Connecting Home and Community Based Organizations and Healthcare

IT Integration for True
Person-Centered Planning:
A business and clinical imperative

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Transforming the Health Care System

- *Social services* represent a *new specialty practice* in the evolving healthcare world
  - Essential to **reduce** ER/hospital/SNF **utilization**
- Opportunities to *enhance health* and prevent avoidable crises and costs:
  - Preventing and managing **chronic conditions**
  - Managing **transitions** from hospital and SNF to *home*

Bold new partnerships require integrating two very different worlds

- Home and community services must prove their expertise PLUS adapt to the sophisticated and highly regulated culture and landscape of medicine
  - Integrated data required to accomplish this
- IT used by Community Based Organizations (CBOs) must
  - Facilitate true shared practice
  - Create new CBO infrastructure
  - Meet HIPAA & other regulations
- New IT market for a new CBO world - must be:
  - interoperable , flexible, comprehensive and affordable

Issues and Challenges of Healthcare IT

- For most CBOs, IT is a new MUST HAVE
- Current staff may not even have enough knowledge to make a wise selection
- IT *expertise* needs to be added
- Much more *expensive* than standalone IT CBOs are used to
- Intensive *training* may be needed to improve *IT literacy* among staff

Missing Data = Lost Clinical Opportunities

- **Typical in-home assessment includes:**
  - *Medications inventory – Rx from all sources, OTC*, borrowed, etc.
  - Patient *understanding* of meds & *adherence issues*
  - Physical & cognitive *functioning*
  - *Depression* screening
  - *Nutrition* – special diets, shopping, affordability, ability to prepare
  - *Incidents – like falls, dizziness, confusion*
  - *Financial* info: ability to afford care
  - *Transportation* for access to care
  - *Caregiver* information
  - Housing condition & *home safety*
  - *Advance directive*
  - *Alcohol, tobacco, other hazards*
- **Most physicians have no access to this vital information in their practice and their EHR**

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Example: HomeMeds^{SM}: Uncovering Problems at Home

- Across all programs 40%+ aged 65+ have at least 1 medication problem targeted by HomeMeds^{SM}
  - Unnecessary therapeutic duplication
  - High-risk use of pain medications related to gastric bleeding
  - Psychoactive medications w/falls, dizziness or confusion,
  - Cardiac med issues (low pulse, orthostasis, low SBP)
- Meals on Wheels – Ft. Worth – 1,500 patients
  - 70% had potential medication-related problems.
  - 45% had at least one **fall** in last 3 months.
- 250 post-acute medical group patients
  - 66% had med issues pharmacist referred to prescriber
  - 77% had home safety or other issues/needs

Numerous Basic CBO Challenges

- History of fragmented funding & related IT
- Unique formats, data requirements and services for each contract
- Lack of IT products specific to new CBO requirements in the context of an interdisciplinary healthcare team
- Impact of timing to develop and costs of building for a new very technical/regulated market
- Lack of standards, certification and support
  - E.g., meaningful use and funding to support development &/or adoption
- Unpredictable and often duplicative expense to build new systems for new services

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Key Components

- Interoperability for electronic screening/ referral, report-back, analytics/ QI

- Workflow tracking/productivity monitoring

- Billing capability across multiple payers

- Portable; enables real-time in-home data entry

- Full security of protected information
  - Phones and portable field devices

- Output of data, not just PDF reports

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