

GAO Highlights

Highlights of [GAO-17-184](#), a report to congressional requesters

Why GAO Did This Study

Many patients who leave hospitals receive care in post-acute settings such as skilled nursing facilities and long-term care hospitals. Exchange of accurate and timely health information is particularly important in these transitions, and technology like EHRs could help to improve quality and reduce costs.

GAO was asked to review issues related to the use of EHRs in post-acute care settings. With regard to post-acute settings, GAO (1) described factors that affect EHR use and electronic exchange of health information and (2) examined HHS efforts to promote EHR use and electronic information exchange. GAO reviewed HHS planning and related documents and best practices for planning identified in prior GAO work. GAO also interviewed HHS officials, and through those interviews and background research identified and interviewed a non-generalizable selection of individuals representing 20 relevant stakeholder groups, including experts, vendors, and professional associations.

What GAO Recommends

GAO recommends that HHS (1) evaluate the effectiveness of its key efforts to increase the use of EHRs and electronic information exchange, and (2) comprehensively plan for how to achieve the department's goal regarding the use of EHRs and electronic information exchange in post-acute care settings. HHS concurred with GAO's recommendations.

View [GAO-17-184](#). For more information, contact Carolyn Yocom, (202) 512-7114, yocomc@gao.gov.

January 2017

ELECTRONIC HEALTH RECORDS

HHS Needs to Improve Planning and Evaluation of Its Efforts to Increase Information Exchange in Post-Acute Care Settings

What GAO Found

Stakeholders that GAO interviewed, including experts on electronic health records (EHR) in post-acute care settings, described five key factors that affect the use of EHRs and the electronic exchange of health information in these settings.

- 1) **Cost:** Stakeholders stated that facilities often have limited financial resources to cover the initial cost of an EHR and noted that additional costs may be incurred for exchanging information and for EHR maintenance.
- 2) **Implementation of standards:** Stakeholders expressed concerns with the variability in implementation of health data standards and the difficulty of finding health information relevant to post-acute care providers when this information is exchanged.
- 3) **Workflow disruptions:** Stakeholders stated that implementation of EHRs requires post-acute facilities to change their daily work activities or processes, which can be disruptive.
- 4) **Technological challenges:** Stakeholders stated that they face technological challenges, such as having EHRs that are not capable of electronically exchanging health information.
- 5) **Staffing:** Stakeholders noted that a lack of staff with expertise to manage EHRs and high staff turnover result in a constant need to train staff to use the technology.

The Department of Health and Human Services (HHS) has not measured the effectiveness of each of its efforts to promote the use of EHRs, and it lacks a comprehensive plan to meet its goal of increasing the proportion of post-acute care providers electronically exchanging health information. HHS identified four key efforts related to post-acute care settings; however, the lack of measurement of the effectiveness of these efforts is contrary to leading principles of sound planning. The Office of the National Coordinator for Health Information Technology (ONC) is planning to survey providers in post-acute settings to gather baseline data on the rates of EHR adoption and activities that demonstrate ways to electronically exchange health information. However, these surveys are not intended to assess the effectiveness of HHS's efforts to promote EHR use. In addition, most of the key efforts lack specific plans for evaluating their progress. Therefore, HHS cannot determine if its efforts are contributing to its goal, or if they should be adjusted. In addition, although HHS's goal depends in part on actions by post-acute care providers and EHR vendors, HHS lacks a comprehensive plan with specific action steps to achieve this goal. HHS's planning also does not address how to overcome key external factors that may adversely affect its key efforts. Without a comprehensive plan to address these issues, HHS risks not achieving its goal of increasing EHR use and the electronic exchange of health information in post-acute care settings.