



Comprehensive EHR Infrastructure Across the Health Care System

The goal of the Administration and the Department of Health and Human Services to achieve an infrastructure for interoperable electronic health records (EHR) is critical to the transformation of our Nation's health care delivery system. An important first step toward that goal is the recent interim regulations proposed by the Office of the National Coordinator for HIT (ONC) and the Centers for Medicare & Medicaid Services (CMS). The rules set standards, specifications and certification criteria for EHR technology, though primarily targeted to limited provider groups – specifically, eligible professionals and hospitals. However, *it is critical that HHS/CMS ensure that the EHR system it is helping develop allows access to, and compatibility with, the entire continuum of providers* from whom patients receive health care services. It is especially critical that a patient's comprehensive EHR be accessible across primary care, acute care and post-acute care settings.

This paper by the Alliance for Home Health Quality and Innovation highlights the following considerations for HHS in implementing its important HIT initiative:

- home health care providers are not eligible for the incentive payments for adopting EHR technologies
- home health care has taken significant steps toward achieving the goal for effective, high quality patient-centered care management
- home health care's innovative approaches for adopting technology and improving quality compare closely with the objectives of the HIT initiative.

About the Alliance for Home Health Quality and Innovation

The leaders of several prominent home health care providers joined forces in 2008 with a common recognition and a shared goal. Their recognition: that home health care should serve as a critical component of the health care system of the future. Their shared goal: to tell the story of today's modern home health care – a health care system that can meet the needs of a rapidly aging population, keep pace with escalating health care costs, and serve patients' demands for high-quality health care, all with the comfort and dignity of remaining at home.

Today comprised of 19 leading members of the home health sector -- including the largest national trade association, the national association of nonprofit agencies, and technology and educational services providers from around the country – the Alliance for Home Health Quality and Innovation (AHHQI) raises awareness about home healthcare and its proven ability to deliver quality, cost-effective, patient-centered care. Collectively, the members of the Alliance provide over 11% of all Medicare home health services nationwide. AHHQI supports education and research to demonstrate the value of home-based care to patients, their families, physicians and policymakers. AHHQI is dedicated to improving the nation's health care system through development of high quality and innovative solutions aimed at achieving optimal clinical outcomes. To learn more about AHHQI and home healthcare, please visit our website at www.ahhqi.org

Home Health Care Today: Higher Acuity Level of Patients – Highly-skilled Professionals – Cost-effective Uses of Technology – Innovative Care Techniques

The acuity level of home health patients has risen significantly in recent years, driven primarily by cost

concerns that have shifted care away from the inpatient environment. Home health providers already care for patients that are more complex than the Medicare population as a whole. An average patient under the care of a home health clinician sees seven different physicians, has at least four chronic diseases, and takes thirteen medications. According to an analysis of the 2005 Medicare Current Beneficiary Survey, more than 74 percent of Medicare home health users report three or more chronic conditions (compared to 53 percent of all Medicare beneficiaries), and more than one-third (31.3%) have five or more chronic conditions. Home health users also more frequently have limitations in their activities of daily living (ADLs) as compared to the total Medicare population. These patients also are at higher risk for falls and for infection, not to mention the risk of medication confusion and error. All of these potential risks are managed by the home care clinician.

Home health is patient-centric, providing innovative and individualized health care that is patient-preferred and clinically sophisticated. Innovative approaches are being used in home health care today show great promise in addressing many of the concerns associated with chronic disease management, effective transitions between care settings, and disparities in access to care in rural and underserved communities.

Research Demonstrates the Value of Home Health Care for Controlling Costs

The Alliance commissioned Avalere Health in October 2008 to evaluate the relationship between post-hospital home health use and Medicare spending and hospital readmissions for chronically-ill Medicare beneficiaries. The study focused on Medicare beneficiaries with a hospital admission and with a primary or secondary diagnosis of diabetes, chronic obstructive pulmonary disease (COPD), or congestive heart failure (CHF). The study compared those beneficiaries that use early home health versus beneficiaries that use other, non-home health post-acute care. Using two years of Medicare claims data (2005-2006), the study examined post-hospital period-of-care costs and the odds of readmission to the hospital. The study suggests that early use of home health after a hospital stay leads to the following findings:

- There was an associated \$1.71 billion savings to Medicare.
- \$216 million of the savings was due to a reduction in hospital readmissions.
- The home health study population had an estimated 24,000 fewer hospital readmissions.
- The savings were seen in all of the chronic disease populations studied (diabetes, COPD and CHF), and across all levels of severity of illness.
- An additional savings of \$1.77 billion could have been achieved in this same time period if other chronic disease patients had used home health care rather than other types of post-acute care.

Home Health Care Not Eligible for HIT Incentive Payments

Based on the language contained in the EHR Certification and Incentive Payments proposed regulations (45 CFR Part 170 and 42 CFR Parts 412, et al.) none of the members of the Alliance would qualify as eligible professionals. However, the home health industry uses substantial medical records technologies and it is critical that HHS consider home health care's efforts in its development of standards. A recent study released by Fazzi Associates on the current state of the implementation of technology in home health care reveals the following highlights:

- 72% of homecare agencies currently use Back Office Practice Management Systems
- 65% of homecare agencies currently have functioning EHR systems

Details of the study may be found at http://fazzi.com/research/state_of_industry_study.html

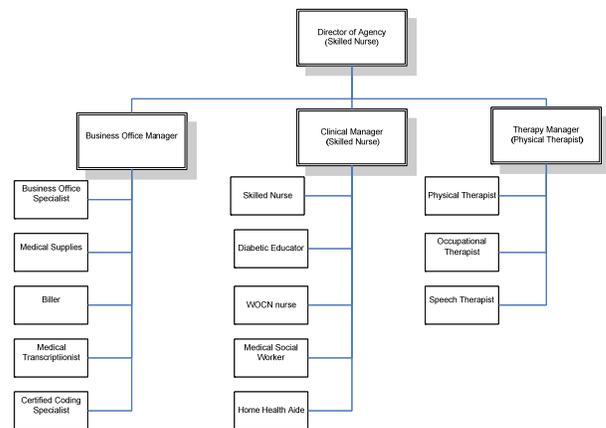
Since the proposed regulations for certified EHR systems do not include home health providers as eligible professionals, these systems cannot receive HHS certification for free standing home health providers.

It is not known how many hospital-based home health agencies have or will have access to certified EHR systems as part of a hospital system. As of 2007, there are 1503 hospital based home health agencies (down from a high of 2634 in 1996). Hospital based home health agencies represent less than 11% of the industry, and the number continues to decline even as the total number of agencies increases. However, even within hospital-based agencies, the home health provider-number is not an eligible provider based on the regulations and cannot participate in the incentive payments.

The dwindling number of hospital based agencies, and the fact that hospitals may not be able to include their home health agencies in the HIT initiative, is further confirmation of the need to consider home health care in HHS's efforts to adopt standards and certification.

Home Health Care Professionals vs. "Eligible Professional"

The organizational chart at the right (and *Attachment A*) is presented to identify the myriad types of professionals that are employed at a typical home care agency. Based on the language in both the Certification Criteria for Electronic Health Record Technology Implementation Specifications and the Electronic Health Record Incentive Program, none of the professionals in the home health setting can be considered as eligible professionals under the regulation.



Home health agencies provide nursing, therapy, medical social work and aide services, but do not deliver physician or physician extender medical care. Although, home health agencies employ physicians in an administrative function as medical directors, they do not to provide direct medical care to patients. Similarly, home health agencies employ nurse practitioners to serve as clinical consultants and provide nursing services, but not to provide physician extender services. If these professionals were to provide primary medical services, those services would be billed under the individual practitioner's provider number and not the home health agencies provider number. Therefore, since these classifications of professionals are neither delivering medical services as physicians nor providing physician extender services as nurse practitioners they do not match the definition of what is considered an eligible provider in the statute or the proposed regulations.

Medicaid Payment Incentive Eligibility

Earlier discussions with HHS involved the potential for eligible physicians and nurse practitioners that are affiliated with home health agencies to receive EHR incentive payments through Medicaid. There is no specific data available from CMS or other sources to determine the number of physicians and nurse practitioners employed by home health agencies. Nonetheless, as described above, although home health agencies might employ individuals that fit within the "eligible professional" category, their roles within home health agencies would not qualify them since they are not engaged in the delivery of primary medical services to people who rely on Medicaid and are served by the home health agency.

Non-Interoperability Between Acute Care and Post-Acute Care Settings

The diagram at the right (and *Attachment B*) illustrates the potential lack of integration of an EHR between eligible and non-eligible providers. In the diagram, the **green** represents the exchange of EHR data between eligible providers, such as physicians and/or units within a hospital. The **blue** indicates the data record of a patient while under the care of home health. Unfortunately, the **red** indicates that even though important EHR data is being captured in different provider settings, the electronic flow of information will break down.

About 35% percent of all Medicare beneficiaries discharged from acute hospitals use post-acute health care services. Of these, almost 80% percent are discharged to either skilled nursing facilities (41.1%) or sent home with home health services (37.4%). Consider a typical Medicare post-acute care patient and the processing of a patient EHR:

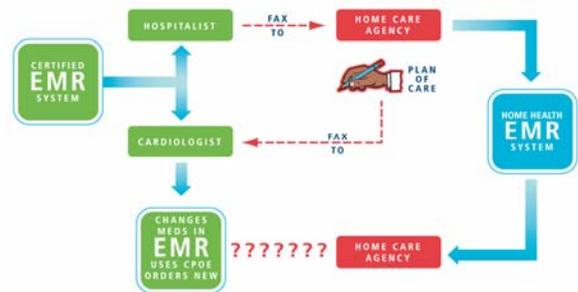
- Patient is 70 yr old male with no prior heart problems
- Patient goes to emergency department for an acute event (eg. heart attack)
- Triple by-pass surgery is performed to clear clogged arteries
- Following a 5-day hospital stay, patient is discharged home and incurs medication changes, incision care, dietary and activity restrictions
- Patient is now home-bound and meets all conditions of participation in home health
- Physician contacts home care agency with orders for wound dressing changes, general incision care unless complications ensue
- Physician usually orders teaching and assessment of incision, plus therapy as a bridge to outpatient cardiac rehab
- Home care agency creates a plan of care and sends back to physician for signature
- Home care agency delivers on plan of care for 60-day episode and discharges patient with goals met per the plan of care

Unfortunately in this scenario, the patient's records are not able to be exchanged between the hospital provider, the physician and the home health provider.

Recently at the HIMMS conference, two of the larger home health care software vendors described the multiple systems they sell that support the hospital and physician software market. They also support the home care market as well. They are focusing a lot of attention on insuring that their physician and hospital systems will meet the new regulations for both certification and meaningful use that have been released. But they admitted that their focus for certification and meaningful use in the home health market is not as much of a concern, though they both indicated that they would insure that their home care software would meet any new regulations once they are available.

Certified Medical Records Criteria in Proposed Regulation

A table on pages 2025-2028 in the current proposed regulations for Certified Medical record systems describes the certification criteria for both physician and hospital systems. *Attachment C* indicates the sections of the criteria that are also applicable to home care (**green** sections are applicable to home care, and the **red** sections are not).



As indicated by a comparison of green sections to red sections, 22 of the 25 Proposed Meaningful Use Stage 1 Objectives are applicable to the home health industry.

Outcome Measures in Proposed Regulation

Attachments D compares list of End-Result and Utilization Outcome Measures used by home health agencies with the clinical quality measures (*Attachments E*) found in Table 3 on pages 1874-1890 of the Incentive Payment regulation. Twelve of the measures in attachment D are currently reported publicly on Medicare Compare. Attachment D also lists the new Process Measures that will be made available to home health agencies in September; twelve of which will be reported on Medicare Compare in October. The comparisons indicate the quality measures that are applicable to the home health industry and that the home health industry can be instrumental to the goal of achieving meaningful use and EHR adoption.

Future Cooperation with the Office of the National Coordinator

The home health industry is relatively advanced in health information technology when compared to other providers. The Alliance for Home Health Quality and Innovation encourages the Office of the National Coordinator to ensure that the regulations and standardizations for HIT and meaningful use of EHRs is applicable with home health agencies and other providers in the health care spectrum, and to incentivize HIT vendors to continue the appropriate development of information platforms across myriad provider settings.

The Alliance looks forward to working closely with the Office of the National Coordinator for Health Information Technology to continue to address these issues in the future.