readmission rates by the LTC facilities and provide report cards on facility performance. Technology is useful as a feedback mechanism and also raises the level of competition.

Q: What advice can you offer to LTC facilities going forward in the changing health care environment?

Claypool: While technology improves health care, it's important that LTC providers don't view this as a field of dreams. If you build it, referrals will not necessarily come. In the new health care environment, you need to earn referrals. It's not about expecting your fair share, it's about competition. It's now cut-throat, full-contact, bare knuckles health care where you compete for patients, employees, referrals, and put others out of business.

Czarnik: LTC can provide more value to the care spectrum. We can teach acute care about creating resident experience. That's the seat we bring to the table and what we can lead with across the care spectrum. They have a 10-day relationship with the patients and we have sometimes at 10-year relationship with the resident. We know the patient better and that's something we can all learn from.

Spotlight on the Table Participants

- **Loren Claypool** is chief information officer (CIO) of Extendicare and vice president and managing director at VCPI, which provides solutions for business and IT.
- **Chuck Czarnik** is the senior director of Systems and Processes/HIT Strategy at Brookdale Senior Living, the nation's largest owner and operator of senior living communities and senior-related services.
- **Marty Diller** is CIO at Complete Healthcare Resources, a consulting and management services firm that works with senior care providers.
- **Deborah Green** is vice president of health information management solutions at the American Health Information Management Association. Formerly, she was CIO for LaVie.
- **Scott Mintz** is vice president of business systems at Consulate Health Care, which provides outsourced IT and business solutions.
- **Keith Mutschler** is vice president and treasurer at Nexion Health Management, provider of nursing and rehabilitation services.
- **Karen Page** is the information systems director for White Oak Management, providers of long term care in the Carolinas.

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Suggested Reading:

- "Escaping the EHR Trap—The Future of Health IT," New England Journal of Medicine. Online at www.nejm.org/doi/pdf/10.1056/NEJMp1203102
- "LTPAC_HealthIT_Roadmap_2012-2014," www.ahima.org

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