

# SYMPOSIA 8

## Aged care information technology roadmaps and research

G. L. Alexander (Convener)

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**Participants:** G. L. Alexander (USA) and A. Moen (Norway). **ISSUE** We provide evidence that health information technology (HIT) should be a mainstay of all health and social support services for older people globally within and across community and residential care services. **CONTENT** Alexander presents research conducted in two phases. In phase I, researchers explored four long term care (LTC) HIT roadmaps, developed by members of four different LTC HIT collaboratives in U.S, Australia, U.K, and New Zealand. In Phase II the research team conducted a systematic literature review (2000-2018) to support roadmap assumptions. We offer recommendations for five aged care roadmap domains: Strategy/Vision, Continuing Care Community, Services and Support Provided, External Clinical Support, and Administrative. Within these domains we recommend five content areas: Innovation, Policy, Evaluation, Delivery Systems and Human Resources. We recommend future LTC HIT roadmap strategies including 61 emphasis areas in aged care (see examples Table 1). The roadmap provides a navigation tool for LTC leaders and researchers globally to take a strategic approach to harness the potential of LTC HIT.(15 minutes). **STRUCTURE** To support roadmap assumptions, we illustrate the breadth and depth of technology opportunities for aging research globally. G. Alexander will provide results of a US federally funded national study about health information exchange and data analytics systems in LTC settings in the U.S.. The goals of the 8-year study (2012-2020) is to implement health information exchange to promote data sharing to prevent rehospitalization after a LTC placement (Alexander et al 2015). Drawing on findings from other published studies we will draw some international comparisons of IT sophistication with our U.S. study.(15 minutes) A. Moen will provide experiences from a suite of connected, nationally funded research and innovation projects (2011-2021) using assistive technologies for user activation, engagement and prevention/early intervention to encourage participation and self-management to maintain functional abilities, dignity and thrive (Moen et al 2012).(15 minutes). Following presentations, 2 discussion groups will be formed. Each group, will be facilitated by one workshop organizer using structured questionnaires to discuss roadmap domains and content areas.(20 minutes). The final 20 minutes will be used for each discussion group to report back and discussion by symposium participants. This is followed by a brief closing summary of the symposium by the moderators (5 minutes).

LTC Roadmap Domains	Technology Content Areas				
61 Emphasis Areas	Innovation	Policy	Evaluation	Delivery Systems	Human Resources
<b>Strategy and Vision</b>	Increase emerging care delivery and payment models for LTC	Promote international informatics initiatives in all LTC sectors	Incorporate health intelligence to leverage stakeholder interactions	Create partnerships across the care continuum, enabling meaningful interoperable HIE	Develop a Digital Literacy Strategy for all types of LTC stakeholders
<b>Community Based Care</b>	Reduce barriers to care delivery systems innovation	Co-design with consumers, families, carers to be proactive in preparing future LTC sector needs	Harmonize quality measures across the spectrum of care	Conduct feasibility studies and assess system safety	Promote innovative approaches that use real-time connections as a baseline standard
<b>Services and Support Provided</b>	Encourage research development, dissemination of assistive technology	Consider newer life satisfaction measures for aging populations	Adopt technology that simplifies activities of daily living	Create strategies to adopt patient facing IT that supports person centered longitudinal care initiatives	Encourage vendors to develop information systems which support the worker
<b>Clinical Support External to Facilities</b>	Incorporate approaches using evidence based clinical rules	Discuss regulatory efforts and growing use of IT by disciplines external to facilities	No emphasis areas – research gap exists	Engage partners in meaningful HIE to provide safe, timely care delivery	Build networks of stakeholders that have ongoing input into the clinical processes of care and documentation
<b>Administrative</b>	Improve awareness of funding initiatives implemented to support new payment models	Pay for performance independent of setting	Increase awareness of staff perceptions and attitudes during IT implementation	Align incentives between clinicians, providers, and clinical support services	Identify worker core health IT competencies

## References

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- Moen A, Hackl WO, Hofdijk J, Van Gimert-Pijnen L, Ammenwerth E, Nykänen P, Hoerbst A. (2012) eHealth in Europe: Status and Challenges. *European Journal of Biomedical Informatics*, 8(1).

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**Address:** University of Missouri Sinclair School of Nursing USA

**Email:** alexanderg@missouri.edu