

AMDA- THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

RESOLUTION E24

SUBJECT: REAL-TIME BIDIRECTIONAL COMMUNICATIONS BETWEEN VENUES OF CARE

INTRODUCED BY: MICHIGAN MEDICAL DIRECTORS ASSOCIATION, THE OHIO SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

INTRODUCED ON: MARCH 2024

1 **WHEREAS**, accurate real-time information regarding a patient is critical during
2 transfers of care between acute care hospitals and skilled nursing facilities;

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4 **AND WHEREAS**, medical documentation has moved to electronic health records and is
5 now a required documentation modality through the Centers for Medicare & Medicaid
6 Services;

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8 **AND WHEREAS**, skilled nursing facilities and primary providers practicing in the long-
9 term care setting often do not have access to the same electronic health records systems
10 used by acute care facilities/primary care physicians/specialty physicians within the same
11 geographic domain, and vice versa. Most EHR programs used in SNFs do not interface
12 with the electronic health record systems used by their local hospital systems and primary
13 care networks;

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15 **AND WHEREAS**, due to this non-compatibility lack of interface between of EHR
16 systems, hardcopy records are commonly used in transfer of care between the care
17 providing entities. Hardcopy information transfer is time consuming, runs a risk of
18 transcription errors, and is more prone to privacy violation than information shared via
19 EHRs. Hardcopy transfer creates an inherent risk of information loss before the receiving
20 provider reviews the information;

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22 **AND WHEREAS**, serious harm to patients has been documented due to the inability of
23 the receiving provider to access electronic records review accurate real-time patient
24 information from the sending facility;

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26 **AND WHEREAS**, AMDA-The Society for Post-Acute and Long-Term Care Medicine
27 has been engaged in advocacy around the adoption of interoperable electronic health
28 records through the LTPAC HIT Collaborative and other initiatives.
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30 **THEREFORE BE IT RESOLVED**, that AMDA—The Society for Post-Acute and
31 Long-Term Care Medicine, actively advocate along with its partner organizations and all
32 relevant stakeholders, including hospital systems and vendors, to ensure appropriate
33 funding and adoption of electronic communication modalities that achieve the real-time
34 transfer of information between settings of care;

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36 **AND BE IT FURTHER RESOLVED**, that AMDA—The Society for Post-Acute and
37 Long-Term Care Medicine inform its membership at regular intervals of the findings of
38 this collaboration.

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40 **FISCAL NOTE:**

41 If passed by the House of Delegates and adopted as Society policy by the Board of
42 Directors, this resolution could have no to low financial impact, as it would be
43 incorporated into AMDA’s existing and ongoing advocacy and coalition work.

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RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>