THE ULTIMATE PATIENT EXPERIENCE

Newt Gingrich explains how innovation and technology is leading us to a higher quality of care

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Better understanding means better health

Nearly all of us—about nine of every ten American adults—have some problems with health literacy.

Health literacy is not only about reading. It’s about understanding difficult health terms and issues. Even highly educated people can have trouble comprehending health care information.

The stakes, however, are high. When you don’t fully understand information about your health care, your health is likely to suffer.

For example, if you don’t completely understand your doctor’s instructions, you may not be able to manage a health condition or take medications correctly. You may end up in the hospital more, develop harder-to-treat illnesses, experience a longer recovery, or generally have worse health than if you fully understand your medical issues.

Limited health literacy also affects your chances of getting important medical information.

Stay involved
The mission of my agency, the Agency for Healthcare Research and Quality (AHRQ), is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. As part of the U.S. Department of Health and Human Services, AHRQ supports research that helps people make more informed health decisions and improves the quality of health care services.

AHRQ also uses this research to develop tools that help doctors and other clinicians communicate better with patients. This helps patients understand their doctors’ instructions and other important medical information.

Don’t leave questions about your health to someone else. Being an involved patient can boost your chances of getting better faster and staying healthy.

In health care, information is important: If you don’t fully understand information about your health and can’t act on it, you are more likely to be in poorer health.

Patients can take steps, too. Here are some ways you can improve your health literacy:
- Ask questions.
- Bring your medicines, vitamins and supplements in a bag to your next doctor’s visit.
- Repeat information back to your doctor or nurse. Bring another adult with you.
HEALTH IT WORKFORCE

The HITECH Act authorized the creation of educational programs to train a highly skilled workforce to implement electronic health record (EHR) systems in physician offices and health care organizations.

Dr. David Blumenthal, the National Coordinator for Health Information Technology, has stated in the next five years more than 50,000 qualified health information technology professionals are needed to meet the demand of the adoption of EHRs.

The Office of the National Coordinator (ONC) has the authority to award millions of dollars in funding for the Health IT Workforce Development Program and thus far has granted $84 million. The program goals are meant to ensure health professionals will have qualified technical support staff. This provides promising new career paths for job seekers who have experience or education in the following areas: health information management; information technology; government health care; physician practices; nursing; and many other areas.

The ONC has provided funding to train workers for 12 specific health information technology roles.

Community colleges will train (six month programs):
- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers
- Technical/software support staffs
- Trainers

Universities will train (one year programs):
- Clinician/public health leaders
- Health information management and exchange specialists
- Health information privacy and security specialists
- Researcher and development scientists
- Programmers/software engineers
- Health IT sub-specialists

While the Health IT Workforce Development Program focuses on key resources needed to rapidly expand the availability of information technology professionals to support the adoption and use in the provider community, the American Health Information Management Association members bring a unique set of qualifications and expertise to the table to facilitate successful adoption of EHRs. AHIMA credentialed members have the expertise and knowledge of how health information is created, maintained and used throughout a medical practice, office, or health care organization.

The health information technology professionals created by the ONC program is defined as someone who is qualified to support the adoption and implementation of EHRs. The program allows for non-degree programs to offer a specialized course of study to train individuals. The lack of specific qualifications for the program will allow individuals with varied backgrounds to be trained according to each program’s criterion.

This is a unique and critical time in health care.

America’s health care reform initiative gives us an opportunity to improve health information technology through the American Recovery and Reinvestment Act. ARRA is giving health information technology a tremendous opportunity by investing in standards-based electronic health records through incentives to hospitals and physicians. Meaningful use incentives are, themselves, a strong reason to improve HIT. Add to that the ongoing establishment of more and more health information exchanges and the case for HIT advancement becomes overwhelming.

HIT is vital in our current environment because it is one of a very few “tools” at health care’s disposal that can advance what are called the “three Cs” of health care reform success measurements:

- **Controlled cost** through the provision of information for reimbursement using standards-based coding and data collection.
- **Comprehensive coverage** through better identifying who needs care, where and when.
- **Quality of care** by ensuring that more accurate and detailed information is in the right place, at the right time for essential health care decision-making.

Both physicians and patients should embrace these key indicators of our health care system’s ongoing improvement. As other industries have embraced technology, so must health care. Health care reform continues taking root even as quality-of-care remains paramount, thus making all health care communications valid. The time to leverage HIT is now.
The value of a paperless environment

Teleconferencing technology expands the services rural hospitals can offer staff, local medical professionals and community members, and it saves valuable time in the process.

At East Adams Rural Hospital in Ritzville, a rural farming community in eastern Washington, hospital staff, first responders and local residents are able to attend a wide variety of classes offered through Telepresence, rather than driving 60 miles to Spokane, the regional hub.

From diabetes education to classes on arthritis, depression, cancer, smoking cessation and even an autism support group, the hospital uses the technology to connect participants in real time to experts, professionals and information they couldn't normally get locally.

Using Telepresence has saved many people time and reduced travel costs, said Vicky Johnson, site coordinator. “It impacts any type of meeting, for example EMT training— that they don’t have to go out of town is a savings in travel and time.” Since many first responders are volunteers, the convenience of taking EMS Live@Nite classes enables them to maintain certification without having to take large blocks of time off for travel and training.

The technology has also broadened the classes and meetings hospital staff can attend, largely because of time and travel savings. “It is an hour just for us to go to Spokane,” said Johnson, “so it is two hours of travel for a one hour meeting. Travel time and costs restrict which meetings we could attend.”

While all benefits have yet to be realized, the biggest benefit of the technology, says Johnson, is the education the hospital is now providing to the community via Northwest TeleHealth.

“We think the value is there in the community education and patient results.”

For rural communities and health care providers, access is crucial and telemedicine is helping provide that connectivity.

What’s the worst part of going to the doctor? Probably not the exam itself.

The seven to 10 minutes the typical patient gets in front of the doctor might be the easiest part of the experience. Beforehand, there’s the drudgery of making the appointment, filling out forms and sitting in a crowded waiting room. After the doctor leaves, you’re confronted with having to remember everything you were just told.

Weeks later, you open the mail and get an insurance statement saying, “This is not a bill.” Something that is a bill eventually shows up from the doctor, and there may be other bills from laboratories and imaging centers that may or may not accurately reflect what you remember from the visit. Suddenly, you have a raging headache and need to see the doctor again. Medicine is a high-tech profession, with multimillion-dollar diagnostic equipment and advanced surgical techniques.

Old ways don’t work

Health care administration and record-keeping largely are mired in the past, relying on such things as the telephone, filing cabinet, photocopier and fax machine. It doesn’t have to be this way. A small but rapidly growing number of hospitals and physician practices have embraced the kinds of information technology other industries discovered years ago, cutting down on all the mind-numbing and redundant paperwork and leading to happier and even healthier patients.

“With Bottomline Technologies, information gets to the clinician more quickly,” explained Donald Johnston, CIO for San Joaquin County Health Care Services. “Paper has to be handled physically, and there’s a routing delay that comes with that. If you’re catching lab information as it comes off the instrument, it can be available immediately.”

Patient focused health care

Millions of people get their bank statements delivered electronically and pay their utility bills online, usually with the assurance that the transactions are safe from prying eyes. Well, some forward-looking health care organizations are setting up secure portals, where patients can view lab results, request appointments, fill out forms, refill prescriptions and pay bills. Imagine going to the doctor and not being handed a clipboard asking for the same personal and family medical history every time because all that information is stored on a computer.

“If you want a choice regarding your health care provider, having digital records let’s your information go with you more easily than paper,” said Johnston. “It’s like moving your business to another car dealership that treats you right and gives you better service.”

There’s no more having to remember all your allergies and each and every drug you are taking, either, making for safer health care. Added Johnston, “If you check into the emergency room in acute distress, waiting for a piece of paper to turn around can be a life or death situation.”

Nicole Stewart from INHS.org
editorial@mediaplanet.com

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1. Bridge the communication gap between your organization’s old healthcare IT systems to your new systems

2. Remove the paper from patient signature-required processes

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Bottomline Technologies

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Bottomline Technologies
When you are sick but can’t get an appointment to see your primary care physician, **what should you do?** When your injury is a little too severe for a regular doctor’s office but not quite bad enough to be a serious emergency—where should you go? Welcome to Urgent Care.

**Urgent care centers provide efficient, effective, episodic care**

Urgent Care Centers are for “acute primary care”—when you need to see a doctor right away, but you don’t have a life or limb-threatening emergency. They are perfect for those minor medical episodes when you need help outside of regular office hours, or your injury is a little too serious for regular primary care settings.

Urgent care centers have been in place for years, but they use many different names such as immediate care, quick care, fast care and others, depending on what part of the country you are in. In Illinois, they are most often called “immediate care” centers. Urgent care hours are usually from 8am to 8pm weekdays, and 9am-1pm or later on weekends. Just like knowing your nearest emergency room, you should learn about specifics of the nearest urgent care center to your home, workplace and children’s school, so you won’t have to find one under pressure—when you or a loved one are already sick or hurt.

**What to expect**

When you visit an urgent care center, you will typically be treated by a physician, or sometimes other members of the medical team including physician assistants or nurse practitioners. Urgent care centers can do bloodwork, take x-rays, and write prescriptions for your treatment. If you need a referral to a specialist for additional treatment, the urgent care can provide that too. Plus, if you don’t already have a primary care physician, they can refer you to one in the neighboring area.

The cost to visit an urgent care center varies on what diagnostic tests (labwork, x-rays, etc.) you need, and what treatment is provided (splints, medication, vaccines, etc.), but should be much lower than having the same treatment in an emergency room. If you have insurance, your copay may be a little more than it is for your primary care visit, but significantly less than an ER visit.

Urgent care centers serve their communities in that “in between” area where many injuries and illnesses fall—between a regular doctor’s office and the emergency room.”

“Urgent care centers serve their communities in that “in between” area where many injuries and illnesses fall—between a regular doctor’s office and the emergency room.”

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**Tip 2**

**BECOME FAMILIAR WITH YOUR LOCAL HEALTH CARE PROVIDERS**

**PHOTO: ISTOCKPHOTO.COM**

Lou Ellen Horwitz, MA
Executive Director,
Urgent Care Association of America

When you are sick but can’t get an appointment to see your primary care physician, **what should you do?** When your injury is a little too severe for a regular doctor’s office but not quite bad enough to be a serious emergency—where should you go? Welcome to Urgent Care.
Meaningful use: A patient perspective

**HOW WE MADE IT**

**Electronic Health Records (EHR) have been in the news a lot lately.**

With the goal of improving the quality and efficiency of health care, the federal government recently issued guidelines to determine whether health care providers are eligible for financial incentives pending “meaningful use” of this new technology. These guidelines include physician order entry, e-prescribing, reporting of quality standards, and interoperability.

But what about the patient? What kind of technologies does the American health care consumer find meaningful, and won’t it be equally critical to support the adoption of technologies that engage patients in their care?

According to a new Harris Interactive poll, 175 million adults are now using the Internet to find health-related information. We use technology to search for health care that fits our specific, personal needs. We seek out providers who post lab results on a secure patient portal and utilize electronic prescribing. We select hospitals which have the lowest infection rates or facilities that provide the highest quality care at the lowest price around a specific treatment or disease state. We are a generation of health care consumers who expect our health care team to incorporate technology solutions into their practice, thereby reducing errors and improving convenience for us as a patient.

**Implement technology**

While the Centers for Medicare and Medicaid Services (CMS) may not reimburse physicians and hospitals at an enhanced level if they directly involve their patients through self-serve or online solutions, many forward-thinking health care providers are implementing technologies that directly engage patients in their own care and treatment.

Even as health care providers prepare to meet the new meaningful use guidelines, patients and their caregivers are beginning to look for providers who incorporate convenience and technology solutions or, in other words, “meaningful use,” from the patient perspective.

Self-service technology has become virtually commonplace throughout our daily lives. From banking, to retail to travel, we expect to be able to conduct an increasing number of interactions online, at a self-service kiosk or on our mobile device. Not surprisingly, patients are now demanding that same convenience of their health care providers. The growing use of patient-facing technologies, including self-service kiosks, patient portals and personal health records, indicates individuals are taking a more active role in managing their health care.

Implementing technology that further engages patients will not only improve the patient experience, it will improve the bottom line. As health care reform takes hold, reducing costs will be a critical barometer of success. Administrative costs currently account for seven percent of health care expenditures each year, according to the Kaiser Family Foundation. As an estimated 34 million previously uninsured Americans begin to access our health care system, these costs are likely to grow if technology doesn’t offset the increased volume.

Automating routine health care transactions by allowing patients to pre-register, schedule appointments and pay bills how and when it is most convenient for them can significantly reduce administrative costs while streamlining the anticipated increase in patient flow.

**Own your health**

Getting patients engaged up front may also help minimize consumer skepticism of adopting electronic health records. According to a recent Harris Interactive survey, only 26 percent of respondents said they want their medical records digitized and 40 percent believe they will result in more efficient care delivery. Giving patients greater access to and control over managing their health information can allay those concerns while supporting the ultimate objectives of an EHR, which are to enhance the efficiency and quality of care, by improving the accuracy of patient data, and creating a truly paperless workflow.

Because of new incentives available to physicians from Medicare or Medicaid, there will continue to be a large migration to patient-focused EHRs. But as the adoption rate of EHR technology applications increases, physicians, hospitals, clinics and practice administrators can improve the overall success of their EHR program by deploying solutions that are equally meaningful to patients.

This article previously ran in MD NEWS.

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**INSPIRATION**

**HIMSS introduces Meaningful Use OneSource—a knowledge resource**

Visit Meaningful Use OneSource, a HIMSS resource offering information in three major categories:
- The basics: meaningful use 101
- Qualifying for meaningful use and funding
- Putting MU into practice

Access http://www.himss.org/asp/topics_meaningfuluse.asp, a meaningful use compendium from HIMSS, a cause-based, not-for-profit organization focused on improving health care with the best use of information technology and management systems.

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Inspiration

How can organizations achieve meaningful use?

Meaningful use objectives are clearly laid out. We’re also making sure when a provider buys a system it will have software to allow them to record the information to do the job necessary. Organizations will have to install the equipment, train their staff, create the willingness of staff members to use the technology and be willing to support change. This country is well behind the rest of the world in adopting this technology. It’s perfectly possible and doesn’t defy the laws of gravity.

What are ONC’s initiatives in getting all health organizations on the path toward meaningful use?

We have a whole range of programs, including one set up in 62 regional centers solely created to help doctors, nurses and hospitals be meaningful users. We’re also training a new IT workforce through programs at community colleges, to help them work with vendors, etc. It offers a way to show what’s possible as far as how to cut diabetes complications or improve the control of congestive heart failure using health information technology.

What does this mean for us as patients?

It’s an enormous positive change. I practiced primary care medicine for 30 years and when I started using Electronic Health Record (EHR) I felt like I was so much better able to meet my patients needs in terms of providing accurate, timely information about their diagnostic data.

I’m less likely to order duplicate tests, pharmacists are more likely to figure out what medications I prescribed without my handwriting confusing them, and it prevents me from making prescription mistakes as far as patient allergies because I get an alert. Also, when these systems are fully implemented, it will get rid of those clipboards the patient has to fill out each time he visits a doctor.

David Blumenthal, MD, MPP
Office of the National Coordinator,
U.S. Dept of Health and Human Services

Working towards improving health care

Center For Health Transformation founder and former Speaker of the House Newt Gingrich discusses implementation deadlines for the health care law with Virginia Secretary of Health and Human Resources Dr. Bill Hazel, Jr. and Virginia Governor Bob McDonnell (right).

PHOTO: SCOTT K. BROWN PHOTOGRAPHY, INC.
Question 1:
How would you define “Quality Health Care”?

Quality care is “forgettable.” It is preventive and curative individual-centered care that is conveniently available, affordable, and totally unremarkable such that an individual can confidently expect the best physical and emotional outcome for a problem at hand. Remember, quality care is grounded on prevention and healthy behavior, not just health services. It isn’t necessarily high tech or the latest drug. It isn’t someone else’s responsibility. And it isn’t free.

Washington spending and the national debt. It kills jobs and the economy and any chance of providing quality care to the 50 million Americans who lack coverage today. Coverage is not care, but care comes late if at all without insurance coverage. Skyrocketing U.S. debt is driven by Washington-dictated entitlement spending, which is driven by Medicare/Medicaid, which is driven by maligned, wasteful (overuse and underuse), and excessive health spending. Integrated and coordinated systems delivery of care to the individual with a rebalancing of health costs/spending centered on value (outcomes divided by cost) rather than volume will do the trick. It will require payment reform and market incentives, not government fiat.

Lack of a systematic approach to ensuring patient care that includes the most recent evidence-based guidelines is one of the greatest challenges to improving the quality of health care in this country. The American Heart Association continues to play an essential role in this by developing and disseminating scientific statements; evidence-based clinical guidelines; and performance measures that translate the latest medical knowledge into clinical practice. For example, the AHA’s Get With The Guidelines, www.heart.org/GWTG, quality improvement and data registry program assists and supports health care providers in ensuring that every patient is treated according to the most recent evidence-based guidelines recommendations of cardiovascular disease and stroke.

Some have defined quality as “getting the right care to the right patient at the right time and place and for the right reason.” And while this definition makes sense, I would suggest it is still incomplete. We must also add “and at the right value.” The American Heart Association/American Stroke Association embraces this definition. Improving the value of care will require better tools to minimize unnecessary interventions and treatment while ensuring that individuals receive the appropriate care in an efficient, safe and reliable manner. Patients also need to be empowered with the information necessary to make informed decisions about their own care based on their individual needs, preferences and beliefs. The Association has and will continue to expand programs aimed at improving cardiovascular and stroke care.

Who should look into the Master of Science in Health Informatics?

A preferred candidate will typically have experience as a health care practitioner, clinician, IT professional, health information management leader, or business professional. The objective of further education in this discipline is to develop the skills necessary to lead the implementation and integration of systems within a health care setting for the purpose of improving the delivery of patient care. The student should demonstrate an understanding of this objective and have a strong educational background in undergraduate and/or graduate level coursework.

Why is now a great time to invest in a Health Care Informatics Degree?

There has been a need to improve the delivery of patient care in the U.S. through the use of information technology for some time now. The current administration has furthered this cause by providing funds to the health care industry through the ARRA stimulus package. The use of an electronic health record in any health care organization is a result of a multitude of systems working together. To perform a successful implementation within the health care setting, it is necessary to have trained experts to lead this transition. The funds available from the stimulus package are being used not only to purchase and implement electronic health record systems but also to educate the professionals required to support these systems. It is the right time to get involved in health information technology.