

# HOME CARE AUTOMATION REPORT

Vol. 10 No. 11 ★ November 2005

from Stony Hill Publishing

## Change is Coming to HCAR

### An announcement to our subscribers

Early next year we will begin providing Home Care Automation Report to you in an exciting new format. After eleven years as a monthly newsletter, which has admittedly grown from eight pages per issue to 12 and sometimes as many 16 pages, HCAR will soon start to arrive in your email box every week, delivering a timely news briefing for busy home care executives and IT personnel.

HCAR will continue to examine technology in the home care and hospice industries, watching what software and other technology vendors are up to and providing a forum where readers can share their IT successes with each other. With its new format, we will be able to present the week's headlines and brief summaries on a single page for your quick perusal. When a particular item grabs your interest, you can click directly on the email link and be taken to our new web site and read a story in detail. For a preview of how we are going to do this, see page 4.

**That is not the end of the good news, however.** We have also decided to adjust our subscription rate downward... all the way to \$0. That's right, HCAR is now for everyone and we will be providing no cost subscriptions to any qualified individual from a home care or hospice organization that is interested in staying on top of the latest technology news.

Earlier this year, we began distributing our free weekly Home Care Security Bulletin and it has already proven to be a great success. Each week it is sent electronically to nearly 5,000 home executives. All of these individuals will automatically receive a free HCAR subscription and we will be working with state and national

trade associations to identify additional organizations and individuals that could benefit from receiving HCAR.

Consequently, to keep the lights on, we will begin accepting newsletter sponsorships and advertising on the web site. But we make this promise to our readers: our ads will never pop up on your screen, scroll or blink annoyingly in your eyes or play unwanted music. We will do our best to make sure HCAR advertisers and sponsors are only drawn from the most reputable vendors in our industry and that any claims they make on our pages can be supported by objective testimonials.

If you are an HCAR subscriber or receive our weekly security Bulletin, you do not need to do anything. We will contact you in the next several weeks to verify your e-mail address and to find out if there is anyone else in your organization that you would like to add to our subscriber database.

If you are a writer, or a wannabe, or if you just have an idea for an IT story that our readers should know, we invite you to pitch story outlines to us. Our new format will give us the opportunity to feature guest writers more frequently.

If you are a vendor, our advertising fee schedule will be ready shortly. Until then, you may contact us with inquiries about sponsoring the weekly newsletter in quarterly, 13-week blocks, about posting your ad on the new HCAR web site, or about packages that include both.

Send story suggestions to Tim Rowan, Editor, at [trowan@stony-hill.com](mailto:trowan@stony-hill.com). Advertising inquiries should be directed to: [info@stony-hill.com](mailto:info@stony-hill.com).

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# Stony Hill Management Launches Home Care Information Network

## Web-based service to begin streaming educational content early next year

Stony Hill Management, publishers of HCAR, introduced a groundbreaking educational service for home care administrators and staff at last month's NAHC Annual Meeting in Seattle. The "Home Care Information Network" (HCIN) is a web-based education service that will bring live and recorded seminars by the industry's top experts directly to home care clinicians and administrative staff at any location with Internet access – 24/7/365 – by utilizing leading-edge video streaming technology.



Stony Hill is launching this venture in conjunction with state home care associations from throughout the U.S. and reports that nearly 20 states have already indicated they intend to participate. The company has now begun recruiting speakers that will develop seminars to be offered as part of an annual subscription or as pay-per-view events. Plans call for HCIN to begin streaming content in early 2006 and some special events may be available later this year to familiarize providers with video streaming technology.

### Video Streaming Technology Selected

According to Stony Hill CEO Tom Williams, the idea for HCIN grew out of a meeting he organized nearly two years ago with selected state association executives and representatives from several home care technology companies. "After more than a day of discussion," Williams said, "this elite group came to the conclusion that education is the number one factor to ensure providers

successfully address the 'coming storm' that is certain to result from more than 70 million aging baby boomers, dramatic reimbursement changes, nursing shortages and the integration of technology into virtually every aspect of home care.

The challenge, at least in my mind, coming away from that meeting, was to find a cost-effective vehicle to deliver a wide array of educational content to as many home care providers as possible."

Shortly thereafter, Williams began researching web-based video streaming, in light of

the fact this medium is maturing rapidly at the same time costs are dropping dramatically. He made it his vehicle of choice, focusing on technology developed by Sonic Foundry ([www.sonicfoundry.com](http://www.sonicfoundry.com)), another Wisconsin-based company. "Mediasite Live is the platform we have selected to launch HCIN," Williams commented. "It is a true multi-media technology, which allows us to rapidly and cost-effectively create professional content, and to then stream audio, video, computer graphics and presentations, such as PowerPoint, over the web, without the need for special end-user software. We can also broadcast live events and then archive them for future viewing. Equally important, this is a sixth-generation product that has already proven itself in the marketplace."

This spring, Stony Hill produced a four-part video-streamed seminar on the HIPAA Security Rule that was viewed by more than 800 home care and long term care providers. "We produced this not only to educate

seminar participants but also to get their reaction to this technology," Williams noted. "We then surveyed nearly 500 home care executives who had viewed the seminar. Their responses convinced us we were headed in the right direction."

- Nearly 90% prefer video streaming over audio conferences.
- 75% consider video streaming better than or about the same as a live seminar.
- More than 90% rate their on-line experience as excellent or good.
- 95% want more educational content available through video streaming.

*The number one reason cited by viewers for their positive reaction was the service's convenience – the ability to participate in a seminar on one's own schedule at one's own office or home.*

### An Open Network

Williams characterizes HCIN as an "open network," emphasizing the fact that experts from throughout the home care industry will be able to utilize the infrastructure his company is putting in place. "By opening HCIN to a diverse group of experts we hope to create a more comprehensive and richer educational environment for both clinicians and administrative staff. We began actively recruiting some of the industry's top speakers just a few weeks ago and there has been a great deal of interest among these individuals to work with HCIN to create streamed content."

Not only speakers are interested in utilizing the technology that HCIN is

*Continued on page 3*

**Stony Hill Launches HCIN**  
*continued from page 2*

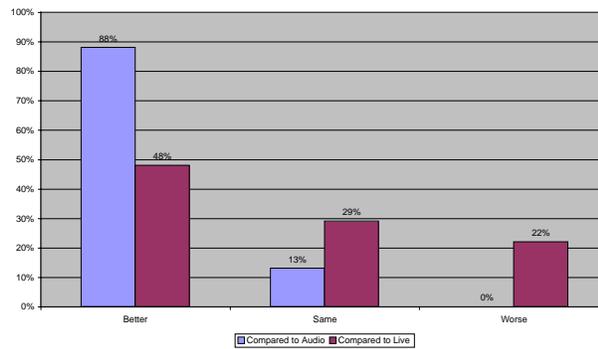
deploying. According to HCIN COO David Eichenbaum, nearly 20 state home care associations have already indicated they intend to participate in HCIN and he expects more will get on board before the end of the year. “We began working with state association executives back in spring and have been using them as a sounding board for our ideas, suggesting content to be streamed and helping us identify and recruit speakers. We want them to help us shape HCIN and we have proposed a very aggressive revenue sharing formula to ensure their continued involvement.”

While Eichenbaum has been working with nationally-recognized experts to identify the initial seminars to be offered through HCIN, he has also been encouraging association executives to consider developing content to be streamed as well. “A number of associations have well-established educational programs with excellent content that may be of interest to agencies in other states. We are offering these associations a vehicle to cost effectively share their content and to ultimately generate additional non-dues revenue.” According to Eichenbaum, two associations have already indicated that they intend to use HCIN to make their seminars available across the country.

“We are also encouraging participating associations to utilize HCIN to stream state-specific content to their members,” Eichenbaum added, citing local wage and hour

laws and Medicaid billing as two examples. “There are numerous home care consultants and training companies that conduct seminars throughout the country. Their content, however, is seldom state-specific, focused instead on topics of national interest or of a more generic nature such as coding or interpretation

How Does Video Streaming Compare with Audio and Live Seminars



of specific Medicare regulations. Associations will identify local experts that are familiar with state-specific issues and we will work with them to produce video-streamed events.”

**Cable TV Model**

Williams believes the diverse mix of national speakers and availability of local content will make HCIN very attractive to agency executives throughout the U.S. “Think of HCIN much like your cable or satellite television provider in comparison to a single over-the-air station. We will be offering both basic programming, seminars of broad interest aimed at a wide audience, and pay-per-view events, focused on time-sensitive topics or of interest to a narrower audience. If you rely on a single company or expert for staff training and education, regardless of how good they are, it’s like having access to only one channel. If your favorite team is playing and the game is only available on cable, you’re out of luck.”

“The *Mediasite Live* technology we are using gives us the ability to produce events in a variety of settings,

either in a studio in Milwaukee or elsewhere or on-site at remote locations,” Williams said, “We can even use video conferencing to capture streamed content remotely.” He indicated arrangements were already being made to bring a number of experts to a Milwaukee studio to produce HCIN’s initial seminar offerings and that these would most likely be available as pay-per-view events. “Agencies should be able to test drive video-streamed education in the very near future and we could have as many as 20 seminars available in just a matter of weeks. The technology we are using significantly reduces the time required to produce content. Speakers come in, present their seminars as they normally would and we can have their content available on the web before they finish lunch.”

According to Williams, his company has partnered with a leading Milwaukee-based video production firm to produce the seminars that will be streamed over HCIN. “We are collaborating with Midland Video Productions ([www.midlandvideo.com](http://www.midlandvideo.com)), a company I have worked with for nearly 20 years that has won dozens of state and national awards for their education and training videos. Much of Midland’s work has been in healthcare and we want to make certain the seminars we will be streaming have high production value. They recently completed an outstanding web-based series of seminars on ostomy care aimed at patients and caregivers that is a great example of their work.”

HCIN will begin streaming content in early 2006 and may have some special events available later this year. The company will post progress reports and upcoming event information on its website, [www.homecareinformation.net](http://www.homecareinformation.net). You can also access a video streaming demonstration at their site.



# Home Care Technology Weekly

from the publishers of

## HOME CARE AUTOMATION REPORT

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### In This Issue

- Report on NAHC Annual Meeting
- Top Microsoft Physician Delivers NAHC Keynote
- Baylor Study Finds Online Training As Effective as Live

### Upcoming Events

**ATA 7<sup>th</sup> Annual December Industry Briefing**  
Marriott Metro Center  
Washington DC  
December 5-6, 2005

**NAHC Private Duty Conference**  
January 20-21, Scottsdale

**12<sup>th</sup> National HIPAA Summit**  
Hyatt Regency Capitol Hill  
Washington DC  
April 9-11, 2006

**ATA Annual Meeting**  
San Diego Convention Ctr  
May 7-10, 2006

### Home Care News

Congress Votes 2.8% Home Care Pay Increase

Gulf State Home Care Associations establish 501c3 Katrina relief fund. [Click to donate.](#)

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### [NAHC Annual Meeting Features Technology](#)

The National Association for Home Care's Annual Meeting took place in Seattle, October 23-26. The concerns of a couple thousand home health care and hospice leaders, tucked away in the far northwestern corner of the contiguous states, may seem insignificant. Inside the Washington State Convention Center, however, events transpired that may prove to have lasting influence on home care providers and their supporting cast of vendors and state and national associations. [Read more...](#)

### [Top Microsoft Physician Delivers NAHC Keynote](#)

If you didn't go to Seattle last month, you missed a keynote presentation by Dr. Bill Crouse. As a family physician, former hospital CIO and now head of Microsoft's Healthcare and Life Sciences division, Crouse delivered an important message about home care's role in a world of aging Baby Boomers, fewer nurses and record federal deficits. [Read our interview with Dr. Crouse...](#)

### [Internet Training Found As Effective As Live Instruction](#)

According to a report from Reuters News Service, Baylor College of Medicine has determined that Internet-based continuing medical education is as effective as presenter-led sessions. Following a randomized, controlled trial, Dr. Michael Fordis, Director of Baylor's Center for Collaborative and Interactive Technologies and Associate Dean for Continuing Medical Education, declared that participants in both types of programs showed "similar and significant" increases in knowledge. [Read more...](#)

### [HCAR and ...home health line IT Survey Results](#)

Home care providers that have not adopted point-of-care automation or home telehealth systems offer two predictable reasons for their hesitance. Some say the cost is prohibitive compared to expected returns, others say their clinicians would not accept technology. Some cite both reasons. These findings are among those uncovered in a new survey conducted jointly by HCAR and Decision Health, the publishers of "...home health line." Some survey findings confirmed what is generally assumed; not all results, however, can be categorized as "predictable." [Read more...](#)

### This Issue Sponsored By:

HOME CARE  
Information Network 

[www.homecareinformation.net](http://www.homecareinformation.net)

The Home Care Information Network is the way 21<sup>st</sup>-Century Home Health Care and Hospice providers train their staff. Experts on coding, wound care, home nursing basics, PPS, private duty, quality improvement and a host of other topics have come to our video studios and recorded their most popular workshops. Now you and your staff can study under home care's most respected workshop presenters anytime.

HCIN. The Future Has Arrived

# Home Care Adopts Technology in 2005

## New survey indicates point-of-care and telehealth acceptance growing

Home care providers that have not adopted point-of-care automation or home telehealth systems offer two predictable reasons for their hesitance. Some say the cost is prohibitive compared to expected returns, others say their clinicians would not accept technology. Some cite both reasons. These findings are among those uncovered in a new survey conducted jointly by HCAR and Decision Health, the publishers of "...home health line." Some survey findings confirmed what is generally assumed; not all results, however, can be categorized as "predictable."

Completed by nearly 300 home care and hospice executives, the survey asked 50 questions about IT implementation as well as staff and management attitude toward technology. Key questions included IT department salaries, whether IT support is outsourced or handled internally by full or part-time staff, implementation of point-of-care and home telehealth systems and whether certain systems were purchased and then shelved.

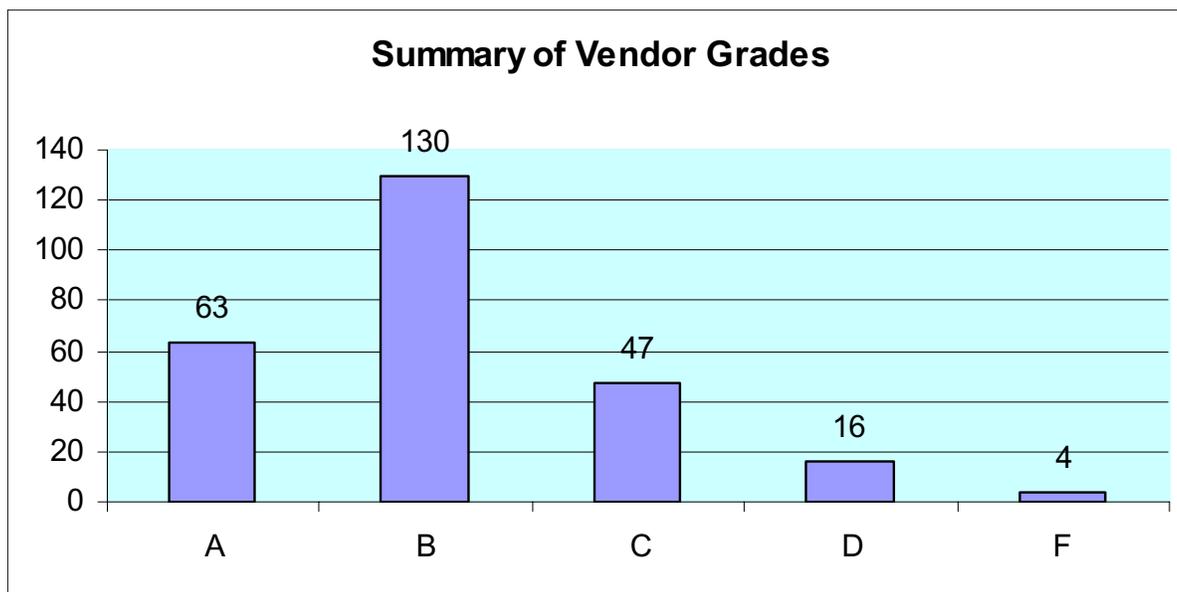
We also asked respondents to grade their IT vendors as well as suggest changes vendors could make to improve their grades. See the chart above.

### Too expensive

Not surprisingly, cost is named more often than any other reason by those who say they have no immediate plans to convert from paper to electronic data collection. Nearly half of respondents gave cost as their only reason or as the more important of two, the other often being a fear that their clinical staff would oppose the change and even resign in protest. A handful described themselves as "ready" but said their vendor is not. One rural provider found concern over clinician rejection to be valid. Since implementing a laptop-based point-of-care system last year, Barbara Martin, administrator of three SunPlus Home Health branches in Corning, Chico and Anderson, California,

employees. During interviews, older clinicians express doubts regarding automation while younger candidates were inclined to accept a position after learning that they would be using mobile computers.

The third most common response among those not using point-of-care systems is that their vendor does not yet offer it. Chris Maestas, General Manager and part-time IT Director for AMI-Wellness Home Health in Denver, has been ready for point-of-care for several years, the last seven of them with the same vendor. "We're happy enough with [our IT vendor] for other reasons," Maestas commented, "so we're not ready to go through the pain of switching systems. But we



Cumulative GPA: 2.81

has had difficulty maintaining a full clinical staff. "Several nurses left when we announced the decision to implement," Martin said, "and more left after we started the pilot project." Since the initial exodus, however, Martin said she has noticed a more-or-less age-related split among potential

would jump on point-of-care if they offered it."

Overall, 60% of responding agencies said they utilize point-of-care technology and another 15% say they plan to implement it within the next

*Continued on page 6*

12 months. It should be noted, among those respondents indicating they are point-of-care users is a sizeable minority who report they are preparing to replace their current system or that they purchased a system that is no longer used.

One unfortunate reality of the home care universe came to light from the responses of one Maryland agency that provides CNAs for Medicaid visits and hospital staffing. "At 30% turnover, I am simply not certain how I would get my equipment back," confided Tom Weadock, Operations VP for Access Nursing Services. "I can't justify putting even a cell phone into the hands of what is basically temporary staff, much less a \$200 PDA."

#### **Most report benefits**

Among agencies that had implemented point-of-care systems, over 80% gave their vendor a grade of 'A' or 'B.'

On average, they have been with the same vendor more than five years and have switched vendors once in the last 10 years. Though there were a few surprises, positive results outnumbered the negative.

By far, the most common observation made by survey participants was that nurses realize little change in productivity as a result of point-of-care automation. The data entry burden on office staff, however, is often reduced to a point where few if any data entry personnel are needed.

An equal number of point-of-care users added that assessment accuracy has risen significantly. Most of today's point-of-care systems check OASIS assessments for errors before allowing the user to lock, forcing errors to be corrected in the field or at least at the end of the day before uploading data to the office. The burden of accuracy

is shifted from office QA staff or data entry technicians to the field clinician, where many clinical supervisors insist it belongs.

That shift is not without repercussions, several respondents added. Though most agree that point-of-care systems streamline assessment processes, those who say their nurses find that it slows them down also report that they cannot get their nurses to complete assessments in the home. "They do it at night," was a common complaint.

Somewhat tongue-in-cheek, SunPlus's Barbara Martin said that problem is not 100% negative. "Whenever there is a version upgrade," she explained, "we have to bring every laptop into the office to reconfigure it with the new software. You can't have two different versions running on your server so you have to do that upgrade all at once, usually by working through a weekend. But when we announce an upgrade, our nurses tell us to go ahead and take their laptop during the workday, saying, 'I don't need it until 5:00 anyway.'"

A Pennsylvania agency reported that at least one vendor has developed a solution to the upgrade problem. Gina Peterson, CIO of Neighborhood Health Agencies, Inc. of West Chester, said her agency will shortly be entering into a beta test of version 10 of McKesson's *Horizon* application. "They say that it will allow more than one software version to reside on our server at one time," she reported. "That means that we will be able to upgrade a few laptops every day and complete the process over time without concern about conflicting data exchanges between servers and field units."

Alabama's largest agency, Alacare, believes it has discovered a solution to the problem of nurses refusing to take their laptop computers into the patient home. They are in the process

of implementing a back office and point-of-care system from Homecare Homebase, which uses only handheld Pocket PCs. "We had a few nurses field-test the system," related Susan Freeman, Alacare IT Director. "One of the first things they noticed is that the handheld unit did not interfere with patient interaction. With the laptop, they had to find a place to set it down and plug it in, and they had to interact with it as much as, if not more than, the patient. They said the PDA was much more like jotting notes on a clipboard and that they would not hesitate to document in the home instead of at the end of the day."

#### **Preponderance of positive experiences**

One Patient Care Technologies customer that elected not to identify itself claims to have reduced A/R days from more than 100 to 35. Another commented on improved accuracy but added that management was surprised to discover during training how little pre-existing computer expertise its clinical staff had. Also unidentified, this agency spokesperson said if they had it to do over they would precede point-of-care software training with a basic computer course.

#### **Home telehealth years behind POC**

Survey respondents speak of home telehealth similar to the way the industry regarded point-of-care about ten years ago. Acceptance has been slow, cautious and dominated by larger providers. Peterson said her agency received a grant from the Pennsylvania Homecare Association (PHA) and Penn State in October 2004. Without financial assistance, she doubts her agency would have become a telehealth pioneer. A comment typical of many survey participants.

About one-fourth of respondents indicated they have implemented home telehealth systems. Another 25%

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## *Home Care Adopts Tech in 2005 continued from page 6*

say they are considering it, however, more than one-third said they have no plans at all. These results are higher than we had expected and may reflect the nature of survey respondents – those more in tune with technology. We have long suspected that those agencies with an automation story to tell, either good or bad, more often participate in such surveys. A finding of 25% home telehealth penetration, at least three times greater than we had expected, may validate our suspicion.

Nevertheless, survey participants' comments were in line with expectations. The vast majority of those who have not yet invested in telehealth, especially those who say they have no plans to invest, give cost as their primary or only reason. Other reasons included the notion of home telehealth requiring a change in corporate culture, no identified need and no proven benefit. Only one participant mentioned "loss of personal contact" or any other reason related to a machine's impersonality.

Among the more interesting comments were those from agencies that had tried home telehealth but then moved away from it. Among those most dissatisfied were agencies that had contracted with a vendor that required customers to purchase additional units on a regular basis. In exchange for agreeing to grow its supply of telehealth units, agencies received exclusive rights to a territory. Other agencies within that territory could not purchase units directly from the company but had to go through the first agency as though it were a reseller. The promise was that such sales would help the contracting agency meet its monthly purchase quota. However, agencies turned out to be reluctant to purchase units from competitors. This monthly purchase

scheme has since been abandoned by the vendor.

Denver's Chris Maestas, of AMI-Wellness, an early telehealth adopter said his agency canceled its purchase commitment contract because it did not fit with the agency's business model. "We are mostly a Medicaid contract provider," explained Maestas. "Colorado Medicaid pays us per visit. To adopt an expensive technology that effectively reduces the number of visits required to provide quality care didn't make sense for us."

Others agree that home telehealth systems can reduce the number of visits per episode but do not limit their reports of its advantages to that result alone. Their comments are worth quoting in their own words:

- \* CHF readmissions reduced by 50%
- \* improved clinical outcomes
- \* close monitoring of patients
- \* awareness of patient issues
- \* lower RN utilization
- \* reducing in-home visits
- \* reduced episode costs
- \* we received an award for improvement
- \* increase patient involvement in self care
- \* patient satisfaction - they love it and we love it
- \* saving lives

Many of these comments were repeated by several survey participants. Reductions in hospitalization and emergent care were repeated most frequently.

Not every comment was positive, though these cautionary remarks were added primarily by agencies that are generally happy with home telehealth results and with their vendors. About one-fourth indicated trouble winning clinician buy-in, at least at the beginning of their implementations. Only a handful reported the same

difficulty with patients or physicians. "Nurses are afraid the machines are going to replace them," one unidentified survey participant said. Only 3% of respondents said they had embarked on a home telehealth program but now found themselves with most of their units in storage.

Two software vendors at present, McKesson and Patient Care Technologies, have introduced integrated home telehealth systems. A few others have cooperated with one or more telehealth companies to write an interface to their back office systems. Customers of other vendors do not have the choice of exchanging data with their clinical application at this time. One survey participant, again Gina Petersen of Neighborhood Health Agencies, finds integration essential.

"The interface tells a clinician, via the laptop computer, when a patient has recorded a new set of vitals," she reported. "She can review vital sign trending wherever she is." Petersen also commented that cost savings resulting from reduced in-person visits pales in importance to other advantages. "Keeping track of a patient's vital signs is a good thing when a nurse in the office can monitor many patients," she continued, "but it is even more significant when a field nurse has access as well. She may reduce her number of in-person visits or she may create more visits. Either way, we are seeing the quality of care improve dramatically."

**Next month:** we continue to analyze survey results to find insights into the decision-making process of those who have implemented point-of-care and home telehealth technologies, integration with back office functions, and reactions from referring physicians.



# IT Vendors Work Hard to Win Face Time at Low-Key Annual Meeting

Once again, the National Association for Home Care's Annual Meeting has come and gone, leaving our industry with memories of speeches, seminars, parties and product announcements to provide inspiration and momentum until next October in Baltimore. From a perspective atop Seattle's Space Needle, the concerns and conversations of a couple thousand home health care and hospice leaders, tucked away in the far northwestern corner of the contiguous states, seemed somehow less significant. Inside the Washington State Convention Center, however, events transpired that may prove to have lasting influence on home care providers and their supporting cast of vendors and state and national associations.

The meeting's perennial financial underpinning, expo hall technology companies, came out in force as usual, with an array of new and old products and services to promote. More of them than in recent memory decorated the expo hall with towering displays over acreage to rival the size of Tuesday evening's Misys-sponsored dance floor. With about ten attendees for every expo exhibitor, competition for attention was fierce. Sales staff vied with cappuccino machines, massage therapists, magicians, ventriloquists, a mini baseball stadium and Panasonic's "spokes models" to attract passers-by to their software demos.

Those were only the distractions found *within* exhibit booths. Outside, aisles were lined with food and drink

and with NAHC staffers shouting encouragement to conferees to make the long walk through a causeway into a second exhibit hall, where a good number of vendors got to know their neighbors well.

## **New technology: what they want you to buy in 2006**

Almost without exception, this year's vendor message was clear and consistent. "Connect, exchange data,



build alliances, interface freely, and do it without wires. Software is becoming smarter. Information that can be extracted from your data is becoming more useful. The Internet *is* your network."

Emphasizing connectivity, home care IT vendors demonstrated that they are on top of the government's challenge to all of healthcare to improve care quality, streamline processes and reduce costs by building a National Health Information Infrastructure. In order not to be left behind, home care providers need to be ready with communication-enabled software when hospitals and physician clinics in their regions begin to create Regional Health Information

Organizations (RHIO).

Home care technology vendors are introducing products to provide that capability. For the first time, products appeared to create a nearly seamless data path from the patient's heartbeat to back-end benchmarking applications, stopping along the way at physician portals, OASIS assessments on mobile devices, QI systems and care pathways at supervisory stations and back office billing systems.

## **New releases and announcements**

**Lewis, Inc.** announced the release of its long-awaited point-of-care system. Twice delayed, the integrated application emerged from a final beta test cycle in July and is now available to users of the company's *Patron* application.

**Misys Homecare** makes the most of its position within a larger company that also offers hospital and physician office

software systems. *Misys Connect* is a new interface engine that facilitates data sharing among unrelated applications. Not only will the engine allow data to move between Misys hospital, physician and home care systems, but it can also establish connectivity between any one of those systems and an application from another vendor. Misys plans to position the product as a solution for healthcare providers attempting to create a RHIO even if participating entities use software from several different vendors.

**Homecare Homebase** announced a new relationship with **Outcome Concept Systems (OCS)**, through

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which HCHB customers can access to the OCS regional, state and national benchmark database. The new arrangement will bring two benefits to users of the vendor's handheld point-of-care and back office information system. First, HCHB clients will have access to quarterly OCS comparative data embedded in the HCHB software for integrated reporting. Second, HCHB clients will have the ability to access more detailed comparative analyses, including condition-specific benchmark reporting, directly through OCS.

**Power<sup>2</sup>** is the new financial and clinical point-of-care system introduced jointly by **Thornberry, Ltd.** and **FGA, Inc.** As reported here previously, these two companies have long worked cooperatively but never went further than developing an interface between Thornberry's *nDoc*, browser-based clinical system and FGA's financially oriented billing application. **Power<sup>2</sup>** is a fully integrated system that marries *nDoc*'s multi-tasking browser technology with FGA's years of financial software expertise.

**Patient Care Technologies** was bucking for designation as "most unusual" sales promotion by inviting conferees to toss fish through a basketball hoop. Invoking the theme, "we're cooking up something fresh," the Atlanta-based company's cooking apron-clad sales staff and executives offered demonstrations of "*maestro*," its new, workflow-centric application. *Maestro* is currently completing beta testing and is set for an April 2006 release. At first, implementation will be limited to users of the company's legacy products, *inSync* and *Homecare Manager*. The company had previously announced that it will treat *maestro* as an upgrade rather

than as a new product. Current users will pay only implementation and training costs to switch from their current PtCT applications.

**Strategic Healthcare Programs** made good on its promise to give away bottles of Santa Barbara wine, as well as to deliver brief, topical presentations by various industry experts from within its booth. SHP offers an online benchmarking service that is used by home care agencies across the country. Many agencies come to SHP through its partnerships with software vendor companies. Customers upload their OASIS data through SHP's web site, and then compare it against their own through the company's benchmark reporting software.

**Panasonic** displayed its line of semi-rugged notebook computers. Thanks to a simultaneous national sales meeting, the company could not send its usual exhibit booth staff to Seattle so product demonstrations were somewhat limited. The spokes models it did send, however, were sufficiently skilled at handing out product literature. According to the literature, Panasonic has just announced a new model, the Toughbook T-4, which will replace the popular T-2. The new notebook will feature a faster, 2Ghz processor, more RAM and a larger hard drive than its predecessor and sell for the same price.

This year's meeting certainly started on the right "technology foot" featuring a Monday morning keynote address by Dr. Bill Crouse of Microsoft, who spoke of the need for healthcare to embrace technology or collapse under the weight of a nonsensical payment system and 76 million Baby Boomers. (Microsoft is featuring our October interview with Dr. Crouse on its Health and Life Sciences home page, <http://www.microsoft.com/industry/healthcare/>

[default.mspx](#)). After starting strong, however, the meeting had only a handful of technology-focused presentations.

In spite of numerous product announcements, including our own (see page 1), there was generally a low-key (been there, done that) feel to this year's exhibit hall. It may have been the strange floor layout, that scattered attendees and exhibitors across two halls, or it may have been the weather, that turned from sun to showers just as the meeting was about to begin. Regardless, we had expected the hyper-caffeinated Seattle crowd to be a bit more tuned in to technology this year.

Even the perennially popular celebration, sponsored again this year by Misys, had an uncharacteristic subdued character. Held in a smaller venue than in past years, the party was also scheduled on the last night of the conference instead of its usual Monday evening time slot. By Tuesday night the expo had shut down and many vendor staff – accepted in some circles as the most enthusiastic dance floor denizens – were already on their way home.

Perhaps the association needed a quiet meeting in advance of the big, restaurant-centric bash it appears NAHC is planning for its 25<sup>th</sup> anniversary celebration next October in Baltimore. Let's just hope the shrimp is fresher and safer on the East Coast.



# Sybase Technology Improves Vendor Offerings

## Can't afford a DBA? There is an alternative

Imagine....

- 110+ clients connected to a database over 20GB in size, growing at 5GB per year.
- More than 350 handheld field devices, each with a 50-100MB database, bi-directionally replicating about 1MB per day; with data exchanges performed from home, field or office.
- Multiple local redundant servers mirroring a master database, updating every 15 minutes via replication.
- An offsite master database housed in a class 5 datacenter. That database protected by real-time mirrored logs across a local Raid 5 array and an enterprise class fiber-based Storage Area Network (SAN).
- A spare server connected to the SAN providing for server warm start redundancy.
- An IT department of three people, mostly doing networking and reports.

Now, imagine how many database administrators (DBA) you would need to manage such a system. According to database vendor Sybase, the answer is zero. According to Andy Braunstein, CTO for HealthWise, Inc., they are right, provided the underlying database is supported by mobile database tools from Sybase subsidiary iAnywhere, a Netherlands company. iAnywhere makes software designed to extend reliability, availability and security, taken for granted on desktop systems, to mobile devices. The structure described above is the one HealthWise has deployed to support its ASP-based billing and clinical systems.

While such claims are generally the stuff of product promotion, HealthWise customer Home Health VNA outside of Boston has become a believer. Before implementing its Pocket PC-based point-of-care system, Home Health VNA owned a half dozen desktop PCs. Today, it has more than doubled in size while also adding hundreds of mobile devices. Yet, the agency's IT department is smaller today than it was before implementation and the department does not include a DBA.

"The cost of supporting a complex database system has to be added to the purchase price when calculating total cost of ownership," Braunstein declared. "Often, agencies that are evaluating various systems do not think of costs associated with the overhead of system administration until after the fact."

To a DBA salary, Braunstein would also add in the cost of disseminating periodic ROM updates to every desktop and mobile computer. "Sybase and iAnywhere provide a monitoring system that detects out-of-date PDAs," the CTO continued. "Our customers choose whether to pull identified units from the field and upgrade them themselves or have us do it here via FedEx."

Another advantage that Braunstein and his developers discovered with Sybase is that it enabled HealthWise to offer its point-of-care system on the customer's choice of PDAs or PCs. "The Sybase database is binary-compatible across all platforms," he explained. "Once we write the code, it will run on both types of devices. We do not have to re-write it for customers who prefer laptops over

PDAs, which most vendors do not do because it is prohibitively expensive."

Lastly, Braunstein emphasized the implications for disaster planning and recovery, a mandate under the HIPAA Security rule. "When you deploy a local server," he began, "you naturally have to do a local backup, preferably every day. If you lose your server, your only choice is to rebuild it and restore the operating system, applications and data. If you deploy a remote-hosted system, your data is safe at a vendor or ASP site and they handle daily backups. However, you still only have one server, one working system from which to run your company. If it should go down, there could be a lengthy lag time before the vendor or ASP restores it." Braunstein recommends a third way.

"With Sybase's schema migration technology, it is also possible to keep your primary server in-house and replicate it overnight to a remote server. Sybase manages all of the replication technology, which is the primary reason neither we nor our customers have to have a DBA. A home care provider has the option of performing its own daily backups, which means single files or entire systems can be restored as needed without calling for outside help. But there is also a replication server at our secure site that is also regularly updated."

With Oracle, Informix and Software AG, Sybase is one of the top four database management companies. Braunstein believes Sybase already owns 70% of the mobile data marketplace, gaining most of its growth since the May 2000 formation of iAnywhere from its predecessor, the Sybase Mobile and Embedded Computing division. That division had previously been a separate company, PowerSoft, which merged with Sybase in 1995.



# Study Concludes Internet Clinical Training as Effective as In-Person

According to a report from Reuters News Service, Baylor College of Medicine has determined that Internet-based continuing medical education is as effective as presenter-led sessions. Following a randomized, controlled trial, Dr. Michael Fordis, Director of Baylor's Center for Collaborative and Interactive Technologies and Associate Dean for Continuing Medical Education, declared that participants in both types of programs showed "similar and significant" increases in knowledge.

One of the criteria in Fordis' study was that learning should effectively take hold early and remain with seminar participants. In his study, detailed in the September 7 issue of the *Journal of the American Medical Association*, 97 Houston-area primary care physicians showed increases in knowledge both immediately and 12 weeks after participating in online seminars.

The physicians studied national guidelines on high blood cholesterol, pharmacotherapy and treatment of coronary heart disease patients either in Internet-based education that they were allowed to complete in multiple sessions or during one live, small-group, interactive workshop. Participants were tested before and immediately after the sessions and again 12 weeks later.

Fordis said that his study "provides some of the first evidence that in addition to enhancing physician knowledge, online continuing medical education can also improve patient care." He added that study results also showed behavioral differences following the training sessions. "The Internet-based group demonstrated a significant increase in percentage of patients treated according to

guidelines," he said. "There was a small drop in the live group." Fordis referred to guidelines for prescribing pharmacotherapy medications.

Internet-based training, or "Cyber-CME," Fordis commented, has been gaining traction among physicians. *Medical Computing Today* lists over 170 web sites where physicians can obtain Category 1 CME credit.

Yet even Baylor doesn't really work in isolation; partnership is still the name of the game. "We've worked with other academic centers where they may actually be providing the CME credit [the lipids program Category 1 credit comes from the University of Michigan, for example]; we're doing the development," says Fordis. "It has surprised some folks, but it makes sense to us. If in fact you can have strategic partnerships and alliances on projects where everybody is bringing something to the table, those partnerships allow you to do things more efficiently, maintain control of quality, and also be more cost-effective. That's what's important."

Fordis concludes that partnerships with other academic institutions and for-profit CME providers has been the key to Baylor's success, and to the quality of the materials provided over the Internet. "The main goal is to propagate quality information to the largest audience possible, he said. "In one partnership, we have developed pieces that were accredited by a sister institution and now it resides on their Web site as well as ours. And we've achieved our goal, which is to provide quality education and information that meets the needs of our professional community."



## 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](http://www.hipaahomecare.com) or by calling 866-436-7047. An evaluation copy of the software can be downloaded from [www.gethipsoftware.com/evaldownload](http://www.gethipsoftware.com/evaldownload).

# Vendor Watch

## MBI infused into CPR+.

Consolidation has visited another pair of home care software vendors, this time in the home infusion segment. **Definitive Homecare Solutions** (DHS), the developers of *CPR+*, announced the purchase of “various assets” of **Management By Information**, a wholly owned subsidiary of **Option Care, Inc.** (Nasdaq:OPTN), a multi-state provider of infusion therapy and other healthcare services headquartered in Buffalo Grove, Illinois. Columbus, Ohio-based DHS will immediately take over support of MBI’s three software applications, *i-emphys*, *MBI Homecare* and *The Home IV Manager*.

DHS president Jeff Johnston said that, with the addition of MBI customers, his company will be supporting over 725 home infusion and HME companies. A home infusion therapy RN, Johnston developed *CPR+* in 1991 with business partner and database application developer Stuart Crane. *CPR+* is currently available in a SQL-enabled version. Web-based access is under development.

<http://www.cprplus.com>

## HAI heads for the Hill.

**Healthcare Automation Inc.**’s CEO Ken Pereira and Customer Relations Manager Joanie Zavala attended the first **NHIA Legislative Conference** in Washington DC last September. They were the only software vendors in a group of approximately 100 representatives from U.S. home infusion and DME companies. The conference goal was to educate Congress on problems for the industry segment under Medicare Part D, which goes into effect January 2006, and to gain support for the industry’s Part B solution.

Under the Medicare Part D prescription drug benefit, Pereira explained, most infusion drugs will be covered but home infusion

services, supplies and equipment will not. Unless the patient pays for these costs out of pocket or has another insurer that will cover them, infusion pharmacies will no longer be able to afford to provide these therapies. The group told Congress that most Medicare beneficiaries with serious infections, cancer, and other medical conditions will either remain in costly in-patient settings, or will receive high-tech I.V. drugs without needed clinical support supplies and equipment. This will pose serious risks of medication errors, infections and other complications for these beneficiaries.

HAI and other participants met with various Representatives and Senators on Sept. 20 asking for their support in contacting CMS to urge them to consolidate coverage for home infusion therapies under Medicare Part B. The CMS Administrator has the authority to implement this change without legislation.

<http://www.healthcare-automation.com>

## Health Hero hiring.

In response to recent growth fueled by a Veterans Administration contract and a relationship with **McKesson**’s home care division, **Health Hero Network** (HHN), based in Mountain View, California, has expanded its executive team. Maker of the *Health Buddy*® home telehealth system, HHN has created several new positions, filling some of them internally and some from the outside. HHN’s new positions include a Chief Operating Officer and several VP level appointments.

CEO Steve Brown recruited COO Philip Bouchard from a semiconductor design firm, **Synfora**. New VPs are Steven Barbato, manufacturing and logistics, Karen Flores, account management, Michael Howells, engineering, Andrea Kappenman, finance, Naghmeh Nouri, QA and regulatory affairs and Suneel Ratan, business development.

<http://www.healthhero.com>

## CareKeeper upgrades another customer.

Continuing its quest to lead all of its clients to the Internet, Atlanta’s **CareKeeper Software, Inc.** has announced that longtime customer **Para/Quad Services** has converted from the vendor’s server-based *VividCare* to its new web-based *VividNet*™ home care application. At the same time, the Marietta, Georgia provider will add CareKeeper’s integrated *VividCall*™ telephony system.

Para/Quad provides in-home, Private Duty home care nursing and Unlicensed Assistive Personnel services to paralyzed and brain-injured patients. It was established in 1988 by Thomas Frazier after his son, JD, was injured in a work-related accident that left him permanently paralyzed from the neck down.

<http://www.carekeeper.com>

<http://www.paraquad.net>

## Cerner provides no-cost EHRs for young diabetics.

One year after announcing its intention to provide free Electronic Health Records to every child with type one diabetes, **Cerner, Inc.**, the Kansas-City-based parent company of home care vendor **Cerner BeyondNow**, says that it has 2,800 children, 550 clinicians and 28 hospitals participating in the program, according to a report in the October 13 *Health Data Management* magazine. Program director Matt Wildman said the 10-year initiative, which is expected to cost \$25 million, will improve care for patients with diabetes while also making physicians and patients more comfortable using EHRs.

<http://www.cerner.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 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](http://www.hipaahomecare.com).

## Notice of Change of Subscription Policy

*Home Care Automation Report* is no longer accepting new subscriptions due to a change in policy, effective in 2006. In place of the monthly magazine format in use since *HCAR*'s inception in 1994, we will begin to provide a weekly, advertiser-supported, one-page newsletter, delivered via email. In place of our subscriber-supported fee structure, the new version of *HCAR* will be delivered at no charge to readers. A complete description of our new format can be found on page one of this month's issue. Our December 2005 issue will be the final monthly edition. We want to thank our loyal subscribers for supporting us through the years. And we hope you will enjoy the new format, with its news briefings and convenient links to lengthier stories on our web site. We also want to invite vendors to consider the advantages of advertising in home care's only technology newsletter. Send comments and free subscription requests to [info@stony-hill.com](mailto:info@stony-hill.com).

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