

Mass Tech Collaborative Grant
Final Report
April 27, 2015- October 31, 2016

Overview

Under a grant administered by the Massachusetts eHealth Institute and funded from the Healthcare Workforce Transformation Fund through the Massachusetts Executive Office of Labor and Workforce Development, Springfield Technical Community College led a three community college consortium in developing a statewide health information technology (IT) training pilot program to improve the skill sets of employees in Massachusetts's Long Term Post-Acute Care (LTPAC) and home healthcare (HH) organizations. Together, the three colleges: Springfield Technical Community College (STCC), Cape Cod Community College (CCCC), and Middlesex Community College (MCC), developed, tested, and refined a standardized curriculum to support health information technology and workforce development. The intent of this project was to create two tested curriculum modules that would have value to an unlimited number of educational institutions and LTPAC and HH facilities at the project's end. Both modules would be designed so that they can be taught by external instructors and staff from LTPAC and HH organizations trained as instructors. The community college partners held focus groups for various LTPAC and HH providers from Western Massachusetts, Merrimack Valley, and Cape Cod to gather information regarding incumbent worker competency gaps in the area of health information technology. Findings from these meetings guided the community college partners in ultimately creating four curriculum modules focused on:

- basic computer skills required to navigate an EHR
- EHR function and use
- EHR documentation, and
- EHR security and privacy

After developing the modules, the community college partners piloted a train-the-trainer program to deliver the curriculum at four HH sites.

The goals of the final curriculum products as set out in the grant were:

- 1) To increase the number of employees at LTPAC and home health agencies with knowledge of the proper use of health IT;
- 2) To increase the number of individuals trained to be a trainer at their organization to teach the curriculum to employees about the proper use of health IT;
- 3) To assure high-quality care and patient safety through accuracy and efficiencies afforded by intelligent use of health IT; and
- 4) To provide industry partners with the ability to meet federal requirements and meaningful use guidelines.

The community college partners represented three different geographical locations, sizes of operations, and demographics to provide adequate testing of the curriculum and educational delivery in varying situations. The main success with this grant was creating modules that can be used as an educational tool to improve direct care workers' skills. We had the privilege of working with some of the leading organizations in our respective geographic areas, both large and small, to test the curriculum for relevance and usability. MeHI was instrumental in providing support and structure throughout the project's scope.

Phase 1: Sites

In June 2015, the community college partners set out to recruit sites to partner and participate in the train-the-trainer portion of the project. Each college was to partner with one LTPAC facility and one home health organization. The goal was to have a total of 3 LTPAC and 3 HH organizations engaged in the project. For various reasons described later, including issues with recruitment, the project tested the modules at four home health care companies. These are the sites that participated:

Porchlight VNA Chicopee, MA

Porchlight VNA and Porchlight Home Care are non-profit home health agencies with over 100 years' service to the people of Berkshire, Hampden, and Hampshire Counties. They are the recipients of several Homecare Elite Awards and are rated five stars by the Centers for Medicare and Medicaid Services.

Capuano Care East Longmeadow, MA

Capuano Care is a local, privately owned company. They are a full-service, multi-faceted home health care agency serving clients and the medical community throughout Hampden and Hampshire Counties. They are a Medicare/Medicaid certified home health care agency providing reimbursable in-home medical, therapeutic, and rehabilitative care.

Duffy Health Clinic Hyannis, MA

Since early 2000, Duffy has provided services at its center in Hyannis and through its mobile health clinic. They are licensed for primary care and mental health services. A free-standing, federally qualified health center, Duffy Health Center has been funded by the federal Health Resources and Services Administration (HRSA) Health Care for the Homeless program since 2002.

Professional Profiles Danvers, MA

Professional Profiles is a fully licensed and insured home care agency in Massachusetts providing medical and non-medical services to a wide variety of clients. Their services range from personal care and personal shopping to heavy chores and major cleanouts. Founded in 1988, they were selected a senior service *Provider of the Year* by one of Massachusetts' largest senior home care providers.

Recruitment Challenges

After initially identifying LTPAC and HH agency partners at the beginning of the grant period, the community college partners found waning interest from those sites as the grant progressed. The colleges then had difficulty finding new organizations to participate in the pilot. One of the main reasons was the varying levels of integration with Electronic Health Records (EHRs) across the state. Several facilities are still using paper medical records. The adoption rates and interest levels also varied by geographic area. The area surrounding the Cape appeared to be at full adoption of EHRs whereas, in Western Massachusetts, many facilities had low adoption, if any at all. Most agreed it was in their future, but they were not quite ready yet.

Other factors were:

- Every site uses different software, making generic training challenging
- With high turnover of staff, sites felt that the training wasn't worth the effort
- Many organizations are prolonging EHR adoption
- Direct care workers have basic language and literacy issues which could be problematic to high level health IT training and utilization
- Direct care workers and patient aides do not utilize computers in many of their daily tasks
- Workforce shortages
- Changes in an organization's administration
- Timing issues with the grant, specifically the onset of summer on Cape Cod meant that agencies were facing their busiest season when the pilot training was scheduled to take place

For these reasons and others, many of the sites that had initially agreed to participate in the pilot decided that it was no longer in their best interest and/or was not beneficial to their organization. The community college partners also had difficulty maintaining the interest of their initial pilot sites as recruiting the sites was the first task on the grant timeline. This left an eleven month gap between when the focus groups were held and when training was to begin. In hindsight, recruitment of the sites should have happened after the focus groups were held, starting with the focus group attendees. Ultimately, with assistance from the trade associations, the community college partners identified the four HH agencies listed above to serve as pilot sites for the grant.

Phase 2: Focus Groups

The colleges hired Kelly Aiken, formerly of Mass Senior Care Association, as a consultant to conduct focus groups in September 2015. The objective was to identify health IT training needs at LTPAC and HH agencies. Even in organizations and in areas with low EHR implementation rates, we were looking for training topics that would be of value to their employees. Each community college hosted two focus groups, one for HH employers and one for LTPAC employers. We suggested that administrators, managers, and/or staff developers attend. Industry Associations assisted in getting their members to participate. Each focus group was recorded and transcribed. The discussion was designed to gather information from the participants regarding the following outcomes:

- 1) To learn more about their workforce training and education needs as it relates to all aspects of health IT, including the array of computer application systems used by administrators, managers, and direct care providers
- 2) To learn how organizations utilize health IT to:
 - a. Capture and communicate patient information using devices such as smartphones and tablets;
 - b. Develop and/or maintain a health IT network and infrastructure; and
 - c. Share patient information with other providers involved in their patients' care and to ensure quality, patient-centered care
- 3) To learn what health IT training and education is currently available for staff
- 4) To learn what level of health IT knowledge and skills new staff typically have upon hire
- 5) To find the most successful format for delivering training and education to their staff

Attendance

	Springfield Community College Sept 23,2016	Cape Cod Community College Sept 30, 2016	Middlesex Community College Sept 22,2016
LTPAC	<ul style="list-style-type: none"> • Loomis House • Berkshire Healthcare • Wingate East Long. • JGS Life care 	<ul style="list-style-type: none"> • Epoch of Brewster • Pleasant Bay Nursing and Rehabilitation • Liberty Commons • Hebrew Life Rehab 	<ul style="list-style-type: none"> • LCC Of Merrimack Valley • N.E. Pediatric Care • Whittier-Port • D'Youville • Spaulding Nursing and Therapy
HH	<ul style="list-style-type: none"> • Medical Resources Home Care, Inc. • Barton's Angel's Inc. • Porchlight VNA 	<ul style="list-style-type: none"> • VNA of Cape Cod • Board Reach Hospice • Brockton VNA 	<ul style="list-style-type: none"> • Circle Home Health • Right at Home

Industry Associations			<ul style="list-style-type: none"> • Home Care Alliance • Home Care Aide Council
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Total attendance for all six groups was 47 people representing employers and interested stakeholders. There were 37 people from 22 organizations representing LTPAC and HH employers.

Key Findings

The majority of focus group participants expressed commitment to electronic health record (EHR) adoption and recognized HIT as a crucial tool in the value-based health care environment. Use of EHRs and other health IT platforms varies widely throughout post-acute care facilities and organizations. The first two questions posed to the focus group participants provided a holistic understanding about the integration of health IT and staff preparation for the use of EHRs. Below is a summary for home care and long term care.

Home Care

Home care employers represent private non-clinical home care agencies, visiting nursing associations that may/may not be associated with a hospital and both Medicare-certified and non-Medicare certified home care programs. Certified home care programs are affiliated with Aging Service Access Point (ASAPs) which serve low income elders across the state. The ASAPs require the use of their HIT program. Most frequently, home care employers are only using EHRs for Medicare-certified clients. In some cases, they are using two different types of EHR platforms.

The smaller non-clinical home care agencies are typically not using EHRs. Most, however, are using a technology platform for scheduling, admissions (AllScripts), billing and payroll. Virtually none of the home care agencies are part of an accountable care organization (ACO), but some have access to larger hospital system IT platforms such as Partners or Baystate. When using an EHR system, home care agencies will provide a laptop to their clinical staff (nurses, occupational therapist, and physical therapist) who has complete access to a patient’s EHR. Direct care workers such as home health aides (HHAs) are often communicating patient information directly to clinical staff who document in an EHR. Some keep track of their work on paper-based documents. Some agencies use a telephony system that allows home care aides to indicate which activities of daily living (ADLs) or other types of tasks they have completed for a client. More rare are those home care organizations that provide hand held devices such as smart phones to home care aides for the purpose of recording patient information. Focus group participants indicated that cost is typically the single biggest issue holding them back from integrating more HIT into their operations.

Long Term Care

Long term care (LTC) employers represent nursing homes, skilled nursing facilities, rehabilitation facilities and assisted living. Across the state, there are both non-profit and for-profit employers ranging from small one facility organizations to large, multi-facility

organizations that may have corporate headquarters outside of Massachusetts. The LTC employers who attended the focus group represent a wide range of experience and levels of integration with HIT into their settings. Some are completely integrated and others are just starting. Unlike home care, almost all have plans for EHR adoption that include frontline staff. Some facilities are already upgrading or switching EHRs. Many had difficult rollout processes that have taken longer than expected. The majority used IT platforms for scheduling, payroll, admissions and billing but integration of all systems is rare. Most frequently certified nurse aides (CNAs) have access to point-of-care kiosks or wall mounted tablets where they are required to record daily ADL information about residents. Registered nurses and licensed practical nurses (LPNs) have full access to residents' EHRs. Some LTC facilities are part of an ACO and, in some cases, multiple ACOs. Depending on the market, some LTCs interact with several hospitals all with different EHR systems. There is relative consistency regarding the use of the AllScripts platform to communicate about patient referrals and admissions.

Key Barriers and Challenges for Employers:

While different, long term and home care employers do share some key barriers and challenges to full HIT adoption.

1. Integrating EHRs into operations is an ongoing challenge. Frequently, the business side of a facility or agency makes the decision about which platform to use or adapts a billing system to capture patient health information. Often clinicians are not consulted and the platform is cumbersome for documenting patient information.
2. Different types of insurance for different types of patients can dictate the type of health information tracked and recorded.
3. Capturing patient data and transferring patient data from one care setting to another is not consistent. Information can be typed directly into an EHR, captured on paper based documents like a discharge summary, emailed, texted, faxed, scanned or given verbally over the phone. This presents challenges for HIPAA compliance and can make it time consuming to create complete EHRs.
4. In many cases either basic language and literacy issues for front line staff are barriers or challenges to sophisticated HIT training and utilization.

Potential Target Audience for Training

Incumbent CNAs

Many LTC facilities are moving towards point-of-care (POC) systems that provide kiosks with tablets that allow CNAs to document their daily activities with residents, change in conditions, etc. Incumbent CNAs could be a target audience of any developed curriculum so their language and literacy skills need to be taken into consideration. It should be noted that most facilities with EHRs have typically developed training plans/materials to address the specific needs of their workforce.

Incumbent HHAs

Very few incumbent HHAs have access to EHRs and only a few of the FG participants provide phones or tablets to enable remote access/delivery. General training could be helpful for larger home care organizations with many HHAs.

Incumbent Nurses

Incumbent RNs and LPNs who do not have computer skills or do not understand the implications of EHRs could be the target of the training. It is important to note that some mature nurses choose to leave the workplace rather than new learn technology.

CNA Training Programs

Every FG discussion identified the need to better prepare new CNAs for the changing technology-driven workplace. There are 160 CNA training programs across the state teaching at least the minimum requirements which were established 25 years ago via legislation overseen by the Department of Public Health. Beyond the required curriculum every CNA program is left to determine additional employer needs. This is an area that the community colleges could greatly influence, but it may be out of scope for this MeHI-funded project.

Possible Curriculum Content Areas

Focus group attendees did not provide a strong consensus on potential curriculum content. The desire to train incumbent workers was entirely dependent on an organization's EHR rollout timeline and whether frontline staff will have access to tablets, handheld devices, etc. FG participants expressed consensus on the need for HIT content to be integrated into CNA and HHA training programs so new staff are better prepared upon hire.

Effective Documentation using EHRs

Capturing data at the point of care has changed how resident/consumer information is documented and when the documentation task is expected to be completed. This curriculum could link assessment skills to documentation, provide basics of electronic documentation and what information is important (assumes agnostic approach), how the data is used (billing, clinical decision making, etc.), implications of poor documentation, basic skills to transmit data and navigate systems.

Health IT 101

There is a need for basic information about the intent of health IT with primary focus on EHRs and sharing patient information via different platforms and devices. The curriculum content should focus on technologies used and their contribution to administrative and clinical best practices. Specific areas of focus could include:

- Patient data exchange – what the future holds (not immediately relevant to CNAs and HHAs)
- Fundamentals of EHRs
- Privacy – the implications of inappropriate behavior with patient information and how different platforms lend itself to privacy and HIPAA issues (social media, texting, etc.)

Basic IT Skill Development

There was a great deal of discussion about basic IT needs particularly among CNAs. Frequently FG participants discussed that staff know how to use a cell phone but many still don't understand the mechanics of a personal computer.

ABE/ESOL combined with medical terminology

For those organizations that require narrative documentation, increased language and literacy skills are essential. Adult basic education (ABE), English as a Second Language (ESL) and contextualized curriculum were all considered important for full comprehension for limited language learners.

Training Format

The training format needs to meet learner needs while at the same time taking into consideration the organizational realities of training incumbent staff (e.g., costs, available facilities, etc.). There was general consensus about the training format:

- The training should be in-person training with access to technology (e.g., PC or tablet). Some facilities have computer labs but many will conduct training in a 1:1 format.
- The curriculum should use interactive tools such as videos, dummy databases, practice tests etc. For example, STCC currently uses a teaching platform called Greenway that emulates EHRs used in a physician's office. Something similar should be used that reflects the basic information needed in a LTC and HC electronic medical record.
- If possible, the training should span multiple sessions so that there is time for staff to digest new information and then apply in the work setting.
- The training should be flexible and made up of multiple modules so that individual facilities can pick/choose what they want to implement. However, the colleges need to be realistic about training in today's environment. Training costs money and some employers cannot find enough staff now.
- Frequently, IT skills are assessed and developed during orientation, however no formal assessment exists. It should be expected that the training will be incorporated into orientation for new staff. One-on-one training frequently occurs when individuals have specific technology skills they need to learn or improve.

Phase 3: Curriculum

While the focus groups did not develop a strong consensus on the desired content areas for the curriculum modules, the community college partners, in consultation with MeHI, chose topics for four health IT curriculum modules focused on direct care workers and administrative support staff in the LTPAC and home healthcare industries. The focus groups provided feedback that it would be better to offer multiple short modules instead of one, longer training, which is why the colleges opted to create four, instead of the originally proposed two, modules. Based on the grant proposal, the community college partners also developed a train-the-trainer program designed to train select staff to effectively deliver the curriculum modules to their employees. The train-the-trainer materials included an Instructor's Manual for each module and notes and presentation tips in the presentation materials. The intent of this effort was to create and test the curriculum modules and the train-the-trainer program and to provide them as a tool available to an unlimited number of educational institutions and LTPAC and HH facilities across the Commonwealth. Although the grant proposal described eight hours of training, feedback from the participating sites and the focus groups indicated that employers are not in a position to take employees off the floor or away from patients for that long. Therefore, the final product was separated into four modules designed to be delivered in one hour increments.

The selected curriculum module topics are:

- Basic Computer Skills to Navigate an EHR;
- EHR Function and Use;
- EHR Documentation; and
- EHR Security and Privacy

Basic Computer Skills to Navigate an EHR

This learning module focuses on the basic computer skills required to navigate and interact with the electronic health record. Upon completion of this course the learner will be able to:

- Identify different types of computers systems and how they operate
- Discuss the influence of ergonomics on computer usage
- Understand the importance of the username and password when logging on and off of a computer
- Identify common icons used to open software and applications
- Know how to use Windows bars and functions such as: minimize, restore, resize, move, and close
- Understand the concepts of web browsers and links to connect with web-based information
- Identify common documentation options and their use to enter, save, and edit information

EHR Function and Use

This module will assist the student in understanding why it is important to have all medical facilities on an Electronic Health Record, what the core functions of a fully operative Electronic Health Record are, and how access is controlled and monitored. Upon completion of this course the learner will be able to:

- Describe the benefits of using an EHR to document patient care
- List and explain the functions of an EHR
- Describe how we use patient information in our facility and how we share it outside of our facility
- Explain how patient information is captured in an EHR
- Describe the relationship between an EHR and a PMS system
- Explain how user access is created and maintained and the function of audit trails
- Understand how the organization operates if the EHR is down

EHR Documentation

This module will focus on best practices of documentation as a means of recording, reporting, and communicating basic healthcare tasks and conditions. Upon completion of this course the learner will be able to:

- Name three benefits of electronic health care documentation
- List three components of legal communication
- Define subjective and objective documentation
- Name at least five conditions that are critical to report
- Give three examples of computer documentation entry selections
- Describe how the EHR contributes to safer patient care
- Identify at least three EHR best practices

EHR Security and Privacy

This module will focus on best practices of securing EHRs and protecting patient's privacy. Upon completion of this course the learner will be able to:

- Discuss the HIPAA's Privacy & Security Rules
- List specific types of identifying information that need to be kept secure
- Give examples of the Administrative, Physical, and Technical safeguards that help to protect sensitive patient information
- Understand compliance plans and policies, data breaches

Phase 4: Training

The focus groups and discussions with employers provided the community college partners with feedback that it would be useful to train prospective employees in basic skills to give them a better foundation upon hire. Educating employees after hire on basic computer skills was neither practical, nor cost effective. Employers indicated that they would like to see colleges with CNA and home health aide training programs integrate these curriculum modules into their existing programs. This grant project, however, was a pilot program to determine the level of interest in health IT training and the best way to deliver that training. The interest in this training shifted as the project progressed, from the train-the-trainer concept in which the organization trains their employees, to incorporating this training into academic programs. The project team followed the guidelines and deliverables of the grant, but ultimately found that agencies and facilities would prefer to have employees trained in these areas before they are hired.

Training was set to begin in April 2016 but, unfortunately, the sites that initially agreed to participate were no longer interested for the reasons outlined in the recruitment section of this report. With the help of trade associations, the colleges were able to recruit three home healthcare agencies and one health clinic to take part in the pilot training. Lead trainers were selected from each site and received instruction at their partner college. Most of the trainers chosen were directors, managers, or part of administrative staff. The colleges used evaluation forms and feedback from the trained trainers and the volunteers who participated in the training to refine the curriculum and course delivery. After the trainers delivered at least one curriculum module to a group of volunteers under the supervision of the college trainer, the colleges certified them as trainers for their employer. The employer trainers could now offer the curriculum modules at their employer's site on their own. Both the employer trainer and the employees that attended the training received certificates of completion. Below are the results of the trainings:

Chart 2: Training Schedule

	STCC	CCCC	MCC
Sites:	A.)Porchlight VNA B.)Capuano Home Care	Duffy Health Clinic	Professional Profiles
Lead employer trainers trained by colleges	2 trainings: 9Leads (7-Porchlight) (2-Capuano)	1 training: 1 Lead	1 training: 2 Leads

Lead employer trainers training volunteers	4 lead trainers (2-Porchlight) (2-Capuano) Lisa/Porchlight: 9 volunteers *not checked off Gillian-1 training 14 volunteers Cathy,Tiara/Capuano 1 training 9 volunteers Total: 32 volunteers	1 lead trainer Jackie: 2 trainings Total:18 volunteers	1 lead trainer *one is no longer an employee Haley: 1 training Total: 8 volunteers
Lead Trainers training employees	3 lead trainers 3 trainings Total:19 employees	1 lead trainer 1 training Total: 2 employees	1 lead trainer 1 training Total: 2 employees

The community college partners used the direct training method to train the volunteer trainers from the partner employer sites. This was effective because of the volunteers' varying levels of education. With direct training, it was easy for the lead trainer from the college to individually assess who was grasping the material and who was struggling. In some instances, it opened up to a greater conversation amongst participants which was beneficial to the lecture. In some cases it was evident that more time should have been spent on the selection process of the lead trainer from the employer site. The effectiveness of the lead employer trainer depended on the comfort level and the time spent with the lead trainer from the college. The original goal in the grant proposal was to train direct care workers as the lead employer trainers, but in most cases, the employer partners selected employees from administration. It was also evident that being a trainer is not for everyone and there are certain skills one needs to have to be an effective trainer. Based on this experience from the pilot, the community college partners added materials to the Instructor's Manuals for each curriculum module to assist the trainer in being an effective presenter.

The training led by the lead employer trainers at their sites went well. Some employers counted their employees' attendance as mandated in- service hours. Middlesex held their sessions at the college because there was no training area at the employer's site, which could be an issue with other healthcare facilities. Although the lead employer trainers

seemed to enjoy their role in this pilot program, it was unclear whether the organizations will institutionalize this training after the pilot ended.

Most training sessions were challenging to schedule as they were not mandatory. Additionally, as we approached summer, timing was a factor due to the supply and demand of available trainees. Scheduling was also problematic as it was hard for the employers to schedule a time where they could take employees off the floor or away from patients. Even with incentives, the evaluations did not produce the feedback the team had hoped for. Part of the reason was we could have used better assessment tools. There needed to be more open-ended questions to extract better feedback. Some groups were very interactive and engaged while others failed to see the value. One of the challenges of this phase was recruiting volunteers to sit through the class where the lead employer trainers were certified as trainers, and to get them to fill out post training evaluations. Each college used a different demographic for volunteers for this phase so the outcomes and feedback were very different.

Phase 5: Dissemination

The Massachusetts Community College Executive Office (MCCEO) will develop recommendations for the best methods to disseminate the curriculum module beyond this pilot program and to collect data to analyze the effectiveness of this grant project. MCCEO will conduct roundtable webinars to hear from employers about the most effective way to use the curriculum modules. MCCEO has direct access to industry experts who serve on workforce investment boards, Taft-Hartley funded workplace training programs, and many relevant health care players.

After the end of the pilot program, representatives from the community college partners, MeHI, MCCEO, and Commonwealth Corps discussed the following options for disseminating the modules:

- A.) **Industry-recognized training**- adding credentials or creating a certification to make this training valuable for employees to put on their resumes;
- B.) **American Apprentice Initiative**-A government program designed to offer paid apprenticeships in many healthcare related positions. This curriculum could be part of the training for some positions that would be eligible for this program;
- C.) **Career Ladders**- a tool to promote employees into higher level positions. Employers could recognize the value of these skills and promote employees who seek out this training on their own; and
- D.) **Non-credit college course**- integrate the modules into existing CNA and home health aide programs.

Summary

Being a pilot program, there was a lot to learn. The most beneficial result of this project was developing and refining the four health IT curriculum modules. The program also provided a view on where Massachusetts LTPAC and HH facilities stand with health IT and its implementation. One finding was that the regional differences in adoption rates made it challenging to find an average training solution across the Commonwealth.

While the focus groups provided mixed feedback on where to target this kind of training, the experience from the pilot demonstrated that there is a need to direct the training to a particular employee population depending on educational levels and utilization of health IT. Although agencies from both LTPAC and home health expressed the desire for a better health IT foundation for their entry-level staff, the greatest necessity is for the aides in home care. Many of the aides have low educational and literacy levels that need to be addressed through training. The high demand for aides and the high turnover rates means employers can't afford to lose a potential hire to pre-assessment or to spend extensive time on training. Employers would benefit from having new hires already possess the basic health IT skills offered in the training modules.

The final curriculum was a good reflection of the weak areas that employers spoke of in the focus groups. Dividing the curriculum into separate modules proved to be practical as different sites were interested in some modules, but not all. The modules were well received and the curriculum was well-regarded. Capping each module's length to an hour made it more realistic to manage training.

The goal of this pilot program was to address the need to improve the health IT skills of LTPAC and HH employees. The concept is needed and many employers expressed a desire for their employees to have these skills. However, many employers lack the time and resources required to offer this training on their own, and still others have yet to adopt EHRs or other health IT. As LTPAC and HH agencies adopt EHRs, they will benefit from hiring staff who understand the basics of health IT. MeHI and MCCEO should investigate the value of these curriculum topics to employers and consider various ways to incentivize or provide the training to existing or prospective CNAs and home health aides.