

# Nursing Home Health Information Technology Readiness Guide

Over the coming years, nursing homes will need new technologies to seamlessly participate in health networks, report complex data and care for residents through transitions. In addition, value-based payment arrangements will continue to become a significant part of nursing home reimbursement. To support nursing home leaders through these changes, the Coalition will develop an interactive guide to help operators navigate new regulations and the digital capabilities they will need to serve residents.

## Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

“The Office of the National Coordinator (ONC) and the Centers for Medicare & Medicaid Services should identify a pathway to provide financial incentives to nursing homes for certified electronic health record (EHR) adoption.”  
(Recommendation 7A, p. 536-537)

*The Coalition thanks the  
Health Information Technology Committee  
for writing this Action Plan.*

## Purpose

To provide high-quality, person-centered care to all residents, nursing homes need comprehensive health information technology (HIT) that is compatible with systems used by their referral partners. In particular, as residents move among settings and providers, nursing homes need to be able to share and access specific data to provide swift, responsive and comprehensive care. However, while other providers received incentives to adopt HIT under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, nursing homes did not, resulting in variable rates of HIT adoption and use.

The Centers for Medicare & Medicaid Services (CMS) has set a goal that all Original Medicare and most Medicaid beneficiaries will be covered under an accountable or value-based care arrangement by 2030.<sup>1</sup> Over the next seven years, nursing homes will have to create, adapt, or adopt health information technologies to meet new CMS and Office of the National Coordinator (ONC) HIT requirements and regulations. Moreover, nursing homes will have to meet a new set of reporting requirements mandated through contractual obligations with newly empowered payors that may bear financial risk. To work with these accountable care organizations (ACOs), managed care organizations (MCOs), or other value-based payment (VBP) entities, nursing homes will be required to bidirectionally exchange quality, performance, and financial data digitally.

The complexity of this changing landscape and lack of incentive pathways may leave nursing home leaders without a clear source of direction. The Coalition will develop a “HIT readiness guide” to meet that need. The guide will establish a consolidated timeline of a specific set of necessary HIT capabilities – along with the requirements and evolving standards they will help meet. The guide will be a resource to providers who may not know what’s next or where to start in their HIT journeys. It will also be a tool to make clear to policymakers where HIT expectations do not match provider resources and reimbursement.

**Goal:** Develop a HIT Readiness Guide that describes upcoming HIT requirements and the capabilities nursing homes will need to meet them and to thrive in a value-based payment model. It will also support advocacy for effective federal investments in technology. The guide will allow providers to filter capabilities based on their existing HIT status, strategic goals and available resources.

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<sup>1</sup> Value-based and accountable care are payment models in which providers are reimbursed based on their ability to effectively and efficiently provide specific care outcomes – as opposed to traditional fee-for-service models that reimburse providers based on the delivery of specific services and treatments.

## Phases of Work

### Progress To Date

The Coalition has established a relationship with ONC. The Coalition has also worked closely with the Long-Term and Post-Acute Care HIT Collaborative (LTPAC HIT Collaborative) to develop a roadmap of current and upcoming HIT requirements for the guide.

### Proposed Timeline

Activity	Completion Date
Complete an environmental scan of existing regulations, standards, and capabilities. Develop an outline for the structure and format of the guide.	August 2023
Complete the guide based on the environmental scan and additional research. Document how each HIT capability maps to specific goals – related to workforce support, person-centered care, quality improvement and cost savings.	November 2023
Seek feedback from key stakeholders – nursing home operators, policymakers, health systems leaders, HIT vendors and others professionals – on the accuracy and value of the guide as outlined.	January 2024
Develop guide into interactive, digital tool.	February 2024
Develop a communications plan that describes how the Coalition will share the guide and other information with nursing homes and policymakers.	March 2024
Seek user feedback on the guide as an interactive tool – engaging providers with varying levels of HIT adoption. Engage policymakers about the guide and how it may inform potential incentives.	May 2024
Address feedback and revise the guide.	June 2024

## Additional Details

### Partners and Stakeholders

**LTPAC HIT Collaborative:** The Coalition is working with the LTPAC HIT Collaborative on developing the guide and completing background research.

**HIT Vendors:** In addition to helping to research and prepare the tool, a vendor could support the Coalition in developing the guide into an interactive tool.

**Diverse Stakeholders:** Stakeholders will provide insight during development and preliminary user testing. These include:

- 3-5 diverse nursing homes (user testing)
- Referring hospitals
- A leader from ONC
- A leader from CMS
- The Healthcare Information and Management Systems Society (HIMSS), Advion, LeadingAge, American Health Care Association (AHCA), and other professional associations
- Health information exchange (HIE) leaders in relevant regions.

### Equity

Nursing homes with greater resources have had more access to HIT and related technology than less resourced nursing homes. As such, nursing homes with a higher percentage of Medicaid reimbursement, nursing homes with a higher percentage of minoritized residents (based on race, ethnicity), and nursing homes in geographically disadvantaged areas are likely to be less able to meet new HIT requirements and contractual expectations. They may also lack technology-based capabilities to provide high quality care to residents.

The Coalition will make sure that the guide provides recommendations for nursing homes at all stages of HIT adoption – providing a pathway for under-resourced nursing homes to have equal access to technology.

### Sustainability and Financing

Financing HIT adoption in nursing homes is vital. As noted above, nursing homes have not had access to the incentives for HIT adoptions that other healthcare providers have. Consistent and complete adoption of HIT in nursing homes by 2030 is unlikely without robust incentives to do so.

The HIT Readiness Guide will be a tool for advocates to make the case for HIT adoption incentives. First, it will describe a pathway to HIT maturity, the value of each foundational HIT capability, and the relative costs of those capabilities. Second, it will offer policymakers a provider's view of what it will take to meet requirements and keep up with the rapidly changing landscape of healthcare management. Third, it will make clear that HIT is vital to improving health outcomes at both the individual and population levels.

Some avenues to incentivize and drive nursing home HIT adoption include:

- Modifying the Department of Housing and Urban Development's mortgage insurance Program (Section 232) to promote HIT adoption;
- Including nursing homes in CMS quality programs to promote interoperability;
- Using savings from VBP plans to fund HIT adoption;
- Pursuing advocacy for legislation to fund nursing home HIT adoption.

The Coalition is committed to engaging policymakers in the development and discussions of the guide. That may include collaborating with CMS and ONC to better track existing and upcoming requirements, to distribute the guide as a national resource, or to provide insight into HIT incentives and adoption pathways.

The Coalition believes the guide will be particularly valuable to ONC in framing a more robust certification structure for long term post-acute care HIT and incentives for adoption modeled on those provided to eligible hospitals and professionals.

## Acknowledgements

The Coalition thanks the Health Information Technology Committee.

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