Long-Term and Post-Acute Care Providers Engaged in Health Information Exchange: Final Report

APPENDIX C. ENVIRONMENT SCAN AND LITERATURE REVIEW SOURCES

The literature review and environmental scan sources included peer-reviewed scientific and academic articles and the grey literature. Sources included trade journals, reports from the public and private sectors, and other identified material relevant to health information technology (HIT) and health information exchange (HIE) in long-term and post-acute care (LTPAC)/long-term services and supports (LTSS) settings, transitions of care, care coordination and longitudinal care plans for persons who receive LTPAC/LTSS services, and interventions to reduce hospital readmissions and medication errors in this population. Care coordination and care transitions literature was also reviewed to identify effective models of care and the role of information sharing and exchange. Sources for published articles were PubMed, Google Scholar, and the International Medical Informatics Association Inventory of HIT Evaluation Studies and Systematic Reviews (http://evaldb.umit.at). The inclusion criteria included studies based in the United States from 2007 and later. References from the most relevant articles were also reviewed to identify any important published articles that were not identified from the targeted search.

Search terms included "Health Information Exchange" plus other terms including, but not limited to: "Care Coordination," "Care Transitions," "Long-Term Care," Long-Term and Post-Acute Care," "Nursing Home," "Post-Acute Care," "Home Health," "Long-Term Support Services," "Hospice," "Care Transitions," "Hospital Readmissions," "Medication Management," "Medication Reconciliation," "Outcomes," and "Measures."

The environmental scan sources included:

- Web sites of HIE organizations and participating health care systems with participating LTPAC providers such as Utah Health Information Network, HEALTHELINK (Western New York), Secure Medical Records Transfer Network (Oklahoma), HealtheNet (Maine), Colorado Regional Health Information Organization, Delaware Health Information Network, and Maimonides Health Care System.
- The Office of the National Coordinator for Health Information Technology (ONC)
 Theme 2 Challenge Grant Awardees Update Report.¹
- Presentations on HIE and LTPAC providers available from the Internet (e.g., by Challenge grantees, Beacon communities).

¹ Metz K, Russell W. Improving transitions of care in LTPAC: An update from the Theme 2 Challenge Grant awardees. Washington, DC: ONC; 2013.

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- Materials provided by key informants and expert project advisors, including Michelle Dougherty from the American Health Information Management Association (AHIMA) and Dr. Larry Garber from Reliant Health, a LTPAC provider and a Challenge Grant recipient.
- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) web site and ASPE-sponsored webinars (with AHIMA) on HIE and LTPAC.
- The most recent ONC report on adoption of HIT to facilitate the electronic use and exchange of health information.²
- State, federal, and other web sites of initiatives and programs that support care coordination and transitions, such as the Standards and Interoperability (S&I) framework and workaround exchange to support care transitions and key S&I workgroup reports, models, use cases, and findings.
- Meaningful use criteria under the electronic health record Incentive Programs to support HIE for care transitions.
- Accountable care organization (ACO) model descriptions to improve care transitions and descriptions of funded ACOs.
- Centers for Medicare and Medicaid Services programs, rules, and funding initiatives that support new models of care including LTPAC, such as the Center for Medicare and Medicaid Innovation, Community-Based Care Transitions Program State Demonstrations to Integrate Care for Dual Eligible Individuals, and physician payment incentive programs.
- The Arizona HIE environmental scan for long-term care.3
- National Quality Forum reports related to care coordination and measures, including the Critical Paths Care Coordination project.
- Other federal, state, and community initiatives including the State Action on Avoidable Re-hospitalizations Initiative and initiatives undertaken by Quality Improvement Organizations.

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² Office of the National Coordinator for Health Information Technology. Update on the adoption of health information technology and related efforts to facilitate the electronic use and exchange of health information. Washington, DC: ONC; 2013.

³ Arizona Strategic Enterprise Technology Office. Arizona health information exchange environmental scan: Long-term care. CFDA #93.719. Phoenix, AZ: Arizona Strategic Enterprise Technology; 2012.

LONG-TERM AND POST-ACUTE CARE PROVIDERS ENGAGED IN HEALTH INFORMATION EXCHANGE: Final Report

Files Available for This Report

MAIN REPORT

Executive Summary
HTML
PDF
http://aspe.hhs.gov/daltcp/reports/2013/HIEengagees.shtml
http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml
http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.pdf

APPENDIX A. SELECTED PROGRAMS AND INITIATIVES THAT SUPPORT CARE COORDINATION AND INFORMATION EXCHANGE FOR PERSONS RECEIVING LTPAC/LTSS

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendA

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageA.pdf

APPENDIX B. FRAMEWORK TO CHARACTERIZE HEALTH INFORMATION EXCHANGE TO SUPPORT CARE COORDINATION FOR PERSONS RECEIVING LTPAC/LTSS

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendB

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageB.pdf

APPENDIX C. ENVIRONMENTAL SCAN AND LITERATURE REVIEW SOURCES

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendC

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageC.pdf

APPENDIX D. PROMISING COMPONENTS AND INTERVENTIONS TO REDUCE READMISSIONS

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendD

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageD.pdf

APPENDIX E. SUMMARY OF LITERATURE ON HEALTH INFORMATION EXCHANGE OUTCOMES AND RELATED MEASURES

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendE

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageE.pdf

APPENDIX F. EXAMPLES OF COMMUNITY-BASED CARE TRANSITION PROGRAM WITH LTPAC/LTSS PARTICIPATION

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendF

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageF.pdf

APPENDIX G. HEALTH INFORMATION EXCHANGE INTERVENTIONS AND ACTIVITIES IDENTIFIED THAT SUPPORT CARE COORDINATION FOR PERSONS RECEIVING LTPAC/LTSS

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendG

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageG.pdf

APPENDIX H. SITE VISIT SUMMARY: RUSH UNIVERSITY MEDICAL CENTER, CARE TRANSITIONS PROGRAM, BRIDGE PROGRAM

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendH

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageH.pdf

APPENDIX I. SITE VISIT SUMMARY: BEACHWOOD HOMES

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendl

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengagel.pdf

APPENDIX J. SITE VISIT SUMMARY: EASTERN MAINE HEALTH SYSTEM, EASTERN MAINE HOME CARE

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendJ

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageJ.pdf

APPENDIX K. SUMMARY OF INFORMATION ROUTINELY EXCHANGED BY THE THREE SITES VISITED. BY CARE COORDINATION FUNCTION

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendK

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageK.pdf

APPENDIX L. STANDARDS AVAILABLE TO SUPPORT HEALTH INFORMATION EXCHANGE OF LONG-TERM AND POST-ACUTE CARE DATA

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendl

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageL.pdf

APPENDIX M. GLOSSARY

HTML http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml#appendM

PDF http://aspe.hhs.gov/daltcp/reports/2013/HIEengageM.pdf