APPENDIX N. ADMINISTRATIVE INFRASTRUCTURE BUILDING PROGRAMS

This appendix provides a program summary of the administrative infrastructure development initiatives. Program highlights are presented in table format followed by a narrative description. During the environmental scan of federal and state initiatives to advance certified EHR technology, a number of programs were funded by government agencies identified that seek to build administrative infrastructure.

A. Program Highlights

Authority and Funder	Description	Recipient: State Provider	Geographic Location	Provider Type Impacted	Amount (if known)
ONC Standards & Inter-operability Framework	The Standards and Interoperability (S&I) Framework is an ONC-sponsored public-private collaborative. The primary focus of the S&I Framework has been to identify interoperable health IT standards for the EHR MU Programs for EPs and EHs.			Longitudinal Coordination of Care Initiatives support LTPAC use cases. Data Segmentation Initiative supports Behavioral Health use cases	
SAMHSA	$3.2-million per year, 5-year contract to develop BH clinical data standards and to develop and pilot test advanced functionality for behavioral health related health IT.	States, Territories & other government jurisdictions		Providers that treat safety net populations All providers	Nationwide

Authority and Funder	Description	Recipient: State Provider	Geographic Location	Provider Type Impacted	Amount (if known)
2041 of the Social Security Act, as added by section 6703 of the Affordable Care Act Sec. 2041(c) Enhancements of Long-Term Care: Adoption of Standards for Transactions Involving Clinical Data by Long-Term Care Facilities	The Secretary shall adopt electronic standards for the exchange of clinical data by long-term care facilities, including, where available, standards for messaging and nomenclature. Standards adopted by the Secretary shall be compatible with standards established under Part C of Title XI, standards established under subsections (b)(2)(B)(i) and (e)(4) of section 1860D-4, standards adopted under section 3004 of the Public Health Service Act, and general health information technology standards.				Funds were authorized but not appropriated
LTPAC Stakeholder Roundtable[a]	An ONC contractor hosted an LTPAC Stakeholder Roundtable on Voluntary Certification Program and health IT standards.			LTPAC Providers	
SAMHSA, HRSA, ONC Behavioral Health Data Exchange Consortium	The *Behavioral Health Data Exchange Consortium* was created to pilot the interstate exchange of behavioral health treatment records among treating health care providers using the Nationwide Health Information Direct protocols. The project involves the creation of draft Policies and Procedures (P&P) for exchange of behavioral health treatment records. The pilot is intent on meeting the requirements of federal regulations at 42 CFR Part 2 and participating state mental health laws.	State	Participating States: - AL - FL - KY - NM - NE - MI	Behavioral Providers	$600,000

Authority and Funder	Description	Recipient: State Provider	Geographic Location	Provider Type Impacted	Amount (if known)
FCC Healthcare Connect Fund, and Skilled Nursing Facility Pilot Program[b]	The FCC provides support for broadband connectivity to certain qualifying health care providers[c,d] (such as community mental health centers) in rural areas, and in some cases urban areas. The FCC's Rural Health Care (RHC) Programs include the Healthcare Connect Fund and the Skilled Nursing Facilities Pilot Program. Through these programs, the FCC makes available broadband connectivity at highly discounted rates.	Certain health care providers.	Health care providers in rural areas, and in some cases urban areas.	BH (CMHCs) LTPAC (SNFs)	Broadband connectivity at highly discounted rates.

a. See http://www.healthit.gov/sites/default/files/bh-roundtable-findings-report_0.pdf.
b. See http://www.fcc.gov/encyclopedia/rural-health-care.
c. See 47 U.S.C. §254(h)(7)(B), available at http://www.gpo.gov/fdsys/pkg/USCODE-2011-title47/pdf/USCODE-2011-title47-chap5-subchapII-partII-sec254.pdf. ("The term 'health care provider' means: (i) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (ii) community health centers or health centers providing health care to migrants; (iii) local health departments or agencies; (iv) community mental health centers; (v) not-for-profit hospitals; (vi) rural health clinics; and (vii) consortia of health care providers consisting of one or more entities described in clauses (i) through (vi).")
d. FCC Rural Health Care, http://www.fcc.gov/encyclopedia/rural-health-care.

B. Program Summaries

ONC Standards & Interoperability (S&I) Framework

ONC is sponsoring work to extend the interoperable health IT infrastructure to support the exchange and re-use of health information needed to provide services to medically complex and functionally impaired individuals, including persons who receive services by EPs, EHs, and non-eligible providers (such as LTPAC and BH providers). The CMS EHR Incentive Program -- Stage 2[1] final rule includes requirements to provide a summary care record at transitions in care, including when such transitions are to providers who are not eligible for EHR incentives. To address the need for standards to support sharing of information between eligible and ineligible providers, the ONC rule on Standards, Implementation Specification, and Certification Criteria for EHR Technology, 2014 Edition[2] provides a perspective on the priority areas for standards pertaining to ineligible providers:

[1] See http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf.

[2] See http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf.

> "We agree that it makes good policy sense to support interoperability and the secure electronic exchange of health information between all health care settings. We believe the adoption of EHR technology certified to a minimal amount of certification criteria adopted by the Secretary can support this goal. To this end, we encourage EHR technology developers to certify EHR Modules to the transitions of care certification criteria (§170.314(b)(1) and (2)) as well as any other certification criteria that may make it more effective and efficient for EPs, EHs, and CAHs to electronically exchange health information with health care providers in other health care settings. The adoption of EHR technology certified to these certification criteria can facilitate the secure electronic exchange of health information."

The Standards and Interoperability (S&I) Framework is an ONC sponsored public-private collaborative. The primary focus of the S&I Framework has been to identify interoperable health IT standards for the EHR MU Programs for EPs and EHs. Working in collaboration with HL7, the S&I Framework advanced health IT standards that were named in the final ONC and CMS Stage 2 EHR MU rule, including standards for functional and cognitive status and pressure ulcer (these data element standards are included in the HL7 Consolidated CDA (C-CDA) which supports interoperable exchange of Summary of Care Records).

The S&I Longitudinal Coordination of Care (LCC) Workgroup (WG), in collaboration with HL7, has advanced standards to support the interoperable exchange of functional and cognitive status, and pressure ulcer content, LTPAC summary documents and patient assessment documents. The C-CDA (referenced in the EHR certification criteria and standards for the Stage 2 EHR Incentive program) includes standards for functional and cognitive status, and the LTPAC Summary Documents.

In addition, the S&I LCC WG is working to identify concepts and standards that could be included in Stage 3 of the EHR Incentive Program to enable the exchange of more comprehensive summary documents to support transitions of care and shared cared on behalf of medically complex and functionally impaired persons. In addition, the S&I LCC WG is also working to advance standards that could be included in Stage 3 of the EHR Incentive Program for the interoperable exchange of care plans, including the home health plan of care.

S&I Framework activities are also addressing an issue of critical importance to the behavioral health community for the secure exchange of health information -- specifically, data segmentation for privacy. Consensus use cases involve patients in inpatient Alcohol and Drug Abuse Treatment Programs (ADATP) to focus on patient information covered by 42 CFR Part 2 that cannot be disclosed without patient consent. The initiative is expected to be completed September 2012.[3]

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[3] S&I Framework. Data Segmentation for Privacy Use Cases. http://wiki.siframework.org/Data+Segmentation+for+Privacy+Use+Cases accessed June 2, 2012.

SAMHSA/CSAT Open Behavioral Health Information Technology Architecture (OBHITA)

The OBHITA contract supports the development of both data standards for behavioral health and HIT tools for advanced behavioral health care. The Reference Electronic Health Record Model (REM) EHR application is a sub-project of OBHITA that provides a platform to develop and pilot test advanced functionality for behavioral health care needs. The intent of this project is to develop standards based, open source modules, components and services that can be reused by existing EHRs and other health IT systems. These open source tools will then be made available for use and adaptation by the entire behavioral health and health care communities. Our current efforts are focused on developing an access control service tool that will support data segmentation and granular consent management for electronic health information exchange compliant with federal health information privacy regulations (42 CFR Part 2). SAMHSA is partnering with ONC and the Veterans Administration (VA) in this effort. SAMSHA's investment in the REM system provides a unique platform for quickly and agilely developing and testing functionality to support new models of health care including health homes.

Federal Communications Commission

Healthcare Connect Fund[4]

In December 2012, the Federal Communications Commission (Commission or FCC) created the Healthcare Connect Fund to support state or regional broadband health care networks designed to bring the benefits of telehealth and telemedicine services to areas of the country where the need for those benefits is most acute.

The program provides a 65 percent discount on high-capacity broadband connectivity to both individual rural health care providers (HCPs) and to consortia of HCPs that have a majority of rural sites. Consortia may also obtain support for upfront charges under the Healthcare Connect Fund, which may include support for service provider deployment of new or upgraded facilities or for HCP-owned network facilities, if shown to be the most cost-effective option. Funding under the Healthcare Connect Fund will be available to all qualifying applicants starting January 1, 2014.

The Commission designed the Healthcare Connect Fund based on its experience with its RHC Pilot Program (established in 2006; closed to new applicants), where broadband health care provider networks were shown to reduce the cost and improve the quality of health care. The Pilot Program consists of 50 statewide or regional health care networks that provide broadband connectivity to roughly 3,800 HCP sites. With the necessary broadband connectivity, the Pilot Program participants were able to implement telemedicine and telehealth applications to help improve the quality of health care delivered to patients in rural areas, generate savings in the cost of providing health

[4] See http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf.

care, and reduce the time and expense associated with travel to distant locations to receive or provide care.

Pilot projects have already demonstrated how broadband health care networks can significantly improve the quality and reduce the cost of providing health care in rural areas. For example: the Palmetto State Providers Network, located in South Carolina, reports that it saved $18 million dollars in Medicaid costs over 18 months as a result of its telepsychiatry program. Psychiatric consults are now available 24/7. Previously, patients would wait for days to receive psychiatric consults.

Based on the success of the Pilot Program, the FCC established the Healthcare Connect Fund to further encourage access and use of broadband by networks and individual HCPs.

Skilled Nursing Facility Pilot Program

The FCC is also creating a Skilled Nursing Facility (SNF) Pilot Program to test how to support broadband connections to SNFs. SNFs are particularly well-suited to improve patient outcomes through greater use of broadband. By their nature, they are often remote from doctors and sophisticated laboratory and testing facilities, making the availability of EHRs and telehealth an especially valuable benefit to patients for whom traveling to see a doctor, diagnostician, or specialist would be especially difficult.

The SNF Pilot will focus on determining how to best utilize program support to assist SNFs that are using broadband connectivity to work with other health care providers (eligible for the FCC program) to optimize care for patients in SNFs through the use of EHRs, telemedicine, and other broadband-enabled health care applications. The pilot will provide up to $50 million in funding, over a three-year period, for discounted broadband connectivity. At the conclusion of the SNF Pilot, participants must demonstrate the health care cost savings and/or improved quality of patient care that they have realized through use of broadband, which should enable the Commission to gain experience and information that would allow it to determine whether such funding could be provided on a permanent basis.

The FCC is seeking input from government agencies and other stakeholders regarding the design of the pilot program, including the scoring criteria to be used to evaluate applications. The Commission expects to implement the program during Funding Year 2014.

C. Proposals to Extend the Interoperable Health IT Infrastructure and EHRs for Ineligible Providers

The following table identifies some proposals from some stakeholders regarding the need to extend the health IT infrastructure EHR certification to support interoperable exchange of health information on behalf of persons treated by ineligible provider types,

such as LTPAC, and behavioral health providers. This summary is not intended to be a complete list of options that have been proposed. Rather the list serves to highlights some of the suggestions by some stakeholders regarding the need for infrastructure/EHR requirements for ineligible providers. Further, this list is not intended as endorsement of any one of these options. Instead, the summary serves only to list some of the proposals regarding the health IT/EHR infrastructure that could support the use of EHR technology by ineligible providers. The text in the table below quotes from the referenced documents.

Stakeholder Group	Source and Statement of Proposed Action
State Medicaid Directors Association (NASMD) NASMD a bipartisan, professional, nonprofit organization of representatives of state Medicaid agencies (including the District of Columbia and the territories).	**March 15, 2010: Comment letter on the Medicare and Medicaid Programs; Electronic Health Record Incentive Program proposed rules, published in the January 13, 2010 Federal Register. "GUIDING PRINCIPLES"(p.3)**: (1) The provider incentive program should ensure that we are not creating a two tiered system in which Medicaid is not fully integrated into the improved care delivery system enabled through this initiative…. (3) The provider incentive program should foster EHR adoption and meaningful use among eligible Medicaid providers pursuant to the NPRM, and strive towards including non-eligible providers that are critical to improve the quality and value of the Medicaid program, such as long-term care and behavioral health providers.
American Medical Directors Association (AMDA) AMDA represents approximately 5,200 medical directors, attending physicians, and others who practice in the long-term care continuum.	**AMDA-comments on the proposed rule *Medicare and Medicaid Programs; Electronic Health Records Incentive Program--Stage 2*.(p.1)**: While the proposed rule does not preclude long term care physicians from adopting health information systems to achieve meaningful use, AMDA encourages the Centers for Medicare and Medicaid Services (CMS) to include language that supports and encourages adoption of electronic health records (EHR) in LTPAC. … To meet nationally stated goals of: (a) improving quality, safety, efficiency, and reduce health disparities; (b) improving care coordination; and (c) engaging patients and families, the health care team caring for a patient/resident must be able to electronically exchange meaningful clinical information throughout the entire spectrum of care, which includes LTPAC.
LeadingAge (formerly known as AAHSA (American Association for Homes and Services for the Aging)) LeadingAge 5,800 member organizations, many of which have served their communities for generations, offer the continuum of aging services: adult day services, home health, community services, senior housing, assisted living residences, continuing care retirement communities and nursing homes.	**AAHSA Public Policy Priorities 2008 (pp.8-9)**: One thing is clear: Technology will make a tremendous difference in quality and cost … We therefore will advocate for:… Creating and standardizing private, and portable Personal and Electronic Health Records, which take into account the unique requirements of aging services, to be available to every senior (or citizen) in America to ensure continuity of information, continuity of care, reduced unnecessary interventions and errors, and increased ownership of one's medical history. **Statement for the Record. Investing in Health IT: A Stimulus for a Healthier America. January 15, 2009 (p.3)**: We therefore urge you to include long-term care providers in any incentives you adopt, including direct bonuses, so as to enable long-term providers to prepare their information and communications infrastructure and deploy new technologies, including health IT and interoperable EHR systems, as well as other technologies enabling direct care workers to document their patients' care. Secondly, we urge that any data collection by the Centers for Medicare and Medicaid Services be through interoperable systems. We will not be able to achieve the goal of interoperability by 2014 if data collection in long-term care is done through a proprietary format, as CMS plans to do with the new MDS 3.0. This will inevitably set back the efforts to integrate long-term care data collection with the rest of the health care system and ultimately increase cost of making all systems interoperable by 2014…. Such health IT infrastructure and EHR systems, that are interoperable across provider settings, ensure the continuity of information, and thus the continuity of care, and can lead to reducing medical errors, duplicative procedures and expenditures, while improving care quality, especially for the aging population.

Stakeholder Group	Source and Statement of Proposed Action
LeadingAge (*continued*)	**AAHSA Public Policy Priorities 2010 (p.11)**: AAHSA supports - Standards for electronic health records (EHR) that include long-term services and supports. Pilot projects for EHR technology should be on-going in aging services… **AAHSA Public Policy Priorities 2011 (p.4)**: LeadingAge supports - Advancement of technology applications in long-term services and supports; and - Inclusion of this sector in federal programs to encourage broad use of health IT. **Financing (p.6)**: Financing aging services also requires support for infrastructure, including access to capital for construction and improvements that add value and cost-saving efficiency, such as technology. The Affordable Care Act provides for a number of exciting opportunities to better integrate acute and post-acute care services through collaboration among a variety of health care providers. This kind of collaboration will require extensive data sharing to ensure continuity and quality of services. Data collection and sharing, in turn, will absolutely depend on the use of health IT. LeadingAge supports: Standards for electronic health records (EHR) that include long-term services and supports. Pilot projects for EHR technology should be on-going in aging services…
Centers for Aging Services Technology, Homecare Technology Association of America (CAST) CAST is leading the charge to expedite the development, evaluation and adoption of emerging technologies that can improve the aging experience. CAST has become an international coalition of more than 400 technology companies, aging services organizations, research universities, and government representatives.	**"IMPEDIMENTS TO THE ROLL-OUT OF INFORMATION TECHNOLOGY HEALTH CARE STRATEGIES (pp.1-2)**: Interoperable Electronic Health Records (EHR) & Personal Health Records (PHR) in Long-Term Care. The development of interoperable electronic health record and personal health records is critical to the success of technology implementation. We support the national initiatives to develop EHRs and encourage work on PHRs. These activities form the foundation for the future vision of how networked health care systems will operate between older adults, caregivers, family members and health care providers. … Key to maximizing the benefits of such networked health care system is the inclusion of long-term care settings, such as assisted living, skilled nursing, home health, home care and specialty services providers … [and] necessitates that the standards for such electronic record systems take into account the requirements of the long-term care providers, including functional assessment data and patient summaries, to allow the electronic exchange of critical health information among different care providers, including long-term care providers. Lack of interoperability is one of the important barriers to the adoption of these technologies… More incentives, in the form of grants, tax-credits and low-interest loans, are needed to enable long-term providers to prepare their information and communications infrastructure and deploy new technologies, including health IT and interoperable EHR systems, and other technologies including technologies for care documentation by direct care workers that improve the quality of care. Such health IT infrastructure and EHR systems, that are interoperable across provider settings, ensure the continuity of information, and thus the continuity of care, and can lead to reducing medical errors, duplicative procedures and expenditures, while improving care quality, especially for the aging population.

Stakeholder Group	Source and Statement of Proposed Action
National Association of Home Care (NAHC) **Home Care Technology Association of America (HCTAA)** HCTAA is a wholly-owned affiliate of the NAHC, and is organized to advance the accessibility and use of technology in home care and hospice settings. HCTAA was established to unite the home care technology industry into a stronger, more effective voice to Congress, the Administration, state legislatures, the home care industry, consumers, and the media. HCTAA believes that home care and hospice providers that are properly equipped with technological solutions will serve a central role in the delivery of health care by ensuring quality, efficiency, and patient care coordination.	**NAHC and HCTAA: comments on the definition of "Meaningful Use" of Electronic Health Records (EHR), as required by the American Recovery and Reinvestment Act of 2009" (June 25, 2009)**: We specifically would urge the ONCHIT to ensure that: - Grants and loans be made available to home health care providers to plan for and implement certified, interoperable HIT solutions; … - CMS adopts HITSP-accepted interoperability standards as it goes forward with new patient assessment requirements for home health agencies and other provider settings to accelerate the adoption and use of interoperable EHRs by these providers;… …as we have stated, the goal of care coordination requires the exchange of timely health information among all care providers. This goal cannot be achieved unless it is inclusive of home health care and hospice providers. With appropriate resources for implementation and standardization of EHRs, further steps can be taken by the home care and hospice community to meet the objectives of the meaningful use of EHRs and care coordination. **NAHC and HCTAA comments on the proposed rule to define the "meaningful use" of Certified Electronic Health Records (EHR) technologies and to establish evaluation criteria that facilitate the flow of incentive payments to eligible professionals (EPs) and eligible hospitals participating in Medicare and Medicaid programs (March 15, 2010) (pp.1-2)**: - Consider that the standards for Certified EHR technologies and the means by which EPs and eligible hospitals demonstrate meaningful use should work for all provider types; including home health care and hospice to ensure the maximization of the functionality of EHRs. - Recognize that standards for improved care coordination and the exchange of meaningful clinical information among the professional health care team should involve all health care provider types (including health care professionals who are defined within the scope of home health care service providers, such as: physician assistants, nurse practitioners, registered nurses, physical therapist, and clinicians). **NAHC/HCTAA comments on the 2011-2015 Federal Health Information Technology Strategic Plan (May 6, 2011) (pp.2-3)**: The ONC needs to recognize that establishing a criteria and process to certify EHR technologies for hospitals and eligible providers has created a trajectory that must be adhered to by all providers, even those that are non-incentivized, if they want to be able to participate in the capture and exchange of health information. The ONC should link the goals … to provide support and build awareness of not only ONC-ATCB Certified EHRs but also other certified EHRs, such as the CCHIT Certified EHR home health add-on, that is interoperable with the federal standards. Currently, the vendor community is not developing the home health add-on because there is no federal government support or financial incentives attributed to the home care end user.
LTPAC Health IT Collaborative Collaborative of associations representing HIT issues for LTPAC providers, professionals, and support services in skilled nursing facilities, nursing facilities, assisted living, home health agencies, etc. Members include: American Health Care Association, American Health Information Management Association, Home Care Technology Association of America, American Society of Consultant Pharmacists, Center for Aging Services Technology, Leading Age, National Association of Home Care and Hospice, National Association for the Support of Long-Term Care, National Center for Assisted Living, Program for All Inclusive Care for the Elderly	**April 16, 2009. Inclusion of Long-Term Care Settings in ARRA Funded Projects Letter to the David Blumenthal (the National Health IT Coordinator)**: We believe that implementing our ARRA recommendations would substantially help ensure that organizations likely to be primary drivers of adoption of standards-based EHRs and facilitators of health information exchange, such as Health Information Exchanges (HIEs), Regional Health Information Organizations (RHIOs) and Regional Health Information Technology Extensions Centers, are inclusive of all provider settings and serve broad and diverse populations, including persons requiring long-term care. Advancing policies that extend interoperable health information exchange and use to support the needs of persons requiring long-term care (including the use of standards for patient assessments) will be necessary to meet the ARRA goal that each person in the U.S. use an EHR by 2014. **June 11, 2009 Health IT Extension Program Comments. Letter to the David Blumenthal (the National Health IT Coordinator) (p.1)**: Excluding long-term care will slow down the adoption of interoperable EHRs for each person in the U.S. and cause harm to our most vulnerable citizens as they migrate through the health care system with numerous providers during single episodes of care and overtime across multiple episodes of care.

Stakeholder Group	Source and Statement of Proposed Action
LTPAC Health IT Collaborative (*continued*)	**March 15, 2010: Comment letter on the Medicare and Medicaid Programs; Electronic Health Record Incentive Program proposed rules.** This rule proposes to define the "meaningful use" of Certified Electronic Health Records (EHR) technologies and to establish evaluation criteria that facilitate the flow of incentive payments to eligible professionals (EPs) and eligible hospitals participating in Medicare and Medicaid programs.[a] **LTPAC Recommendations on "Meaningful Use" (pp.1-2)**: - Consider that the Certified EHRs technologies approved for use by EPs and eligible hospitals must be measured by their ability to successfully send and receive standards-based patient summary records and clinical information and share them with all health care providers types (including skilled nursing facilities, nursing facilities, home health, etc.) as defined by the HITECH Act. - Recognize that the standards of meaningful use of Certified EHRs for 2013 must, at a minimum, include a defined standard for the transfer of care documentation between all providers as defined by Section 3000(3) of the HITECH Act. The recommendation of the LTPAC is for this to be addressed in 2011 rulemaking so that the industry has sufficient time to implement these standards and support meaningful use Stage 2. - Recognize that improved care coordination and the exchange of meaningful clinical information among the professional health care team should involve all health care provider types and that demonstration projects should be devised to demonstrate the exchange of meaningful clinical information between EPs, eligible hospitals and LTPAC providers. **January 18, 2011. President's Council of Advisors on Science and Technology "Realizing the Full Potential of Health Information Technology to Improve Healthcare for Americans: The Path Forward" Letter to ONC.** **(pp.1-2)**: The report urges the Centers for Medicare and Medicaid Services (CMS) to focus on increasing health information exchange and to exercise its' influence as a major payer to drive health information exchange. While currently long-term care providers are not eligible for Meaningful Use incentives for adoption of a certified electronic health record under ARRA-HITECH, CMS could leverage federally mandated LTPAC functional status assessments (such as MDS, OASIS and IRF-PAI) to accelerate the adoption of interoperable EHRs in this sector and increase the exchange of health information across health care provider settings. ONC should also support the creation of health data exchange programs that target and engage LTPAC providers. **(p.2)**: We strongly support the recommendation that CMS modernize their information systems and develop a strategy to use technology and standards that are consistent with the rest of the health care industry to leverage their influence and advance health information exchange activities for clinical, administrative, public health and research purposes and not deploy information technology requirements that only fit CMS business processes. **May 6, 2011. LTPAC Health IT Collaborative Public Comments on ONC Federal Health IT Strategic Plan 2011-2015**.[b] **(pp.2-5)**: The following comments build on what is contained in the Strategic Plan and further extend it to better meet the needs of the large population that LTPAC serves…. **OBJECTIVE I.A: Accelerate adoption of Electronic Health Records (EHR)**. **STRATEGY I.A.7: Align federal programs and services with the adoption and meaningful use of certified EHR**. We applaud the ONC for planning to include methods to encourage providers that are not eligible for the incentive programs such as post acute and long term care to achieve meaningful use of IT as well. **OBJECTIVE I.B: Facilitate information exchange to support meaningful use of EHR**. Suggest including long-term and post-acute care settings" with any example of provider settings.

Stakeholder Group	Source and Statement of Proposed Action
LTPAC Health IT Collaborative (*continued*)	**STRATEGY I.B.I: Foster Business models that create health information exchange**. - Health Information Exchange strategies include the LTPAC community. - The ONC Direct engages a variety of providers in Health Information Exchange. Ensure that LTPAC providers are included in Direct Projects… - It is not readily apparent in the Strategic Plan that LTPAC is part of the Direct Project. **OBJECTIVE I.C: Support health IT adoption and information exchange for public health and populations with unique needs**. **STRATEGY I.C.3: Support health IT adoption and information exchange in LTPAC, behavioral health, and emergency care settings**. The Federal Health IT Strategic Plan notes ONC is working with SAMHSA and HRSA to address the policies and standards concerning the unique needs of behavioral health IT adoption and information exchange. The LTPAC Health IT Collaborative supports the inclusion of the unique needs of behavioral health identified in the strategic plan and offers these recommendations below supporting the unique needs of the LTPAC community: - Policies, standards, and incentives for vital links between health care providers to be encouraged to accelerate the care process outside current settings being incentivized [eligible hospitals, CAH, eligible professionals]. - Policies, standards, and incentives to provide sustained effective care for the large numbers of vulnerable populations in settings outside acute systems. - Policies, standards, and incentives to develop communication between providers eligible for EHR incentive payments to establish and maintain connections supporting data exchange with those outside agencies who are NOT EHR incentive payment eligible to support consumer centric care across the continuum that includes the longitudinal care planning being discussed by Health IT Policy Committee for inclusion in the future stages of Meaningful Use. - Support for effective electronic health information exchange with ALL health professionals involved in delivering LTPAC needs of the consumer including *Home Care services such as Care Management, Private Duty, and Skilled Nursing--and also the personal care needs, infusion, nutrition, rehabilitation, PT, OT, Speech therapy as well as durable medical equipment providers*. - Support for Longitudinal assessments across the continuum which identify the patient's story. … - Health information exchange from LTPAC facilities to hospitals and vice versa to facilitate better transitions to meet unique needs. - Support for services or service delivery structure to the current EHR that provide a means to track unique needs of patients transitioning between settings. This includes patient care services--not just medical decision making. - Support for the concept of a problem that is not disease specific or a medical problem; examples of other issues that need to be addressed include transportation, personal care, activities of daily living (ADLs), financial issues which are barriers to sustained effective care beyond acute care and often result in hospitalizations, re-hospitalizations and greater medical costs. - Support for health care delivery for of ALL levels of care and prevention--not just support for traditional health care delivery episodes of care "check in to check out" or "admission to discharge". **OBJECTIVE II.A: Support more sophisticated uses of EHRs and other health IT to improve health system performance**. **STRATEGY II.A.1: Identify and implement best practices that use EHRs and other health IT to improve care, efficiency, and population health**. Usability is a critical issue that needs to be addressed in this GOAL so that systems providing clinical decision support provide consistent messaging and alerting across the continuum from acute care to LTPAC.

Stakeholder Group	Source and Statement of Proposed Action
LTPAC Health IT Collaborative (*continued*)	**OBJECTIVE II.D: Support new approaches to the use of health IT in research, public and population health, and national health security**. **STRATEGY II.D.1: Establish new approaches to and identify ways health IT can support national prevention, health promotion, public health, and national health security**. - Support for a link between quality and core processes important across the continuum which include medication reconciliation, care transitions, change of condition, and risk identification. - Support for health records associated with the longitudinal care plan and outcomes of care in various care settings that capture the essence of an individual's life in the community which are vital to the continuum of care. A more specific plan should be included for including these records in the near term meaningful use plans. This is particularly important for populations served by LTPAC. - Support for family histories which are a vital and rich part of the longitudinal care plan and unique assessment of the nursing home and LTPAC environment.

a. See http://www.ltpachealthit.org/sites/default/files/MU%20Comments%20March%202010%20v4%205%20%284%29.pdf.
b. See http://www.ltpachealthit.org/sites/default/files/LTPAC%20HIT%20Collaborative%20Comments%20on%20ONC%20Federal%20HIT%20Strategic%20Plan%205_9_11_FINALv2.pdf.

EHR PAYMENT INCENTIVES FOR PROVIDERS INELIGIBLE FOR PAYMENT INCENTIVES AND OTHER FUNDING STUDY

Files Available for This Report

Main Report http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.pdf

APPENDIX A. Medicare and Medicaid EHR Incentive Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendA
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendA.pdf

APPENDIX B. Definitions and Certification of EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendB
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendB.pdf

APPENDIX C. Public Health Service Act Section 3000(3) as Added by HITECH Section 13101 -- Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendC
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendC.pdf

APPENDIX D. Ineligible Provider Characteristics
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendD
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendD.pdf

APPENDIX E. Long-Term and Post-Acute Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendE
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendE.pdf

APPENDIX F. Behavioral Health Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendF
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendF.pdf

APPENDIX G. Safety Net Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendG
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendG.pdf

APPENDIX H. Other Health Care Provider Profiles
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http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendH.pdf

APPENDIX I. Table Summary of Patient Protection and Affordable Care Act Provisions with Relationship to Ineligible Providers and Health IT Use
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APPENDIX J. Behavioral Health Provider Analysis
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APPENDIX K. Grant, Demonstrations and Cooperative Agreement Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendK
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APPENDIX L. Loan Programs
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http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendL.pdf

APPENDIX M. Technical Assistance Programs
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APPENDIX N. Administrative Infrastructure Building Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendN
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendN.pdf

APPENDIX O. Anti-Kickback Statute EHR Safe Harbor Regulations
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendO
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendO.pdf

APPENDIX P. Private Sector Programs to Advance Certified EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendP
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendP.pdf

APPENDIX Q. Regulations for Medical Records
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendQ
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendQ.pdf

APPENDIX R. Technical Advisory Group Summary
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendR
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APPENDIX S. Evaluating Benefits and Costs of New Incentives for EHR Adoption by Ineligible Providers
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendS
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APPENDIX T. CIO Consortium EMR Cost Study Data
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APPENDIX U. Abbreviations and Acronyms
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APPENDIX V. References
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendV
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