HOME CARE
AUTOMATION REPORT

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Katrina's Home Care Stories

Lessons learned, successes will become part of industry lore

As the flood waters of Hurricanes Katrina and Rita recede, Gulf Coast hospital staffs have buildings to return to. There, hope appears to grow daily that normalcy will one day return, at least to the workplace. For home care nurses, therapists, aides and other caregivers, however, patient's houses are their workplace and homebound patients their charge. When houses are obliterated, where do home care workers work? When patients cannot return home, whom do visiting nurses visit? When computers are under water – or whatever that liquid gunk was – how does an employer make payroll?

There is a reason the HIPAA team at DHHS made contingency planning and disaster recovery required specifications in the Security Rule. Healthcare providers are responsible for patient lives and safety. It is their

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Top Microsoft Physician to Deliver NAHC Keynote

CIO Corner

Dr. Bill Crounse

Head of Healthcare and Life Sciences division will warn of coming storm

If you are going to Seattle this month, don't miss Monday morning's keynote presentation by Dr. Bill Crounse. As a family physician, former hospital CIO and now head of Microsoft's Healthcare and Life Sciences division, Crounse plans to deliver an important message about home care's role in a world of aging Baby Boomers, fewer nurses and record federal deficits.

We couldn't wait until NAHC's Annual Meeting to find out just what Microsoft's "other Bill" has to say about healthcare technology. So, we tracked him down at his offices at One Microsoft Way in Redmond to bring you this preview of his October 24 remarks. Look beyond the understandable promotion of his employer's products and focus on his valuable insights regarding the future of healthcare and home care technology.

Dr. Bill, as his co-workers call him, was perfectly happy as CIO and

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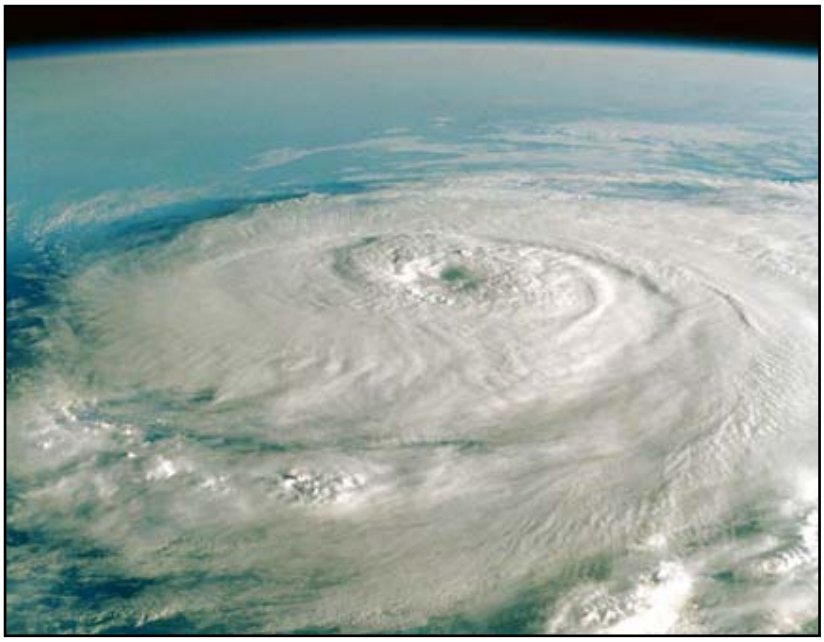
primary mission. When a hospital or clinic burns down it is not the same consequence to a community as the loss of a grocery store or restaurant. Healthcare workers *must* be able to continue offering services in the short term following a disaster. In the longer term, providers must preserve their business systems to ensure they continue to receive payments, stay in business and continue serving patients. It may be too early to know for sure, but indications are that many Gulf-region home care providers will not be re-opening their doors, even if the building to which those doors are hinged is still standing.

One cannot say whether any disaster plan could have anticipated a direct hit by a category 4 hurricane, not to mention the flooding of nearly an entire city, followed by a near-repeat performance three weeks later. In Biloxi, hurricane Camille was the benchmark. One long-time resident reported two feet of water in his house in 1969 but to the rooftop after Katrina.

Certainly, no disaster recovery plan has instructions for how to recover from the complete and permanent disappearance of most or all of one's customers. As this is written, employees of 91 New Orleans-area home care agencies have begun to filter back to the Crescent City, no doubt wondering whether their best hope for a job might have been to stay in Houston, or Phoenix or Denver.



Nevertheless, those that do reopen will know whom to thank. CMS officially suspended certain rules. Software vendors indefinitely suspended monthly maintenance payments. One vendor made its spare office space available and another welcomed customers to use a disaster recovery system that they were supposed to have access to only if they had subscribed in advance. We chronicle three early hurricane response reports starting on the next page.

To these emergency technical provisions was added a lasting expression of compassion. Miraculously, the Home Care Association of Louisiana, through the efforts of Executive Director Warren Hebert, was able to create a new 501(c)(3) to accept donations earmarked for home care workers seemingly overnight. Tax-deductible donations will be used to support home health care and hospice employees whose homes and livelihoods were taken from them by the combined forces of nature and inadequate levees. *(See below.)*

Home Care Helps Its Own

The nationwide home care community is coming together to assist home care workers from Alabama, Louisiana, Mississippi, and Texas. The home care associations of Louisiana (HCLA), Mississippi (MAHC), Texas (TAHC), and Alabama (HCAA) have collaborated to create The Hurricane Katrina/Rita Homecare Recovery Fund, a 501(c)(3) corporation that accepts tax deductible donations. 100% of funds received will go to over 4,000 individuals affected by the storm and subsequent flooding. The Fund will be directed by volunteers who have been directly impacted by the storm: an assistant homecare administrator from New Orleans, whose home and business are in the flooded area; a Mississippi homecare attorney whose gulf coast home and business in New Orleans were destroyed, two CPAs and the association representatives from all four states.

To contribute, call 800-283-4252, send an email to Julie@hclanet.org, or go to http://www.katrinahomecarefund.org.

CMS, Vendors Ease Nature's Impact

CMS lends a hand

The "normal burden of documentation" was waived for healthcare providers caring for patients with no medical records and no verification whether the person might be a Medicare or Medicaid beneficiary. CMS instructed Medicaid offices in all states receiving evacuees that a presumption of eligibility should be made. Federal Medicaid officials worked with state agencies to resolve payment arrangements for patients served outside their home states.

In addition, CMS declared:

- Health care providers that furnish medical services in good faith, but who cannot comply with normal program requirements because of Hurricane Katrina, will be paid for services provided and will be exempt from sanctions for noncompliance, unless it is discovered that fraud or abuse occurred.
- Facilities not certified to participate in Medicare and Medicaid will be paid for services to patients transferred from hurricane-affected areas.
- Facilities providing dialysis to kidney failure patients in alternative settings will be paid.
- Medicare intermediaries and contractors may pay for ambulance transfers of patients being evacuated from one healthcare facility to another.
- Normal prior authorization and out-of-network requirements are waived.
- Normal licensing requirements for doctors, nurses and other healthcare professionals who cross state lines to provide emergency care in stricken areas were waived for providers licensed in their home state. (It is regrettable that this provision did not influence FEMA rules. Though CMS was permitting nurses to

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Lewis saves data, lives

Baton Rouge-based Lewis, Inc. is the dominant home care software vendor in the hurricane-affected area. The company built its business serving agencies near its home and in adjoining states before experiencing nationwide success in recent years. Both the company and its namesake/ president Jeff Lewis started recovery activities before Katrina's rains had stopped.

According to Lewis's Marketing VP Ed Lakin, a number of employees were shifted from their regular duties to calling customers to explain the technical assistance the company wanted to offer. "Most of the time, the phone just rang and rang," Lakin told HCAR, "but we kept calling until we got through or until they called us from wherever they had landed."

Some Lewis customers had disaster plans that called for taking servers or backup tapes with them if they had to evacuate. Lewis invited these customers to bring whatever they had rescued to Baton Rouge, where the vendor provided cubicles, phones, computers with tape drives for restoring data, and sometimes just a place to wash up.

Others had not rescued their data and there was little the company could do for them other than suspend their monthly support payments for the duration, which they did for all affected customers. The luckiest Lewis customers were those who were already deploying the vendor's ASP-model remote hosting option. "All they had to do was find a computer somewhere with an Internet connection and they were up and running right away," Lakin reported. Only 80 miles from ground zero, 75%

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McKesson bends own rules

There is a city-owned concrete building buried a few hundred feet under Springfield, Missouri. It was built primarily for the protection of city data archives but is intentionally much larger than the city will ever need. Headquartered nearby, McKesson's home care division is one of the private enterprises that rents space in the city's bunker.

With this fireproof, tornado-proof resource at hand, situated far from any hurricane zone, McKesson has designed a disaster recovery service for its software customers. For a monthly fee, customers send regular data backups, electronically or by mail or courier, and the vendor stores them on Internet-connected servers deep underground. When needed, data can be accessed remotely as soon as the customer can acquire an Internet connection.

McKesson customer Sta-home, a Jackson, Mississippi agency with branch offices within 100 miles of the Gulf Coast, was not a subscriber to McKesson's disaster program. According to IT Manager Barry Davis, his department is fastidious about making daily and weekly backups and he felt confident the additional expense was not necessary. He was questioning that decision mid-day Monday, August 29 when Sta-Home's Jackson headquarters, over 160 miles from the Gulf, lost power and did not get it back until Friday.

"Our branch office in South Haven, near Memphis, was not affected," Davis narrated. "Staff there bought generators and drove them to us in Jackson. On Wednesday, August 31, we fired up our server just long enough to get a backup. Though we

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provide services outside their state of licensure, one story circulating around Louisiana tells of some New Orleans home care nurses who, finding no patients of their own left in the city, offered their expertise at the M.A.S.H.-like triage center at the airport. They were turned away from relieving overtaxed, sleep-deprived federal disaster agency workers because they were not "FEMA-certified.")

- HIPAA Privacy rules were suspended so healthcare providers could talk to family members about a patient's condition even if that patient was unable to grant permission for the disclosure.
- Billing rules were waived so hospitals could put an acute care evacuee into a psychiatric unit bed.
- Emergency departments in public health emergency areas were not held liable for transferring patients to other facilities for assessment.

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of Baton Rouge, including Lewis's office building, was without power for several days after Katrina. Customers well away from the Gulf could not contact support services during a week that included the end of one month and beginning of another. "We had a huge generator put in this building when we moved into it," Lakin continued. "We ran it constantly after Katrina passed by but, by day three, the building owner informed us we would have to shut it down as it was running low on fuel and he couldn't find any to buy. We closed operations for one afternoon but by morning, somehow Jeff (Lewis) had obtained a tank load of diesel and we got back to work. If he hadn't done that, and we still don't know how he did, we would have been without power for a week."

The company president apparently has street skills that extend beyond fuel scrounging. Lewis was in the process of filling a helicopter with toiletries and toys to drop near one of the New Orleans evacuation centers when a federal official commandeered it. It seems a Baton Rouge manufacturing plant full of hydrochloric acid was without power and consequently without air conditioning. Its internal temperature was approaching the danger level and the only way to avoid an explosion would be to deliver a generator and reconnect the air conditioning. Lewis gladly surrendered his chopper, Lakin related, provided he could pilot it (see photo). Only later was Lewis informed that the explosion he may have helped prevent could have been more deadly than the hurricane itself.

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did have a Friday backup, we wanted to try not to lose Monday morning's work."

Up-to-date backup in hand, Davis still had to find a place to restore it as the generators were not adequate to service lighting, air conditioning and a computer network the size of Sta-home's. "McKesson came through for us," he continued. "Though we hadn't signed up for their disaster recovery program, they told us to send our backup file to them and they would install it on a hosting server that we could access from here."

Somehow, Davis convinced a local ISP to let him borrow its 10 megabit backbone, even though Sta-home was not a subscriber. "People show you who they really are during an emergency," Davis opined. "The ISP let us send our data, *a 6 gigabyte file*, to McKesson's FTP server on Wednesday. McKesson configured it on its secure terminal services environment on Thursday. We were once again using live data on Friday, September 2."

Davis said that between 50 and 60 people on the Sta-home staff worked through Labor Day weekend. On Tuesday, power returned, Sta-home's network came back online and the entire staff worked all day with data still located on McKesson's underground servers. "At 5:00," Davis said, "McKesson reversed the process. They made a full backup and sent the 6 GB file back to us through the same gracious ISP overnight. On Wednesday, we restored the file and were operational by 10:30."

The best news? Sta-home had processed payroll the Friday before the hurricane and was back to normal

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in time for the next one. Even with assistance above and beyond the call of duty from a local ISP and from his software vendor, Davis said it was Monday, September 12 before his operation was fully back to normal. Rita, though less destructive, paid her visit 13 days later.

Preparing for the next one

Under the heading "lessons learned," Davis says he plans to modify his disaster plan to call for real-time backup, via the Internet, to a backup server *and* an off-site facility instead of relying on overnight tape backups. "You apparently cannot rely on your network service provider to cover for you," Davis said candidly. "Bell South was way behind in restoring services. We thought they could do some sort of routing change to make another office our main office but they themselves were overwhelmed by the storm and were of no immediate assistance."

Davis has also concluded that there are basically three applications you *must* have access to in the short term, your clinical system, email and payroll. Modifications to his disaster plan will take that lesson into account as well.

A positive lesson learned was that Sta-home's plan for patients who rely on electricity was well-designed and should remain in place. "We have a continuously updated list of power-dependent, evacuation-priority patients," Davis explained. "We notified authorities about people with oxygen during the pre-storm evacuation period and their safety was secured in advance."

One assumption Davis will also no longer make is access to specific staff whose expertise becomes critical in an emergency. Though all of his people were willing to step up to the task, worked long hours without sleep and through weekends, his System Administrator was at first trapped in his house and had to cut his way out of his driveway with a chain saw. "Everybody knew what to do," Davis concluded. "But there are always things you cannot foresee." That discovery should be the closing paragraph of every disaster plan.

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Chief Medical Information Officer for Overlake hospital in Bellevue, the facility that takes care of Microsoft's Redmond-based employees, when the software giant offered him a position atop its healthcare division. He had also been perfectly happy as a Seattle-area general practitioner after graduating from Ohio Medical College. The irresistible lure of technology finally overcame him, however, especially following the advent of the Internet. Today, he combines both interests in a search for ways to make healthcare delivery safer, smarter and more efficient.

HCAR: As a hospital physician, will you have a home care-oriented message to deliver in your keynote address?

Crounse: I happen to believe that home health care has been a poor step-child within the U.S. healthcare system and has faced horrendous funding challenges at the national level. As a Baby Boomer myself, I am concerned about the profound impact of spiraling healthcare costs. I believe the only thing that will save us, quite frankly, is using technology to help people age in place, and to allow them to stay in their homes longer. Case study after case study shows how technology can be leveraged in the home to keep people out of the ER and to intervene before they need hospitalization. I also concur with those who say that Congress and DHHS ought to regard home care as the only feasible salvation of a system that is not prepared to handle what I call the coming perfect storm.

HCAR: Like in the movie, where three major storms converged at one point on the ocean?

Crounse: I actually see four factors: out of control costs, unaffordable insurance, consumer demand and healthcare worker demand. What's more, this storm is hitting now, well before the Baby Boomers reach Medicare eligibility, when it will get worse. Our federal government is going to have to come to its senses and realize that, in order to meet people's needs for healthcare information and services, we must leverage technology and keep people out of institutions as much as possible.

1. First and foremost, increasing federal deficits, natural disasters and the need to prepare for possible terrorist attacks are an overwhelming challenge. The government is approaching $2 trillion in spending, which is somewhere between $6,000 and $6,500 per capita, double that of any other nation on Earth and far higher than the average across what we call Industrialized European Nations.
2. New statistics show the average family insurance policy costs $11,000 to $12,000 a year. That is up 9.2% over 2004, which was already up 11.2% from the year before. General Motors has stated that their employee healthcare costs have exceed their steel costs

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and now, right here in Seattle, Starbucks CEO Howard Schultz says that next year his company will spend more on health insurance than they do for coffee beans. Don't think today's labor unrest is unrelated to the way businesses are pushing those costs off onto employees.

3. As consumers, those employees have to be wondering about healthcare's inefficiencies. They look at the way they book their travel, interact with their banks and retailers, all through the Internet. And then they look at healthcare. Their understandable service level expectations are leading consumers to say, "If I am going to be spending all this much more money and be increasingly responsible for my own healthcare costs, I want more information about quality and safety. I want more fluid services from my health providers. When I just want information, why do I have to make an appointment and drive all the way across town? When I walk through that door, why do they keep asking me the same questions over and over again about my allergies and medications? Why don't they have this information?
4. Lastly, healthcare workers themselves experience these technologies in their lives outside of work and are beginning to ask why their industry is so far behind other sectors. Certainly, there are technophobes who are going to stay on paper until they die. I run into them in my travels around the world all the time. But, by and large, I am starting to find more and more healthcare organizations say that having EMRs and other technology tools is actually helping recruitment. If they went back a few years, sometimes they would encounter potential employees who would say, "Oh, you have an EMR, I can't deal with that, I'm going someplace else." It's just the opposite today. New grads grew up with these tools; they expect computers and they don't know how to function on paper.

HCAR: It feels like there should be a "therefore" coming at the end of this. What is the one area in which payers can quickly achieve the greatest savings?

Crounse: In my prior work life, I learned that about 30% of all face-to-face healthcare episodes are generated by the need for information or reassurance. Whether at a doctor's office or in a home care visit, one-on-one, appointment-based care is a very expensive way to deliver information and reassurance. We should be addressing those needs much more effectively and economically by reaching into people's homes with technology.

HCAR: Actually, home care is showing signs of having been convinced of that premise already, and we know payers are all for it, but doctors not so much.

Crounse: That is because they haven't been well-reimbursed for it historically. We have played with some alternative models here at Microsoft and the numbers work out. You can put a doctor in front of a computer, doing nothing but messaging and email with patients. Each patient pays $25-35 for the physician's cognitive services and that clinician takes home more per hour than if he or she were sitting in a clinic, with its 60-80% overhead, *doing the same thing*. And we know you've seen similar studies in home care with telehealth devices that provide information and reassurance as much as they provide actual care.

HCAR: What we've also seen is that doctors are excited about home telehealth systems that give them access to their patients' information via the web.

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Crounse: Absolutely. There is no question that we need a robust, data-sharing environment. Don't get me wrong; I'm not saying we're going to board up hospitals and physician clinics. But we *have to admit* that we have a limited capacity to deliver healthcare the way we have been delivering it and we have not been leveraging technology the way it can be leveraged.

HCAR: What about our current reimbursement system's restraints?

Crounse: The good news is that a number of payers around the country are beginning to "get it." Some already recognize that it makes more sense to deliver information, not face-to-face treatment, if a person only needs information. Some are finding ways to get information to patients and reimburse medical professionals for sharing their cognitive services. We *must* stop forcing a situation where we are generating a $150-$300 visit with a physician in a clinic just to disseminate some information. That is absolutely counter-intuitive.

"30% of all face to-face healthcare episodes are generated by the need for information or reassurance. One-on-one, appointment-based care is a very expensive way to deliver information and reassurance."

HCAR: Are you concluding then that home care technology is one of the alternative ways to provide information and reassurance?

Crounse: It has to be one of the ways. It has only been in the last couple of years that technology has caught up to healthcare's needs. We are finally getting so-called Electronic Health Records now but, although we've had computers in healthcare for some time, what vendors were offering was not meeting user needs. My recurring theme at NAHC will be that technology has caught up to the needs of healthcare workers but adoption has lagged because vendors are not providing the tools they could provide to meet those needs.

HCAR: What kinds of tools are you going to call for? Remember that all of the major home care technology vendors will be listening.

Crounse: I am going to talk about what the end user needs: information tools. The healthcare clinician is the epitome of the information worker. They deal with a flurry of life and death data. They have tremendous demands to capture, assimilate, integrate and document all of this information. Historically, there have been very poor tools to enable them to do that.

Secondly, this class of workers needs a much more intuitive user interface than historically they have been given. Finally, what we are starting to see is the familiar web-style interface becoming the standard interface for healthcare providers. The reason this is extremely important is that you cannot take healthcare people offline and spend hours and hours training them. They will gravitate toward a more web-like environment that is immediately familiar because it is a tool they use on a daily basis in their professional and non-professional lives to communicate and collaborate with colleagues and friends.

Third, these workers must also have data input options. You can't put a standard keyboard in front of a doctor or nurse and expect they can do all their work with only that one data input method. Now we have Tablet PCs and other devices that allow for digital inking, a more functional speech-to-text technology and a richer point/click environment like you see on the web. We can give diversity of data input options to people, therefore we should.

HCAR: If you are calling clinicians the epitome of the information worker, what do you think of the government's push to develop the National Health Information Infrastructure?

Crounse: There are two extremely critical points I will touch on that I hope my home care audience in Seattle will take with them. One is interoperability and the other is the need for lower costs. The need for interoperability is driving the creation of the NHII that Dr. Brailer and others are working on but how do we afford it? Healthcare is already financially strapped; it is a challenged industry. What we need are solutions that are much less costly. Microsoft is already deeply engaged in RHIO (regional health information organization) activities and is an Interoperability Consortium member, which is a group that has put aside competition for a time to help develop open standards

This is where Microsoft is driving value into the marketplace by investing $7 billion a year across the broad horizontal platform. To get to interoperability *and* lowered costs in healthcare, we need to integrate that

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effort with work that is being done by healthcare solution vendors out there. They need to take the best of what we do and then bring it to healthcare. We believe quite adamantly, for example, that there is no reason an EMR for a typical physician practice should cost $30,000 per seat. That is far too expensive, and I know there are similar examples in home care. Consequently, we encourage vendors to use more of our technology to relieve the R&D burden that they have to put into their solutions. Why should individual vendors develop email or connectivity or network management or calendaring or scheduling or videoconferencing? We already have great solutions around that.

There is good news. Around the world, Microsoft is starting to see healthcare technology take hold. Some of our largest Tablet PC implementations with wireless technology and portals are actually in the VNA arena. Swedish Hospital Medical Center, New York Mental Health and the Visiting Nurse Service of New York, for example, are piloting these technologies. And in the UK, the National Health Service has adopted it. I'll show a short video of NHS nurses interviewing elderly patients, capturing information and uplinking to NHS centralized databases with tablet PCs.

HCAR: There is always a question about healthcare workers' readiness to accept new tools.

Crounse: The tipping point is happening. More and more clinicians are looking for technology. I just went back to my former hospital and talked to nurses and they are begging for technology. This notion that clinicians are technophobic… I always remind folks who make that claim that clinicians will gravitate toward technology when it meets their quality, safety, productivity and return on investment needs. That's why we saw clinicians wildly adopting the cell phone when it first came out, even the big, expensive brick phones. Because it met a need, keeping them in touch with their business, their patients, they were early adopters. Believe me, this is a population of workers who are ready to embrace technology.

Here's an example of what's going on out there, and the home care industry ought to be aware of it. Some of my colleagues in Seattle have started a service, which they are marketing to large, self-insured companies. They will send a physician into a covered employee's home because it actually costs less than when an employee goes to an emergency room for the same service. Where there's a market, there's an opportunity. Maybe it is out of desperation that healthcare providers see innovations such as communicating with patients via messaging and email and say, "We've got to try something like that." 100 years ago, doctors wouldn't touch the telephone. The mistake they made was that, when they finally figured out it was a good thing, they did not establish the precedent of charging for phone-based information services like attorneys and accountants did.

I'm going to conclude my keynote with a bit of humor to make my point. I'll show a slide sent to me by a colleague on the East Coast from a day when he had to call a plumber. The plumber arrived armed with a Tablet PC, GPS-enabled software, and a set of reporting and invoicing applications. He even had my friend sign on the Tablet PC to authorize payment. His note with the slide said, "If plumbers can automate, where is healthcare?" Indeed.

HIPAA Security Tool Available

Stony Hill Management, publishers of HCAR, reports that its *GetHIP-Security* 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.

Vendors Plan Product Announcements

NAHC Annual Meeting traditional time for major releases; here's a preview

The annual custom of unveiling new products and services at the annual meeting of the National Association for Home care and Hospice will be observed religiously again this year in Seattle. A number of vendors have given us an early peek at what they plan to announce when the NAHC Expo opens for business October 23. Some are keeping the shades drawn tightly right up to the last minute, betting that suspense will pique more interest than a preview.

Here is what we knew by the end of September.

ScanHealth, Duluth, MN. Booth #633. *HomeSolutions.NET* version 7 will be announced this month. According to marketing director Kraig Erickson, this version adds a personalized dashboard, enhanced multi-site and reporting capabilities, a "one-click" visit reconciliation process, and payroll and GL functions to the web-deployed home care application. *HomeSolutions.NET* supports billing and accounting functions and offers two methods of point-of-care data collection, scannable OMR forms and telephony. The version upgrade will be delivered to customers as part of their software support subscription agreement.

Strategic Healthcare Programs, LLC, Santa Barbara, CA. Booth #338. If you're a fan of California wines and are interested in benchmarking you may want to hit this booth early and often. SHP will set up its booth theater-style and host several industry experts, including Melinda Huffman (OutcomesLogic), Jerry Cohen (CHAP and Catholic Healthcare Partners) and statistician Anthony Harris (MPH), who will offer 15-minute talks on Pay-for-Performance. The company will announce its new service, described as "real-time, CMS risk-adjusted benchmarking." If you have registered with NAHC, watch your mail for an invitation from SHP. Bring it to the SHP booth, check the schedule, attend a presentation, and then drop your invitation form into the drawing bin. First prize, drawn on Tuesday, is $1,500 cash. 12 other winners will take home a bottle of Santa Barbara Winery's best Syrah. "We're putting our money where our mouth is," declared SHP president Barbara Rosenblum.

CareKeeper Software, Atlanta, GA. Booth #305. Perhaps *VividCall*™ telephony system should also be known as *LlamadaVívido* sistema de telefonía. The system's natural voice prompts are now available in Spanish as well as English. According to CareKeeper product manager Alan Shook, development of a "multi-lingual foundation," which has been added to the original product and on which the Spanish layer was built, will allow the company to more easily add other languages upon customer request. *VividCall* provides mobile workforce data capture and electronic timecards via the telephone. The system is available to users of the company's *VividNet*™ scheduling, billing and payroll application.

Golden Rule Software, Lancaster, TX. Booth #313. Once a point-of-care only vendor, Golden Rule is set to announce that it has joined the growing movement toward browser-based billing systems. *CarePortal* will be unveiled as the company's new .NET billing, operations and clinical application. The new system supports electronic scheduling, care plans, assessments, billing, accounts receivable, point-of-care data capture and business process workflow. According to Golden Rule CEO Randy Draughon, the new application includes a built-in forms tool to enable users to create, customize, add or change agency-specific forms such as OASIS assessments and daily visit notes. The company will demonstrate a new feature called "smart grid reporting," which supports real-time data entry for up-to-the-minute reporting.

InfoSys, Schaumburg, IL. Booth #333. In one of the more interesting product naming brainstorms we've encountered this year, InfoSys'

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CareVoyant product will be demonstrated at the Seattle gathering. Described as a web-based, business intelligence and process management tool for home care, *CareVoyant* is actually three applications in one, a physician portal, digital dashboard and OASIS and outcomes analyzer. Built on Microsoft .NET technology, the system displays a set of key performance indicators collected from *HomeSys*, the company's flagship back office application. According to CEO Kandasamy "Pasu" Pasupathy, the system is designed to summarize decision support information to aid a provider's transition to a more performance-based environment. Automatic prompts warn the person in each appropriate role about unauthorized visits, missed visits, late RAPs and inconsistent OASIS responses. According to company spokesperson Steve Salazar, additional .NET-based modules will be released in coming months.

McKesson, Springfield, MO. Booth #706. Sharing a booth again with its Mountain View, California home telehealth partner, **Health Hero Network**, McKesson will announce results of a new study demonstrating that patients who use two-way communication home telehealth systems better understand their medical conditions and treatment and are better able to manage their chronic health conditions. The survey questioned nearly 10,000 English- and Spanish-speaking patients using the *Health Buddy* appliance between January 1, 2003 and September 1, 2005. 90% reported improved understanding, 95% said they were satisfied or very satisfied with the appliance and 92% would recommend it to others.

Power² is a joint product development project by **Thornberry, Ltd.** (Lancaster, PA) and **FGA Software Solutions** (Piscataway, NJ). Booth #325. The companies will demonstrate the first of several planned HL7 interfaces between *Power²* and popular home telehealth systems. The interface with Honeywell HomMed monitors is set to be released in mid-November. According to Thornberry president Tom Peth, data captured by HomMed equipment is sent electronically to an agency-based central repository. The *Power²* interface, which can be used with Thornberry's *NDoc* browser-based point-of-care system as well, automatically extracts this data and merges it for presentation on a clinician's laptop computer.

To underscore the ways in which the new, browser-based product reduces stress and lightens its users' load, the two companies have invited ventriloquist Larry Brennan, RN and his "vent" Charlie to entertain visitors at their shared booth. "Health & Humor through Harmony" will be the theme as Brennan and Charlie sing the "*Power²* Cadence" in harmony and distribute free joke books. When not singing with Charlie or a barbershop quartet, Brennan is a nursing consultant and administrative supervisor at Community-General Hospital of Greater Syracuse.

Misys Healthcare Systems, Raleigh, NC. Booth #1021. Misys will demonstrate two new products. One demonstration will be a two-way PDA point-of-care and communication system for home health aides. With it, aides receive orders from clinicians and record timesheet and visit task information. The product will also be on display at the **Cingular** booth. An *Executive Dashboard* will also be available for demonstration. It is a customizable reporting tool that allows administrators to monitor operational data – including financial, productivity, case mix and utilization summaries – via a web portal.

FYI… the party is on! Misys will once again co-sponsor with NAHC a food, beverage and dance celebration at Seattle's "Experience Music Project" on convention Tuesday from 7:00 to 11:00 pm.

Procura, Victoria, BC and Detroit, MI. Booth #2401. *Procura Point-of-Care* has been completed and will be demonstrated on notebook PCs. In addition, the company will unveil its Electronic Health Record with integrated OASIS assessment and 485 functions at the point-of-care. Custom forms design, context sensitive help and point-of-care reporting are now integrated with back office clinical and financial functions.

HealthWyse, Inc., Reading, MA. Booth #514. *HealthWyse Hospice* will be introduced as the newest addition to a product line that includes back office financial functions and a choice of PDA, laptop or Tablet-based point-of-care in a remote-hosted environment. The new hospice module supports multiple functions, including cost tracking, claims verification, clergy and volumteer activities, virtual meetings for remote staff, advanced directives, varying certification period lengths and management reports.

Information Technology, Expense or Investment?

The Great Lakes IT Project – Epilogue

Are Information Systems merely an operating expense, taking dollars from your bottom line? Or is technology a strategic business investment returning to your organization far more than it costs? Great Lakes Home Health and Hospice of Jackson, Michigan has embarked on a long-term project to answer that question and is investing up to 10% of revenues in technology. HCAR followed the Michigan provider's progress from software selection through implementation, "go-live" and beyond. This month, CEO William Deary reflects on the 3-year experiment and answers our original question.

Great Lakes Home Care and Hospice has experienced roughly 40% annual growth over the last three years. The Jackson, Michigan provider boasts the best Home Health Compare numbers in its region and costs are down whether measured per patient or per employee. Even one of the largest contributors to overhead, employee health insurance, is being successfully addressed, as are expenses related to recruiting quality staff. This summer, Great Lakes moved its headquarters into a new building, which it owns. Ask CEO William Deary or any member of his management team to what they attribute such results and the answer comes without hesitation but not without a Cheshire grin, "technology."

To be clear, when someone at Great Lakes evokes the "T" word, they are not merely referring to a back-office database application for recording patient demographics and producing electronic claims. The company's initial goal was to test the hypothesis that, as an industry, home health care suffers more than it saves by its general practice of re-investing less than 2% of annual revenue into technology. To push its investment percentage up to hospital levels (±5%) or higher, perhaps approaching banking and insurance levels (±10%), management knew it would have to go beyond office automation into the realm of clinical technology.

Since this series began to chronicle Great Lakes' technology experiment nearly three years ago, the company has implemented point-of-care automation for nurses and therapists, automated clinician scheduling and initiated a home telehealth program that has steadily expanded since its inception. The provider also recently introduced Anodyne Therapy to treat neuropathy and automated Prothrombin Time, International Normalized Ratio (PT/INR). Results thus far have exceeded expectations, even those of technology advocates among Great Lakes' staff.

Recruiting staff for less

For competitive reasons, Deary does not discuss specific revenue and cost figures but preferred to tell the story in human terms. His favorite example begins with how technology has affected Great Lakes' recruiting and orientation/training costs and ends in enhanced employee satisfaction. "If you're trying to get to an accurate cost per visit," he began, "you have to throw everything into the equation. You can't stop at salaries and mileage reimbursement; you have to include every cost you can think of that is remotely patient-related. After we automated point-of-care, we immediately found that we had to do less advertising because word got out and nurses and therapists started to seek us out."

"That was just one cost-reduction factor," he continued. "We then discovered that nurses trained to deploy our home telehealth system can eventually carry a caseload of about 35 patients, as opposed to the 20 they averaged before we offered home telehealth. When you require fewer nurses per patient, one of the changes that trickle down is that you don't need to recruit as many nurses, and your recruiting costs decline further."

The health insurance cost factor, once realized, was turned into yet another recruiting tool. "If you figure your group health insurance premium as a percentage cost per patient," Deary explains, "you can watch it decline even as you open new branches and increase staff size because your patient census is growing at a faster rate. At one point, insurance was so expensive we had to temporarily make the entire family portion of the premium the employee's responsibility. After we saw that patient census was going to continue to grow more rapidly than staff, we were able to keep our promise to reduce the family premium. Once we adopted that policy, recruiting picked up again without additional advertising, salary enhancements or bonuses. In fact, we have some employees that came to us from other organizations for the same or a slightly lower salary because of the opportunity to use technology and the insurance benefit."

Ease his pain

Patient census growth can be attributed to technology as well. Referring physicians are generally impressed with the demonstrable results derived from home telehealth. "We can show physicians that 24/7 monitoring improves care while it reduces emergency department use and hospital re-admissions and they do increase referrals," Deary reported.

Continued on page 12

Great Lakes - Epilogue continued from page 11

"Home telehealth is one arrow in our sales representatives' quiver and Anodyne Therapy is another. Both have the same positive effect on physician referrals."

Anodyne Therapy affixes an FDA-approved infrared device to an affected body part, often an extremity in the case of a diabetic. It is said to increase circulation and decrease pain. Behind all the numbers is one Great Lakes patient who puts a personal face on the healthcare technology concept. When he came to Great Lakes, this patient with diabetes had no feeling below his knees. After six weeks of Anodyne Therapy, he was able to return to his previous practice of attending Church services every morning, unassisted. Ask Deary about technology's financial benefits and he is likely to ask what that experience might be worth.

"Referring physicians get it"

Home care marketing representatives may well be technology's biggest fans. Whether delivering statistics about home telehealth cost savings to hospitals and payers or narrations about increased circulation for diabetics, physician liaisons report that reactions are almost universally favorable.

"They want their patients to receive the kind of care we provide," Deary said, "and they send them to us because of our technology as much as for any other reason." Physicians have begun to write home care orders in such a way that the particular kinds of technology Great Lakes uses are specified.

It comes down to math

The beneficial effects of automation increase geometrically rather than arithmetically, Deary has concluded. "Each new type of technology is one factor in the equation, whether it is a back office application, point-of-care automation, home telehealth, or mobile clinical tools. In this case, 1+1+1+1 = 10. Each one supports the other and every technology system is better because of all the others."

To agency administrators who have been calling him since this series of articles began, asking how they can emulate his success, Deary adds a bit of philosophy to his technical recommendations. "Start with a vendor you can partner with," he tells them, "one who will work hand in hand with you to reach your goals. Good software and good support are important, but there are lots of vendors out there with that. Get a partner; do not just find a vendor.

"Then, resist looking at each type of technology as a separate decision or separate system. Strive to become an automated agency, where technology is your philosophy, not one or two of your tools.

Steadily improving patient care quality accompanied by steadily decreasing costs, the twin Holy Grails of home health care and healthcare in general, are passionately sought but rarely achieved. When this series began, William Deary had no preconceived notions as to what his conclusion would be two or three years down the road. Today, his conclusions are clear. Raising a home care agency's or hospice's technology investment from the industry's meager average up to 5 to 10% of revenue, typical in other industries, is a sound fiscal policy. It provides both measurable and intangible returns well beyond the initial investment level.

Measurable returns include serving more patients with fewer clinical and office staff, reduced cost of recruiting, training and retaining staff, and improved patient outcomes and comparison scores. Intangibles, however, such as competitive advantage, patient satisfaction, referral confidence and the ability to provide a quality work life for every employee may be the superior reason that Great Lakes Home Care and Hospice will continue to purchase home telehealth units, laptop computers, infrared therapy devices and, without much doubt, next year's innovations as well.

Publisher's Note: *More than three years ago, William Deary called me after hearing a speech during which I issued a challenge to the audience to take technology seriously. I specifically recommended they increase investment to levels common in other industries. He told me he was ready to accept the challenge and to make the commitment necessary to capitalize on technology. The results speak for themselves. The successes we have chronicled over the last three years, however, could not have been achieved without committed leadership and dedicated staff, both at Great Lakes and their technology partners. It has been a pleasure to report their progress and accomplishments, and we hope our readers have appreciated the opportunity to learn from their experiences. -TW*

Tech Digest

Study indicates online education as effective as live sessions.
A randomized, controlled trial detailed in the September 7 issue of the *Journal of the American Medical Association* seems to prove that continuing medical education is as effective when delivered by the Internet as it is from traditional live sessions. Study participants showed "similar and significant" increases in knowledge after both types of sessions. Lead investigator Dr. Michael Fordis of Baylor College of Medicine, Houston, said the study provides evidence that online continuing medical education can improve patient care. http://www.medscape.com/viewarticle/512648

CMS publishes claims attachments rule.
On September 23, CMS published in the Federal Register a proposed rule adopting standards for electronic healthcare claims attachments, which are documents and information, such as physician notes and medical images, required by health plans to adjudicate certain claims. The electronic claims attachment standards include:

- Two ASC X12 Insurance Implementation Guides in version 004050
    1. Transaction Set 275 - Additional Information to Support a Claim or Encounter, and
    2. Transaction Set 277 - Request For Additional Information.

- HL7 Specifications, based on its Clinical Document Architecture (CDA), Release 1. This includes an Implementation Guide for Claims Attachments as well as six Additional Information Specifications (AIS) and a listing of Modifier Codes.

Payer funds CalRHIO.
The **Blue Shield of California Foundation** will donate $1 million to the California Regional Health Information Organization (CalRHIO) to help fund information exchange services to public hospitals, clinics and providers in rural and other medically underserved areas, *Modern Physician reports.* The 18-month grant will also enable CalRHIO to connect emergency departments, support medication management safety, improve administrative efficiency and create online personal health records.

Good and bad Microsoft news; keep your patches up.
- When *Office 12* is released next year, it will include a "save to PDF" function. Program manager Brian Jones revealed in his blog that the function will appear in Word, Excel, PowerPoint, Access, Publisher, OneNote, Visio and InfoPath. One question: what is the status of previously revealed plans to incorporate *Metro*, Microsoft's own alternative to **Adobe** *PDF/PostScript*, into its next Windows version, currently dubbed *Vista*?
- A problem in the way Microsoft implements a JavaScript component in Internet Explorer created a flaw that could be exploited to launch spoof-based attacks or access and change data on vulnerable PCs, according to security researcher Amit Klein. Fully-patched PCs running WinXP with SP2 and IE6 are vulnerable to the flaw. To avoid the risk, security company **Secunia** says to set IE security level to "high." http://www.cgisecurity.com/lib/XmlHTTPRequest.shtml
- Service Pack 2 for *Office 2003* has been released. It is designed to prevent "phishing" attacks, improves Outlook's handling of junk mail, enhances application stability and adds support for *SQL Server 2005* and *Visual Studio 2005*.
- Are your software licenses up to date? Are you sure? A Houston-area pirate with ties to a China-based software counterfeit operation has been exposed. Li Chen had been selling pirated copies of Microsoft and Symantec applications for over a year. 5,100 bogus copies were found in his warehouse in a raid. As part of a plea agreement, Chen will pay $1.1 million in restitution to the affected software companies.

Firefox gains popularity, problems.
As the most popular alternative to IE gains market share, it is also gaining hacker attention. Yet another fix just became available for a buffer overflow vulnerability that a remote hacker could exploit to execute arbitrary code on an affected host, theoretically taking complete control. The new version also includes stability fixes.

Crooks without hearts.
Watch out for two new phishing scams that security firms are calling "Phlood Phishing." The emails try to get your credit card information by tugging at your heart strings. Telltale subject line reads, "Donate to the Hurricane Katrina relief effort" or "Help Katrina Victims." One falsely claims to come from Ken Melman, Chairman of the Republican National Committee, on behalf of the American Red Cross. Hidden behind valid contact information for the RNC, a phantom link misdirects to a site in Korea. The other one purports to come from the Red Cross itself, but in fact links to a page on what appears to be a compromised client computer. It also falsely claims to be hosted on MSN on donated web space from Microsoft. If you want to safely donate to hurricane victims, see page 2.

Vendor Watch

CareKeeper on a surfing safari? Atlanta, Georgia-based **CareKeeper Software, Inc.** has announced two new Southern California customers. **VNA Care at Home, Inc.**, in Los Angeles and **Oxford Healthcare**, based in Long Beach will implement the vendor's *VividNet*™ application. The VNA provides private duty homecare services throughout Orange and Los Angeles Counties and Oxford offers pediatric, geriatric, work-related injury and post-operative home care services. Owner Bob Sobel said that Oxford will migrate from CareKeeper's *VividCare* application to the web- and .NET-based *VividNet* and will add the vendor's telephony system, *VividCall*.

In a separate announcement, CareKeeper said that the nation's oldest Visiting Nurse Association, the VNA of Boston will be automating its new private pay division with *VividNet*™. According to CIO Fran Lorion, the VNA recently added a private pay company within the 119 year-old organization. The division, known as **Senior Care Alternatives**, had been using manual processes while the decision was being made as to whether the agency's core information system should be used for the new company. "While our main systems have some capability to support Private Pay, we decided that we would keep this new business venture separate," Lorion added.

http://www.carekeeper.com
http://www.oxfordhealthcare.com
http://www.bostonvna.org

Procura wins show-me-state agency. Victoria, BC-based **Procura Software** continues to add to its 250 North American clients. Newest addition **Missouri Home Care Inc. (MHC)** is part of **Auxi Health**, one of the largest home care providers in the state. Founded in 1975, Missouri Home Care provides skilled nursing services and homemaker and personal care to patients in 40 central and southern Missouri counties from six regional offices, according to Regional VP Mary Kaye Kramme. Procura will replace MHC's legacy software system and some manual processes with its clinical and administrative application that includes an electronic health record.

http://www.goprocura.com

County agency selects CareAnyware. **Columbus County Home Health** (CCHH), of Whiteville, North Carolina, has entered into an agreement to implement *eHomecare*, a browser-based clinical and financial application from **CareAnyware**, headquartered in Research Triangle Park, NC. CCHH Director Theresa Smith said that an agency that wants to excel under P4P (pay-for-performance) must not only provide positive patient outcomes but must learn how to use patient data to help with process improvements. "Having a good point-of-care product that forces mandatory processes is a sure fire way of focusing your clinical staff so that OBQI reports can help guide them to…patient outcomes improvement," Smith added.

http://www.careanyware.com

Healthcare Automation holds 'extreme' conference. "Extreme Makeover: Software Edition" was the title and theme of Warwick, Rhode Island-based **Healthcare Automation Inc.** (HAI)'s annual 2-day user conference, held last month in Newport, RI. CEO Ken Pereira said that a highlight of this year's meeting was the participation of HAI's strategic partners, **Facts and Comparisons, RemitDATA, Rock-Pond Solutions, Strategic Healthcare Programs** (SHP) and **ZirMed.**

Facts and Comparisons' MediSpan databases are integrated with HAI's *HomecareNet* application. RemitDATA provides web-based reimbursement management tools. Rock-Pond Solutions offers *Home Infusion Reports*, which provide economical data analysis and reporting. SHP provides performance outcomes and benchmarking programs (its *SHP for Home Infusion* is integrated into *HomecareNet*). Lastly, ZirMed is a clearinghouse for transferring HIPAA-compliant claims from *HomecareNet* to payers.

http://www.healthcare-automation.com

ZOE making inroads. **Trinity Home Health Services (THHS),** the parent company of Michigan's **Mercy Home Care** and **Saint Mary's Home Care**, has completed an agreement with **OMNI Medical Supply, Inc.**, of Walled Lake, Michigan, to purchase *ZOE*™ *Fluid Status Monitors* to monitor heart failure patients at home. Newly approved by the FDA, the ZOE monitor is a non-invasive device that measures fluid status by placing two hydrogel electrodes at the top and bottom of the sternum and measuring the time it takes a low-frequency current to travel between the sensors.

THHS Director of Clinical Services Margaret Berkhousen said the device will be used in the agencies' "Hearts at Home" program, a disease management program for homebound CHF patients. Mercy has offices in Cadillac, Grayling, Oakland, Muskegon and Port Huron; St. Mary's is in Grand Rapids. Trinity Health is the fourth largest U.S. Catholic health system.

http://www.omnimedicalsupply.com
http://www.trinityhomehealth.org

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 response to his seminar offer and is seeing traffic continue. "We began widely publicizing the seminar series in late March," Williams said, "and to date more than 800 organizations have registered to view the sessions. 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 the continued availability of the seminar series and noted that industry foot dragging on compliance lead him to extend his free offer. "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 and recent disasters such as Hurricane Katrina 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.**

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