



Are You Tracking LTC's Top Tech Trends for 2016?

by Bill G. Felkey

I know, I know, when some of you read my title above you can't help but ask, "Are long-term care facilities going to actually start having technology trends this year?" At a breakfast meeting with an LTC pharmacist friend recently, he hinted that he would be thrilled if the nurses in his facilities would learn how to use their fax machines properly.

Long-term care has traditionally come in last place of all health care sectors regarding the adoption of technology that would make operations more efficient and effective. This has been my personal and professional observation for the last 30 years. My mother is currently a resident in one of the lowest tech independent living facilities I have ever seen. When I call her staff office to ask how her blood pressure and sugar levels are trending, they tell me they will have to go and read them off of the paper taped to the refrigerator door in her apartment.

So you can imagine my surprise, during the last five years, when I spoke at two state Leading Age meetings in New York and Wisconsin and found that their exhibit halls each had approximately 10 LTC-specific electronic health record (EHR) vendors. Granted, I have visited six other LTC state meetings where less adoption was taking place, but the fact that owners and operators of these facilities wanted me to come and brief them on the technology they should be considering impressed me. The following are five



health care trends that are impacting the LTC industry and creating pressure on the facilities you serve to get more connected. It is my hope that I will sensitize you to ways for you to use this momentum as an opportunity to improve your connectivity as well.

HEALTH SYSTEM CHANGE AND POPULATION HEALTH REQUIRE TIGHTER CONNECTIVITY

This major technology trend in 2016 is a wake-up call for both LTC and the pharmacy profession in all of its specialties. Health system pharmacists are the only ones who can rest easy within this first trend category because their practice venue is leading the way. If you attended one of my technology briefing sessions in the last several years, you have probably heard me give the warning that "if you are not at the table, you may be on the menu." LTC facilities are purchasing EHR products so they can send and receive patient-specific data when different levels of care are required for their residents.

Unfortunately, many pharmacy management systems for both community and LTC practice are not capable of processing data-sharing documents and industry-standard EHR records data without performing manual data entry. In LTC facilities, required minimum data set (MDS) information is still being collected on paper and then aggregated for manual electronic data entry. Similarly, pharmacies are routinely receiving and then printing faxes, only to have these data manually entered as well. Both of these environments experience data entry errors from this process.

LTC facility owner/operators tell me their main driver for purchasing EHRs (even without receiving any government support for these purchases) is to better manage the hand-offs between their care and acute care entities. Surveys report that 97 percent of U.S. hospitals have an operational EHR in place. Those that are preparing to offer population health are looking closely at everyone on their grassroots continuum of care to see how they

can connect and thrive with tightly connected and affiliated partners in this emerging environment. Will you and your practice be on this list?

CARE COORDINATION AND MONITORING USING MOBILE DEVICES AND APPS

Have you seen the statistic that 84 percent of U.S. physicians are using an iPad in their practices, with another 10 percent reporting they work on another similar device? I asked an audience of 700 pharmacists, from various types of practices, how many owned a smartphone. All but one person were installed users of this device. The LTC staff in the facilities that you support may not be as highly equipped, but they are probably close to having the infrastructure necessary for operating mobile apps that can support your information needs from these facilities.

Are you currently utilizing any mobile apps in your practice? Have you considered that only minor modifications of existing medication apps would be needed to turn one of the hundreds of these products into something that could improve facility communication within your operations? I have been writing on the need for a multidisciplinary app that would allow pharmacists, physicians, and nurses to better communicate and coordinate on the care of patients. The same app could aggregate monitoring data. The good news is that the interfaces that already exist in your pharmacy management system for collecting website information can be utilized to communicate to and from mobile devices using mobile apps.

QUALITY MEASURES GAINING IN EMPHASIS

The Centers for Medicare and Medicaid

Services instituted a Nursing Home Compare public reporting site in 2008. All of health care is currently paying attention to these CMS star ratings. In LTC, 5-star ratings can be achieved through three domains of measurement: health inspections, staffing, and quality measures. Health inspectors record deficiencies and the number of revisits required to correct identified deficiencies. Staffing levels ascertain the numbers of registered nurses and licensed practical nurses ratios to residents. Quality measures utilized MDS reports from residents in two categories of long- and short-stay utilization.

Community pharmacists are using star ratings to increase emphasis on adherence and medication therapy management services. LTC pharma-

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cists can use this increased quality measure emphasis to encourage facilities to adopt systems that can improve facility measures. Specific pain and antipsychotic medication implementation ratings could be the path to collaboration and cooperation.

RESIDENTS DEMANDING CONNECTIVITY FOR FAMILY AND PERSONAL INDEPENDENCE

In 2016, we can expect that new residents and their families will increase their expectations and demands for technology infrastructure to be present in LTC facilities. I recently learned that the facility my mother is using added Wi-Fi, but only to the common area near their front door. Residents frequently have their core family members spread out over sev-

eral states and actual visits from their distant children and grandchildren can be infrequent.

Tech-savvy residents will also want to connect through the Internet to all of the online resources they took advantage of from their homes. The stages of LTC living should use these technologies to create a sense of personal independence desired by all of us. The same technology that allows these residents to connect can help with your LTC operational plans with staff members and your service provision to facilities. I recommend monitoring technology adoption (perhaps by creating a short survey) in the facilities that you serve.

THE CLOUD CAN MAKE TECH LESS CLOUDY

Don't forget about cloud storage sup-

porting HIPAA protections that can assist you with data sharing between your pharmacy operations and your network of LTC facilities. Remember, HIPAA compliance in the cloud can not only allow you to work affiliations with your facilities, but can allow you to connect and interact with patients and their families directly once they have given you approval and access to their information.

As always, I welcome your comments and questions on this topic. You can reach me by email at felkebg@auburn.edu if you would like to continue the conversation. ■

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