Making the Transition to Electronic Health Records in Long-Term and Post-Acute Care

Preparing for adoption of a paperless, interoperable system with how-to advice and new software

One difference between LTPAC facilities that are known as “early adopters” and those moving slowly towards a paperless workflow is that early adopters are comfortable managing change. Fortunately, Change Management is a well-documented approach to a project management process that all facilities can use to prepare for their transition to electronic records.

In fact, a new change management piece was recently posted that specifically addresses transition to Electronic Health Records (EHR). The paper, “Change Management in EHR Implementation” dated April 30, 2013 was released by the National Learning Consortium and is available at:

www.healthit.gov/sites/default/files/tools/nlc_changemanagementprimer.pdf

Besides change management, CMS has provided practical information on their Websites for LTPAC (Long-Term and Post-Acute Care) providers who are assessing their situation and determining if they are ready to make the change from paper records to electronic records, or to upgrade their current system to a new version.

The Health IT Website offers a wealth of helpful information, including how to take the first step when moving from paper to electronic records or upgrading your current software system.

www.healthit.gov/

EHR or EMR?
Although they are sometimes used interchangeably, the terms EHR and EMR (Electronic Medical Record) are actually very different according to the HealthIT.gov Website. It defines an EMR as a digital version of a paper chart that contains all of a patient’s medical history from one provider.

Electronic Health Records (EHR) go beyond EMR and include a more comprehensive patient history.

EHRs are designed to contain and share information from all providers involved in a patient’s care.

EHR data can be created, managed and consulted by authorized providers and staff from across more than one health care organization.


Meaningful Use and Financial Incentives for EHR
For most LTPAC providers, their systems are currently in a hybrid state, they include both paper and electronic processes. Hospitals and physicians are adopting EHR at a faster rate.

Those providers are eligible for the financial incentives known as Meaningful Use. On May 22, 2013, HHS Secretary Kathleen Sebelius announced that more than 291,000 eligible physicians and 3,800 eligible hospitals have received incentive payments from the Medicare and Medicaid EHR Incentive Programs.

Although LTPAC providers are excluded from Meaningful Use, some LTPAC providers and CCHIT® agreed that there was reason to work on criteria specific to LTPAC EHR technology and they defined interoperability and security criteria that is now used to certify software systems as LTPAC EHR technology. CCHIT is a nonprofit, 501(c)3 organization with

continued
the public mission of accelerating
the adoption of health IT.

Vendors submit their software
to CCHIT® for this voluntary
certification to assure LTPAC
providers that their software would
meet the unique needs of patients
in this care setting. Vendors
certifying their products in this
program are likely to be well-
prepared for federal EHR programs
as they evolve.

Certification gives providers a new
way to distinguish among LTPAC
IT vendors. To meet the criteria for
EHR technology, software vendors
have added features and functions
that will be needed as EHRs
become reality.

**Software Available Today**
**for EMR and EHR**
The criteria for LTPAC EHR
technology includes the basics
as well as the latest software.
For providers moving from paper
records, a good place to start
is with the basic software that
computerizes Admission/Census,
MDS 3.0, Care Plans, Physician
Orders, Progress Notes, and User-
Defined Assessments.

The single most often reported
benefit by LTPAC staff in a 2009
DHHS study* was the “anytime
and anywhere access to health
information” afforded by an EMR
using Web-based applications.

When asked about the benefits
of EMR, LTPAC staff sharply
contrasted the EMR to locating
and retrieving the single copy of a
resident’s paper chart.

Reviewing the abilities of today’s
software can give providers who are
transitioning to electronic records a
real idea of how improved accuracy
and accessibility can increase
quality of care. They can also start
thinking about “If I had more time,
what would I do differently?”

**Beyond the Basics: Built
for the EHR**
The LTPAC EHR Technology criteria
includes software features and
functions that go beyond the basics
to support removing all paper in
LTPAC facilities – faxes, yellow
stickies, notice boards, medication
notebooks, charting flowsheets, and
miscellaneous paper such as copies
of insurance cards.

If you haven’t looked at the
software available today, you’ll
notice that many applications
are designed to support both a
paperless workflow and an EHR,
such as the following:

**Continuing Care Document**
An important part of EHR is
defining the patient information to
be shared. Today, Continuing Care
Documents (CCD) are a part of
EHR. They are created in a format
that can be shared electronically
with other providers and through
Health Information Exchanges.

CCDs can contain information such
as a resident’s primary language,
insurance, allergies, diagnoses,
medications, vital signs, advance
directives, and immunizations.

A software interface is available
that populates CCDs with data from
residents’ MDS 3.0 assessment.

**Point of Care**
Point-of-care systems replace paper
in charting observations and care
delivered by direct caregivers. It
has been found that making the
process more convenient results
in increased quality and quantity of
data.

When Point of Care is used to
collect ADLs, the software gathers
the data, calculates totals, and
exports the result for MDS 3.0.
MDS Coordinators can review the
results online, eliminating the need
to create, print, distribute and tally
flow sheets.

Reports using the data collected
are valuable for identifying trends
and changes in resident condition.

**eMAR, ePrescribing, Drug
Interactions**
If your current process for
providing medications involves
faxing orders, receiving MARs
from a pharmacy, verifying the
pharmacy’s list, handwriting orders,
or flipping through medication
notebooks at point of service, you
will see a significant difference by
computerizing the process.

Electronic medication management
solutions work to close the
medication loop, including:
» Entering and maintaining orders
» Checking for adverse interactions

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*“Understanding the Costs and Benefits
of Health Information Technology in
Nursing Homes and Home Health
gov/daltcp/reports/2009/Hitcsf.htm
Transmitting orders to the pharmacy
Generating an up-to-date eMAR with tools to identify the resident and medication
Charting medication administration with notes and vitals
Providing patient education materials
Re-ordering medications

Efficiency is increased by using software tools that support medication reconciliation, master order setups, telephone orders with read-back verification, and links to medication reference websites with drug-specific information.

Software can also format data for use with EHRs, such as medication lists and immunization records.

**ePrescribing**

ePrescribing software can send orders and resident information automatically to the pharmacy via standard formats such as NCPDP and HL7, or by auto-fax.

LTPAC professionals report that switching to ePrescribing saves them extra work. Facility staff were handwriting orders, faxing them to the pharmacy, and then entering them in the computer.

By first entering orders in software that can send electronic messages and auto-faxes, staff can skip handwriting and trips to the fax machine, reducing redundancy on every admission and order change.

**eMAR / eTAR**

With eMAR, new orders and updates are available to medication nurses in real time – ready for the next session. eMAR software can replace end-of-month turnover and paper versions of the MAR (Medication Administration Record). Medical records are easily enriched with notes made at the point of service, and charting of PRN orders and vitals checks.

**Test Results**

Track lab and x-ray orders with the same software used for medication/treatment orders. It can remind facility staff to prepare residents for tests through the eMAR.

Results of lab and x-ray tests can be delivered directly to your system with an interface between Lab and Radiology companies and your software. Valuable information arrives with the results including in-range, out-of-range, reference range, and unit of measurement.

**eDocuments**

With today’s software you can scoop up all those odds and ends of paper and organize them in residents’ electronic records where you can quickly retrieve them. Upload:

» Scanned documents such as lab results, prescriptions, consents, and insurance cards
» Images and photos
» E-mail attachments
» Continuity of Care Documents

**eCommunication**

Software systems that meet criteria for certified EHR technology will offer internal communication to support messaging between users. It replaces less efficient ways of reaching individuals and groups of coworkers, working in different parts of the building, on different shifts, and whether you know their name or not.

The electronic system can enhance report meetings, making sure important information is available to all concerned. It can be used to assign and manage tasks, including your own to-do list, with the ability to add dates, comments, sub-tasks, and completion status.

**Dashboard Software**

Dashboard software gathers critical data from your system, turns it into meaningful information, and delivers it to you through dashboard pages with key indicators such as census and AR days. You can drill down to source data and create on-the-fly reports and graphs. It also delivers financial and clinical alerts.

Paper processes simply cannot offer you this kind of business and clinical intelligence.

**Next Step**

To discuss your transition, contact an NTT DATA representative at 800-426-2675 or www.nttdataltc.com

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