

2.0 Tuesday: HIPAA-Compliant Text Messaging, Investing in Price Transparency and PwC Has Advice for Hospitals

As managers, providers and employees, we always have to be looking ahead at how the technology on our horizon will affect how our organizations administer health care. In the spirit of looking forward to the future, we present “2.0 Tuesday”, a feature on Manage My Practice about how technology is impacting our practices, and our patient and population outcomes.

We hope you enjoy looking ahead with us, and share your ideas, reactions and comments below!

Startup Medigram Delivers HIPAA-Compliant Provider-to-Provider Text Messaging

Care Coordination and team-based approaches get lot of air-time while discussing reducing healthcare costs, but few new solutions focus on one of our system’s most basic challenges: how doctors communicate with one another. Three Stanford alums are hoping to change that with Medigram, a new software solution that allows HIPAA-compliant group messaging between doctors. This will undoubtedly disrupt the world of traditional paging systems, but will ease almost global risk-management fears of sending PHI (Protected Health Information) over unsecured networks such as traditional SMS text messaging. Replacing pagers, Medigram allows groups to move their communication systems to a “BYOD” or “Bring Your Own

Device” approach that would cut down on hardware costs and training time while increasing physician engagement. Medigram is currently in private Beta at three California Hospitals.

(via iMedicalApps)

Healthcare Pricing Tool Castlight gets \$100 Million in Funding to Inform the Consumer Patient

Another big front in the fight against healthcare costs is transparency in pricing – or the lack thereof. With prices for procedures that can vary widely, it is often very difficult for the patient to make an informed decision as a consumer or even do basic comparison shopping. San Francisco-based startup Castlight hopes to change that with a web application which offers quality and price information about medical procedures to self-insured employers and their workers who could use this information to save themselves and their companies money. Castlight already has about 40 clients, and recently made headlines when it announced it had raised a cool \$100M in capital to expand its efforts. According to TechCrunch, it is “one of the largest venture rounds for a healthcare IT company on record”, with many speculating an IPO is in the works next. Clearly, the problem in Healthcare spending is big enough that those who can find ways to solve it should expect big financial opportunities.

(via TechCrunch)

PricewaterhouseCoopers Advises Hospitals to Connect Their Social

Media Efforts to Their Business Plans

According to a new survey and report issued by PricewaterhouseCoopers' Health Research Institute, hospitals and hospital systems that neglect to engage in social media, or fully "connect" their social media plans to their business plans will risk missing out on opportunities to engage with their patients. Social media is more and more a place that patients are not only hanging out and talking to friends, but also looking for and sharing information. For now, the groups that have strong footholds in the social media arena are a little ahead of the curve, but as the demographics of our country shift older, their children are more and more accustomed to getting and distributing health information through these channels. So companies that ignore the space entirely are at risk of finding themselves with an antiquated marketing approach almost overnight.

(via CMI0)

Be sure to check back soon for another 2.0 Tuesday!

Digging Into the Details of “Certified EMR” & Tips For Buying an EMR

Steps to digging under the meaning of EMR certification:



Image via Wikipedia

1. Click to see the most recent alphabetical list (by product name not company) of **all products** certified **here**.
2. Find the **company or companies** you are using or are considering using.
3. Check that the exact name of the **product** is what you have or might purchase.
4. Check to find out if a **module or part of the product is certified or if the complete** product is certified.
5. Check to make sure the **version** of the product is the version you have or will have.

If you have questions about each company’s exact criteria met, you are in luck! On the **ONC site here**, you can click on each company’s detail (“View Criteria”) on the far right column labeled “Certification Status” to see what they have and don’t have. Compare this to how you are anticipating using your EMR to meet meaningful use. The more check marks a company has, the better-equipped they are (and more flexible) to meet your

practice needs and to qualify for the stimulus money.

The ONC site with the Certified Health IT Product List (CHPL) is Version 1.0. Version 2.0 is now being developed and will provide the Clinical Quality Measures each product was tested on, and the capability to query and sort the data for viewing. The next version will also provide the reporting number that will be accepted by CMS for purposes of attestation under the EHR (“meaningful use”) incentives programs.

You can tell ONC what you think would be helpful in the new version by emailing your ideas to **ONC.certification@hhs.gov**, with “CHPL” in the subject line.

If you’d like a list of just outpatient/medical practice EMR products or just inpatient / hospital products, I’ve split the big list into two smaller printable lists here:

Medical Practice / Outpatient

Hospital / Outpatient

Tips On Buying An EMR



Remember that meeting meaningful use does not tell the whole story – if you are shopping for an EMR be prepared to go beyond a product’s certification status to consider:

- **Flexibility** – does it make the practice conform to it or can it conform to the practice? How?
- **Templates and best practices** – are you starting from scratch in developing protocols, templates and cheat sheets for your practice, or does it have a storehouse of examples to choose from or tweak?
- **Built for the physician, or the billing office, or the nurses**, but doesn’t really meet the needs of all three? Make sure the functionality is not too skewed to one

user group, but if it is, it should be somewhat skewed to the provider.

- **Interface and integration with your practice management system.** Does the information flow both ways? Do you ever have to re-enter information because one side doesn't speak to the other?
 - **Interface with other inside and outside systems:** Labs, imaging, hospital systems, ambulatory surgical center systems?
 - **Built-in Resources:** annual upgrade of HCPCS and ICD codes, drug compendium (Epocrates), comparative effectiveness prompting?
 - **Mobile applications** – EMR on your providers' phones?
 - **Data entry systems** – laptops, notebooks, tablets, iPads, smartphones, voice recognition?
 - **Hosting** – in your office? at the hospital? at the vendor's data center? in the cloud of your choice?
 - **What's the plan for ICD-10?** Will they provide practice support and education for the change or will they just change the number of characters in the diagnosis code field?
 - **Price**, including annual maintenance and additional costs for training, implementation, on-site support during go-live, and additional licenses for providers or staff.
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How Can We Make It Okay To Question Caregivers?

A loved one was recently hospitalized for surgery in a nearby town. During the experience there were several moments when I had to decide whether or not I would say something to nurses about hand washing and cleanliness. To my great surprise, I

was too intimidated to say anything! The one time I did speak
☒ up went something like this:

"¢ Hey, is that nurse filling my loved one's water pitcher?

"¢ She's trying to make the water not too cold or hot, that's good.

"¢ Oh, no, she is letting the water run over her hands and into the pitcher! Should I say something?

"¢ She's probably going to dump out that water and fill it up with water her hands haven't been in.

"¢ Nope, she's turning off the water. Do I say something?

"¢ Me: "Hey, that water ran over your hands!"☐

"¢ Nurse: "Don't worry, I wash my hands all the time."☐

"¢ Me: "No, I don't think we should take that chance."☐

"¢ Nurse: "~I'm really hurt that you would think I'd do something like that."☐

This was a personal seminal moment. I could not believe that after working with physicians and nurses in healthcare for 25 years that I would be **intimidated** about saying something about cleanliness. I was worried about the potential impact that my questioning would have on the care of my loved one. That made me hesitate about saying something until a situation came up where I could not keep quiet. I could not suppress my concern based on the possible impact to my loved one.

What about the nurse's reaction? It was defensive, and she was telling me in essence "I can't believe you'd question my decision-making."☐ In discussing the situation later with my husband (not the patient), he assured me that I had done the right thing. He asked me if I saw the waiter in a restaurant washing his hands at my table, would I then let him dip his hands in my soup?

This hospital experience was 99% wonderful. I thought the hospital paid excellent attention to the needs of the patient

and the family. I thought it was clean, the caregivers were very good, and I would recommend the hospital. But the wall is still up about questioning at this hospital and probably every hospital across the US. It is a hard call to tell the professionals that they are doing something wrong. A cleanliness episode can happen so fast that you don't have time to debate yourself about saying something.

How can we make it okay to question caregivers for the benefit of the patient?

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Monday Special: One Big Gift Box with One Big Resource Website for Healthcare Managers

☒ Okay, this is a big one! This one website is like a big gift box that has another box inside and another box inside, and so on. The **health100.com** site has links to over 800 of the top English-language health blogs. You can search on site names or search on content. There are clinical blogs, research blogs, hospital blogs, and management blogs. You can find information, opinions, news, webcasts, and podcasts. You can find lawyers, doctors, nurses and patients. And pretty soon, you'll be able to find me!

Happy hunting, and let me know what you find.