



August 18, 2009

**RE: Integration of Home Health and Long-Term Care in HIT Implementation**

Dear Health IT Council Members:

As the Council and E-Health Institute move forward on a state grant making process to promote health information technology (HIT), according to provisions in the American Recovery and Reinvestment Act, the Home Care Alliance of Massachusetts wishes to indicate our desire to partner with you and others to ensure that the benefits of health information exchange extend to patients receiving home health and other long-term care services.

The older, disabled, and chronically ill individuals who use our services often have a multitude of health issues, multiple care providers, and transition frequently from one setting to another. Consequently, this population stands to benefit the most from an electronic health information exchange.

As you may know, the HIT provisions in the ARRA *include long-term care in the definition of health care providers and the law emphasizes interoperability and the exchange of health information across different healthcare settings*. Additionally, the definition of HIT in the ARRA goes beyond the storage and exchange of health information by including hardware, software, integrated technologies and services for the electronic creation of health information, which encompasses telemedicine and telehealth technologies. Many Massachusetts home health agencies are already actively demonstrating the information sharing capacity of these technologies.

As Massachusetts prepares its requests for proposals for participation in ARRA HIT projects, we request that home health and other long term care providers be included in discussion and activities. We also ask that the state take the following measures in its grant making documents:

- a. Include language advising applicants for HIT Planning Implementation grants, including health information exchange facilitators (e.g. Regional Health Information Organizations (RHIO's) and Health Information Exchanges (HIE's), of the benefits of and need to seek partners from different care settings, including home health and long-term care, including providing such help as may be necessary to help identify potential partners
- b. Specify that one of the evaluation criteria for selecting recipients will be a preference for those who plan to partner with home health and other long-term care providers who may not be recipients of federal financial incentives
- c. Use any unrestricted state monies on behalf of individuals who receive, or entities who provide, long-term services, including supporting the expansion of the use of telehealth systems that allow for remote vital signs and medical monitoring in the home.

Prior to the passage of ARRA, home health agencies were poised to embrace electronic health records, with almost 100% of local agencies having electronic billing and electronic reporting of federally-required health and functional status assessments (i.e OASIS). These assessment requirements have enabled more than 60% of home health agencies to implement electronic information systems functionalities equivalent to an Electronic Health Record (including physician orders, medication orders/dispensing, laboratory/procedures information).<sup>1, 2, 3</sup>

We look forward to partnering with you and with fellow health care providers, regional health information organizations and health information exchanges to attain a meaningful use of HIT, achieving a meaningful return on ARRA funds invested in our state and meeting the ARRA goal that each person has an EHR by 2014. Please let us know how we can best participate and assist in the state's planning and implementation process.

Sincerely,



Patricia M Kelleher  
Executive Director  
Home Care Alliance of MA



Elissa Sherman  
President  
MassAging

Cc: Senator Richard Moore

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<sup>1</sup> Fazzi R, Ashe T, Doak L. Part I Insights From Philips National Study on the Future of Technology and Telehealth in Home. Available on line at:

[http://www.ctel.org/documents/Philips\\_2008\\_Home\\_Telehealth\\_Study\\_Slides.PPT#327,17,Barriers have slowed telehealth adoption](http://www.ctel.org/documents/Philips_2008_Home_Telehealth_Study_Slides.PPT#327,17,Barriers%20have%20slowed%20telehealth%20adoption).

<sup>2</sup> Resnick HE, Manard BB, Stone RI, Alwan M. Use of Electronic Information Systems in Nursing Homes: United States, 2004. In *Journal of the American Medical Informatics Association (JAMIA)*. Available on line at:

<http://www.jamia.org/cgi/reprint/16/2/179.pdf>.

<sup>3</sup> "Nursing Home and Home Health HIT Use Appears to be At Least Comparable to that of Physician Offices and Hospitals," available at <http://aspe.hhs.gov/daltcp/reports/2009/HITlitrev.htm>