HOME CARE
AUTOMATION REPORT

Vol. 10 No. 9 ★ September 2005

from Stony Hill Publishing

Disaster Puts IT in Perspective, Again

As we were finalizing this issue, graphic images of the aftermath of hurricane Katrina were just reaching us. Simultaneously, we received a disturbing first-hand description from Warren Hebert, Executive Director of the HomeCare Association of Louisiana, about the plight of providers and patients in the New Orleans area. "An estimated 91 home care agencies and 3,900 of our colleagues who were caring for as many as 21,000 patients last Friday are in some way involved in Hurricane Katrina's aftermath."

Our hearts and prayers go out to all home care administrators, staff and patients across the devastated Gulf Coast, where we have often enjoyed the scenic beauty and gracious Southern hospitality during various conferences hosted by Warren and his counterparts throughout the region.

We have yet to hear from the one home care software vendor who is located in the hardest-hit area. PPS Plus Software is headquartered in Gulfport, where phone and email are not likely to be restored for some time. We know you will join us in hoping John Shinn and his crew evacuated to higher ground and will let us know soon that they are safe.

Once focus shifts from rescue to recovery, we will bring you all the stories we can uncover on how home care systems fared during and after Katrina. We have been preaching the importance of IT disaster preparedness for a long time, especially since the HIPAA Security Rule made it a requirement. We hope those who live and work in places where nature can be cruel took our advice to heart. We've already heard from one of our readers who has promised us a first-hand account of efforts to keep their systems operational throughout the storm.

Tom Williams, Publisher
Tim Rowan, Editor

In This Issue

Telemedicine + Home Care = Future Care

Last month, we offered several stories summarizing some of the keynote speeches at July's second annual "Healthcare Unbound" conference in Boston. There were numerous good presentations and we didn't have room in last month's issue for them all. So we include two more this month, one from Partners Healthcare's Joseph Kvedar urging home care to adopt home telehealth and the other about Intel's vision of the future of home monitoring.

The conference was important because it demonstrated that traditionally acute-care-oriented healthcare professionals, especially hospital administrators and large-clinic physicians, are beginning to accept technology-based home health care's critical role. The gathering brought together pragmatists and futurists to discuss strategies and solutions and their clear focus was pushing patients out of expensive hospital beds and electronically monitoring them remotely in their homes.

Experts agreed that clinical and information technologies are the only dams against a river of Baby Boomers that will soon flood the healthcare system, not with acute diseases as their parents did but with chronic conditions that require a different care model. The U.S. healthcare system is largely focused on saving or prolonging the lives of individuals undergoing acute, temporary crises but it is increasingly being presented with otherwise healthy patients in need of slower-paced, persistent care – and education – over a normal, and lengthening, lifespan.

Payers Encourage Telehealth Pilots, Adoption

Partners, Humana explain why health plans want you to hurry

"Everybody talks about the weather but nobody ever does anything about it."
--Mark Twain

At last July's Healthcare Unbound conference, a two-day conversation between hospital and home care administrators and telehealth futurists, one expert after another described in detail what is wrong with the U.S. healthcare system. Warnings were heard from industry and government keynote speakers about the oncoming aging Baby Boomer crisis. Inventors from Intel and Qualcomm added a peek at futuristic monitoring devices with the potential to lengthen caregiver reach.

Amidst descriptions of the problem and answers from the next decade, Boston's Partners HealthCare System and Louisville, Kentucky's Humana Health Plan, however, delivered the message that they have decided not to wait for the future to arrive.

Dr. Joseph Kvedar, Partners' telemedicine project director, told the July assembly not only how healthcare should change but how his organization is already using technology to change it. Partners' patient-centric, technology-assisted model, he reported, has already gained attention from competitors, colleagues and Congress.

Dr. Joseph Kvedar

"Care today centers around the caregiver, usually the physician," Kvedar began. "We are changing it so that care follows the patient." He noted that access, quality and efficiency are already improving under the new model, which has been titled "Partners Connected Health Initiative." The model calls for care to follow the patient and to provide the patient with professional feedback. This, in turn, has the potential to further improve outcomes and reduce costs by positively changing patient behavior. The model is also reliant on innovative, patient-centric technologies.

"Technology makes it possible to extend the care community beyond traditional healthcare institution walls and bring the practice of medicine to health consumers' everyday surroundings," Kvedar believes. Technology makes it possible but what makes it necessary, he demonstrated with stark statistics from a 2003 report regarding 500,000 Partners enrollees, is the growing number of patients with one or more of six chronic conditions.

- Asthma
- Coronary Artery Disease
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Kidney Failure requiring dialysis

Together, people with these conditions represent less than 10% of the population but nearly half of all inpatient admissions. With such a large portion of resources directed

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to a small population, limited funds are available for cost-saving, health promoting activities directed to the general patient population.

According to Diana Han, MD, Clinical Innovation VP for Humana, who seconded Kvedar's findings and policy ideas in her own presentation, payers are discovering that spending more on larger numbers of enrollees who are less sick pays off far more in the long run than waiting until they join the ranks of the very sick. Han reported that 1% of Humana's sickest members absorb 15% of the health plan's costs. At the same time, the healthiest 59% account for only 20% of costs. It is the group in the middle where she expects significant savings can be realized, if the proper technologies are applied.

"40% of our members are responsible for 65% of our costs," Han said. "It is here where we have decided to focus our efforts. We encourage physicians and other providers to adopt new technologies. If a technology's efficacy is convincing, we pay for it." Efficacy, by Humana's definition, means that a monitoring system or other technology has demonstrated value *and* that it is more than a fad gadget that will hold user interest for a while but soon make its way to a closet shelf.

"We have set our global, episodic pay rates at a level that allows room for investment in remote monitoring and patient education technologies," she continued. "Our physicians are given incentives to keep those in the middle group, people with manageable chronic conditions, from migrating to the most expensive 1%. If a technology is proven to accomplish that goal, we no longer want to be saying 'yes' or 'no' but asking 'how much.'"

Kvedar noted that large hospital groups and small health plans are not the only ones that have noticed the cost of caring for people with one or more of the "top six" chronic conditions. "GM CEO Rick Wagoner was asked recently whether GM is in crisis," Kvedar related. "His response was clear and simple. 'We have, I think, one specific issue that has reached crisis proportions. That would be the health care cost issue.'"

Partners' telemedicine group is attacking cost imbalances with several technologies at once. In one pilot project, co-sponsored by Motorola, CHF patients are monitored at home with a Bluetooth-enabled cell phone. The phone acts as data aggregator, collecting vital signs from Bluetooth-adapted scales, BP cuffs and digital stethoscopes and the like, as well as the transmission device, delivering results through standard cell connections to remote clinicians.

A second pilot project uses camera-equipped cell phones for wound care. Nurses with Partners' home care agencies use the phone to transmit close-up photos to primary care physicians or wound care specialist nurses for consultation purposes. Kvedar says early results indicate turn-around times are improved, errors reduced and the overall care for patients is streamlined.
A Dermatologist, Kvedar is especially close to a project he calls "Acne eVisits," where dermatology patients do their own follow-up visits from home. With off-the-shelf cameras, they send images to a RelayHealth web site. RelayHealth is a California-based, secure web communications provider for physicians and patients. Accessing the same web site, Partners Dermatologists review and respond to the patient via the same web site, including providing e-prescriptions as necessary. "Blue Cross/Blue Shield of Massachusetts has already begun to reimburse for this type of 'visit,'" Kvedar reported.

"Clinical Technology Advisors" is a Massachusetts company that introduced a South African product to Partners' telehealth group. *"SimPill"* is a smart pill bottle that delivers a time-stamped, Short Messaging Service (SMS)-type message when it is opened. Delivered to a central server, the SMS includes a unique pill box ID number as well as some information about battery status. If the box has been opened at an appropriate time, the server only stores the message for statistical purposes.

If the SMS is received at the wrong time, or if no SMS is received within pre-set time tolerances, the server sends a text message according to programmed instructions. The message can be set to go to the patient's handset, to a family member or community-based caregiver or to a physician's office. It can also be set to escalate through each of these responses if no reply is received as time elapses.

A final pilot under Kvedar's supervision tests alternative payment models. Newly-diagnosed hypertension patients require frequent monitoring when they first embark on a medication protocol so that appropriate dosage can be determined. At Partners, these patients are invited to purchase a one-step, auto-inflation blood pressure monitor, a cell phone and other necessary equipment. Partners absorbs the cost of the clinician interface software. An assigned clinician, either a physician's triage nurse or a home care nurse, reviews incoming data, watching for out-of-range indicators. A physician reviews trended information and makes dosage balancing decisions.

Partners is open to the possibility of adding new pilot projects or ending current ones, depending on patient outcome and cost findings. Kvedar's criteria will continue to include whether the technology is optimal, user-friendly, "smart" and accurate. "There are some incredible new technologies out there," Kvedar concluded, "but if patients don't find them usable, they are not such a wise investment."

Smart Homes of the Future…Today

Elite Care Meets Intel

They are not exactly calling it Alzheimer's yet. Sometimes, however, Grandma believes she is walking to Church in the home town of her childhood, not straying from an Assisted Living Facility in Portland at midnight in her bathrobe. She never strays too far though. An infrared (IR) and radio frequency (RF) emergency alert system activates a lawn sprinkler when anyone approaches the perimeter late at night. The water gently turns Grandma back toward her front door.

Lydia Lundberg, co-owner of Elite Care-Oatfield Estates, asked participants at last month's "Healthcare Unbound" conference in Boston to remember that not all healthcare technology fits neatly into traditional categories such as billing systems or home telehealth.

At Lundberg's Elite Care homes, built-in IR and RF sensors provide emergency alerts indoors and out. Beds double as weight scales. Staff update web-based applications with wireless PDAs. Remote family members can log on to a secure web portal and see how their loved ones are doing.

Not-so-trivial pursuit

Technology is also being used to keep aging minds sharp by entertaining them. The Einstein Aging Study, a grant-funded project at the Einstein College of Medicine in the Bronx, NY, found that subjects who regularly engage in high level mentally stimulating leisure activities have a risk of dementia 63% less than those who do not participate in such activities.

Growing out of that study, Front Porch, an Assisted Living and Senior Residential Care Community in Burbank, California, has decided to become a beta test site and investor with "Dakim." The Dakim Digital Activity System resembles some of today's touch-screen style home telehealth units but it behaves more like a video trivia game. It should, however, be more properly classified as a content-driven, therapeutic, mental stimulation device for Alzheimer's sufferers.

According to Front Porch CIO Kari Miner-Olson, Dakim administers a series of mentally stimulating and entertaining audio-visual activities and exercises. It tests and enhances memory, analytical thinking, problem solving and other cognitive and intellectual processes. "It is highly entertaining and fun to use," she said, "and has enough questions in its database that they never repeat."

Such technologies must be put to use to stem the Alzheimer's tide, Miner-Olson continued, because the expected 14 million Alzheimer's patients by the year 2025 could overwhelm the healthcare system. "Caring for one patient with a mild case of Alzheimer's can amount to $40,000 annually," she reported. "A severe case can rise to $70,000. Over $114 billion will be spent each year by then."

The good news Miner-Olson brought to the conference was that the latest brain research shows that a steady diet of specific kinds of mental stimulation and healthful living practices may slow or even prevent Alzheimer's disease and dementia.

Ubiquitous monitors

Elite-Care's room-by-room monitoring system is based on technology being developed by Intel's Digital Health Group within the company's Proactive Health Research Lab. Though home-based micro monitors are still in their infancy, group member Darrin Jones reported on futuristic monitoring devices that his team believes will be commonplace in the home of tomorrow, possibly the homes in which Baby Boomers will spend their retirement years.

According to Jones, tiny microchips with RF transmitters will be placed in strategic locations around the home.

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Smart Homes continued from page 4

Each time a chip is moved, it sends a signal to a receiver inside the house which is, in turn, connected to a web of caregivers, emergency response personnel and family members. The movement of everyday objects paints a picture of what the elderly resident is doing. If, for example, a bowl is moved at breakfast time and a cane is lifted at the time of day the resident normally goes for a walk, an observer may assume all is well.

If, however, a working son or daughter prepares a lunch and places it in the refrigerator, the system may automatically alert that person at work if the refrigerator door has not been opened by 1:00. "The elderly person living alone maintains a sense of independence, which we know enhances mental and physical well-being," Jones commented. "But at the same time, help is never far away if it is needed."

At Elite Care, these types of monitoring technologies provide residents a measure of autonomy, Lundberg reported, even though a supervisor or other staff member may be watching a computer screen with a diagram of the property and color-coded dots for each resident and staff member at all times. One day, it may be a Gen-X son or daughter of an 80-something Baby Boomer, watching from an Internet-connected perch across the country to see whether Grandma is about to get soaked by venturing too close to the trigger of a lawn sprinkler warning system.

WEDI to Help Providers Prepare NPI Strategy

Citing healthcare's ongoing struggle to implement HIPAA, the Workgroup for Electronic Data Interchange (WEDI) has decided to take steps to ensure the same problems do not plague implementation of the National Provider Identifier (NPI) that have dogged efforts to standardize transactions and better secure patient data. The Reston, Virginia-based non-profit association has launched its "National Provider Identifier Outreach Initiative" (NPIOI), an important new effort designed to create a focal point for information related to the planning, transition, and implementation of the NPI.

Volunteer WEDI Chair Mark McLaughlin, of McKesson, said the industry has faced significant challenges implementing HIPAA's Transactions and Code Sets, Privacy, and Security Regulations due, in part, to a lack of coordinated communication and outreach strategies. McKesson's McLaughlin added, "As a statutorily named HIPAA advisor to the U.S. Department of Health and Human Services, WEDI is uniquely positioned to collaborate with healthcare industry stakeholders to create a consistent implementation strategy and to educate the healthcare industry regarding that strategy."

In an August 25 release, the organization explained that the NPIOI is intended "to create a national coordinated strategy that 1) helps ensure early awareness across all covered entities and affected organizations; 2) provides a consistent level of understanding regarding the regulations; and 3) promotes the sharing of information regarding NPI planning, transition and implementation experiences, approaches and timelines."

NPIOI leadership will be made up of volunteers from health plans, providers, clearinghouses, software vendors, and members of existing WEDI NPI workgroups. Before the end of September, WEDI will also unveil the "National NPI Resource Center," a dedicated website (http://www.wedi.org/npi) where NPI documents, Policy Advisory Group (PAG) reports, WEDI Strategic National Implementation Process (SNIP) white papers, web links and other NPI resources will be consolidated.

WEDI Executive VP James Schuping added that the NPIOI will develop comprehensive education and outreach strategies and support coordination of the steps that organizations need to take to effectively plan and implement the new NPI. The goal is to reduce unnecessary and duplicative efforts, as well as decrease costs, delays, and disruptions that many industry experts expect will be associated with the adoption of the NPI.

The National Provider Identifier, required by HIPAA, will replace the various identifiers providers currently use for each health plan with which they do business. It must be used by most HIPAA covered entities and is one of the steps that CMS is taking to improve electronic health care transaction processing. With national standards and identifiers in place for electronic claims and other transactions, CMS expects that health care providers will be able to submit transactions to any health plan in the United States. Health plans will be able to send standard transactions such as remittance advices and referral authorizations to health care providers. The ultimate goal of these national standards – to make electronic data interchange a viable and preferable alternative to paper processing for providers and health plans alike.

Senators Cross Aisle with Health IT Laws

Frist/Clinton Bill to be Merged with Enzi/Kennedy Proposal

In a flurry of pre-vacation activity, the Senate in mid-July moved forward several measures affecting healthcare IT financing. DC watchers and bidders hoping to help build the National Health Information Infrastructure will have to wait until the House and Senate reconvene after Labor Day to determine whether the net effect will be positive or negative.

On the downside

On July 18, the Senate Appropriations Committee passed a FY 2006 spending bill that included $42.5 million for the Office of the Coordinator for Health Information Technology (OCHIT) instead of the requested $75 million. The June 24 House version had kept health care IT czar Dr. David Brailer's budget request intact. A conference committee will have to resolve the differences later this year.

The Senate's surprising frugality contrasts with its own leadership's efforts to craft a comprehensive health care IT bill by consolidating competing proposals. On July 20, the "Wired for Health Care Quality Act" (S. 1418) was created by merging two previously introduced bills. Elements from S. 1262, co-sponsored by Senate Majority Leader Bill Frist (R-TN) and Senator Hillary Rodham Clinton (D-NY), will be joined with measures found in S. 1355, introduced by Health, Education, Labor and Pensions Committee leaders Michael Enzi (R-WY) and Edward Kennedy (D-MA).

Both bills were designed to coordinate government and private sector efforts to flesh out a vision of the National Health Information Infrastructure (NHII), called for by former HHS Secretary Tommy Thompson last year when Dr. Brailer was appointed to head OCHIT. Brailer has called for the private sector to help government establish interoperability standards as a first step toward a national health record database. Brailer had said he would use his office's 2006 budget to fund as many as eight contracts for prototypes of a health information network. HHS officials had planned to award contracts for that network, which could total $60 million, in early October. For perspective, compare this to 2006 Canadian health IT appropriations of $84 million and Britain's 10-year, $2 billion health IT planning budget.

Still some optimism

According to a *Government Health IT* report, the combined bill, if passed, would add Congressional support to the President's May 2004 executive order creating Brailer's office, develop a process for adopting health IT standards, authorize grants and set quality standards, A day after the merged bill was announced, the Senate Health, Education, Labor and Pensions Committee (HELP) approved S. 1418 by voice vote.

The compromise bill would:

- Approve grants of $125 million in fiscal year 2006 and $155 million in FY 2007 to health care providers to increase the use of health IT applications;
- Authorize HHS to award grants to health education centers to integrate health IT systems into their programs;
- Establish an Office of the National Coordinator of Health Information Technology and the American Health Information Collaborative to recommend national policies for supporting IT adoption;
- Require federal agencies that gather health information to comply with such standards within three years after the policies are implemented;
- Forbid federal funds from being spent on technology not consistent with the standards;
- Establish a Health Information Technology Resource Center (HITRC) to help states implement health IT systems;
- Reinforce that HITRC privacy rules would apply to any health information stored or transmitted electronically; and
- Establish a quality-measurement system that would provide higher payments to health care providers with improved quality scores.

Language in S. 1418 regarding measurement of quality improvement may conflict with legislation by Senators Chuck Grassley (R-IA) and Max Baucus (D-MT). On July 28, one day before Congress left for its five-week summer break, House Ways and Means Health Subcommittee Chair Nancy Johnson (R-CT) introduced a bill that would repeal the existing formula for calculating Medicare's physician payments and replace it with a system linking payments to quality. Johnson said details could be ironed out during this fall's budget reconciliation process.

Johnson's proposal would eliminate the existing "sustainable growth rate" formula and replace it with a system under which annual payment increases would be based on the growth of the Medical Economic Index (MEI), which tracks the cost of providing physician care. The bill calls for a 1.5% payment increase in 2006. MEI-based payment increases, which would start in 2007, would be reduced by 1% that year and in 2008 if physicians fail to report data on the quality of care they provide. Some experts expect home care P4P to be modeled after whichever system is finally developed for physicians.

Prevention Planning Prevents Partners Problems

Latest worm attack took down ABC, CNN but not Boston's Partners Home Care

At first glance, it might appear that 800 computers in one healthcare organization affected by a large-scale worm attack would fall in the "hard hit" category. Knowing the organization in question has 55,000 computers, however, forces a different perspective. What's more, knowing ABC News had to prepare the script for its August 16 "World News Tonight" broadcast on IBM Selectric typewriters, one might even be inclined to congratulate the healthcare organization's IT department for limiting the damage to only 800 machines.

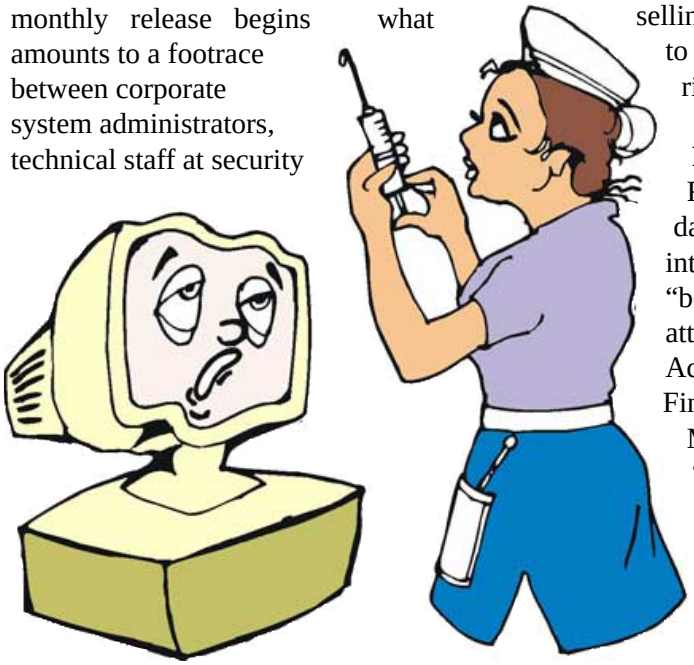
When the "Zotob" worm arrived from Morocco last month, it hit at least 255 businesses around the world within hours, including organizations-that-should-know-better CNN, ABC, the Associated Press, the New York Times, and the U.S. Congress. The worm also temporarily disabled systems that the Department of Homeland Security uses to screen airline passengers entering the United States. Though a report in the Boston Globe included Partners Healthcare on its list of Zotob victims, the large Integrated Delivery Network, including its home care operations, actually survived relatively unscathed.

Thanks to preventive measures in place, less than 1.5% of Partners' computers – only .5% of home care machines – were infected when this particularly nasty worm found its way into an unprotected computer. Those prevention measures are worth a closer look, so we contacted Cara Babachicos, CIO of Partners Home Care.

First, a brief review of the music that accompanies this monthly dance between Microsoft and a growing number of international cyber-gangs that appear to be behind any number of recent worm/virus outbreaks and phishing scams.

Why is there a monthly worm outbreak?

On the second *Tuesday* of every month, Microsoft releases patches for its operating systems, browsers and other critical applications responding to flaws and security vulnerabilities that may have surfaced during the previous 30 days. It might as well fire a starting pistol. The monthly release begins what amounts to a footrace between corporate system administrators, technical staff at security companies like McAfee and Symantec (Norton) and programmers from the dark side.



On the second *Wednesday* of every month, domestic and international hackers and criminals study Microsoft's descriptions of software vulnerabilities for which the new patches have been written (if they weren't aware of these shortcomings already). They hope to quickly construct viruses and worms designed to exploit these vulnerabilities. They know they can count on infecting enough computers and networks to make their efforts worthwhile before overworked system administrators get around to downloading and applying the new patches to all the machines that are potentially vulnerable.

The larger the corporate network, the larger the patching job and therefore the more time for a worm to find its way in. Not all Internet pirates are after the same booty but your credit card number is a popular target. After August's Zotob.A incident, an 18 year old in Turkey and his Moroccan partner were arrested for selling stolen information to a credit card fraud ring.

Revenge of the bots

Recently, the monthly dance has turned into a cyber-brawl, or "botwar," with hackers attacking each other. According to one Finnish virus researcher, Mikko Hypponen of "F-Secure," there are three different virus-writing gangs forming and they are developing rivalries with each other. They turn out new worms at what Hypponen describes as an alarming rate, as if they were competing to see who can build the biggest network of infected machines. Unprotected computers are almost as likely to be used to launch an attack by one gang against another as they are to be harvested for their information. When sticks and stones don't work, these gangs throw words at each other. Authorities have found messages embedded in worms that crudely criticize competing malware.

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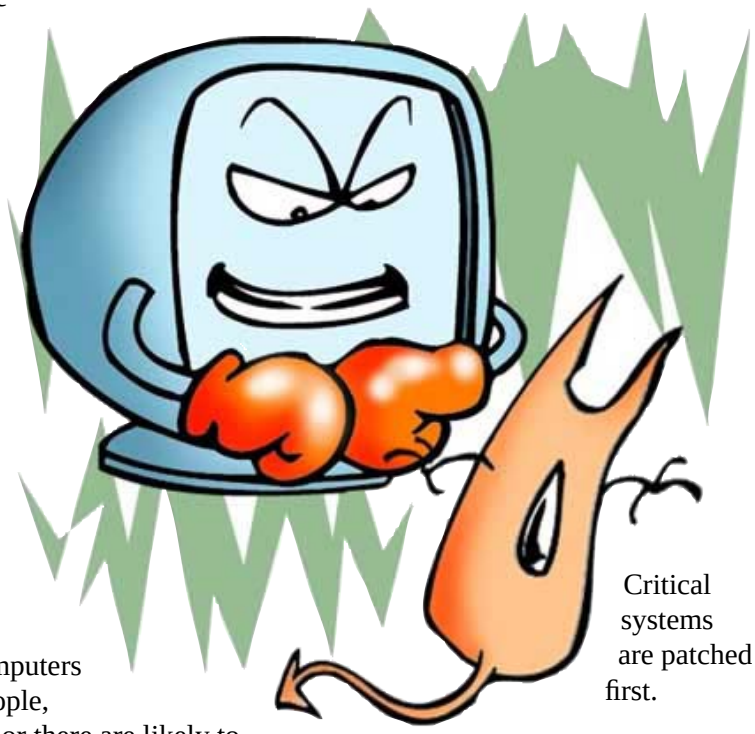
Back to Partners' prevention methods

According to Partners CIO John Glaser, quoted in the Boston Globe article, sysadmins were in the process of installing patches when the worm attacked. All systems with sensitive records were safe. The affected computers were in Research and Human Resources, which were kicked into a continual reboot pattern but did not lose any data.

In the home care department, according to Babachicos, five computers were hit with the worm and nearly 900 were not. None contained patient information and no servers were infected. "Less than 1% contamination is not bad," she opined. "When you provide computers to this many people, one or two here or there are likely to slip through." The agency experienced no workflow disruption and was able to quickly disinfect the five infected machines.



Critical systems are patched first.

The policy that produced these results calls for:

- Virus-protection software licensed from a company that updates its .dat files as often as necessary, even several times per day if needed.
- Updated virus .dat files are delivered to a central server and redistributed throughout the enterprise overnight.
- Desktop computers are to be left on overnight, not running lengthy routines unless absolutely necessary.
- Unapproved software is not to be installed locally without permission from an IT department representative.
- New computers are set up with a standard "Partners configuration," which is not to be altered.
- Microsoft patches are downloaded every month and are applied to all systems as soon as possible after release. The process can take several days to complete.

Zotob's pattern is to break into a Windows-based network through one weak point, perhaps a laptop, and spread rapidly inside the network. According to Babachicos the five computers infected with Zotob. A were "rogue machines." Either they were turned off overnight, were busy running a routine or were somehow misconfigured. They may have been mobile computers that were not attached to the network at the right time or updated remotely during a daily data exchange.

HIPAA Security Tool Available

Stony Hill Management, publishers of HCAR, has reported that its GetHIP software is already in use at more than 1,000 locations throughout the U.S., making it home care's most widely used HIPAA compliance tool. *GetHIP-Security* is designed to help home healthcare providers comply with the HIPAA Security Rule, which went into effect in April. The software is highly scalable, with users ranging in size from more than 200 sites to single-site providers with as few as three computers. A version of *GetHIP-Security* is also available for long-term care and assisted living facilities.

GetHIP-Security is the third in a series of HIPAA compliance tools developed by Stony Hill Management. In 2003, more than 500 organizations utilized *GetHIP-Privacy* to achieve compliance with federal privacy requirements, and thousands of staff were trained using the company's HIPAA educational videos.

GetHIP-Security users give the product consistently high marks for comprehensiveness and ease-of-use. The software employs a TurboTax™-like interface, with users responding to a series of questions about their organization's operations and security measures. They are guided through a thorough assessment by the software's unique "HIP Advisor" feature, an in-house consultant that provides implementation advice and step-by-step explanations of regulatory requirements and key security concepts. As users respond to questions, the software automatically builds a work plan, presents sample documents and provides a variety of tools to document and manage compliance efforts.

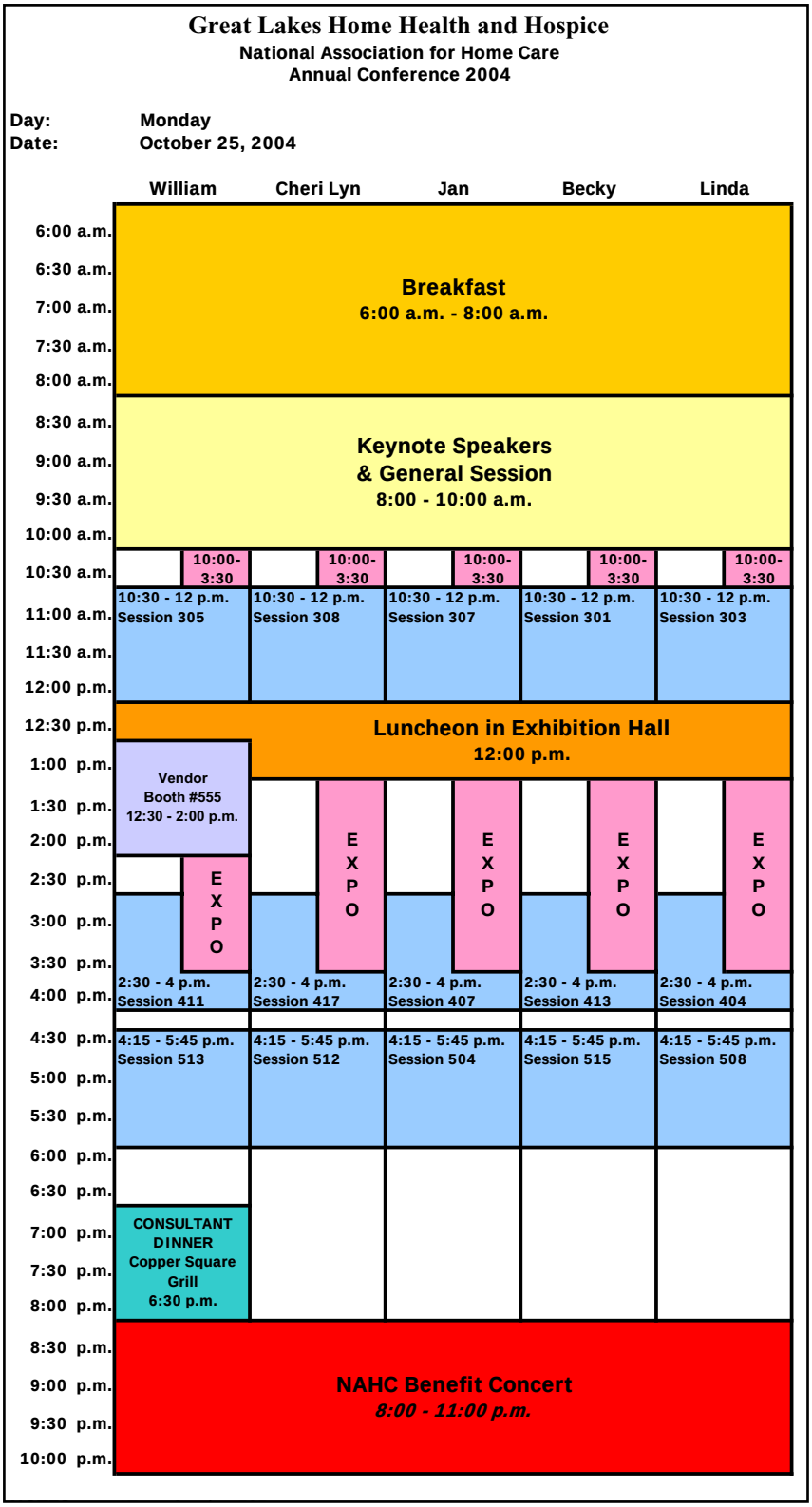
GetHIP-Security can be installed on a single PC or deployed over a network, and an enterprise version is available for larger providers. A single-site, perpetual software license is $750, with significant discounts available for multi-site organizations. Six months of support and maintenance are included in the initial purchase price. Ordering information is available at www.hipaahomecare.com or by calling 866-436-7047. An evaluation copy of the software can be downloaded from www.gethipsoftware.com/evaldownload.

Going to Seattle?
Use This Plan to Maximize Investment

Unless you already live in the Pacific Northwest, this year's NAHC Annual Meeting is a long way from just about everywhere. Seattle is closer to Honolulu than it is to Atlanta or New York City, and even fellow "Left Coasters" in Los Angeles will travel more than 1,100 miles to get to the coffee capital of North America.

If you are still deciding whether the trip is worthwhile and, if it is, how many staffers you can afford to bring along, one thing you do know is that you need a plan to make sure every admission fee, hotel night and airline seat counts. Here and in the charts on the following pages we offer such a plan. It was developed for past NAHC meetings by Great Lakes Home Care and Hospice of Jackson, Michigan.

According to Great Lakes CEO William Deary, the first principle is to find the line between spending too much and spending too little. The latter can be worse. Take too many staff members and you leave your agency short-staffed for three or four days. Take too few and you cannot cover enough educational opportunities or properly experience the exhibit hall to make any of the expense worthwhile.



The same principle applies to your length of stay. You might think that rushing to the airport as soon as the last keynote concludes, or skipping it and taking a Tuesday night redeye, is economical because it reduces your hotel costs and may get you a bargain-basement airfare. Remember, however, that what your staff saw and heard will never be fresher in their minds than on the first day after the conference *and* they will never be more distracted than on their first day back.

If these two days coincide, you may lose much of the value of taking staffers along. Instead, devote a September day to planning your attack and invest in one extra day in Seattle for a formal debriefing. The extra cost pays off, Deary assures us.

Figure #1 is an example of how you might diagram your advance plan in a spreadsheet. Using one worksheet for each day of the

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conference, Great Lakes devotes one column to each staff member making the trip. Half hour increments represent the spreadsheet's rows. The result is an easy-to-read diagram showing where everyone is supposed to be throughout the day. There is room to add educational session titles under session numbers if you wish.

Great Lakes uses its software vendor's booth as a rendezvous point throughout the meeting. If you are using exhibit hall time to review candidates to replace your current software vendor, you might want to designate a lunch table or the NAHC bookstore (or why not the Stony Hill/HCAR booth?) instead. A glance at the color-coded schedule also indicates hours the exhibit hall is open. A similar sheet for your Friday or Saturday travel day can include flight times and instructions to travel to the hotel from the airport.

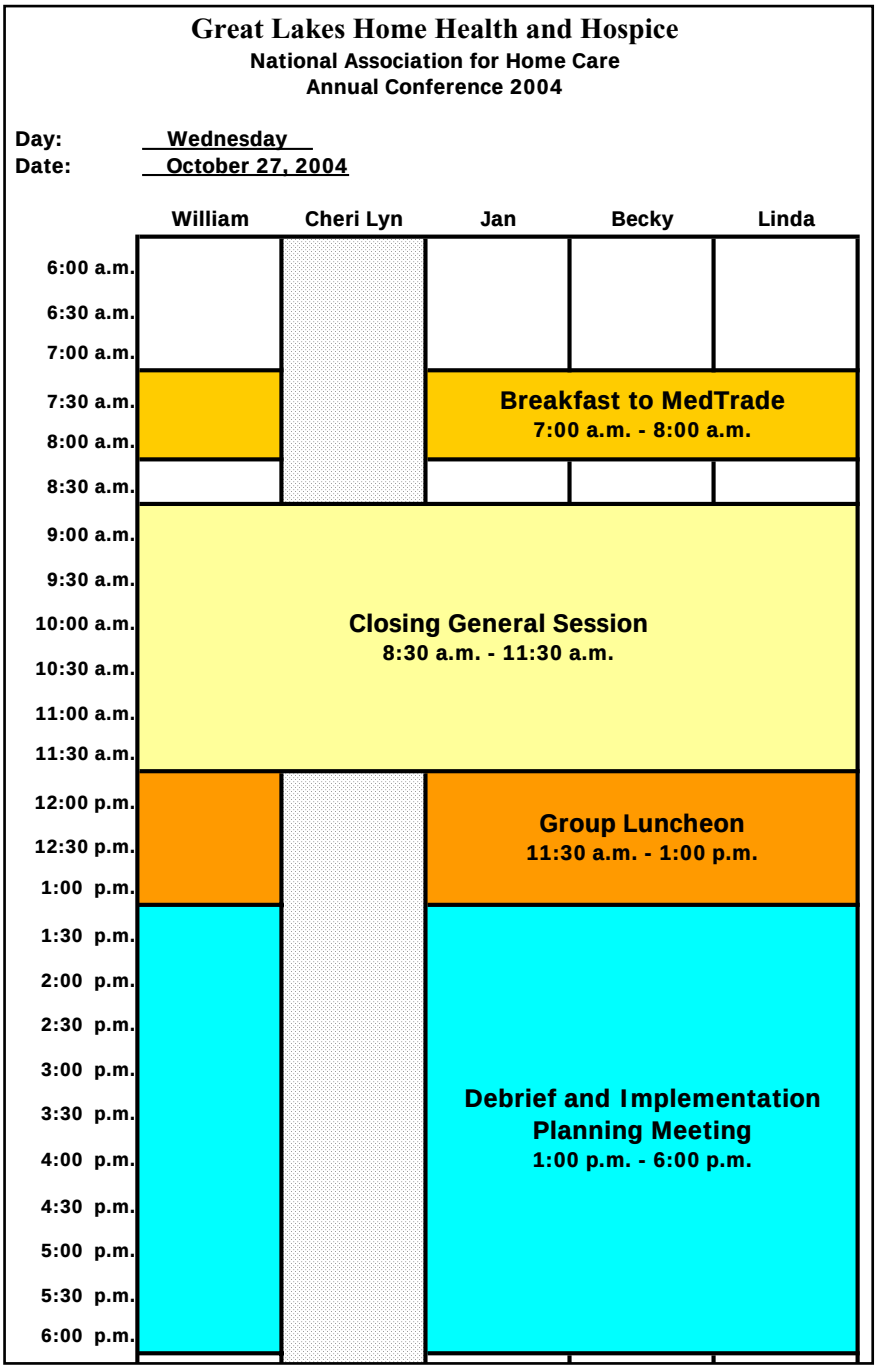

Figure #2 also runs names across the top and times of day down the side but it defines Wednesday, the final conference day. This is the secret to Great Lakes' conference success. Following the meeting's closing session, staff gathers for lunch (minus one member who, as indicated in the graph, had left early) and then moves to a meeting room in the hotel, reserved in advance.

For the entire afternoon, Administrators and staffers share handouts and notes from each education session attended and each memorable exhibit hall booth visited. If convenient flights are available after 6:00 pm, everyone goes to the airport together when the debriefing concludes. If not, which is likely when flying more than one time zone east from the West Coast, flights are scheduled for the following morning and staff gets one more opportunity for dinner together in the host city.

Great Lakes' management team insists that the added expense of an additional hotel night is more than compensated by the advantage of putting everyone's heads together while the conference experience is fresh. The year the agency was in the market for a new software vendor, this meeting became a time to concentrate on software features and vendor plusses and minuses. It turned out to be an invaluable step in Great Lakes' selection process.

Lastly, even if Thursday travel from the convention city back home does not take all day, Great Lakes does not expect staff members to report in to the office until Monday. "Counting Saturday's travel, they've already put in six days that week," Deary reasons. "Administrators usually show up on Friday, but not because they're required."

Vendor Watch

Fastrack adds bar codes, order scheduling, point of care features. Plainview, New York-based **Fastrack Healthcare Systems** was busy last month. Three new product enhancements became available for its *Enterprise System for Windows/SQL*, an inventory control application for home medical equipment providers. A new bar code system enables drivers to capture product, quantity and serial number, print forms on-site and capture patient signatures. The *Fastrack Bar Code Delivery Module* also adds wireless communications with warehouse PDAs and scannable maintenance schedule information. A point-of-sale module from **Symbol Technologies** scans product bar codes at check out.

A new point-of-care system for respiratory therapists, home care and infusion nurses and aides runs on a Windows notebook or Tablet PC. Two-way, wireless communication enables visit data to be sent several times a day to the office, while patient charts, equipment lists, supplies and medication lists are delivered to field clinicians. Enhancements to the company's order scheduling module now permit letter generation to alert patients of upcoming shipments, setting fields to "required" status, and the ability to hold orders for user-defined reasons.

http://www.onlyfastrack.com

Completed contracts add CareFacts clients. **CareFacts™ Information Systems, Inc.** has been busy as well. The St. Paul, Minnesota software vendor announced three new clients last month.

Hospice of Holmes County, in Millersburg, Ohio, provides home-based hospice services in rural, east-central Ohio, which includes a large Amish community. According to Sally Hofstetter, RN, Director, the hospice will transition from a paper system to CareFacts' Clinical and Billing modules.

Sunrise County Home Care Services is a ten year-old, Medicare-certified not-for-profit agency providing nursing and therapy services as well as Long Term Care nursing and homemaker services for residents of Washington County, Maine from offices in Machais, Lubec and Calais. Agency Directory Janet Farren-Tibbetts, RN, said Sunrise will also transition from paper to CareFacts' Clinical, Scheduling and Billing applications.

Lastly, northeastern Minnesota's **St. Louis County Public Health and Human Services Department** has implemented CareFacts software for its offices in Duluth, Virginia, Hibbing and Ely. The county's public health agency provides Communicable Disease Control, Parent-Child home visiting, WIC, Adult Health screening, Health Education, Outreach and Referral services, and Environmental Health. Director Guy Peterson indicated he will be participating in CareFacts' **Public Health Users' Group**.

http://www.carefacts.com

McKesson reaches out to Texas. Medicare-certified **Outreach Health Services** has begun to implement **McKesson's** *Horizon Homecare*® in its 16 Texas offices. Headquartered in Garland, Outreach provides home healthcare, pediatric care, community care, WIC and adult daycare services to more than 49,000 patients and clients. According to senior project manager Julie Ryon, the agency will roll out *Horizon Homecare*® to clinicians using laptops and PDAs, hoping to reduce documentation time and allow more time to be spent with patients. With a workforce of more than 7,000, Outreach Health Services is one of the state's largest Medicaid providers and has served Texas since 1975, providing Skilled, Aide, Pediatric, Community Care, WIC and Adult Day Care services.

http://www.outreac
http://www.horizonhomecare.com

CareKeeper spreading the .NET. Select Nurse Staffing, Inc. has selected **CareKeeper's** *VividNet*™ remote-hosted application to automate both its medical staffing and homecare business lines. Manager Jim Reilly said that accessing the application through the Internet would enable his organization to automate its workflow processes from client tracking and scheduling, through HR management, to billing and payroll. Headquartered in Philadelphia, Select Nurse Staffing is a division of **NewCourtland Elder Services**, a provider of medical staffing and homecare services in the metro-Philadelphia area. Select Nurse Staffing focuses exclusively on Long-term care RNs, LPNs and other allied health professional services.

Across the country, **Cypress HomeCare Solutions**, of Phoenix, has selected *VividNet*™ for its own Private Duty and Medical Staffing operations. Managing Partner Bob Roth seconded his Pennsylvania colleague's conviction that Internet-based systems maximize resources by giving staff ubiquitous access to information. Cypress provides both Private Duty in-home care and Medical Staffing services and will use *VividNet*™ for both business lines.

Returning eastward, **Life Care Home Health Services** (LCHHSC), which operates 19 locations from its Delray Beach, Florida headquarters, has inked a deal with CareKeeper to deploy *VividNet*™ throughout its enterprise. LCHHSC's initial rollout will include *VividNet's* Private Duty and Medicare modules with a planned future implementation of *VividCall*™, CareKeeper's telephony system. According to Director of Operations Mary Harrison, the change will allow the 21 year-old provider to replace two separate legacy applications with one. LCHHSC also operates in Arizona, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Maryland, North Carolina and South Carolina.

http://www.carekeeper.com
http://www.selectnursestaffing.com
http://www.cypresshomecare.com
http://www.lcsnet.com

Free Security Rule Seminar Available

Stony Hill Management, publishers of HCAR, has made its popular HIPAA Security Rule seminar available on the Web at no cost to home care, hospice, home infusion and HME providers. This seminar series is accessible from Stony Hill's website and includes four separate modules ranging in length from 30 to 40 minutes. A handout including slides accompanies each module.

Content, which includes audio, video and slides, is streamed over the Web. No special software is required to access and view the sessions but a high speed internet connection is recommended.

Over the last year, more than 4,000 executives have participated in Stony Hill's live Security Rule seminars and workshops. These sessions have been very well received across the country and attendees have consistently given them high marks. This four-part series is based on material used in these seminars and workshops. Topics covered include:

Part 1: Understanding Security Principles and HIPAA
Part 2: Risk Assessment and Initial Compliance Project Phases
Part 3: Administrative Safeguard Requirements
Part 4: Physical and Technical Safeguard Requirements

According to Stony Hill CEO Tom Williams, he is pleased with initial response to his seminar offer and is seeing traffic continue to build daily. "We began widely publicizing the seminar series in late March," Williams said, "and in a little more than a week more than 400 organizations registered. More than 50 different trade associations and vendors are working with us to let their members and customers know about our offer, so I expect this will continue for some time."

Williams recently announced that the seminar series would be available through August and noted that industry foot dragging on compliance will likely have him extending that time frame. "This feels much like the industry's reaction to OASIS several years ago," he said, explaining that many agencies took their time complying with that CMS initiative. "Home care providers will eventually get around to complying with this regulation. The increasing visibility of security incidents will ultimately bring them to the realization that this is a serious issue."

The free seminar series can be accessed by registering at Stony Hill's website, www.hipaahomecare.com.

WANT YOUR OWN SUBSCRIPTION?

If you got this copy of HCAR from someone else, you could have next month's issue delivered right to your email box as soon as it is published. Subscribing is easy. Just send us an email message with your name, organization and phone number. Make certain to put the words "new subscription" in the subject line. Or call us at **262-692-2270**. We'll send you the first issue absolutely free. If you like it, and we know you will, you can become a regular subscriber at our low introductory rate of $147 for 12 monthly issues ($110 off our regular price). *Special offer for association members!* If you belong to either a national or state association your first year e-subscription will be only $127. If you belong to both, there's an additional $20 savings, reducing your 12-month e-subscription price to $107. **That's more than 60% off our regular price.**

Publisher Tom Williams
Editor Tim Rowan
Page design Loran Mundy

Home Care Automation Report
is published monthly.
©2005 Stony Hill Publishing
ISSN 1083-5059

Our mission is to provide independent and timely information about how home health care executives use automation to boost productivity, cut costs and improve patient care.

Questions or comments?
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