October 13, 2023

The Honorable Michael Burgess, M.D.
U.S. House of Representatives
2161 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Drew Ferguson, IV, D.M.D
U.S. House of Representatives
2239 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Lloyd Smucker
U.S. House of Representatives
302 Cannon House Office Building
Washington, D.C. 20515

The Honorable Earl L. "Buddy" Carter
U.S. House of Representatives
432 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Blake D. Moore
U.S. House of Representatives
1131 Longworth House Office Building
Washington, D.C. 20515

The Honorable Rudy Yakym III
U.S. House of Representatives
349 Cannon House Office Building
Washington, D.C. 20515

Submitted electronically via email to: hbcr.health@mail.house.gov

Re: Request for Information on Solutions to Improve Patient Outcomes and Reduce Health Spending

Dear Representatives Burgess, Ferguson, Smucker, Carter, Moore and Yakym:

We applaud your commitment to examining key drivers of health care costs to the federal budget and proposals to improve outcomes while reducing health care spending. We, the undersigned organizations representing long-term and post-acute care (LTPAC) providers and beneficiaries, urge you to look towards expanding the use of technology in LTPAC settings (skilled nursing, home health, hospice, long-term acute care facilities, inpatient rehabilitation facilities) to reduce healthcare expenditures while improving patient safety and quality of care. Unfortunately, the reality today is that inequitable access to and use of interoperable health information technology (HIT) persists across the continuum as all the programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act excluded LTPAC providers.

As it stands today, the rate of adoption and use of interoperable health information technology (HIT) among LTPAC providers lags far behind acute and ambulatory care providers. While current technology gaps and inconsistencies in adoption for these settings make it difficult to obtain a complete analysis, the full extent with which technology, such as electronic health records (EHRs) and electronic clinical surveillance technology (ECST), could be used to rein in costs has clearly not yet been realized. Ongoing U.S. Department of Health and Human Services (HHS) and U.S. Government Accountability Office (GAO)[1] reports have sited challenges for LTPAC providers with regards to interoperability and data exchange and areas of opportunity. A comprehensive technology approach is needed to reduce medication errors, manage and control the spread of infectious diseases, prevent duplicative testing, reduce administrative burden and ensure care coordination as well as regulatory compliance.

The time is ripe to address these longstanding and ongoing challenges that will promote safety and efficiency while generating savings in LTPAC settings. ***Federal support is necessary to ensure***

[1] See: Electronic Health Records: HHS Needs to Improve Planning and Evaluation of Its Efforts to Increase Information Exchange in Post-Acute Care Settings and Interoperability Among Office-Based Physicians in 2019

interoperability of HIT and data exchange and sharing across the care continuum, including technological functionality to improve quality of care, patient safety, and infection control in rural America.

Legislative Recommendations for Necessary HIT Improvements in LTPAC

- Provide funding for LTPAC providers to adopt interoperable HIT with a focus on patient care and safety, including infection control and prevention.
    - Direct HHS/CMS to establish a financial incentives program for LTPAC providers making the transition to interoperable EHRs and technology aimed at improving patient care and safety across the continuum, including electronic clinical surveillance technology (ECST).

- Direct funding to the HHS Office of the National Coordinator for Health IT (ONC) to ensure proper bidirectional interoperability between acute care (e.g., hospitals and physicians), LTPAC providers and other ancillary providers (e.g., therapy, pharmacy, etc.). Resources would support the implementation, use, and sustainability of interoperable EHRs, infection and electronic clinical surveillance technology (ECST):
    - Build out an interoperability verification program to include the LTPAC sector to ensure the secure cross-continuum information exchange and alignment, where necessary with acute care.
    - Develop minimum criteria that the EHRs and ECST would need for LTPAC providers to receive funding support.
    - Adapt, enhance, expand and/or and implement an LTPAC Informatics & Technology Workforce Development Program to include training on and dissemination of information on best practices to integrate health information technology, including electronic health records, into LTPAC care delivery.
    - Adapt, enhance, expand and/or implement an LTPAC Technical Assistance Program, such as via health information exchanges or other entities, to support LTPAC providers in their efforts to acquire, implement, adopt, and effectively use interoperable health information technology and information exchange tools.

We, the undersigned organizations, look forward to working with the Budget Committee Health Care Task Force to advance legislation that will ensure LTPAC providers have necessary EHRs and electronic clinical surveillance technology in place. If you have any questions regarding our comments or need more information, please contact Shara Siegel, Senior Director of Government Affairs at shara_siegel@premierinc.com or 646-484-0905.

Sincerely,

American Medical Directors Association (AMDA)- The Society for Post-Acute and Long-Term Care Medicine
American Health Care Association (AHCA)
American Health Information Management Association (AHIMA)
American Society of Consultant Pharmacists (ASCP)
Healthcare Information and Management Systems Society (HIMSS)
LeadingAge
National Association for Home Care & Hospice (NAHC)
National PACE Association
Premier Inc.