At Hebrew SeniorLife (HSL), a 110-year-old national senior services leader dedicated to rethinking, researching and redefining the possibilities of aging, effective care transitions are key to the health of its senior population. Ensuring that patients’ health information follows them across the care continuum is enabled through a broad health IT program that bridges multiple care settings.

The full care continuum can be complex, sending a patient from the home, to the primary care physicians or Emergency Department (ED), then to an acute care facility, on to post-acute care, and finally back home.

HSL has firmly focused on health IT as a means of improving patient care. Adopting electronic health records (EHR) and implementing a health information exchange (HIE) are two of the major parts of a concerted health IT initiative that got underway nearly a decade ago.

Based in Boston, the non-profit, non-sectarian organization has provided communities and health care for seniors, research into aging, and education for geriatric care providers. One of its largest care settings, Hebrew Rehabilitation Center (HRC), provides long-term and rehabilitative care. Long-term care is emerging as a significant slice of the U.S health care industry. In fact, More than 8 million people in the U.S. used long-term care provider services within the past year, according to a December 2013 report based on data from the National Study of Long-Term Providers.

HSL’s full continuum of health care services for seniors also includes home care, primary and specialty care, outpatient care, and adult day health programs.

The organization’s effort to ensure seniors are able to stay healthy and manage chronic diseases dovetails with a broader health care industry movement that seeks to prevent costly hospital admissions and readmissions. Much of this is achieved through effective and appropriate treatment in post-acute care settings, such as a rehabilitation center.

Fran Hinckley, HSL’s chief information officer, knows the challenges that come with transitioning from paper to electronic systems, particularly in complex senior health care services. His view of EHR implementation comes from years of experience integrating them into his organization, but also through a clear understanding of the benefits.

“It’s about getting people on board, making sure everyone understands where the organization wants to go, aiming for that point, and achieving our milestones,” Hinckley notes.

At HRC, the MEDITECH electronic health record (EHR) system is helping providers more efficiently manage a complex array of patient data, lab results, and medication information. The Boston site includes an acute care unit, a major factor in why HRC closely resembles a hospital, even though it does not offer an emergency department or perform surgery. Hinckley said the platform from the Westwood–based MEDITECH best suits the Center’s electronic patient data needs.

When patients transition out of HRC they move toward the less intensive end of the spectrum to HSL’s outpatient physician practices, located within Hebrew SeniorLife’s residential communities. These practices will soon implement a records system from eClinicalWorks (eCW), another Massachusetts-based EHR provider.

Ensuring the Care Continuum Circle Begins and Ends at Home

When HSL started its current health IT progression in 2006, they implemented a Computerized Physician Order Entry (CPOE) system for doctors and nurses. The CPOE was effective for data sharing inside HRC, but HSL wanted to share data with care providers in the acute care hospitals and in the community.

“People can move in and out of our settings of care, from the community to primary care, to acute care, into rehab and home again,” said Hinckley. “Our job is to try and coordinate care across that complicated group of settings.”
The varying residential and care settings produce a complex environment, both for the communication necessary between providers, but also as they involve numerous IT systems. Hinckley recalled one particular physician who needed to access up to eight different systems for the care of a single patient.

“It’s a very common set of problems across the industry, and this is what we’re all trying to solve. Integrated health IT is vital for achieving and accelerating care coordination improvements,” said Hinckley.

Onto the Mass HIway

Hinckley and HSL view health information exchange (HIE) as a key piece of the organization’s future efforts to improve care quality and the patient experience, including in the long-term care setting. With this in mind, HSL is using HRC – post-acute care – for a special grant program that is creating electronic connections between providers via the Mass HIway, the state’s HIE. Launched in 2013, the Implementation Grant Program is helping some 80 organizations across the state connect to the HIway, which is overseen by the Massachusetts eHealth Institute (MeHI) and the state Executive Office of Health and Human Services (EOHHS).

Hinckley said the goal is to get patients headed from its partner hospital Beth Israel Deaconess Medical Center (BIDMC) to HRC by 1 p.m. daily. That means pushing up the discharge time at BIDMC from 3 p.m. to noon. The goal is higher patient satisfaction, lower wait times when patients are moved from one environment to another, and better care utilization rates.

A change in discharge and transfer time might appear to be a small matter, but altering the timeline just a few hours involves intense coordination and procedural changes between the two healthcare organizations.

“Our application of the MeHI/HIway grant is based on a full-cycle use case,” said Hinckley. “This is where a patient who started at home may consult with a primary care specialist or go to an ER, and then goes to an acute care hospital, then to post-acute care rehab, and finally back to home or a home-like setting.”

Numerous factors have influenced HSL’s desire for an earlier patient transfer time from BIDMC to HSL, but the main reason is the later slot can be inconvenient for both patients and staff. The aging population HSL cares for often tires by late afternoon, and both HSL and BIDMC are in the midst of staff shift changes during that timeframe. HSL must ensure it has a bed to offer the patient, and that the bed is actually offered and accepted. Patient liaisons in the field need to finalize their work and transportation must be coordinated between the two facilities.

The HIway’s benefits become most evident once the patient enters the HSL system. BIDMC creates an electronic continuity of care document (CCD), containing several pieces of vital patient information including medical history, treatments and medication, is available and ready for use by HSL. The data is parsed out and entered into a document that is fed into HRC’s EMR system.

“Ideally, this will get the information in the EMR before the patient arrives on the floor, giving the clinician a chance to look at it,” said Hinckley. “You can use the information in more meaningful ways to help transition that data into the right components of the EMR, which helps the clinicians make better decisions around the care of that patient.”

The other side of HSL’s HIway use case occurs when the patient is discharged from HSL and heads home or to long-term care. The rehab center creates a CCD and pushes it out electronically to physicians at Boston-area Atrius Health, where the patient’s primary care physicians can view the most-recent information in an efficient format.

“This whole cycle is our HIway use case study,” said Hinckley. “It’s driven by changing people’s behaviors, changing the process, laying down the technology, and then taking advantage of the standards in that technology. Everything is related to keeping people on the continuum of aging well, and aging in the best place for their needs.”

While HRC employs physicians and functions similar to a hospital, it is not eligible for Meaningful Use incentive payments. Hinckley and HSL assumed its three physician practices weren’t eligible either, but worked with MeHI, which serves as the Regional Extension Center (REC) for Massachusetts, and determined they were eligible for funding. MeHI also assisted HSL in acquiring an Implementation Optimization Organization (IOO) to guide the physicians toward Meaningful Use. So far, nearly a dozen HSL doctors have achieved Stage 1 status.