Health IT Adoption in Home Health Agencies

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Introduction: Home care is an important component of the patient-centered continuum of care. Effective home care can help patients recover and recuperate successfully. Furthermore, it can reduce healthcare costs by preventing some of the avoidable and costly acute care and emergency services. Home health agencies (HHAs) providing home care can greatly benefit from adopting health information technology (IT) solutions such as electronic health records. However, HHAs experienced eligibility problems in receiving incentives under the recent HITECH act, and they have limited resources to invest in health IT. Therefore, it is important to create the maximum value possible for the organization by ensuring that health IT addresses the correctly identified and prioritized challenges and opportunities to reduce costs, improve the quality of care, and optimize health outcomes. It is also necessary to maximize efficiency, reducing the overhead costs by addressing the contextual determinants of health IT adoption in HHAs. To obtain and categorize evidence about the challenges and opportunities of HHAs and the contextual determinants of HHAs, we conducted a qualitative study of health IT adoption in Maryland HHAs. Methods: A qualitative research method called Framework is used in this research. Interviews were used to collect rich contextual data from thirteen HHAs in Maryland. For each HHA, semi-structured interviews were conducted with nurses, CEOs, and CIOS. Results: Complying with the Federal reimbursement rules, physician approval requirements, and therapy assessment rules becomes complex, time consuming, and costly, particularly for smaller HHAs. Physicians are usually busy and give low priority to communicating with HHAs. Phone calls and fax are primary means of communication. Most HHAs cannot access adequate information regarding the patient history and the medication list. Hiring part-time nurses is financially advantageous but it makes scheduling very difficult. Patients expect to be served by the same nurse for the entire episode of care. HHAs experience difficulties with finding qualified professionals and also complain about staff turnover and the concomitant the training costs. Educating and training patients and their family caregivers improve the health outcomes; however, the patient demographics sometimes require overcoming various linguistic, cultural, educational, age-related, and other barriers. Smaller HHAs have significant difficulties with getting referrals for new patients. More than half of the HHAs did not have structured organizational procedures for health IT adoption. Using health IT at patients' home without sacrificing the quality of their interactions with patients presented issues. Nurses from all age groups were trained successfully by HHAs to use health IT, but budget issues remain an important concern. Conclusion: Overall, health IT adoption levels are not high in the home care industry. HHAs are generally optimistic about the future of IT in healthcare but they remain cautious due to financial constraints. Health IT implementations that effectively address the challenges identified in this study are likely to create more value for HHAs. For efficient adoption, HHAs need to define more formal procedures that include enumerating and prioritizing their needs and evaluating the alternatives provided by vendors. Training costs should be included in estimating health IT costs.