# EHR Development Steps in Long-term Care



*by Michelle Dougherty, RHIA, CHP*

In the past year there has been a whirlwind of activity around the electronic health record (EHR). Hospitals and physician offices are in the forefront of planning for EHR development at the national level. However, long-term care (LTC) is often mentioned as the third area of priority. This article will outline the initiatives and opportunities opening for the LTC industry.

## Getting LTC Involved

Within the LTC industry, there is a fair level of pessimism about implementation of the EHR. Comments like "It will never be paperless in my lifetime," "We don't need anything fancy," or "There aren't EHR experts in LTC" have often been overheard in LTC. Some of the criticism is valid—there aren't enough experts in EHR standards coming forward with LTC expertise. Some criticism is not valid—the LTC industry is capable of EHR implementation and needs it to address quality of care, patient safety, and work force efficiency issues.

In April 2004 a technical expert panel for the Department of Health and Human Services discussed findings from a research project investigating the state of technology in LTC. This past August the Office of the Assistant Secretary for Planning and Evaluation and the Office of Disability, Aging and Long-Term Care Policy jointly published findings from the project. The report, titled "Case Studies of Electronic Health Records (EHRs) in Post-Acute and Long-Term Care," evaluated the status of interoperable EHRs capable of exchanging health information.

The research project evaluated technology in nursing homes, home care agencies, and rehab hospitals and units. Case studies from four leading-edge sites were published in the report. The facilities identified key benefits from the EHR use, including:

- Exchange of health information at the point of care transition (from an LTC facility to another provider, physician, or pharmacy)
- The ability to manage medication through the EHR (e.g., computerized physician order entry, automated med sheets, bar code medication administration)
- Clinician and physician documentation (notes and orders) entered directly into the EHR

Limitations identified in the report included:

- Most of the connectivity between the LTC facility and another entity was possible when there was a relationship (i.e., part of an integrated delivery system) between the two. Wider connectivity with entities outside of the system would be difficult.
- The software applications used in LTC lacked the use of standards in messaging, vocabulary, clinical content, and document architecture.
- The four case studies in the report did not integrate the required data sets (MDS, OASIS, PAI) with the EHR application, resulting in redundancy and duplication of effort.

The most important section of the report included recommendations to assist the industry in strategizing and moving forward toward a true electronic health record, which included four key findings:

- The post-acute and long-term care industry needs to recognize the potential for interoperable EHRs to improve patient care, efficiency, and the clinician's job.
- The industry needs to participate in and support the use of health information technology standards.
- A single application should be developed to increase awareness and demand for EHRs.
- Future research should focus on applications with the greatest value, such as standards related to federally mandated data sets and an electronic care transfer document.

## The Movers and Shakers

There are two main associations representing LTC providers: the American Association for Homes and Services for the Aging (AAHSA) and the American Health Care Association (AHCA). Both groups offer strategies to move the EHR and other technology forward in the aging and senior services arena. AHIMA has representatives in both associations. AAHSA has developed the Center for Aging Services Technology and offers a clearinghouse of emerging technology for LTC. AHCA also has a planning committee, the health information infrastructure technology work group.

It is clear that LTC must become more visible in standards development. One of the most active groups addressing standards development is Health Level 7 (HL7). HL7 developed and passed a draft standard identifying the functions in an EHR system. This standard outlines specific functions that should be in place for a system to be considered an EHR. For LTC, this standard disqualifies minimum data set software programs as EHRs. According to HL7, an EHR should be able to electronically process physician orders, apply decision support, employ a standard vocabulary, and interact with other EHRs. To get a better picture of the potential of an EHR, an LTC case study is published with the EHR standard.

HL7's EHR technical committee has an LTC subgroup to address standards issues. The group is open to anyone who is interested. Currently, the LTC work group is identifying a minimum set of functions necessary for an LTC EHR and assisting with criteria to determine conformance with EHR standards.

In addition to the EHR standard, HL7 also has standards in technical areas such as messaging and clinical document architecture that allows one computer system to communicate with another. These technical standards committees need participation from experts in LTC as standards are developed and revised.

## Other EHR Developments

Another standard to be aware of is the American Society of Testing and Material's Continuity of Care Record (CCR). CCR is a data set that captures information at the point of transfer or care transition. AHCA is assisting with work to develop a long-term care extension to the CCR.

At the federal level, the government has developed an initiative called Consolidated Health Informatics (CHI). The goal is to identify interoperability standards that would allow federal health agencies to speak the same language (a standard vocabulary and architecture). As a result of CHI, standards are being identified for sections of the minimum data set, which will help spearhead a movement toward interoperability in LTC.

One of the most significant developments for the EHR initiative was the appointment of David Brailer as the national coordinator for the office of health information technology. The result has been a whirlwind of activity and excitement about moving toward an EHR and an infrastructure to exchange health information. This past summer, AHIMA attended a meeting coordinated by the Center for Health Transformation to discuss LTC issues related to the EHR and make recommendations to Brailer's office. To stay on the radar screen, LTC must actively be engaged in standards work and communicate with Brailer's office.

## Taking the First Step

If you are interested in seeing LTC move forward with EHR development, there are a number of ways to start:

1. Make the time and get involved in standards-setting activities (often available through conference calls)
2. Watch for the creation of regional health information organizations in your area—the industry needs more LTC facilities participating in the demonstration projects being developed around the country
3. Read the HL7 EHR functional standard to understand EHR capabilities
4. Read the HL7 case study for an EHR in a LTC facility to get a vision for the capabilities
5. Watch for state activities and get involved. Some state agencies and associations are starting initiatives to spearhead movement toward an EHR in LTC.

Finally, evaluate your skills in e-HIMTM. Are you ready to assist with EHR implementation? Do you have a basic understanding of technology issues? As the industry moves toward automation and the EHR, you must keep up your skills to

play a role in implementation.

## Resources

Center for Aging Services Technology. Available online at www.agingtech.com.

eGov. Available online at www.whitehouse.gov/omb/egov/gtob/health_informatics.htm.

Health Level 7. "EHR Functional Model." Available online at www.hl7.org/ehr/downloads/index.asp.

Kramer, Andrew, et al. "Case Studies of Electronic Health Records in Post-Acute and Long-Term Care." Department of Health and Human Services, 2004. Available online at http://aspe.hhs.gov/daltcp/reports/ehrpaltc.pdf.

Office of the National Coordinator for Health Information Technology. Available online at www.hhs.gov/healthit.

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