

Comprehensive Care Facilities Adoption of Electronic Health Records

An Information Brief
January 2016

Introduction

The Maryland Health Care Commission (MHCC) assessed adoption and use of electronic health records (EHRs) and health information exchange (HIE) among the 233 Comprehensive Care Facilities (CCFs) in Maryland.¹ CCFs are nursing facilities that admit residents requiring medical and nursing services due to disease, disability, or advanced age.² They provide individualized services for residents over an extended period of time, using available technology and evidence-based practices. CCFs are an integral component of the care continuum, providing both post-acute and end-of-life care; in general, their use of EHR and HIE adoption has increased.

EHRs and HIE are important clinical tools for CCFs; EHRs contain medical histories of patients in an electronic format and offer evidence-based tools to assist in the clinical decision-making process.³ HIEs enable treating providers to electronically access a patient's EHR at the point of care.⁴ Only health care providers that have been appropriately authorized and authenticated by an HIE can access available electronic health information through online portals, secure messaging or, in some instances, directly through an EHR system.⁵ Widespread use of EHRs and HIEs can decrease the fragmentation of care that exists in the CCF population, improving care coordination particularly during transitions of care between a hospital and CCF.

Approach and Limitations

The MHCC conducts an annual survey of Maryland CCFs pertaining to EHR and HIE adoption and use. All CCFs must complete the survey electronically through a web-based portal. Differences in interpretation of the survey questions may influence the findings, as the questions were not pretested to identify those that may cause interpretation challenges or lead to biased answers. Responses to the survey were not audited by MHCC.

Findings

EHR Adoption and Use

In prior years, MHCC only assessed whether CCFs had purchased an EHR system. For the 2014 survey, MHCC began assessing how CCFs are using their EHR system. In general, variation exists in the types of EHR functions used by

¹ Data reported for 2014, Maryland Department of Health and Mental Hygiene. Licensee Directory: Comprehensive Care Facilities and Extended Care Facilities. Retrieved from:

<http://dhmh.maryland.gov/ohcq/SitePages/Licensee%20Directory.aspx>.

² COMAR 10.07.09.02(B)(6), *Residents' Bill of Rights: Comprehensive Care Facilities and Extended Care Facilities*.

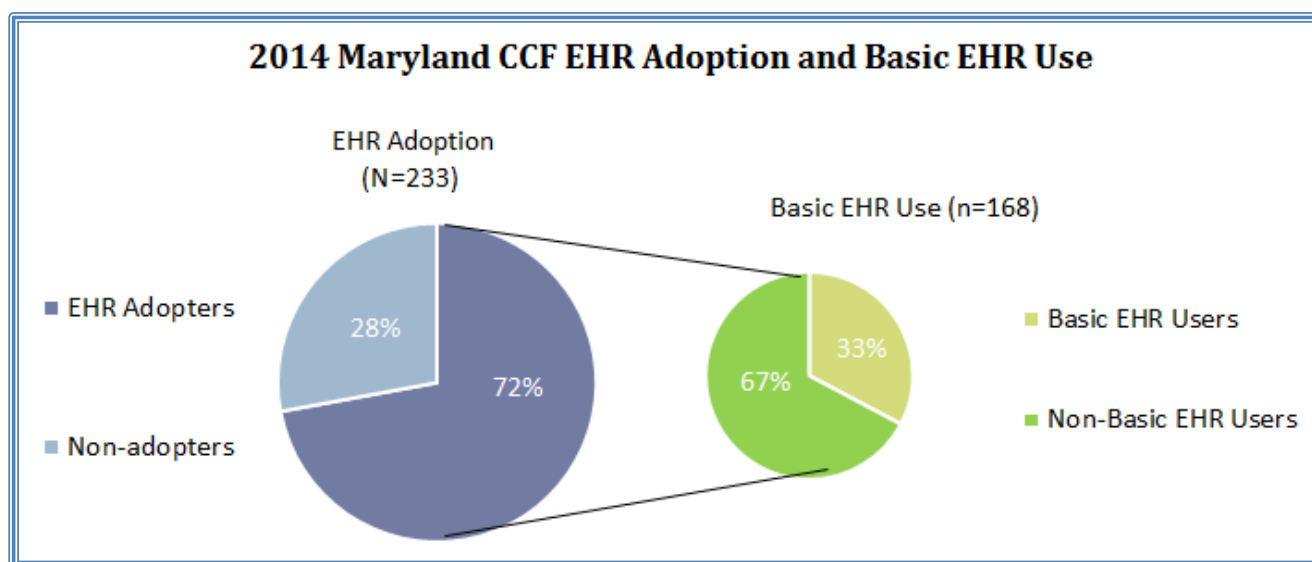
³ HealthIT.gov, *What is an electronic health record (EHR)?* Retrieved from <https://www.healthit.gov/providers-professionals/faqs/what-electronic-health-record-ehr>.

⁴ Office of the National Coordinator for Health Information Technology (2015). *What Is HIE?* Retrieved from <https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>.

⁵ MHCC (2015). *Health Information Exchange*. Retrieved from http://mhcc.maryland.gov/mhcc/pages/hit/hit_hie/hit_hie.aspx.

CCFs. The MHCC, in collaboration with CCFs, identified system functions that constitute basic EHR adoption: assessments (other than the minimum data set); demographic information; activities of daily living; diagnostic-related information; allergy list; vital signs; laboratory data; and discharge summaries. While nearly 72 percent of CCFs reported having adopted an EHR system (the national rate is approximately 75 percent⁶), less than half, or about 33 percent, of them reported that they were using all eight functions of a basic EHR. Among the remaining 67 percent of CCFs that have not yet achieved basic EHR use, nearly two-thirds report using at least seven of the eight functionalities. CCFs reported not utilizing the following basic EHR functionalities most frequently: vital signs, laboratory data, and activities of daily living.

The use of EHRs in CCFs lags well behind the use of EHRs by hospitals and physicians. The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, provides Medicare and Medicaid incentive payments to hospitals and physicians who adopt and meaningfully use EHRs⁷. The nearly \$30 billion in EHR incentives available under HITECH does not include payments to CCFs. The lack of financial incentives has slowed the diffusion of EHRs in CCFs nationally. Implementation challenges in Maryland are consistent with those reported in other states.^{8, 9, 10, 11} CCFs staggered implementation of EHR functions are largely due to facility readiness, training, availability of information technology resources, and resolving incompatibility challenges between EHR systems and other systems in use by CCFs.¹²



⁶ LeadingAge (2015). LeadingAge 150 Ziegler. Retrieved from http://www.leadingage.org/uploadedFiles/Content/Members/Member_Services/LZ_100/LZ150_2015_Ziegler_FINAL.pdf.

⁷ Enacted by the 111th United States Congress and signed into law on February 17, 2009, by President Barack Obama. Title XIII available at <http://www.gpo.gov/fdsys/pkg/BILLS-111hr1enr/pdf/BILLS-111hr1enr.pdf>.

⁸ Cherry B., Ford E., and Peterson, L. (2011). *Experiences with electronic health records: early adopters in long-term care facilities*. Health Care Manage Review, 36.

⁹ Resnick H., Manard B., Stone R. (2009). *Use of electronic information systems in nursing homes: United States, 2004*. J American Medical Informatics Association, 16.

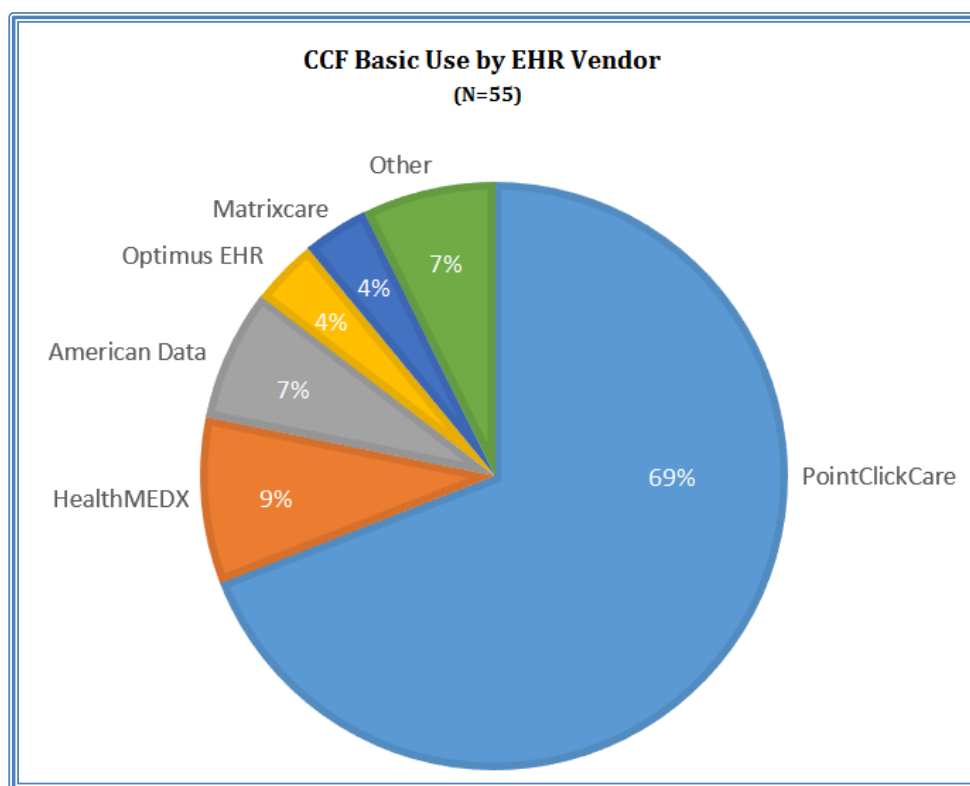
¹⁰ Cherry B., Ford E., and Peterson, L. (2011). *Experiences with electronic health records: early adopters in long-term care facilities*. Health Care Manage Review, 36.

¹¹ California Healthcare Foundation. *Snapshot - The state of health information technology in California: use among hospitals and long term care facilities*. June 2008. Retrieved from <http://www.chcf.org/documents/chronicdisease/HITHospitalsAndLTCSnapshot2.pdf>.

¹² Maryland CCFs providing input for staggered implementation were St. Elizabeth's Rehabilitation and Nursing Center (Baltimore); Keswick Multi-Care Center (Baltimore); and Carriage Hill Bethesda (Bethesda).

EHR Vendor Landscape

Approximately 93 percent of CCFs in Maryland report purchasing one of five EHR systems. The most commonly reported EHR system, used by almost 69 percent of CCFs, is PointClickCare (PCC); four other EHR systems (see the pie chart below) have a notable market share. Ensuring the availability of a patient's EHR at the point of care requires connectivity to an HIE. Connecting PCC to the State-Designated HIE would enable roughly 37 percent of all CCFs in the State to have access to shared electronic health information. While CCFs are not required to adopt an EHR, federal regulations that are being contemplated may increase the rate of adoption nationwide. The Centers for Medicare & Medicaid Services proposed rule, *Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities*, includes wide-ranging provisions that aim to improve quality of care and deliver more patient-centered care among CCFs¹³. The proposed rule includes requirements that would allow residents access to their medical records and the ability to purchase copies of their medical records, including in electronic format, if maintained electronically. In addition, they would be encouraged to explore how EHRs can support efforts to develop and share standardized discharge summaries; use a common clinical data set to electronically share summary of care records; and conduct annual assessments, which include an evaluation of health information technology resources and electronic data sharing.¹⁴



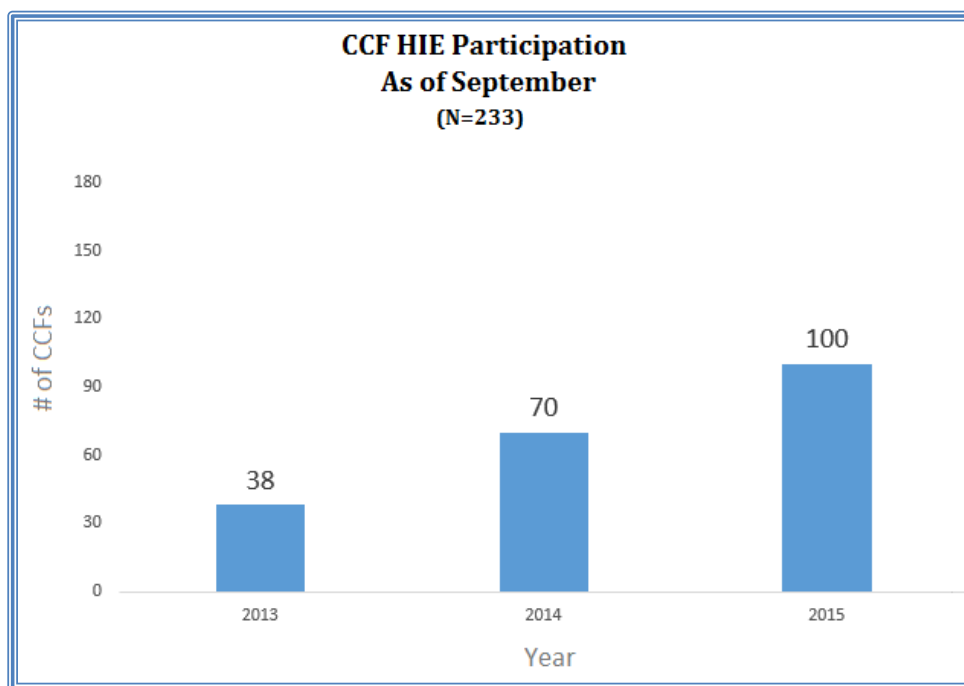
HIE Adoption and Use

Electronic health information enables health care providers to appropriately access and share a patient's health information in a timely manner. Information that is typically available through an HIE includes laboratory results,

¹³ Current requirements to participate in the Medicare and Medicaid Programs are at 42 CFR 483 Subpart B. These requirements have not been comprehensively updated since 1991, despite significant changes in the industry.

¹⁴ The proposed rule was published in the Federal Register on July 16, 2015 and can be accessed at: <http://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>.

radiology reports, discharge summaries, and consultation, physical, and operative notes. Some HIEs offer services such as secure messaging, analytics, and report generating capabilities. Maryland regulations outlined in COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*, requires HIEs operating in the State to register with MHCC; eight HIEs have registered as of December 2015.¹⁵ The MHCC is required by statute to designate a statewide HIE.¹⁶ In July 2009, MHCC selected CRISP through a competitive process as the State-designated HIE. From 2013 to 2015, the number of CCFs that participate with CRISP increased from about 38 to around 100, or 43 percent. CCFs report that the data most commonly accessed through an HIE are from hospitals, pharmacies, and laboratories.



Remarks

EHR diffusion and HIE connectivity among CCFs is expected to improve quality of care, enhance care coordination, and reduce costs. Momentum in the adoption of EHRs and the exchange of electronic health information continues to build across the State. CCFs continue to address implementation challenges regarding technology costs and facility readiness. Nearly 28 percent of CCFs still use paper-based medical records. Key reasons impacting EHR adoption include a lack of funds, changing ownership where making a long-term investment in an EHR is not a priority, and a prevailing low-tech culture among CCFs.¹⁷ CCFs will need to transition to and advance their use of EHRs to meet growing demands for consumer-centric care, as well as increase transparency to other health care providers across the continuum of care. Over the next year, MHCC plans to work with CCFs to increase their adoption and meaningful use of EHRs and expand HIE connectivity.

¹⁵ An HIE must complete an application for registration and submit required information to MHCC for approval. Required information includes current audited financial statements, core education content, and other necessary provisions detailed in the application form.

¹⁶ Md. Code Ann., Health-Gen. § 19-143.

¹⁷ Jacob J, (September 2013). *A Long-Term I.T. Problem*. Health Data Management: http://www.healthdatamanagement.com/issues/21_9/long-term-care-hit-electronic-health-records-46536-1.html?zkPrintable=1&nopagination=1.