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INTEROPERABILITY EMERGES AS THE KEY TO PERSON-CENTERED CARE

THIS NEW GOLD STANDARD WILL HELP SEPARATE WINNERS AND LOSERS

Hospitals and physicians were big winners when federal lawmakers set aside funds to upgrade health-care information technology. But long-term care operators were ignored. The slight could hardly have come at a worse time. That's because shifting quality and payment rules will require post-acute players to demonstrate both competence and efficiency in ways that once seemed all but impossible.

A perfect storm now brews, making conditions right for every person and entity involved in episodic healthcare to get on board, according to Teresa Chase, president of American HealthTech.

Fueling the storm are industry and regulatory efforts that inexorably tie healthcare delivery with clinical and financial data. Chase explained challenges and options during a recent *McKnight's* webcast sponsored by American HealthTech, "How to empower true person-centered care through interoperability."

No word describes the pressing issue better than interoperability, a competency that allows information to be universally shared among insurers, government, caregivers and residents. Not only must providers soon be on board with the right hardware



and software, but they also must have a newfound understanding and respect for protecting and disseminating current and accurate information.

As some providers are now discovering, interoperability can improve productivity and staff workflow, and reduce financial and clinical risk.

With a deadline of October 1, 2018, for SNFs to be electronically transmitting standardized and interoperable patient assessment data, quality measures information and resource-use measures to the Department of Health and Human Services, a

narrow window of opportunity remains open. Operators should now be forging strategic partnerships with other providers such as hospitals, doctors, accountable care organizations, therapy providers and pharmacies, says Chase, a former 21-year insurance executive and expert on operational improvement.

The convergence of value-based and patient-centered care is rapidly gaining steam.

FIRST THINGS FIRST

New quality and data mandates aim to put the patient front and center.

For Chase, all roads leading to patient-centered care go through interoperability.

"Whether you are a clinician, a physician, a nurse practitioner or whether you're in the business

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“
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office, you are going to be affected by interoperability and you also have a very important role to play,” she says. “We are headed toward value-based payment, and to do that, it’s going to be driven by data. And data will be driven by interoperability.”

“Up until now there’s been a lot of talk about interoperability, but it’s really been focused around connecting and pushing data,” Chase adds. “The real value comes when we begin to insert the data into our workflow and use it as we are providing for our patients and residents. That’s where we’re headed on our journey.”

Chase is not alone in her zeal to see it happen. The co-founder of the Long Term and Post Acute Care (LTPAC) Health IT Collaborative is among many others.

“There is no doubt in my mind that today and for the foreseeable future, the most valuable technology in any of the three post-acute

provider settings is robust electronic medical record software,” maintains John Derr, a strategic clinical technology healthcare consultant and former American Health Care Association executive vice president.

Derr envisions optimal EHRs will “focus on person-centric longitudinal care that aggregates all clinical and financial data elements pertaining to the individual patient, and establishes trending with alerts leading to a wellness and prevention focus while empowering interoperability with partnerships within the patient’s spectrum of care.”

Decoding interoperability

The Healthcare Information and Management Systems Society defines interoperability as the “ability of different technology systems and software applica-

tions to communicate, exchange data and use the information that has been exchanged.” In addition, that data exchange schema and standards should permit data to be shared across clinicians, labs, hospitals, pharmacies and patients, regardless of application or vendor.

“Note the emphasis on the term ‘use.’ That’s a key word here,” says Chase. “This is where the value lies. It has to be all about your staff’s workflow because if it’s not, it’s going to be a hindrance and harmful to your productivity and your staff’s morale. True interoperability requires that you actually share data without considerable barriers or expense.”

It’s also important to understand what interoperability is not. The term is often confused with *intraoperability*, or the process of sharing data internally within a common vendor platform. It also should not be confused with things like “interfaces,” which are simply data pushes to another system; “integration,” which is typically a two-way custom exchange of data to between systems; or simple “connections.”

The bottom line: Information must seamlessly follow the person regardless of where care is delivered so that the right data is available for the right patient at the right time for the patient’s provider.

“Providers do not own the data. The data belongs to the resident,” says Chase. “Data is an output of caring for a patient and it should follow them wherever they go. It should be used to help improve communication, care coordination and, ultimately, outcomes.”

The urgency of now

Interoperability dovetails into most of today’s prominent healthcare trends, all of which are data dependent and technology-driven. They include increasing scrutiny over care transitions, the cost of care, population health management and new payment concepts like value-based care.

The real pressure is coming from the top. Faced with delivery system and payment reforms, acute-care and network executives are scrutinizing relationships with post-acute providers and are primed to strengthen partnerships with high-performers and

NEW DATA MANDATE

Information must follow the patient, regardless of location or caregiver.



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scale back relationships with those who are falling short.

"Today's hospital leaders, ACOs and managed care organizations are looking now for good partners," Chase says. "Access and ability to share information and data is high in their top three to five items they're looking for. You want to get in there, build a joint infrastructure with them, and figure out not only how you can do smooth care transitions, but also how you can do smooth data exchanges through standards and interoperability."

Federal-based initiatives

One of the pivotal laws driving interoperability is the Health Information Technology for Economic and Clinical Health (HITECH) Act. The law requires the national coordinator for health information technology to create, curate and update the five-year Federal Health IT Strategic Plan. (The current one encompasses 2015-2020.) The overarching goal is to expand adoption of health information technology.

The Office of National Coordinator recently created a Shared Nationwide Interoperability Roadmap. It begins with value-based payment.

"They are beginning to connect all of the dots, whether it's payment, data or access to data, to make better clinical decisions and have better clinical outcomes," Chase notes.

The ONC is definitely keeping tabs on progress in the post-acute care arena.

"The ONC wants to see an increase in the amount or proportion of acute and post-acute providers that are sending, receiving, finding, maybe using a clearinghouse and then actually using the health information," she says. "Because just sending

BEYOND COLLECTION

Federal regulators are becoming adamant that providers make better use of data they gather.



and receiving is not enough."

Another key law is the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, which requires reporting of standardized patient assessment data related to quality measures, resource use and other measures, as well as standardized and interoperable data elements.

To assist providers, the Centers for Medicare & Medicaid Services is developing a data element library which, when completed, could be used to pre-populate providers' assessment tools so they can be correctly mapped to nationally accepted Health IT standards.

Implementation advice

Every long-term care provider has its own specific challenges and is likely sitting at a different point along the interoperability timeline. But Chase has a few key, commonly applicable, bits of advice to impart to all of them:

- *Seek out partnerships.* One logical place is among the organizations from which you are seeking new residents. "ACOs and hospitals are look-

ing for someone who can take the referrals as quickly as they can, so being able to take referrals electronically into your system, that's key."

Potential partners also are looking for an ability and desire to share data, a clear understanding of their needs and, of course, produce high quality care outcomes.

- *Prepare for change.* Understand that becoming interoperable requires changes in your facility's workflow.

"Once you take possession of that data, it's yours. If you're going to bring it in, you've got to decide what's coming in, who's going to look at it, and what you are going to do with it."

- *Leverage technology.* Hospitals may have a head start on EHR implementation, but that doesn't mean they've all fully exploited the opportunity. For example, fewer than half of them are integrating the data they receive into an individual's record.

"Hospitals are ahead of the game, but we have some opportunities to catch up.

And you already are doing much more with your EHRs than many of these acute care providers realize."

- *Start small.* Write down two things you would do to move interoperability along in your organization, "even if those two things are just having a conversation with your software partners about their capabilities." Two prime interoperable partners are therapy providers and pharmacies.

"These are two very critical areas of your business that have automated for a number of years now, so the odds are great you can bring that into your workflow and your process with less disruption than if you were trying something more complicated." ■

Editor's note

This McKnight's Webinar Plus supplement is based on a themed webinar McKnight's presented on April 26. The event was sponsored by American HealthTech. The full presentation is available at www.mcknights.com/april26webinar.