THE NATIONAL
IMPERATIVE TO
IMPROVE NURSING
HOME QUALITY
Honoring Our
Commitment to
Residents, Families,
and Staff

Adopt Health Information Technology in all Nursing Homes

ealth information technology (HIT) plays a key role in health care settings, given its potential contribution to increasing efficiency in care delivery, enhancing care coordination, improving staff productivity, promoting patient safety, and improving quality of care. The COVID-19 pandemic underscored the critical importance of HIT applications, such as videoconferencing and telehealth, which provided vitally important means of connectivity and communication when nursing home lockdowns led to limited access to in-person clinical visits as well as residents' isolation from friends and family members.

HIT such as electronic health records (EHRs), have a wide range of uses, including real-time data-sharing capabilities, digital prescriptions, automated medication dispensing, clinical decision-support services, and support functions related to billing, reimbursement, and administrative tasks. Members of the nursing

home interdisciplinary care team would benefit from the application of EHRs' multiple functions to improve quality of care. Nursing home residents would benefit too, as they have complex medical conditions that require care coordination among hospitals and other care settings. Smooth and safe care transitions can be facilitated and supported by EHRs that communicate with other systems as patients move from one health care setting to another.

The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff examines the complex and multifaceted challenges nursing homes currently face and outlines goals and recommendations to improve the overall quality of nursing home care. An effective approach to HIT adoption and use is needed to meet the demands of an increasingly aging population with complex care needs.

RECOMMENDATIONS

Provide Financial Incentives to Nursing Homes for HIT Adoption

Eligible hospitals and health care professionals benefit from programs such as the Centers for Medicare & Medicaid Services' (CMS's) EHR Incentive Program (renamed Promoting Interoperability Programs). However, nursing homes were not included among the health care providers eligible to participate in the incentive program. Cost is a significant barrier to EHR adoption and use, and absent the federal incentives available to other health care providers, the prevalence, quality, and comprehensiveness of EHR adoption in

nursing homes is well below that in other health care settings.

Given the importance of EHRs to nursing home quality, the Office of the National Coordinator for Health Information Technology (ONC) and CMS should identify a pathway to provide financial incentives to nursing homes for certified EHR adoption to enhance personcentered longitudinal care. ONC also should develop appropriate nursing home EHR certification criteria that promote the adoption of health information exchange of important clinical information such as admission, discharge, and transfer data, including all medications.

Monitor HIT Adoption and Interoperability

HIT adoption varies significantly among nursing homes. As more nursing homes adopt HIT, it is critical to monitor and track HIT adoption and interoperability (i.e., the ability to communicate with other EHRs). The usability of HIT, including effectiveness, efficiency, and satisfaction, should be assessed to determine facilitators and barriers to adoption by nursing home staff, residents, families, and other health care providers. To this end, the U.S. Department of Health and Human Services (HHS) should:

- Develop measures for HIT adoption and interoperability, consistent with other health care organizations;
- Measure levels of HIT adoption and interoperability on an annual basis and report results in Care Compare; and
- Measure nursing home staff, resident, and family perceptions of HIT usability and report results in Care Compare.

Support HIT Training

Research demonstrates that training is a key factor in the ability of HIT to contribute to improved quality of care and staff productivity. However, most nursing homes do not provide adequate staff training in the optimal use of HIT. CMS and the Health Resources and Services Administration should provide financial support for the development and ongoing workforce training on core HIT competencies for nursing home leadership and staff, such as clinical decision support, telehealth, integration of clinical processes, interoperability, and knowledge management in patient care.

Conduct Evaluation Studies

In order to create an environment of continuous learning and quality improvement, HHS should fund rigorous evaluation studies to explore the:

- use of HIT to improve nursing home resident outcomes;
- disparities in HIT adoption and use across nursing homes:
- · innovative HIT applications for resident care; and
- clinician, resident, and family perceptions of HIT usability.

CONCLUSION

The use of HIT in the nursing home setting has the capacity to improve the quality of care for nursing home residents while improving the productivity of staff. However, more effort is needed to facilitate the adoption of HIT by nursing homes, to monitor HIT adoption and interoperability, and to train nursing home leadership and staff in core HIT competencies.

To download a free copy of the full report and other resources, please visit https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes.

