

## Clarion University Adds Degrees

On Thursday, January 23, 2014, the Board of Governors of the Pennsylvania State System of Higher Education approved two new programs: a traditional, four-year Bachelor of Science in Nursing (BSN) and a Doctor of Nursing Practice (DNP) degree program that will be offered by Venango College's School of Health Sciences beginning this year. The BSN will be offered on the Clarion campus and the DNP, Clarion's first doctoral degree, will be offered online in partnership with Edinboro University of Pennsylvania.

With the addition of the DNP and BSN, Clarion University will offer the most extensive academic ladder of nursing program credentials within the Pennsylvania State System of Higher Education (PASSHE). The programs include pre-nursing, Associate of Science in Nursing, RN-Bachelor of Science in Nursing online degree completion program, traditional Bachelor of Science in Nursing, post-baccalaureate Forensic Nursing Certificate, Master of Science in Nursing-Family Nurse Practitioner, and Doctor of Nursing Practice.

*continued on page 8*

## Going Mobile Doesn't Solve EHR Usability Problems



by Jim Rock

Of the growing list of technologies to watch for in 2014, the overarching trend is an increase in use of mobile devices in hospitals and physician offices to increase clinical efficiency and enhance patient satisfaction. Big Data has the potential to make the healthcare industry overall more efficient and effective.

*continued on page 6*

## New Treatment Available for End-stage Macular Degeneration Patients



By Erica A. Hacker, O.D.

Imagine the heartbreak for someone who gradually loses the ability to see her grandchildren, husband and the people who mean the most to her.

Now imagine her joy when she can see them again.

Thanks to a groundbreaking new treatment program, this

*continued on page 26*

## Health Care Providers Can Help in Fight Against Hunger



By Lisa Scales

At any function with large attendance, such as a medical or professional conference or even a social event, it's likely one in seven people attending are facing hunger.

Hunger is a very real problem in every community, but it is also a hidden problem.

"People have all kinds of judgments about food assistance. They don't know all the facts, that

*continued on page 10*

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# 5 Ways You Can Use Cloud Communications

By Daniel Casciato



Cloud communications is revolutionizing the way your healthcare organization interacts with patients, employees, and colleagues. The growing adoption of mobile devices in the workplace signals the importance for organizations to provide its employees with reliable and ready access to shared data and applications.

A cloud infrastructure can enable this access at anytime, from anywhere, and therefore, is a worthwhile consideration for all organizations. It will offer your team more mobility and device flexibility which could result in improved overall communications, better data accessibility, greater efficiencies, and cost savings.

Below are just 5 ways your organization can leverage cloud communications.

## DELIVER CRITICAL INFORMATION

Today, many organizations are transforming how they communicate using cloud webcasting solutions or live videoconferencing. These options allow you to expand your reach, reduce travel expenses, and may increase participation. Many of these solutions includes a live chat feature so attendees can ask questions to the presenters making your audience feel more engaged. Your employees will also love the convenience of being able to watch your presentation from anywhere, their home office or cubicle.

## OFFER YOUR TEAM MORE MOBILITY

No longer are employees tied to the desks in their offices or cubicles. Thanks to the cloud, employees have a wide range of options to work remotely from their laptop, tablet or smartphone. There are many tools and apps that can allow their mobile devices

to sync with email, calendars and contacts. If your staff uses Apple products, Apple's iCloud offers a seamless integration between email, calendar and address book, whether they use an iPhone, iPad or a MacBook.

PC users? Then Google Apps Sync for Microsoft Outlook is one of the best solutions—all of your emails, upcoming events, and key contacts are stored in your Google account in the cloud. No matter which smartphone or laptops they use, these options allow your team to be out in the field, while still being connected to what's happening at your headquarters.

## SENDING & RECEIVING FAXES

While it seems like an antiquated idea, many organizations are still using faxes to send and receive documents. However, instead of a physical fax machine, you can now use fax-via-email-tools or apps via the cloud when you need to fax important documents to our customers or even colleagues.

uFax from uReach.com is one such service that allows you to send and receive faxes in the cloud from your online service and smartphone. It's quite inexpensive as well—you can choose from a \$4.99/month or \$9.99/month plan. Using your camera on your mobile device transforms your phone into its own fax machine.

RapidFax.com is another service that allows your to send and receive faxes from your email. This product can now be integrated with Microsoft Office so you can print from your Microsoft Word document.

## OPTIMIZING THE ON-BOARDING PROCESS

One expensive aspect of bringing in new employees and getting them acclimated to their new work environment is the time commitment to train them. This process is known as on-boarding which can include: employee orientation, training, and setting up their work station.

Email the new hire a link, and track what they have—or have not—filled out ahead of their first day. Through your company's cloud, you can also give them access to new employee handbooks, training documents, and videos. This gives your employees easy access to everything they need to begin their training—you can even track to see if they accessed these documents.

## BACKING UP DATA

Backing up files to the cloud can be a gift to any business. Currently, your organization may have thousands of files in cabinets and stored on your company's servers. The cloud offers more efficient alternatives. Cloud backup can be as economical as conventional backup, and far more secure. Most data breaches typically occur from lost or stolen laptops or mobile devices. Moving to the cloud will get this critical data off of these devices. Utilizing cloud storage also ensures that your data is stored at a secure offsite location that is accessible around the clock, 24/7.

How are you using the cloud? Email me at [writer@danielcasciato.com](mailto:writer@danielcasciato.com) and we'll share with our readers. +

*Daniel Casciato is a full-time freelance writer from Pittsburgh, PA. In addition to writing for Western Pennsylvania Healthcare News and Pittsburgh Healthcare Report, he's also a social media coach. For more information, visit [www.danielcasciato.com](http://www.danielcasciato.com), follow him on Twitter @danielcasciato, or friend him on Facebook ([facebook.com/danielcasciato](https://www.facebook.com/danielcasciato)).*

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# Homeopathy Works for Every Body!



By Michelle S. Fielding

When a person gets sick the body tends to develop symptoms.

When a person presents their symptoms to a physician, the patient is usually provided a prescription for a medication or over the counter medication that likely has side effects.

By contrast, this same patient may present their symptoms to a homeopathic practitioner and the practitioner will ask numerous questions to try to develop a complete picture

of the person's symptoms on all levels — mental, emotional and physical.

These aspects encompass the whole person. The homeopath will then research the appropriate remedy by identifying their client's characteristic symptom, focusing on those that are most unique to that individual.

The remedy that is chosen for that individual will match most closely with the set of characteristic symptoms the person has presented in an effort to treat the whole person. Homeopathic remedies have no side effects, and are effective in supporting the healing process of patients of all ages.

The Law of Similars is the very basis of homeopathic healing principal, "like cures like."

Thus, when a remedy is picked to match the whole set of symptoms the person has presented, the remedy is able to work with the body's own healing process, rather than trying to combat the "bug" with pharmaceutical drugs which act to suppresses the body's natural defense mechanisms.

When the body doesn't use its own defense mechanisms it can become less effective over time in healing itself.

When the chosen remedies work with the characteristic symptoms they can produce amazing results.

Now each of us has a unique defense mechanism that causes some of us to get sick a few times a year and some of us to rarely get sick; some of us get chronic diseases and others don't — what's the difference?

We each have a different resonance when a germ or other insult enters our body.

Think of it as our innate defense mechanisms which are built from our inner make-up, including our genetics, our history of response and treatment to other stressors that have impacted our body, including germs, the amount of toxins we subject our body to, the nutritional support we give our body, and many other lifestyle choices we make.

As a whole health educator and homeopathic student, I've learned that securing our physical, emotional, nutritional, environmental and spiritual aspect of health, and using homeopathic remedies for acute and chronic ailments, I am making my body stronger by building my defense mechanisms so that I will be in a better position to defend myself against colds, viruses, flus and diseases, without having to subject my body to other forms of treatment that will suppress its defensive actions.

Homeopathy is a growing branch of science around the world. England's royal family has used homeopathy since 1830 and they have always had a homeopathic practitioner on staff. Paul McCartney, Tina Turner, Mother Theresa, David Beckham, Usain Bolt, Pamela Anderson and many others use and advocate for homeopathy.

Homeopathy is safe for people of all ages, infants to the elderly, plus animals and plants.

Keep an open mind, and realize that homeopathic practitioners may offer a safe, and complementary or alternative health service for you and your family! ✚

*Michelle S. Fielding is a Certified, Whole Health Educator/ Nutritional Educator. For more information, visit [www.michellesfielding.com](http://www.michellesfielding.com).*

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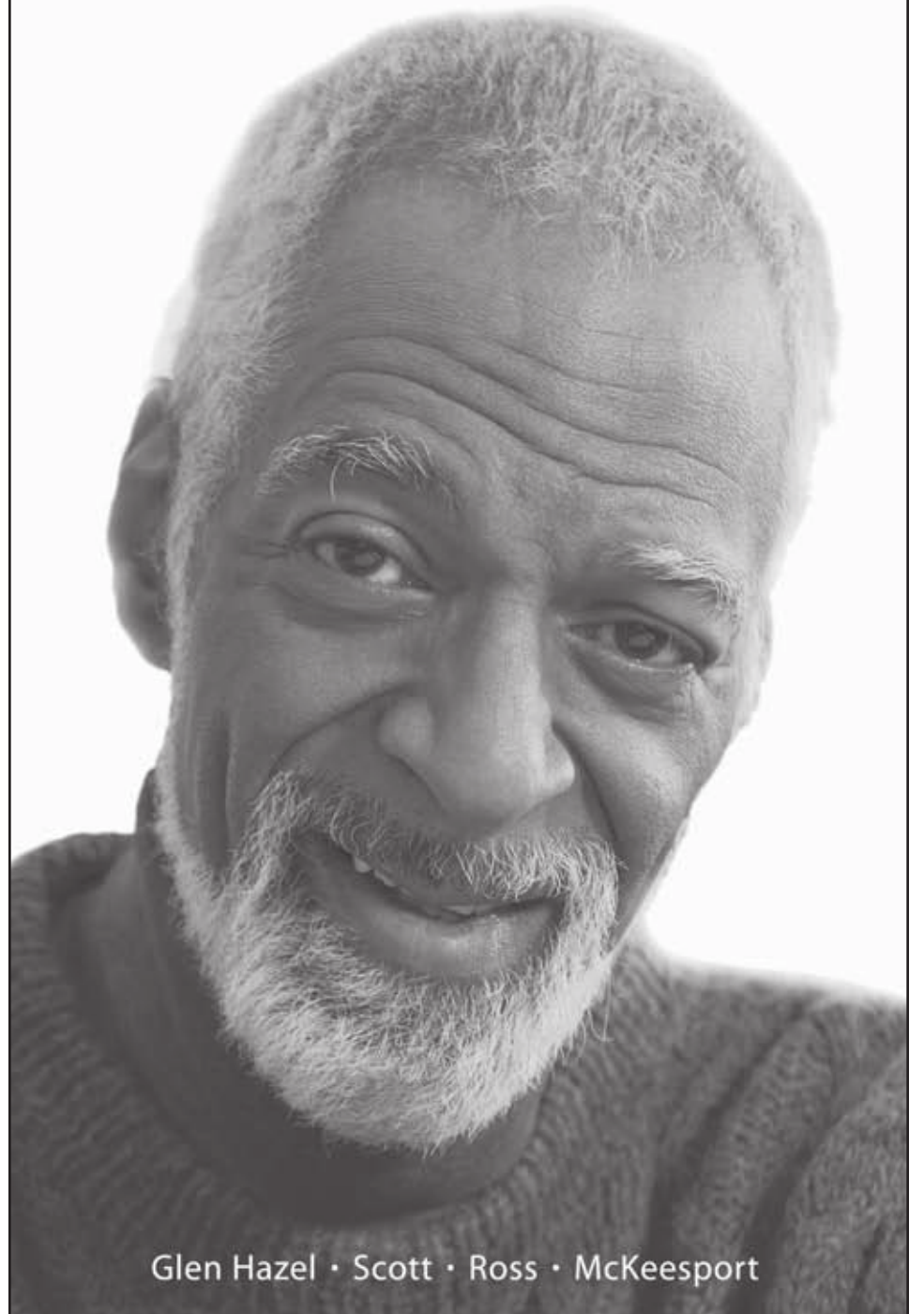
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Physicians want to harness the power of the data and have mobile access to that data to make the best patient care decisions. Secure texting initiatives are poised to open safe communication between physicians and patients using mobile devices. And Bring Your Own Device (BYOD) policies will continue to grow in popularity among healthcare organizations as they strive to increase clinician mobility.

Clinicians and healthcare executives are pinning their hopes, dreams, and dollars on mobile devices in healthcare, hoping that going mobile will increase patient engagement, increase clinician satisfaction, improve Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores, and solve the growing dissatisfaction with electronic health records (EHRs) among clinicians.

Many healthcare professionals think mobile devices are the answer to the growing list of reasons clinicians are dissatisfied with EHRs.

The list includes a lack of intuitive navigation, difficulty finding and charting specific patient information in the EHR, and long implementation and training periods. Additionally, clinicians have complained that documenting in the EHR slows them down, making even the simplest tasks take longer than normal.

Although mobile technologies can help free clinicians by providing them with the information they need where they need

it and enabling them to move easily from room to room, clinicians are still left with issues of EHR usability. In many cases, interfacing with an EHR on a tablet-sized screen is more difficult than using a desktop or laptop computer.

Mobile keypads make data entry even more tedious and time consuming, and mobile devices force clinicians to navigate multiple screens and fields on a smaller interface.

## EHR Usability Enhanced by Voice

One way to overcome the challenges and limitations of EHR usability not addressed by mobile device implementation is through an EHR voice overlay system that brings audio and voice capabilities to an existing EHR system.

While mobile devices can sometimes magnify EHR usability problems, EHR voice overlay technology can enhance usability and help clinicians spend more time engaging with patients and less time fumbling with technology.

Clinicians can eliminate typing from the documentation process by recording patient care notes in real-time at the point of care using voice commands. Clinicians can also use their voice to review patient history and ask the EHR a question, to which they will get an audible response directly from the EHR.

EHR voice overlay is already in use at Butler Memorial Hospital, where physical

therapists (PTs) have used it to cut documentation time in half.

By saving time on progress note documentation, Butler's PTs are able to focus more time on activities that are beneficial to the patients' care. Butler is planning to implement the same two-way voice recognition technology for nurses on two medical surgical units.

## THE FUTURE OF MOBILE DEVICES IN HEALTHCARE

Healthcare organizations cannot realize the desired gains in clinical efficiency and patient engagement through mobile implementation alone.

While mobile devices will certainly continue to grow in importance to the healthcare industry in 2014 and beyond, it is the technology used to interact with them that will save healthcare professionals time, enhance EHR usability, and increase clinician satisfaction with EHR systems. +

*Jim Rock has been at the helm of Vocollect Healthcare Systems since 2009. Rock leads the team that delivers voice-enabled, mobile technology solutions for the healthcare market, including VoiceFirst by Honeywell. Throughout his career, he has been at the forefront of highly complex product development and market launch efforts in extremely competitive business climates both domestically and internationally. For more information, visit [www.voicefirstsolutions.com](http://www.voicefirstsolutions.com).*

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For more information about these programs, please contact Clarion University's Office of Admissions at 814-393-1211 or visit our website at [www.clarion.edu/nursing](http://www.clarion.edu/nursing).

"The nursing faculty worked extremely hard to plan and design these programs in order to meet regional and national needs," said Dr. Shelly Moore, Interim Director of the School of Nursing and Allied Health. "The array of educational opportunities that Clarion has to offer would not be possible without their tireless efforts and foresight to stay on the cutting edge of workforce needs."

The new traditional Bachelor of Science in Nursing (BSN) degree program is innovative in its approach to nursing education. Unlike many nursing programs, students in Clarion's BSN program will participate in nursing courses and be introduced to research and critical thinking beginning in the first semester. Several high-impact educational practices such as clinical experiences, nursing courses, collaborative assignments, undergraduate research and a capstone project are incorporated throughout the curriculum.

The BSN will be offered on the Clarion campus along with a living learning community for students in the program. Living Learning Communities (LLCs) provide students the opportunity to live in a collaborative intellectual environment with others of similar academic and career interests and goals. Students who live and attend classes together can easily form study groups and explore common career aspirations that will enhance their regular academic program and provide enriching experiences not normally found in the conventional classroom or residence hall environment. LLCs were also created and implemented at Venango campus for the past few years and have proven to be very successful.

The BSN program utilizes a highly successful clinical immersion model in which several instructional methods are used to support lectures and discussions. Simulation laboratories, volunteer experiences in health care agencies, and creative, hands-on experiences such as live standardized patient labs and research studies are in place throughout the freshman through junior years as components of clinical learning to support senior-level clinical preparation. Case studies and other writing assignments used throughout the curriculum provide students opportunities to apply information and reflect on clinical situations. In the senior year students will be immersed in clinical practice and will complete five clinical specialty rotations, after which they will participate in a clinical preceptorship. Capstone courses are offered in the final two semesters of the program and will result in a completed research project.

"This program design directly supports Clarion's Academic and

Strategic Plans and the university's mission to promote teaching, learning and scholarship in a comprehensive educational and professional environment," said Clarion University President, Dr. Karen Whitney. "The program addresses Clarion's vision to be a leader in high-impact educational practices that benefit students, employers, and community partners."

The traditional BSN program will be located in Ralston Hall on the Clarion campus of Clarion University and will begin fall 2014.

Clarion University's Department of Nursing, housed at Venango College of Clarion University in Oil City, has a strong history of collaborating with other PASSHE universities and is now adding Clarion University's first doctoral degree. The Doctor of Nursing Practice program will be a unique venture for Clarion and Edinboro Universities and the PASSHE system, yet consistent with their missions and strategic plans to respond to regional needs and add to the intellectual wealth of the Commonwealth.

The DNP program is a collaborative program that is designed to be a completion program to the jointly offered Clarion and Edinboro Universities' Master of Science in Nursing degree.

Development of the Doctor of Nursing Practice program has been shaped by the PASSHE mission to be among the nation's leading systems of public universities, recognized for access and affordability of excellent undergraduate and graduate education; and responsiveness to state, regional, and national needs through quality academic programs, research, and service.

"Both universities are well positioned to meet the administrative and operational demands of the program by building on the success of the jointly offered Master of Science in Nursing-Family Nurse Practitioner (MSN-FNP) Program," said Dr. Ron Nowaczyk, Clarion University Provost.

The Clarion and Edinboro Universities' DNP Program is a 34-credit program that offers specialty electives in advanced clinical practice and clinical nursing education. Courses can be taken part-time over 6 semesters in an online format. Students will be admitted in cohorts of 27 and begin courses in the summer with the first offering to begin in summer 2014. The program is designed to be flexible, affordable, and professionally rewarding. The online, part-time structure accommodates employment as an advanced practice nurse while pursuing the DNP, thus easing the financial burden.

"These new degrees were developed in response to a need expressed by health care agencies throughout western Pennsylvania and by our own graduates," said Dr. Chris Reber, Executive Dean of Venango College and the new School of Health Sciences. "It's also a perfect example of what we term a 'stackable' degree, whereby

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graduates can realize significant career advancement and resultant salary increases by systematically progressing from an associate or diploma degree to bachelor's, graduate, and terminal degrees, many through online programs, and often with tuition assistance from their employers."

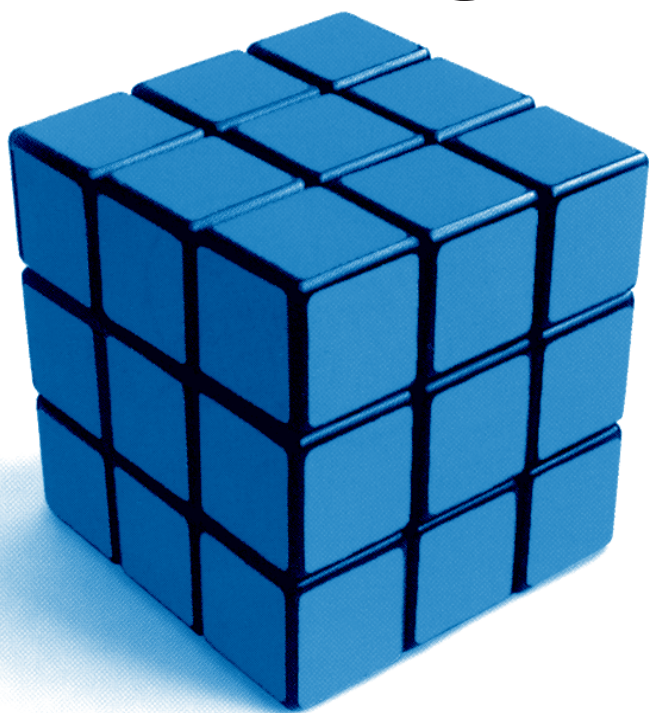
Growing local, regional, and national concerns regarding access, quality, and cost of health care support the need for advanced preparation of nurses in order to critically evaluate, integrate, and disseminate the highest level of professional nursing practice possible.

The Bureau of Labor Statistics (2012) reported that jobs related to health care, personal care and social assistance would have the fastest job growth and that the registered nursing workforce is the top occupation in terms of job growth nationally through 2020. Pennsylvania is among the top five states for employment of nurses with 125,220 registered nurses in the workforce in May 2012 and there is a growing gap between the number of nurses needed and the number of nurses projected to be available through the year 2020. The need for increasing the registered nursing and advanced nursing workforce continues to grow and will be impacted directly by an aging population together with greater access to health care through the Affordable Care Act.

Clarion University's recent Workforce Plan identifies the health professions as one of the University's primary opportunities for growth. Clarion has organized a new School of Health Sciences to promote continued growth of the University's health professions programs, one of Clarion University's strategic directions in its recently adopted academic plan. The proposed BSN program is a central goal for the new School. All of Clarion University's nursing programs are nationally accredited by the National League for Nursing, and the Accreditation Commission for Education in Nursing.

With more than 1000 students, Clarion's School of Health Sciences will offer one of the largest health-related programs in the 14-university Pennsylvania State System of Higher Education. The School of Health Sciences will offer programs at Clarion campus, Venango campus, online and at other offsite locations. +

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people receiving food assistance cycle on and off,” says Lisa Scales, CEO of Greater Pittsburgh Community Food Bank.

Scales knows clients who are healthcare providers, employed full-time, who need food assistance.

One client in particular is a nurse in Pittsburgh. Her son died in a car accident and she took over caring for her young granddaughter. Though she was working full-time, she had to make tough financial choices like paying for light and gas versus buying insulin to treat her diabetes.

Often times she could only purchase groceries after paying rent and childcare.

“Even people working full time don’t necessarily get the food they need, considering family size,” explains Scales.

Scales said she firmly believes hunger is a solvable problem and that partnering with healthcare providers in our region is a major part of the solution.

Across the nation, healthcare providers are already working to identify individuals suffering food insecurity and what can be done to help them.

As part of a study in Oregon, health care providers are now asking patients if they worried their food would run out before there was money to buy more, and if that actually ever happened. Based on patients’ answers and other health information, health care providers can then provide information on resources and referrals for assistance.

Locally, research at the University of Pittsburgh found that at risk populations who were less likely to comply with prescribed medications could minimize the negative impacts with proper diet management.

“The focus of healthcare providers is to ensure people are as healthy as they can be, that’s our work, too,” explains Scales. “The key is finding out how we can work together to make sure our neighbors are food secure. The connection between good health and good nutrition is so close. Healthcare providers do all this work to get the person well, but what happens when the person goes home and they are food insecure?”

The first step, Scales says, is for everyone, including healthcare professionals, to get educated about the problem of hunger. Currently, one in seven people in 11 southwestern Pennsylvania counties served by the Food Bank area receive Supplemental Nutrition Assistance Program (SNAP) benefits, based on figures from the US Census Bureau and the Pennsylvania Department of Public Welfare. That’s more than 330,000 people.

But recent cuts to the SNAP program mean that the most vulnerable members of our community, children and seniors, are facing even tougher challenges to their health. Prior to the November 1, 2013 cuts, SNAP benefits averaged less than \$1.50 per person per meal according to the Center on Budget and Policy Priorities Families.

The cut to SNAP benefits mean families will have less than \$1.40 per person per meal in 2014.

Across the country, this means less food for 22 million children in 2014, 10 million of whom live in deep poverty and 9 million people who are elderly or have a serious disability.

“Healthcare providers who work with children and senior citizens are seeing our most vulnerable constituents,” explains Scales. “These providers are in a position to identify food insecurity and get hungry people help.”

Scales is meeting with leaders in the healthcare community of southwestern Pennsylvania, including those representing the Allegheny County Health Department, physicians, medical societies and nursing professional groups.

“I’d like to see if there are other avenues for involvement, outreach, education, screenings that only healthcare providers can do. One food pantry in the west end of Pittsburgh had a parish nurse checking on people at the once-a-month food distribution. Is there more that we could do like that?” asks Scales. “We’ve done projects with nursing students, but nothing ongoing. I have more of a desire to strengthen that connection and partnerships in terms of ensuring the health of the people we serve and making sure they will be food secure.

“One thing I would ask individual healthcare providers to do is get educated. Know the facts and then take action that works for you. It’s going to be different for everyone. Some will donate, some will volunteer, some will speak out. But this is a critical time and we all must do some-thing.” +

*Lisa Scales is the CEO for the Greater Pittsburgh Community Food Bank. For more information, visit <http://www.pittsburghfoodbank.org/>.*

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# Buy or Lease?

By Sarah Reigle



A group of audiologists and speech specialists might envision a new total care center that helps people with hearing and speech problems all in one location.

A few physical therapists might imagine a brand new facility with a therapy pool and innovative new equipment to help people make miraculous physical recoveries.

And hospital executives might picture a new healthcare center in an area where the distance to existing medical facilities has prevented many people from getting the care they need.

For many healthcare professionals, the vision to help people sparks the desire to start a new practice or construct a new healthcare facility.

But the first few steps of making the dream into a reality can be daunting, particularly when choosing whether to buy or lease the land on which the new facility will be built.

Any group of physicians, healthcare executives, or other providers evaluating whether to ground lease or purchase a parcel of property for a new healthcare facility, should consider the following:

## 1. CASH FLOW

In most cases, buying property requires a substantial down payment, which may be 40 percent or more of the property value. A ground lease typically does not require such a large investment of cash up-front, but healthcare providers should make sure that the terms of a ground lease agreement won't negatively impact their cash flow. For example, some ground leases require lump sum annual rent payments, rather than payment of rent in monthly installments.

## 2. FINANCING

How a healthcare provider plans to finance acquisition and construction costs of a new facility can influence its decision to purchase or lease the land.

Many real estate buyers prefer to finance acquisition and construction costs with a fee mortgage, which is secured by the buyer's new ownership interest in the property. But if the property is ground leased instead, it may be more difficult to obtain financing from certain lenders.

When available, a leasehold mortgage may be an option. Leasehold mortgages are a lien on a tenant's interest in its lease, and can allow the tenant to finance certain costs related to the leased property and keep more cash available for operational and other expenses.

Healthcare providers should also consider how their choice to finance construction may affect their operational financing needs. In some cases, a provider may need to own its land and buildings to secure an operational line of credit or similar financing from its lender.

## 3. TAXES AND ACCOUNTING

Purchasing and ground leasing have different effects on a company's taxes and accounting. For example, land purchases in Pennsylvania are subject to a realty transfer tax, which generally ranges from two to four percent of the purchase price, depending on the municipality. A lease of less than 30 years (including renewal terms) typically will not be subject to transfer tax. Transfer tax on a longer lease may be different than it would be for a purchase of the same property, since transfer taxes on the lease are based on the property's assessed value, rather than a purchase price.

## 4. FLEXIBILITY AND CONTROL

A tenant under a ground lease typically has less control over its property than it would have if it purchased the same land. As a result, the decision to lease or purchase should take into account the provider's desire for control of the property and flexibility in

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the use of the land.

For example, in a ground lease, the tenant will typically need the landlord's approval for any construction or changes to the building and property, and its ability to sublease the property or sell the practice to new physicians or providers may be limited.

In addition, many ground leases may not include terms that would allow the tenant the option to either extend its lease term or terminate the lease early.

On the other hand, a healthcare tenant that wishes to relocate its facility will not have to be concerned with selling or carrying the property once the term of the ground lease ends.

## 5. HEALTHCARE-SPECIFIC LAWS AND REGULATIONS

Healthcare providers are subject to specific laws and regulations, including some that apply to real estate transactions, commonly known as the STARK law and the Anti-Kickback Statute. Healthcare providers will want to ensure that the provisions of any real estate transaction such as a sale or ground lease can withstand the scrutiny of healthcare regulators – particularly in a transaction in which the landlord or seller is related to the tenant or buyer, or is otherwise in the healthcare industry.

In addition, a healthcare tenant will want to ensure that the terms of its lease will allow it to adapt to any future change in the laws or regulations.

The decision to purchase land or sign a ground lease should not be taken lightly, as it can affect the other decisions a healthcare provider makes for many years to come.

A trusted group of accountants, attorneys, and tax advisors are essential for any healthcare provider looking to build a new facility. +

*Sarah Reigle is a partner at Pittsburgh-based law firm Meyer, Unkovic & Scott LLP, where she focuses her practice on commercial real estate transactions. She can be reached at [sbr@muslaw.com](mailto:sbr@muslaw.com).*

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# With Mobile Technology Medicaid Enrollments Can Help Community Clinics' Bottom Lines

By Steven Abramson and Everett Leberz



While Pennsylvania has chosen to limit the impact of the Affordable Care Act in 2014, clinics currently serving a large uninsured population can still benefit from enrolling the tens of thousands of Pennsylvanians who are newly eligible for Medicaid. The biggest hurdle for most clinics is the need to streamline the enrollment process. With the Federal Poverty Level increased to 319%, (a family of 4 can now make up to \$75,000 and still receive Medicaid for children), this large clinic-using population still needs to be converted to program coverage in order to increase needed reimbursements and greater financial stability for each health center.

To be sure, clinics everywhere are still bogged down by uninsured patients who are not educated about their coverage options. And, for its part, enrollment technology, such as screening software allows clinics to easily identify insurance for patients and track them

throughout the process.

The good news is that newly eligible individuals and families are likely to come to clinics with questions about Medicaid, looking for help on how to sign up. And if clinic employees were able to enroll patients before they present for an illness or needed services, the clinic will not only better serve the patient, but also save funds for the clinic that otherwise would be used for uninsured care.

As a case in point, one community clinic, Community Health Alliance of Pasadena (ChapCare), has found answers to the problem through utilizing enrollment technology to get patients

screened and enrolled. While Medicaid is different from state to state, the experience and results generated by the California-based-ChapCare outreach staff is eye-opening. The organization provides more than 55,000 medical, dental, and behavioral health visits annually. With a goal to enroll 20% of those uninsured but Medicaid eligible, ChapCare has been relying on taking portable technology out into the community to qualify and enroll the local population.

ChapCare staff screens for insurance eligibility by using a cloud-based software initially created for the nonprofit Coverageforall.org website and later developed as PointCare PA. Featuring a 90-second questionnaire, this program allows staff to access a database with every available state, county, and federal health coverage program. Screening consists of providing the patient's employment status, demographic, household, and income information, as well as health conditions. Along with screening patients at community and outreach events on tablets, ChapCare is also using the tool at point-of-care.

With an early fall enrollment in California, ChapCare's outreach staff enrolled an average of 200 people per month last fall. To draw greater visibility to their efforts, the organization held insurance enrollment events, screening 260 people and enrolling 188 with a 72% insurance conversion rate.

Once a person is screened, there are more steps that need to take place in order to get that person insured. After Screening, which provides a list of coverage programs personalized for each patient, staff then initiate, manage, and complete enrollment of the patient into his or her requested program. The Enrollment step includes having the patient provide appropriate verification documents, such as proof of income, residency, and identity. The last step is Eligibility when the patient gets approved for the program.

A key feature is electronic access to up-to-date health coverage options. Programs like PointCarePA, a web-based screening and enrollment system with a tracking device, play a significant role in allowing the uninsured to explore every option. The software also provides an invaluable patient tracking capability to assist the clinic with follow-up. PointCarePA is based on a low-cost monthly subscription, which provides access to more than 2,000 national health coverage options, including ACA-Exchange plans as well as grant and charity care programs.

## 3 WAYS CLINICS CAN BOOST ENROLLMENT

Similar to methods used by ChapCare, the following three strategies can help clinics boost screening and enrollment numbers:

1. Develop partnerships with other local community health clinics and providers. Collaborations could include a shared database and combined outreach opportunities.
2. Expand community-based and localized enrollment by attending health fairs and local events. Use a tablet or electronic-based medium to screen potential patients on the go.
3. Use a simple screening program to streamline the insurance process in the field and at the office – the screening program should be accessible by computer and iPad, so that it can be utilized at multiple locations.

Continuing to reach out to the nation's uninsured throughout 2014 will help patients secure their medical home and just as important, help clinics' bottom lines. The result of such efforts not only will greatly help uninsured patients, it benefits busy office staff who don't have to take time away from patient care or other duties to manage uninsured patients and also ensures providers of healthcare services secure prompt reimbursement. +

*Steven Abramson is Marketing Manager for ChapCare, a California clinic which provides medical, dental, and behavioral health services to more than 15,000 patients annually.*

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# Leadership Tops Traits of a Successful ACO

By Phil Dalton



Accountable care organizations (ACOs) offer hospitals and physicians a model through which they can collaborate and innovate to improve the quality of care and have payment tied directly to how well they perform.

And, for the more than 4 million Medicare beneficiaries now in an ACO, it provides hope that the healthcare system will be more efficient and better focused on keeping them well rather than simply treating them when

they are ill.

In order for these ambitious goals to be achieved, ACOs must succeed. That is no easy task given that they are being born to an industry that has historically been slow to change, is highly fragmented, and focused on episodic illness rather than ongoing health.

But more than 400 hospitals and thousands of physicians (with more emerging every day) believe positive change can happen, and they are leading what they believe will be a revolution of how healthcare is provided in America.

While ACOs are still in their infancy, we can already see the common traits that will separate winners from losers. Not surprisingly, it begins with leadership.

As with managing any change, leadership is fundamental; and since ACOs are a new concept for both providers and patients, effective leadership from the outset is essential. ACO leaders, many of whom need to be physicians, will need to have clarity of purpose, be both analytical and entrepreneurial, be prepared to take intelligent risk, be open to innovation, and have the capacity to balance vision with economic realities. Most of all they need to inspire others to follow.

The most successful ACOs appreciate the importance of alignment on many levels. That means clear integration and alignment of incentives between physician groups, hospitals and other providers.

It also means creating a culture of shared responsibility that allows for sound outcomes-based clinical, operational and financial management.

More ACOs will collapse due to an inability to merge cultures and aspirations than for any other reason.

The ACOs best positioned to succeed are those that not only have the dollars to fund high start-up costs and potential operating deficits but the patience and understanding to accept that those dollars will translate into longer term results.

To achieve those results ACOs must be able to manage their organization with sound financial stewardship. This means managing a variety of provider relationships, assessing and managing risk, managing clinical and financial data, and establishing metrics and communicating in a way that keeps everyone pulling on the same end of the rope.

As the market continues to evolve, it is becoming clear that successful ACOs will be those which embrace and invest in people and technology and which recognize that finding new ways to standardize their operations benefits patients, partners and employees. This includes the ability to collect, track, manage, share and analyze data in ways that lead to fast and effective decision making. Without clean, reliable and integrated data, the best IT solution is worthless; and the ACO will fail.

The ACOs that are already beginning to make inroads in their markets are those which deploy a population health management model that goes beyond treating only those patients in need of acute care.

Toward that end ACOs need to have a steady process for evaluating the health needs of the population it serves and investing the time and energy to truly understand the market by utilizing demographic information, being open to sharing data, and looking at care across various stages of the continuum including pre- and post-hospital care.

One thing we don't hear much about yet (but surely will) is the power of "brand" and the fact that successful ACOs put among their priorities the energy and resources needed to establish a

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unique brand and communicate it to their various constituencies. Strong brands have far more credibility than do their competitors when it comes to name awareness and trust ... and given that ACOs represent a whole new product category, those that establish trust will win out in the end.

ACOs may or may not be the wave of the future. But no healthcare organization wants to be left on shore. By recognizing the traits of a successful ACO, healthcare leaders can be best prepared to ride that wave when it comes in. +

*Phil Dalton is president and chief executive officer of MDS Consulting, a national healthcare consulting firm that helps hospitals, medical groups, health systems and other healthcare organizations achieve their goals for development, growth and profitability. [www.mdsconsulting.com](http://www.mdsconsulting.com)*

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# Upheaval and Adaptation: The Realities of Today's Healthcare Landscape



By Ronald Razmi

As a driver of change, the Affordable Care Act (ACA) is having a significant impact on today's healthcare landscape. The move towards value based payments, mandatory quality reporting, wide-spread adoption

of Electronic Health Records (EHR), and formation of Accountable Care Organizations (ACOs) are all a result of the ACA. Because of these changes, ACOs and providers are quickly adopting technologies that help them succeed in transforming their care models.

However, healthcare delivery has not fundamentally changed—yet. The ACA's regulatory overhaul is leading to seismic shifts in the healthcare ecosystem. These shifts will ultimately translate into changes in the business models of most medical centers. While delivering patient care has

always been the primary goal of health care organizations, financial outcomes have long been the metric by which success is measured. Increasingly, however, health care leaders are being held responsible for both medical and financial outcomes. As a result, healthcare executives and providers must understand the elements of organizational effectiveness—strategy, finance, operations and leadership.

Over the last ten years, large medical centers have acquired independent physician practices as they move away from a fee-for-service reimbursement system to a pay-for-performance system that focuses on quality outcomes and cost-containment. Through this consolidation, medical centers aim to secure referrals to their facilities and prepare for a financial-flip: soon outpatient revenues will exceed inpatient revenues. In an effort to encourage integration, many of these medical centers have installed enterprise EHRs to:

- Facilitate information exchange between all of their providers, clinicians

and labs

- Improve patient outcomes and reduce readmissions
- Increase efficiencies by:
  - Reducing redundant diagnostic testing
  - Capturing each patients' complete medical history
  - Lowering the risk of medical errors
  - Exposing and preventing safety issues

Many medical centers are experimenting with some form of the value-based contract. This means organizations are now monitoring processes and outcomes more than ever, and care providers are receiving feedback on their performances, with dramatically less room for subjectivity. The end result: physicians and medical centers will increase their engagement in patient-centric team care and population health management.

Not surprisingly, many medical centers have suffered slower growth in reimbursement from government and commercial payers. One reason for this is that many medical centers were hit hard by the new readmission penalties that take direct aim at waste in the health system, estimated to be as high as 30 percent. Medical centers are also losing out in primary care, as retail clinics (supported by Walmart and Walgreens) offer preventative care services that were once reserved for physician offices only. Patients are attracted to the convenience of these retail clinics, as out-of-pocket costs are generally lower.

Because of these trends, medical centers are moving aggressively to establish new business models to deal with the today's new healthcare reality. In order to succeed, new models must involve population health management, team care and patient engagement.

Even with the obstacles, select health systems and ACOs are beginning to tout early financial wins. As a result of reducing practice variation, decreasing duplications in care and promoting proper care settings, some ACOs are exceeding expectations. In other cases, the changes taking place are not yet visible, but the inputs are certainly in motion. +

*Dr. Ronald Razmi is Founder and CEO of Acupera. He is responsible for Acupera's strategic direction, company operations, and product portfolio. Dr. Razmi's background as a cardiologist and healthcare consultant and investor gives him unique insights into the challenges facing medical professionals. Prior to founding Acupera, Dr. Razmi was a Management Consultant at McKinsey and Company and Navigant Consulting. He was previously Founder and Executive Director of cardiovascularmri.com. He has worked with many of the world's largest healthcare companies, providing guidance on business strategy, mergers and acquisitions, product development and healthcare technology.*

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# Grane Rx Sets the PACE for Pharmacy Solutions for Elderly

By Zane Schott

In building the information technology (IT) platform of the future, Grane Rx recognized the need to do more with less as well as to prepare for the enormous healthcare challenges ahead. A prime example is the Grane Rx PACE (Program for All-inclusive Care for the Elderly) pharmacy solution for individuals who need skilled nursing care but elect to remain in their home or community settings, where eligible.

## TECHNOLOGY AT AN ADVANCED PACE

Progressive provider programs like PACE require advanced technologies and processes that integrate seamlessly with the PACE Program clinical systems. Yet with more than 1,000 participants throughout Pennsylvania served by Grane Rx's PACE pharmacy solutions, there was pressure from its diverse customer base to meet them technologically where participants reside.

Bob Rowland, SVP and COO of Grane Rx, speaks to Grane's ability to respond, "Grane Rx PACE pharmacy solutions is focused on providing real-time information to enable our customers (long-term care communities) to do a better job of providing care for their residents. Since long-term care facilities have multiple EHR or eMAR platforms, varying staffing levels and other needs, Grane Rx dedicated time and resources to creating interoperability between customer EHR systems, CPOE medication order systems, and eMAR medication administration systems to synchronize resident patient information via ADT."

Traditionally, pharmacy solutions within long-term and post-acute care (LTPAC) and senior living providers have been considered advanced if they used technology-enabled services.

Examples include employing geriatric pharmacists to provide a full clinical care summary of each resident, reducing adverse drug events through decision support and alerting or dispensing medications via automated cabinets.

Grane Rx provides those services as they are pioneers in their creation. But in defining the future, Grane Rx's investment in full interoperability between its internal systems and their customers' external systems allows for complete automation of medication safety, in real-time, across each point in the value chain.

## RESIDENT-CENTERED CARE

Lessons learned from Grane's participation in PACE are helping support culture change

in other settings, such as skilled nursing.

Rowland states, "At the end of the day, what Grane Rx is changing is the mindset of those caring for the older population by using technology to provide education and engage residents to enhance their quality of life."

Personalized care empowers residents to make their own decisions about some routines, such as when to take medications.

This approach, in conjunction with technology, creates the proper environment for a shift toward being resident-centered.

"There is more to the story than just being able to log on to an EHR and begin working. We provide personalized technology so our customers can meet their customers' (residents) specific needs."

Long term care pharmacies have been seen as medication experts for years and have earned the trust of nurses to ensure proper processing and reporting of medication on medication administration records. EHR systems often call for the nurses to enter medication orders instead of pharmacy personnel.

Commonly the conversion takes more than 60 days, due to challenges in managing change in culture and adoption as well as education to drive the new processes.

Rowland proclaims emphatically, "Grane Rx will integrate with any eMAR or EHR vendor, or any system to create the best

outcome for residents. The LTPAC should choose its EHR system, not the pharmacy."

Clearly this statement is not just a company position, but an invitation for others within the LTPAC and senior living community to do the same. +

*Zane Schott, VP of business development, BlueStep/BridgeGate Health, is a veteran in designing and deploying innovative integrated healthcare solutions. BridgeGate is the industry's most advanced systems integration technology provider; BlueStep provides the industry's only client-configurable care and clinical platform with an integrated Electronic Health Record (EHR). BlueStep/BridgeGate Health leads the industry with an open market philosophy and proven capability to connect any system or application (including competitors) to create powerful Clinical Care Exchanges™. Visit [www.BridgeGateIntl.com](http://www.BridgeGateIntl.com).*

*For nearly 20 years, Grane Rx is the leading pharmacy supplier for long-term care communities and PACE providers serving thousands of residents through Pennsylvania and beyond. Known for technological innovation and putting the needs of customers first, Grane Rx simplifies pharmacy services in a changing and challenging healthcare world. For more information, visit Grane at [www.GraneRx.com](http://www.GraneRx.com).*

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# Don't Let Bed Bugs Feel at Home in Your Facility

*How to manage the threat of bed bugs in senior living facilities*



By Hope Bowman

Once most commonly associated with hotels, bed bugs have become a significant threat to senior living facilities.

According to a 2013 survey conducted by the National Pest Management Association and the University of Kentucky, 46 percent of pest control providers encountered bed bugs in nursing homes, compared to just 25 percent in 2010.

With multiple people living in close proximity, foot traffic between resident rooms, and visitors and staff consistently going in and out, senior living facilities are a prime breeding ground for bed bugs.

Bed bugs can be brought into a facility on furniture, luggage, and although rare, even on an individual.

Unfortunately, this means bed bugs can inadvertently be introduced to a facility at any time.

As a result, it's important for managers and staff to help prevent bed bugs and be prepared for an infestation, should one occur.

To do this, managers and staff must understand bed bug behavior and biology and be trained to identify the signs of this pest.

Residents of senior living facilities may not report bed bugs because they may not realize they have them or because they may be embarrassed to report them.

Bed bug bites affect each person differently. Responses range from an absence of physical signs, to small bite marks, to serious allergic reactions.

For this reason, the presence of visible bite reactions should not be relied on as an indication that bed bugs are present. Additionally, sometimes medicines cause similar itching or rashes, which may be confused with bed bug bites.

Instead, implement regular monitoring routines at your facility.

Bed bugs go into hiding during the day, so it may be difficult to spot the pest itself, but there are several signs they leave behind that staff can monitor for.

Train your staff to look for:

- Tiny, rust-colored stains bed bugs leave behind on mattress tags and seams, ceilings, under seat cushions and behind headboards.

- Bed bug cast skins left behind after a bed bug molts. If you find an insect that you suspect is a bed bug, save it in a sealed plastic bag or container for your pest management professional to identify.

Be sure your staff knows what nymph and adult bed bugs look like.

- Any conditions that can serve as bed bug hiding areas such as gaps along chair rails or cove molding, torn mattresses or cushions, buckling wall paper and gaps in carpeting.

If any of these issues are discovered, they should be reported to maintenance and management immediately.

Additionally, consider requiring residents to have mattress and box spring encasements that prevent bed bugs from hiding along edges and under tags, and perform inspections of incoming resident furniture.

Regular monitoring by a pest management profession is also effective.

A pest management professional can visually inspect for bed bugs or even use a canine detection team, consisting of a trainer and dog.

A University of Florida study established that canine inspections were 95-98 percent effective when identifying small numbers of bed bugs in isolated areas.

If bed bugs are discovered, take the infested room out of service and quarantine it immediately. If a resident currently occupies the room, it may be necessary to temporarily move them to a new room.

Be aware that walkers and wheelchairs can also harbor bed bugs, so be sure these items are addressed as well.

Next, work with your pest management professional to implement the most appropriate treatment plan for your facility.

Methods of treatment vary depending on the severity of the infestation, but can include:

- Disposing of furniture – Items harboring bed bugs can be disposed of, increasing the chances of a successful eradication.

- Washing and drying items – The high temperatures of the dryer will kill all stages of bed bugs.

- Heat treatment – Special equipment is used to heat a room and its belongings to high temperatures for a sustained period of time to eradicate bed bugs.

Heat also can be used to treat certain items in a smaller chamber or trailer.

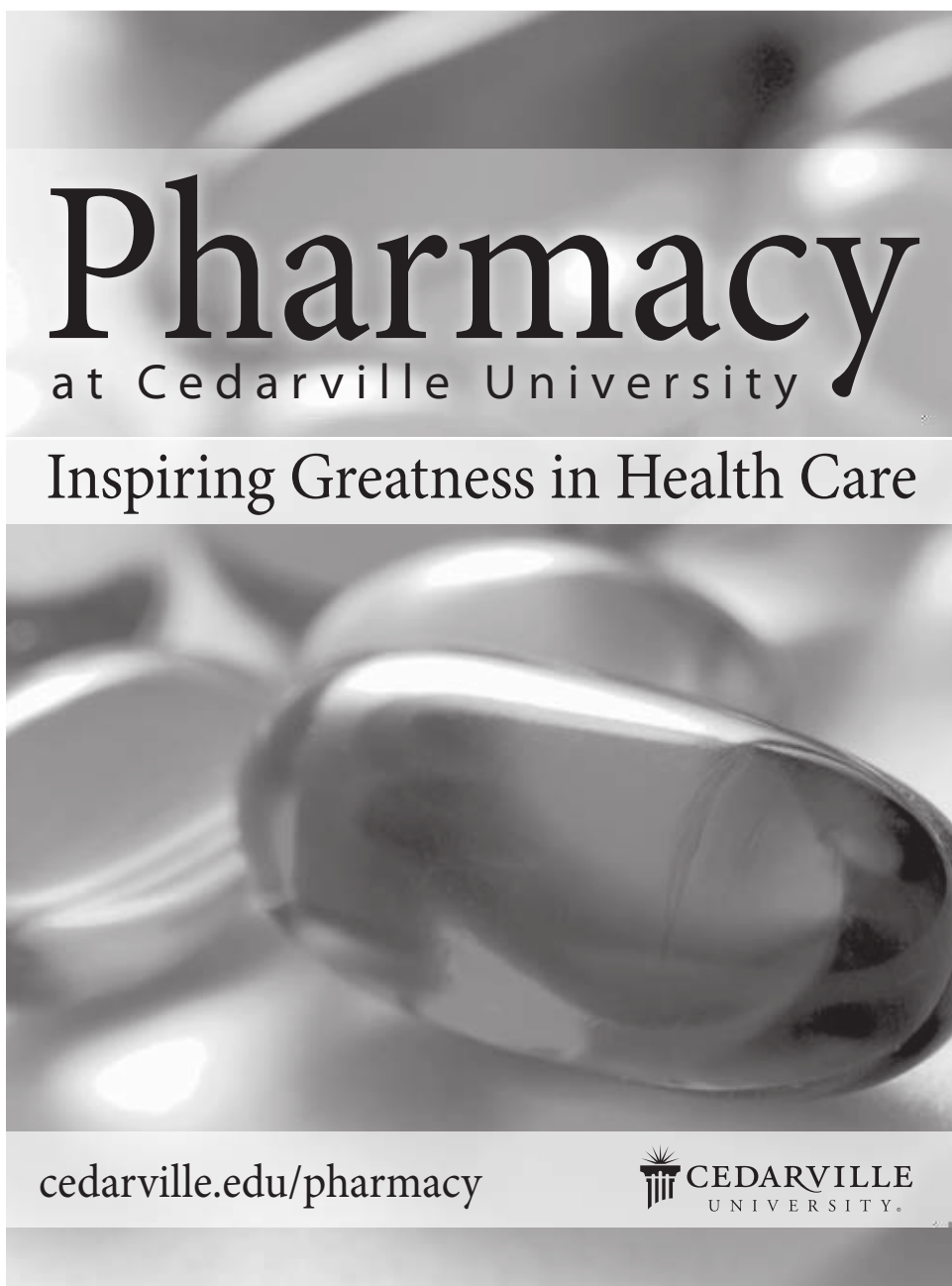
- Fumigation – This form of treatment may be necessary for widespread infestations that affect multiple locations within a facility. It requires the entire facility to be cleared during treatment, which can be challenging, and can put an emotional strain on residents.

Fumigation may also be used to address items in a moving truck before residents move in, or can be used to treat hospital beds and other items inside a trailer off-site.

- Crack and crevice treatment – Depending on the location and extent of the infestation, this treatment may be applied to small gaps where bed bugs like to hide.

Bed bugs cannot be completely prevented, but by monitoring for them on a regular basis, you have a greater chance of quickly identifying any issues and treating for them before an infestation grows out of control. +


*Hope Bowman is a Technical Specialist and board-certified entomologist with Western Pest Services, a New-Jersey based pest management company serving residential and commercial customers throughout the Northeast and Mid-Atlantic. Learn more about Western by visiting [www.westernpest.com](http://www.westernpest.com).*



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# Where Health Care and Technology Meet: Mobile Health in 2014

By Girish Navani

January 2014 is an important deadline for millions of Americans without access to health care. With the enactment of the Affordable Care Act, physicians will be faced with the challenges of treating more patients than ever before and the litany of demands on both their time and office hours. In parallel, technology and science are converging faster than ever to provide electronic solutions for medical industries. These tools, in particular electronic health records (EHR), have been developed to support physicians to provide the same high level of patient care with the added benefits of ease of use and immediacy. This year, perhaps more than ever, we will see hospitals and private practices depart from legacy systems toward next-generation EHRs. Not only is this a result of the legislative imperative, this move is also being made to simplify the patient experience, provide more patient-physician engagement and ensure there is interoperability across medical providers.

eClinicalWorks recognizes the need for continued innovation in the medical industry through ambulatory health care IT solutions and investments in patient engagement and population health management tools. EHRs are just the beginning of health care IT, as practice management, patient portals and, most notably, mobile health platforms are sweeping across the health care system and changing the way patients think about care for themselves and interact with physicians.

The opportunities in mobile present many options for the future of patient care. In a recent survey of approximately 2,300 healthcare professionals, 93 percent of physicians stated that they found value in having a mobile health app connected to an EHR, 93 percent of respondents expressed a belief that mobile health apps can improve a patient's health outcome and 89 percent of respondents are likely to recommend a mobile health app to a patient.

The health and wellness online (healow™) application created by eClinicalWorks directly connects patients to providers, allowing immediate access to personal medical records and facilitating two-way communications between providers and patients. With healow and the online patient portals from eClinicalWorks, patients can schedule appointments and check-in to the appointment via a kiosk or with a quick response (QR) code in the doctor's office. This technology also gives patients the power to link all of their providers in one place, as well as the medical records for any spouse or family member.

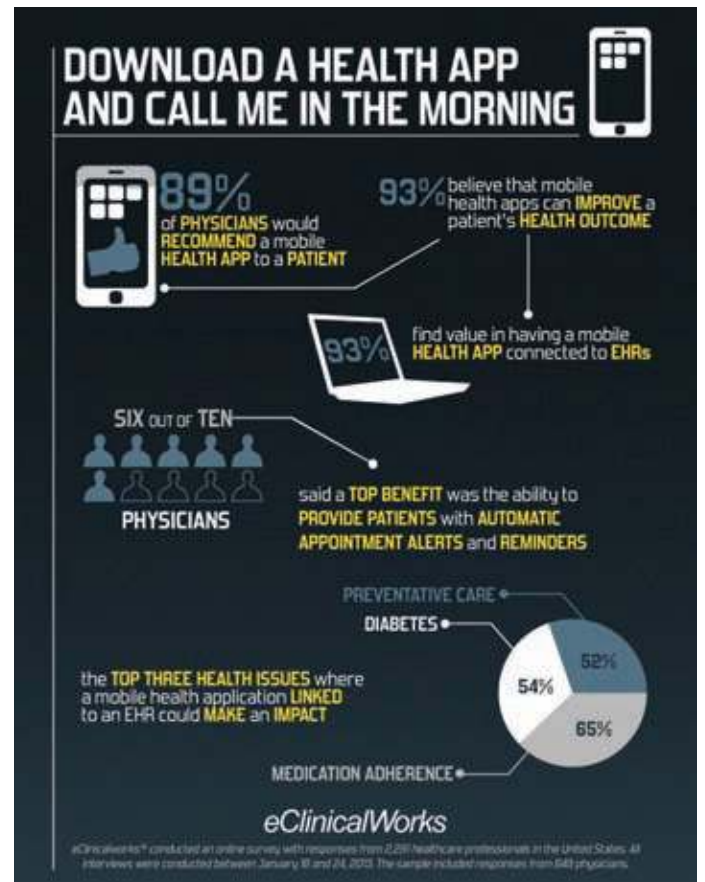
How can these capabilities improve the patient experience? One patient using the eClinicalWorks system was at his son's school when he had to fill out a stack of medical forms. Because of the immediate mobile access he had to the eClinicalWorks platform, he was able to gather all the pertinent information right from his phone. No need to call the doctor's office, find a fax machine or a printer—the patient had all of the information accessible via his phone. He simply opened the app and filled out the paperwork.

When Block & Nation Family Medicine, a Florida practice with four providers implemented eClinical-Works, they immediately noticed how the application improved patient communications. "The online patient portal and healow app give patients the ability to schedule appointments and see lab results without having to call the office," said Dr. Bradley Block. "Our goal was to use technology to streamline work and increase efficiencies, while also increasing profitability. On average, we've brought in \$20,000 more per doctor before overhead than when we had paper."

As improvements within the EHR and mobile health space continue to advance, so does eClinicalWorks' commitment to its customers and their patients. To transform the way health care is practiced and delivered, patients need to be engaged—rather than focusing on health care, physicians must shift the balance to encourage patients to practice "self-care." This solution offers cutting-edge technology along with a critical component – direct access to your medical provider.

2014 should mean good news for everyone. According to

recent studies published by both Kaiser Permanente and the *Journal of Telemedicine and e-Health*, engaged patients are 20 percent less likely to be admitted to the hospital and 20–57 percent less likely to be treated for chronic diseases such as diabetes, COPD, heart failure and depression. These results prove that as the United States moves towards a "fully" electronic healthcare system, the success of this renewed approach depends not on the ability of the experts, but on the participation of the patients. +



Girish Navani is co-founder and CEO of eClinicalWorks. For more information, visit [www.eClinicalWorks.com](http://www.eClinicalWorks.com).

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# Automating Redaction of Protected Personal Health Information in the Healthcare Setting

By Dave Rasmussen

Automating the redaction process in healthcare is now a necessity. As HIPAA is more rigorously enforced, fines and violations are likely to come at a much more regular pace than they have in the past.

Simply put, redaction technology automates the removal of protected health information (PHI) from a health record or other patient documentation. It eliminates the need for manual, black marker redaction that's been the norm. Perhaps most important, though, is that redaction software allows health systems and their business associates to remove personal information in a timely manner and keep patient's personal information personal.

The need for redaction technology and solutions to protect against unintended ROI

Redaction is necessary when confidential information concerning an individual's past, present or future mental or physical condition is contained within a patient record that will be released to a third party. Protected health information must be removed from all records, regardless of the type - including fax, voice mail, email or data within the EHR, for example.

The final HIPAA omnibus rule greatly increases patients' privacy protections and strengthens the government's ability to enforce the law. When releasing medical records to a third party, healthcare

administrators must be more vigilant to ensure that an individual's confidential information is protected. The processes for handling the release of protected information must meet the requirements of HIPAA and what's in the interest of their patients.

Until now, HIPAA enforcement has been mostly lax because federal funds have been limited. However, in 2011 the U.S. Department of Health and Human Services (HHS) awarded a \$9.2 million contract to KPMG, an audit and advisory firm, to launch the audit program as mandated by the HITECH Act.

The HITECH Act also incentivizes more aggressive pursuit of HIPAA violations, which means it's more likely that healthcare organizations will now be audited if any red flags pop up. Given this, organizations may do well to add tools and capabilities to protect themselves from HIPAA fines and punishment. With the rise in HIPAA enforcement, healthcare leaders should consider increasing their IT spend to implement systems that better protect patient's health information, according to research firm Gartner.

The HITECH Act also extends certain HIPAA security and privacy requirements and sets the stage for greater enforcement, including:

- Widening the scope of the law, requiring health information exchanges to be business associates of healthcare

entities, and applied HIPAA privacy and security requirements directly to the HIEs.

- Greater penalties for noncompliance.
- Redirecting civil monetary penalties back into enforcement activities instead of into the general fund. This provides additional funds for future enforcement and incentivizes proactive enforcement activities.

- Adding breach notification requirements to entities that operate personal health records or otherwise maintain personal health information for purposes other than healthcare delivery or payment.

- Opening the way for enforcement by states' attorneys general.

## HIPAA'S REDACTION

### REQUIREMENTS

The HIPAA Privacy Rule originally created standards to protect patients' medical records and other personal information. The rule applies to health plans, healthcare clearinghouses and providers that conduct certain healthcare transactions electronically. The rule also requires safeguards to protect the privacy of patients' personal health information and limits release of information without patient authorization. Specifically, the HIPAA Privacy Rule was designed to protect individually identifiable health information from being distributed publicly

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and in a harmful manner.

The Privacy Rule allows for two redaction methods: 1) a formal determination by a qualified expert; or 2) the removal of specified individual identifying information, as well as the absence of actual information that could be used to identify an individual.

According to HHS, "both methods, even when properly applied, yield de-identified data that retains some risk of identification. Although the risk is very small, it is not zero, and there is a possibility that de-identified data could be linked back to the identity of the patient to which it corresponds."

Also, because of the HIPAA Safe Harbor standards, 18 identifiers associated with the patient, their household members, relatives and employers must be removed, including:

- Names
- All geographic subdivisions smaller than a state, including street address, city, county, precinct and ZIP codes
- All elements of dates (except year)
- Telephone numbers
- Fax numbers
- Email address
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate or license numbers
- Vehicle identifiers and serial numbers, including license plate numbers<sup>13</sup>. Device identifiers such as serial numbers
- Device identifiers and serial numbers
- Web URLs
- IP addresses
- Biometric identifiers, including finger and voice prints

- Full-face photographs and any comparable images
- Any other unique identifying number, characteristic or code

Additional information that should be redacted from the health record includes:

- Adoption information of birth parents
- Child/spouse abuse
- Protection of minor's information
- Behavioral health
- Chemical/alcohol dependency
- Reproductive health
- HIV/AIDs status
- Genetic information
- Other information as required by state laws

Even though solutions exist to automate the redaction of protected PHI, most organizations redact records manually even though health systems are streamlining repetitive, manual processes in other areas of their practices.

## EFFECTIVELY MANAGING RIO THROUGH REDACTION

Healthcare organizations are scrambling to find new ways to ensure patient health records remain se-cure, Gartner says. Additionally, consequences for HIPAA infractions are translating into huge shifts in IT spending for technologies to mitigate risks of breach. Typically, however, organizations have, or should have, policies in place to determine when redaction is required. Healthcare facilities, health plans and business associates must routinely redact PHI and they need to know how redaction should be per-formed.

Just as the argument can be made for the implementation of EHRs and how they can lead to leaner and more efficient processes, the same can be said for redaction software.

Using redaction in existing workflows, like when partnered with the functionality of an EHR, creates a more HIPAA-compliant environment where information is better protected from leaks. Liability also is likely mitigated. And, with greater federal oversight and enforcement of HIPAA, those looking to stay ahead of an evolving HIPAA Privacy Rule may find value in an automated process to redact personal health information.

*Dave Rasmussen is president of Extract Systems. Extract is a leading provider of advanced data capture and redaction solutions that drive operational efficiency and secure private information for government, healthcare and other commercial sectors. Its products automatically capture and incorporate manual data entry fields into designated information systems as structured data. By automatically capturing in-formation trapped in paper-reliant workflows, our customers reduce costs and optimize the intelligent collection of data.*

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# Mobile Strategy For the Healthcare Industry: Is There An App for That?



By Kishore Khandavalli

Along with the fast moving changes in the healthcare industry, we are also watching changes in web marketing platforms that we have come to count on. For example, Google's algorithm now withholds keyword information which has made it more difficult to harness the power of SEO for inbound marketing. And Facebook will no longer be allowing free rides into fans' news-feeds. These are just two but are sure to be only the

beginning. So the question is this: In the face of all these changes, do healthcare providers still have access to an online marketing outlet whose reach is growing rather than shrinking? The answer is yes.

And it's to be found in the rap-idly expanding field of enterprise mobile apps.

A recent study done by the IMS Institute for Healthcare Informatics showed that as of October 2013, there were more than 40,000 mobile healthcare apps available for download, 100 of which have even been approved by the FDA.

And more mobile apps are being developed every day to meet the growing demand from the 55% of American adults who own smart phones: from apps that help patients locate the right provider, and apps that allow them to schedule appointments, to apps that give information on symptoms or send medication reminders.

With smart phone penetration among seniors only totaling 18%, this market segment might appear less than promising at first glance. But the study uncovered two encouraging trends. Firstly, mobile use among this population is actually up from 13% in 2012—a significant jump in just one year.

As more tech-savvy baby boomers join this demographic, those

numbers will only rise.

And secondly, while older patients themselves may not have a smart phone, their caregivers—on average 45-55 years old—most likely do, and they are the ones making the major healthcare decisions on behalf of their parents.

With numbers like these, it's clear that healthcare providers who don't take advantage of mobility are missing out. But the solution is not to rush headlong into mobile app development. Instead, the key to an effective entry into the mobile market is a carefully crafted strategy.

Before establishing an effective mobile strategy, though, it is important to note that the attention span of a user on a mobile device is substantially less than one using a web interface. So, you have even less time (around 10 seconds) to impress the user and encourage continued use of the app.

The steps in creating a mobile strategy are: establishing the user profile, defining the data to be made available on the mobile device, designing the data security protocol, and deciding how to leverage the data generated by the mobile devices to make business decisions. A well-designed app will have intuitive usability (information architecture) and instant screen loading (performance). If the app requires a user manual or a help button for a brand new user it is likely to fail.

Creating a mobile app simply for the sake of having an app will not deliver tangible results. As with any facet of business, the strategy behind its development and use must fit seamlessly with-in your overall enterprise strategy.

Mobility is nothing more than a tool. It's what you do with that tool that determines its success.

Hospitals and healthcare organizations need to develop a mobile strategy that will address every-thing thing they need to achieve: facilitate collaboration in the supply chain while, increasing patient care and communication as well as increasing employee satisfaction and productivity.

With this in mind, it can be possible to design and deploy an app to generate ongoing performance management and analytics solutions.

The key is for the app to fit harmoniously with the overall business strategy, and produce a significant and measurable ROI.

A well thought-out and executed mobile strategy should enhance and support your healthcare business. A poorly executed app can do just the opposite. Why risk your company's reputation by rushing into mobile app development without a strategy? In order to take advantage of the growing influence of mobility in the healthcare industry, a strategy is the key to success. +

*Kishore Khandavalli is the Founder and CEO of SevenTablets (www.SevenTablets.com), a leading mobile company based in Dallas, Texas, that designs and delivers enterprise mobile apps, analytics and big data solutions. He can be reached at [kk@seventablets.com](mailto:kk@seventablets.com).*

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# February Means Hearts

## *Encouraging patients and families to have that necessary heart-to-heart conversation*

By Kathleen Ganster

February automatically brings hearts to mind – Valentine’s Day hearts, Heart Health Awareness Month, etc. But how about helping your patients and their families look at it in another aspect? How about encouraging them to have that all important “heart-to-heart” conversation about planning their final days on life’s journey?

As a healthcare provider, your role is to assist patients in health care, obviously, and it might seem that focus is on getting better. But advanced care planning is part of providing healthcare and an important one at that.

Discussing advanced care planning doesn’t mean a failure for anyone – it means providing complete healthcare.

It is also one that many are afraid to discuss.

“As a Hospice Operations Manager, I have often likened this to being on a game show and being hesitant to pick what is behind Door #2. The truth in life, however, is that we are all going to eventually look behind that door,” said Lori Marshall, RN, and Hospice Operations Manager for Celtic Healthcare.

In her role as a healthcare provider, Marshall has worked with patients in various aspects of treatment. And that has helped her with assisting patients and their families to evaluate their total healthcare plan.

As a cardiac nurse, she often told patients admitted to her unit that they were the “lucky ones.”

“They often looked at me with confusion. I explained that they had been given a second chance – a chance to change their behavior, create a healthier lifestyle, and improve their chances for a longer life,” she said.

Now, Marshall works with terminally ill patients and has discovered that they also feel lucky.

“Lucky you might ask? Yes. They have been given a gift. The gift of time. Time to say ‘I am sorry,’ ‘I forgive you,’ ‘I love you,’ and ‘Goodbye,’” she explained.

And that, Marshall explained, is a gift.

“A gift that many do not receive, because they were too afraid to ‘look behind Door #2,’” Marshall said.

In other words, they were afraid to have that all important “heart-to-heart” conversation.

And although most recognize the importance of such a talk, Marshall said more than half will say they haven’t had it.

“As an adult with aging parents, I understand the emotional side of this conversation. Just thinking about the mortality of my own parents makes my throat close and my eyes water,” she said.

But Marshall also knows that as a loving daughter, she wants to be able to fulfill her parents’ wishes.

“In the end, when decisions need to be made, I don’t want to find myself hoping that I am following their wishes, I want to feel confident that I have respected them and their wishes for end-of-life care,” she said.

Marshall and her staff at Celtic Healthcare assist patients and their families in having that “heart-to-heart.” They provide a “Journey Program” packet and will sit down and guide families through the process.

And like Marshall said, that process might be the best way to express loved during the month of hearts and love. It has helped in her own discussions with her parents.

“The thing that has kept me moving forward and having those tough discussions now is that when the time comes, I want to be able to give my parents my undivided attention, be their daughter and enjoy all of the last minute memories I can,” she said.

Like any child, she wants to do what is best for her parents.

“I want them to be proud of me and how I handle the situation,” she said.

For more information about Celtic contact 1.800.355.8894 or visit [www.celtichealthcare.com](http://www.celtichealthcare.com). +

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## Acoustics in the Healthcare Environment



By Azure Logsdon, RA, LEED AP BD+C

Anyone who has been a patient or has been with a loved one in the hospital or a long-term care facility knows that acoustics in the healthcare environment is very important – in fact, it can directly impact the healing process.

While certain facets of healthcare acoustics are regulated by HIPAA compliance, other important aspects, such as building vibrations and paging and call systems, among others, are often overlooked.

Noise levels have been consistently cited as a problem in patient surveys according to HCAHPS, and in a time where patients and families can access reviews of healthcare facilities, providers need to have positive feedback.

When reimbursements are tied to performance, special attention to the healthcare environment can make a big difference for a hospital.

Numerous studies show that a poorly designed acoustic environment leads to sleep disruption in patients, which can increase blood pressure, pain, stress, inflammation, and fall risk – all of which can prolong their stay and disrupt the sleep they need to heal.

Addressing acoustic and vibration concerns affect nearly all of the user groups in a hospital.

The aging population, for example, is at an increased risk of sleep disruption from noise because, as we age, the amount of time spent

in deep sleep is minimized, meaning the patient will wake up more easily from disturbances.

As I learned when my grandfather was in long-term care, the ambiguous sounds of the healthcare environment can be very distressful to the geriatric population when woken in the middle of the night. Studies have shown that less disruptive sound and vibration leads to fewer pain medication requests and shorter hospital stays.

Responsible acoustic design can also promote staff satisfaction and less medical errors with more accurate communication. Staff, patients and caregivers can communicate about medications, procedures and instructions without being distracted and stressed by a noisy environment.

All of these issues can be controlled in a well-planned and designed building and interior environment.

The 2010 FGI Guidelines for Design and Construction of Health Care Facilities detail the importance of acoustics by setting design standards for reducing a project site's existing exterior noise transmission and for controlling noise emissions from the building.

The guidelines set limits on interior room noise by limiting background noise levels by room type as well as controlling the sound absorption in a room with acoustic finishes.

Sound isolation is addressed with minimum Sound Transmission Class (STC) ratings between rooms depending on adjacencies, with particular attention to doors and windows, while speech privacy guidelines are set for enclosed rooms and open-plan spaces based on the level of speech privacy needed, normal or confidential.


Disruptive footfall levels and mechanical, electrical, and plumbing system noise and vibration are also addressed in the guidelines.

Some other design solutions for reducing healthcare acoustics problems include:

- Reducing mechanical and building vibration with proper equipment selection and duct layout in which airflow velocities can be controlled and critical equipment can be located away from sources of vibration.
- Installing exterior walls with high STC and proper window specifications to reduce exterior noise transmission.
- Using sound-absorptive materials that keep infection control in mind can help control room noise level. Also, giving patients the option of using headphones or pillow speakers instead of turning up the TV or masking sounds with music, nature sounds, or other white noise can help.
- Designing doors with Vision Lites so they can be closed at night while still promoting visibility.
- Paying close attention to the specifications, placement and wall design for equipment and fixtures with shifting sound levels, such as automatic towel dispensers, ice machines, elevators and toilet flushes, since sleep studies have shown those types of sounds tend to be most disruptive.
- Incorporating quieter nurse call and patient telemetry systems instead of noisy paging and alarm systems.
- Setting telephones to have a maximum number of rings or reducing alarm volume or setting variable volume according to the urgency.
- Breaking down the large nurse station into decentralized touch-down stations can help reduce noise levels from staff conversations and minimize nurse call response times since they are closer to the patient.

With all the healthcare trends and changes taking place, acoustic design can make a positive impact on the lives of patients, caregivers, and staff as well as the facility's bottom line. ✚

Azure Logsdon is an architect based in Stantec's Pittsburgh office. She can be reached at (412) 394-7020 or [Azure.Logsdon@stantec.com](mailto:Azure.Logsdon@stantec.com).




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# Five TIPS for Integrating Information Technology with Clinical Processes of Care



By Brian Keller and Susan N. Heck

The world of healthcare is experiencing an unparalleled era of transformation, some fueled by advances in clinical practice, new drugs and devices, and information technology (IT) requirements that have been mandated through recent regulatory change. As a firm that provides expertise to the healthcare industry—particularly in the niched service lines of cardiovascular, neuroscience, and orthopedics—Corazon is positioned to provide a ‘lessons learned’ approach, along with a grass-roots perspective related to the integration of IT with clinical processes of care.

As you consider adding or integrating information technology within the physician practice or hospital setting, Corazon offers the following TIPS to help you succeed in this important endeavor:

1. **Begin with the End in Mind**—Defining a vision and objective for any IT integration project is essential. The development of a project charter that defines the three “whats”—what goals it will accomplish, what task it will do, and what outcome it will produce—is an important exercise to complete prior to any initiation of work. As an IT project vision is created, it is important to first clearly define the system output; only then can the steps to reach that goal become equally clear. Corazon firmly believes that projects beginning only as an idea without the appropriate project definition may be destined for failure.

2. **Involve ALL Key Stakeholders from the Start**—Corazon experience proves that project success is contingent on the level of buy-in and commitment of key organizational stakeholders. The most successful IT integration projects have a visible and empowered champion whose position carries enough authority within the organizational structure to advocate for resources, process change, and decision-making. As the voice of the project, this individual should be positioned to drive development and push change deep into the organization. This champion role will require a time commitment that is recognized, given that they likely have a “day-job” as well.

3. **Plan Detailed Requirements**—The devil is always in the detail! Requirements planning is a critical process that should drive the level of detail necessary for successful IT project implementation. There is a clear need to document workflow—both current and future states, and any new workflow requirements must have the buy-in of key stakeholders. The hospital or practice must consider requirements planning with a perspective of all possible options and scenarios, otherwise costly changes may be necessary. Our team has found that creating wireframes to clearly illustrate system functionality and processes can be useful tools. Lastly, a scope document that outlines the features and functions should be agreed upon. This will assist with decisions and discussions so that all understand whether a request is outside the scope or included in the project plan. Failures to adequately create and deliver detailed planning requirements are typically causes of frustration, cost over-runs, and delays in project completion.

4. **Never Neglect the Perspective and Input of the End User—**

Defining the role of the end user in IT integration decisions and their education and training needs once the IT service is launched is critical. An understanding of the work flow of the end user is important to system adoption, use, and the quality of downstream reporting data.

Additionally, clearly defining the technical and administrative support functions is essential, as all projects will require multiple layers of support. A balance between the end user perspective and the need to support a change process can be a delicate one. Again, key stakeholder involvement may be necessary to guide reluctant end users to support change that may result in improved clinical and/or business practices.

5. **TEST! TEST! TEST!**—Rigorous upfront testing processes can avert downstream agony and rework. Our mantra is that ‘testing’ alone isn’t enough—attempting to ‘break’ the system before moving to widespread use is a much better approach, especially if an interface is involved. Testing processes need to be defined, and a time commitment to adequately test all aspects of the system is essential. QA testers need to be educated and trained on what to look for, and test scripts for pre-established scenarios should be created. Testing with a multidisciplinary team perspective can also be important to a successful launch. The testing process needs to be approached seriously with accountability assigned, and well-documented sign-off processes in place to assure that the testing has been vigorously applied.

Successful implementation of information technology in a clinical setting is never an easy task. However, Corazon recommends the steps outlined above as a means to achieve an on time and on budget project completion. The ultimate goal.... To create end-users who cannot remember how they functioned prior to adoption of the new IT resources! +

*Brian Keller is Senior Applications Developer and Susan N. Heck is Senior Vice President for Corazon. Corazon offers consulting, recruitment, interim management, and physician practice & alignment services to hospitals and practices in the heart, vascular, neuro, and orthopedics specialties. Find Corazon on Facebook at [www.facebook.com/corazoninc](http://www.facebook.com/corazoninc) or on LinkedIn at [www.linkedin.com/company/corazon-inc](http://www.linkedin.com/company/corazon-inc). To learn more, call 412-364-8200 or visit [www.corazoninc.com](http://www.corazoninc.com).*

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Karen Marshall





# The Main Event(s)

By Barbara Ivanko



The last month or so has been pretty busy. Sure, many of us are still exhaling after the holiday season – and we continue to put up with a snowy winter full of “polar vortexes”. But beyond that, there’s been a lot of big “events” happening:  
Pittsburgh inaugurated a new Mayor.  
The Grammys were telecast – and featured a Beatles reunion, of sorts.  
The greater New York City area hosted its first Super Bowl.

Another Winter Olympics are upon us.  
And Facebook is celebrating ten years on the web, with nearly 1.2 billion users.  
Big events, indeed. As these and other events take place, we find that life goes on. No matter who makes it to the Super Bowl, no matter who wins a Grammy, and no matter who has the most friends on Facebook, life continues.

For the patients and families we serve at Family Hospice and Palliative Care, big events are taking place all the time. And they’re much more important than gold medals or elections.

I think of Donna, a patient at our Family Hospice Inpatient Center / Canterbury in Lawrenceville. When her husband found her bucket list, it included a wish that they renew their marriage vows. So, with the help of our staff, a wedding ceremony was staged in the chapel, complete with flowers and our nurses serving as Donna’s bridesmaids. Thanks to Donna’s sharing spirit, the video of that event may be found on our Family Hospice You Tube channel.

I recall John, now in his mid-90s, whose wife was under our care. After her death, John wrote and recorded a song called “Goodbye to the Sweetheart of My Dreams.” Every day that he is able, John visits Madeline’s gravesite to sing the song. He’s also working hard to get it copyrighted – not to make money, but just as a proper way to honor his sweetheart.

There’s Ann and Tim, a sister and brother who shared their big event with Family Hospice by donating \$1,000 to have their father’s name



Thomas, pictured here with the French Consul, shared his “big event” with Family Hospice.

placed on our Celebration of Life Wall in Mt. Lebanon. They were so passionate about the care Dad received that they chose to give back by honoring him permanently on a beautiful granite structure.

Roger’s story comes to mind. Choosing to move back to Pittsburgh from Florida so he could be under Family Hospice care, Roger travelled with only his wife (they did not have children), and was forced to leave his best friend Bailey behind. Roger’s wish for a big event was to be reunited with his Yellow Lab before he died. Thanks to the hard work of our staff and other volunteers, that wish came true.

And there’s Thomas. A proud veteran of World War II, he already had earned two Purple Hearts, four Bronze Stars and a Presidential citation. Thanks to Thomas’ service in Normandy and at the Battle of the Bulge, he was honored a couple years back by the French government for his role in the liberation of France. He graciously allowed members of our staff to be on-hand when French Consul Jean-Dominique Le Garrec presented him with the prestigious “Legion d’Honneur” medal.

The truth is, Family Hospice patients display their graciousness daily by allowing us to be witness to - and participants in - these major life events. No matter the event, no matter how many participants, all are important, precious, and memorable.

As the world continues to swirl around us, I find myself grateful for what I learn from our patients: that no wish is too small; that every event is meaningful and that it’s totally worth taking the time to stop and put it all into perspective. +


*Barbara Ivanko is President and CEO of Family Hospice and Palliative Care. She has more than 20 years’ experience in the health care and hospice and is an active member of the National Hospice and Palliative Care Organization. She may be reached at [bivanko@familyhospice.com](mailto:bivanko@familyhospice.com) or (412) 572-8800. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at [www.FamilyHospice.com](http://www.FamilyHospice.com) and [www.facebook.com/FamilyHospicePA](http://www.facebook.com/FamilyHospicePA).*

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# Prevention is a Lonely Place

By Michael Campbell



A school principal recently remarked, "Parents blame the schools for not doing more to stop the spread of drugs, but are reluctant to play a role. I call them about their child's behavior and they say there is nothing that they can do. We acknowledge the importance of prevention, but too few sign up to get involved. With addiction, as in so many other areas of healthcare, our focus has been on treatment rather than striving to stop the problem before it becomes acute and often chronic."

Science has growing evidence that addiction should be understood as a developmental disease. Most often the pattern of addiction begins in adolescence, when the brain is still changing and not yet mature. It appears that the propensity for addictive behavior is often solidified by the frequent use of drugs or alcohol prior to the age of 20. New research may soon confirm that the first years of abuse, especially if they are prior to age 26 (when the brain is not fully developed), sets the stage for a life of struggle against the powerful disease of addiction.

There is a growing chorus of respected researchers who argue that addiction is "kicked off" by the use of those drugs for which we are most tolerant. Nicotine, alcohol and marijuana are the "starter" drugs for most people in this country. While they may not be seen as representing the danger of heroin or meth, they contribute to the physiological and psychological changes that lead to addiction. At St. Joseph Institute we see in our residents a pattern of drug and alcohol abuse that almost always starts in high school, and is well established by the early 20s, even if the first attempt at treatment does not occur for another twenty years.

In the debate over the legalization of marijuana, and the potential dangers of binge drinking at universities, the focus is too often on the physical impact on the body. Yet the addict and alcoholic are often quick to confirm that the greatest power of their drug of choice is not physiological. They use to feel different, to self-medicate, to make problems disappear, to avoid the unpleasantness that is often part of day-to-day reality. In short, they do not like how they feel, and their brain cries out for an alternative that has been learned through using mind-altering drugs.

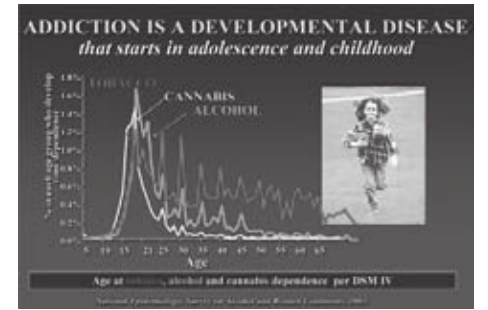
Addiction is about managing life by escaping from problems,

feelings, relationships and pain making prevention difficult. It requires that we face life's issues, and learn to manage stress and a thousand other challenges without seeking to escape. The challenge for parents, schools, churches and communities, is to help teach each new generation how to live life better, so that drugs and alcohol do not become the accepted solution. Prevention requires standing strong against the enabling behavior that does not seek to stop youth from experimenting with, and often becoming dependent upon, drugs that will change how their brains work while cementing deep patterns that become the foundation for addictive behavior.

The National Institute on Drug Abuse describes addiction as a \$534 billion annual problem - when we calculate health, law enforcement, crime and other related costs. In contrast, our nation's investment in prevention is less than 1%. However, the real problem may not be the lack of funds directed toward the prevention of addiction. Perhaps the greater need is for all of us to get involved with our children and the young people in our community. We need to help them to grow strong and healthy, learning to face life without the addictive substances that manage their feelings for them.

An addict who I know states the solution to addiction in a very succinct manner. He suggests that "recovery is all about creating a life where it is easier not to use." Prevention, as challenging a task as it is, may have the same goal.

*Michael Campbell is the Co-founder & President of St. Joseph Institute, an addiction treatment center near State College, PA.*



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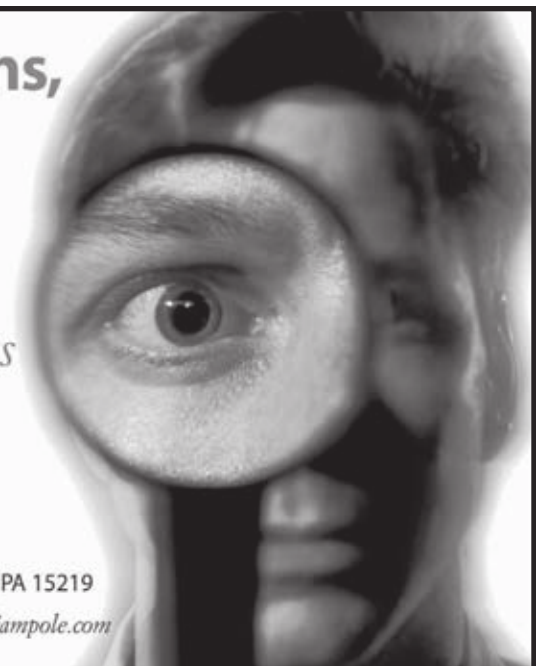
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dream can now be a reality for patients with end-stage age related macular degeneration (AMD), the leading cause of blindness in older Americans.

The comprehensive treatment program has been designed by CentraSight and is the only treatment program available in the United States that uses an FDA approved implantable telescopic lens. In the Pittsburgh area, the treatment program is available through a multidisciplinary team including Blind & Vision Rehabilitation Services of Pittsburgh, Dr. Viki Christopoulos and Dr. Pamela Rath.

The CentraSight treatment program uses a tiny telescope that is implanted inside the eye. Smaller than a pea, the telescope implant magnifies objects that would normally be seen in one's "straight ahead" vision.

This image is projected onto the healthy retina in the back of the eye not affected by the disease.

The first patient to undergo treatment in the Pittsburgh area is doing well. His vision is improving as he heals from surgery and learns to use the telescope.

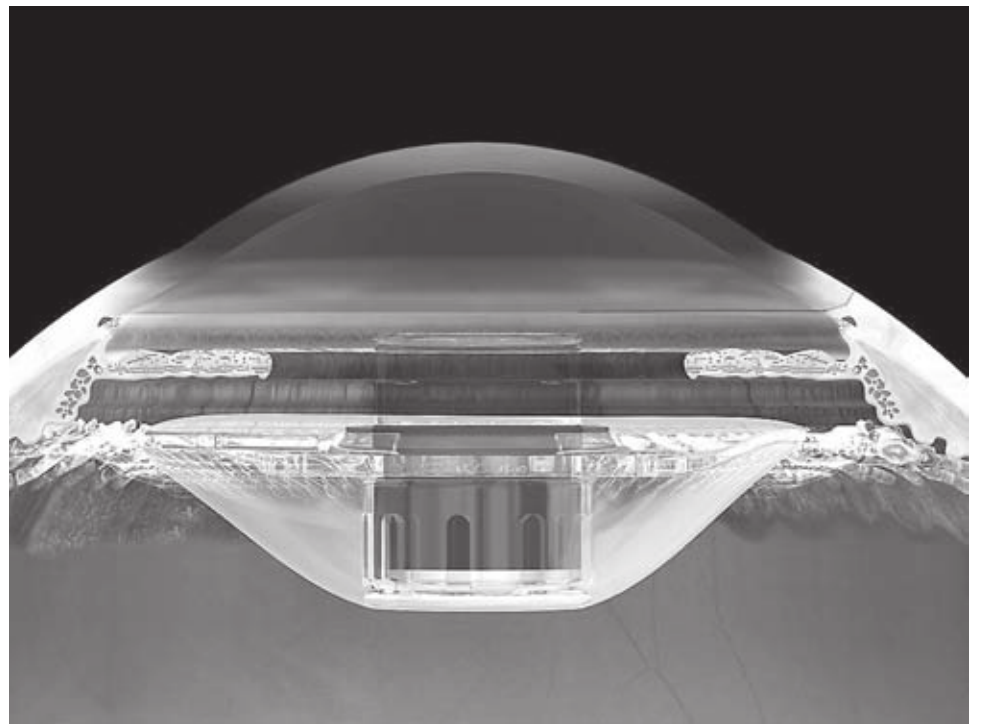
As an essential part of the treatment program, an occupational therapist at Blind & Vision Rehab has given him exercises and the patient is faithfully practicing at home watching TV and looking at faces.

He even did some handwriting for the first time in 10 years! His wife is very supportive and ensures he does his "homework." Indeed, successful implantable telescopic lens patients need a supportive caregiver to practice with and to offer encouragement.

More than 15 million Americans are affected by some form of macular degeneration, which attacks the macula of the eye, where one's sharpest central vision occurs.

Although it does not cause complete blindness, patients with end-stage AMD have a central blind spot, or missing area, in their vision. This vision loss makes it difficult or impossible to see faces, read, and perform everyday activities such as watching TV, preparing meals, and self-care.

Potential patients undergo medical and vision evaluations to



determine whether they may be a good candidate. After an eye surgeon implants the telescope in an outpatient procedure, the patient then works with vision specialists at Blind & Vision Rehab to learn how to use their new vision in their everyday activities. Studies with the implantable telescopic lens show vision improves over the course of one year.

The telescope implant is not a cure.

Patients must meet age and cornea health requirements to be considered a good candidate.

For more information on the telescope implant and who qualifies for the treatment, contact Dr. Erica Hacker at Blind & Vision Rehab, 412-368-4400. Additional details are available at [www.bvrspittsburgh.org/telescope-implant/](http://www.bvrspittsburgh.org/telescope-implant/).

Blind & Vision Rehabilitation Services of Pittsburgh, a 104-year-old private nonprofit, is a leader in programs and services for people of all ages who are blind, vision impaired, or have other disabilities.

We believe in independence through rehabilitation. Our mission is to change the lives of persons with vision loss and other disabilities by fostering independence and individual choice. We offer comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness and deaf blindness training, independence skill building, in-home instruction, low vision services, children's vision screening, prevention of blindness services, and an industrial employment program.

BVRS is a United Way Impact Fund Award for Excellence Agency and is accredited by the National Accreditation Council for Blind and Low Vision Services (NAC). +

*Erica A. Hacker, O.D., is an optometrist in the Low Vision Department at Blind & Vision Rehabilitation Services of Pittsburgh. For more information on Blind & Vision Rehabilitation Services of Pittsburgh, call (412) 368-4400 or visit [www.bvrspittsburgh.org](http://www.bvrspittsburgh.org).*

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# Successful Cancer Care Means Treating the Whole Person, Not Just The Disease

By Dr. J. Lynn Martell

Cancer care today is about more than solely eliminating the disease itself.

Physicians, nurses, radiologists, technicians and others involved with care are increasingly finding the need to adjust their protocols to embrace treating the whole person, not just that person's disease.

According to the National Cancer Institute, cancer patients experience natural levels of psychosocial distress both upon hearing the diagnosis and throughout the course of treatment.

For even those who handle the news relatively well, there are various degrees of anxiety, stress and depression, which have been shown to impact the effectiveness of care.

It is therefore crucial to offer patients and their families multifaceted support throughout the treatment process.

When patients are presented with a cancer diagnosis, it's natural for most to worry about possibly succumbing to the disease.

However as evidenced by our understanding of treating nearly 18,000 patients since 1990 at the James M. Slater, MD, Proton Treatment and Research Center, treatment providers can assuage patients' fear with a positive attitude that places an emphasis on how they will live.

Our experience has shown that patients benefit by taking into account every aspect of healthy living as part of their care. From nutrition and physical activity to social networking and spiritual support, patients benefit greatly if given programs and resources that encourage them to take care of themselves throughout the treatment process.

In fact, we are guided by the belief that while *treatment* takes place in the proton gantries, the healing is a *process*.

As part of this process, it is extremely helpful for patients to support each other, especially when they are undergoing prolonged treatment that could last for weeks or months.

This is particularly important for those patients who leave their homes to be closer to the hospital during treatment, as that removes them from their existing support systems and comfort level.

When cancer treatment centers put programs in place for patients – such as pot luck dinners, local restaurant tours, educational seminars and disease-specific support groups – patients not only become better educated, but they also have an opportunity to get to know each other, share common experiences and feelings, and develop a new supportive community to help them during the healing process.

The importance of a spiritual connection during healing can also be helpful to many patients since they can literally undergo a life-transforming experience during treatment.

To that end, it's important for treatment centers to provide a

comprehensive listing of religious institutions of all faiths as a resource to patients.

Countless studies also have confirmed the benefits that good nutrition and regular physical activity can have to the healing process.

In addition to providing recommendations for effective dietary programs that aid healing, some of the best treatment facilities arrange memberships to local fitness centers for patients and their families as a way to encourage regular physical activity.

Both benefit the body and the mind during treatment.

Because healing is a process that continues after patients leave the hospital, an increasing number of treatment centers have developed cancer survivorship programs that, based on whole-person care, help patients get back to normal as quickly as possible and also improve their quality of life.

The best of these programs include rehabilitation, exercise, and psychosocial and nutritional programs that are individualized for each patient and are based on the potential side effects the patient might expect to encounter during recovery. +

*Loma Linda University Medical Center is a Seventh-day Adventist-founded hospital and the focus on whole person care is ingrained within our DNA. The comprehensive approach that we take with treating the whole patient – physically, mentally and spiritually – has been an effective and critical part of patients' long-term health outcomes. We encourage other hospitals and treatment centers to foster this same approach with their patients for similar long-term results.*

*Dr. J. Lynn Martell is director of Special Services at Loma Linda University Medical Center. For more information, visit [www.protons.com](http://www.protons.com) or call 800-776-8667.*



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# PA Action Coalition to Hold Vital Conference on Transforming Health Care

The Pennsylvania Action Coalition, in partnership with the Robert Wood Johnson Foundation (RWJF) and AARP, is hosting a statewide meeting, Step Up and Step In: Your Role in the Future of Health Care on Thursday, April 3, 9:15 am – 5 pm, at the Pine Barn Inn, Danville.

The meeting will provide an opportunity for consumers and others to meet and talk with nurses, healthcare leaders and policy makers.

“The Pennsylvania Action Coalition is working to develop and implement long-term solutions to improve health in Pennsylvania,” stated Chair of the State Steering Committee for the PA Action Coalition Victoria Rich, PhD, RN, FAAN. “Using the recommendations presented in The Future of Nursing: Campaign for Action report, the Coalition is making certain that our families and communities

receive the best possible healthcare.”

Speakers at this year’s event include

- Susan Hassmiller, PhD, RN, FAAN Senior Advisor for Nursing Director, Future of Nursing: Campaign for Action
- Glenn D. Steele, Jr., MD, PhD President and Chief Executive Officer, Geisinger Health System
- Steven C. Larson, MD Associate Professor of Emergency Medicine, Hospital of University of Pennsylvania

The keynote speaker, Susan Hassmiller, PhD, RN, FAAN, is the Robert Wood Johnson Foundation (RWJF) senior advisor for nursing.

Hassmiller was drawn to the Foundation’s “organizational advocacy for the less fortunate and underserved,” and has been “tasked with shaping and leading the Foundation’s strategies to create a higher quality of patient care in the United States.”

Hassmiller is a member of the Joint Commission Nursing Advisory Council, the CMS National Nurse Steering Committee and the New York Academy of Medicine. She is a fellow in the American Academy of Nursing and has received numerous awards for achievement, community service and excellence. In 2009, she was honored with the Florence Nightingale Medal, the “highest international honor given to a nurse by the International Committee of the Red Cross.”

Cost for the one-day meeting will be \$50 for professionals and \$20 for students and includes lunch.

Register at [www.paactioncoalition.org](http://www.paactioncoalition.org). +

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# Being with Death and Dying Workshop With Tempa Dukte Lama

By Ransom Towsley

Skills in self-care and renewal are essential for individuals who care for dying people. Engaging in contemplative practices that stabilize the mind and cultivate emotional well-being is supportive to deepening their work. For thousands of years, the Tibetan spiritual traditions have cultivated practices to offer spiritual support to the dying and to prepare for a peaceful and conscious death.

In a 2003 Journal of Review of Religious Research article, Kathleen Garces-Foley states "Buddhism is a predominant voice in the 'good death or 'conscious dying' movement, the central vehicle for which is the hospice movement. Examples of this include the nationally televised Bill Moyers special on death in America, entitled On Our Own Terms, which featured Frank Ostaeski, director of the Zen Hospice Project in San Francisco, and Robert Thurman, Professor of Buddhism at Columbia University. In addition, thousands of healthcare professionals and hospice volunteers have gone through Buddhist training courses on dying.

The perception of Buddhists as "death experts" is not unique to modern America. Throughout its history Buddhism has been characteristically been associated with death and recognized for its ritual death practices. To say that Americans are turning to Buddhism for guidance is not to say that they are becoming Buddhists. Rather, devout and not-so-devout Christians and Jews are borrowing Buddhist meditation techniques and religious language as they face their own death or help others die.

In Pittsburgh we are graced to have the Olmo Ling Bon Institute founded by Genye Tempa Dukte Lama an ordained Tibetan Bon lama. Tempa Lama will be presenting a workshop on Being with Death and Dying on April 18th and 19th at Robert Morris University. The workshop will explore the meaning of death in our lives and the art of conscious dying. Participants will learn about compassionate

care for the dying and for themselves. The workshop will use meditation, exercises and dialogue to look deeply into the process of death and dying. The retreat is for those who are ill or in the process of dying, for caregivers, health professionals, and people working closely with dying people or animals.

Tempa Lama was born in the Humla valley of Nepal, close to the Tibetan border. At the age of six, Tempa entered Menri monastery in Dolanji, India. In Summer 2000, Tempa Lama accepted an invitation from Joan Halifax Roshi, the abbot of Upaya Zen Center in Santa Fe, New Mexico to live and teach at Upaya. Tempa Lama assisted in facilitating Upaya's Project on Being with Dying, served for several years as Director of Upaya temple, and taught on topics including death and dying, meditation.

Tempa Lama is working to make the ancient teachings of the Bon tradition available and accessible for all who wish to bring a practice of compassion, healing and happiness into their lives. Central areas of his work include the creation of an educational program geared toward the needs of psychologists and medical professionals in the areas of healing, compassionate care and spiritual support for the dying. Over the past several years, Tempa Lama has taught Being With Dying workshops to professionals in partnership with the UPMC Institute to Enhance Palliative Care, University of Pittsburgh School of Social Work, and the C.G. Jung Institute of Pittsburgh.

The Being with Death and Dying workshop is sponsored by Robert Morris University, University of Pittsburgh School of Social Work and the CG Jung Institute. For more information or to register visit [http://www.olmoling.org/events/being\\_with\\_dying\\_workshop\\_1](http://www.olmoling.org/events/being_with_dying_workshop_1) or call 412-904-1112 or email [bon@olmoling.org](mailto:bon@olmoling.org). +

*Ransom Towsley, Olmo Ling Board member, is chair of the Being With Death and Dying Project and a healthcare executive in long term care.*

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Wendy is a trusted resource in the elder care market. Through her program, she has offered consulting & care management services in the Pittsburgh area for over 15 years. The care management services have helped hundreds of older adults and their families cope with the demands and challenges of aging. As a professional care manager, Wendy provides peace of mind to families while ensuring their elderly parent(s) is functioning safely in the best environment.



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## Being with Death and Dying Workshop With Tempa Dukte Lama



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### Program cost (incl. lunch):

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# Functional Integration

By Marc D. Halley, MBA

Healthcare reimbursement represents an increasing percentage of federal and state budgets and governments will continue to place downward pressure on reimbursement for medical services.

The healthcare industry has become increasingly visible as a percentage of U.S. Gross Domestic Product, which will continue to drive more regulation, increased enforcement, and higher compliance risks/costs. Healthcare Reform will provide increased access to medical care for millions, increasing both demand and utilization.

A growing and aging population will also drive significantly increased demand for medical services.

These and other factors make it even more difficult for hospitals and physicians to remain in their traditional service silos. We believe these changes in healthcare are irreversible.

As the resulting consolidation spreads, there will be fewer independent medical providers,

employed physicians will increasingly dominate medical staffs and competitive lines will be drawn and rarely crossed. Independent providers that try to remain neutral will be marginalized by larger integrated healthcare delivery systems wherein patient referrals are directed in order to leverage payer negotiations, to generate capital, to share risk and to coordinate care.

As physicians and hospitals come together using a variety of integration models, many – even those using physician employment – are stunned to discover that their new structure does not *act* like an integrated delivery system or network.

Agreement on clinical quality and service quality performance targets remains elusive. Compliance with established protocols (even evidence-based protocols) varies. Patient referrals and the resulting capital continue flowing to competing integrated systems. There is limited engagement or transparency among physicians, and between physicians and hospital administration.

The venerated icons of integration include Mayo Clinic, Geisinger Health System, Cleveland Clinic, Virginia Mason Hospital and a few others, whose physician founders built their initial medical practices on a multispecialty team approach to the diagnosis and treatment of disease.

Unfortunately, none of our more recently structured integrated systems has the decades these icons needed to fully develop their integrated multispecialty cultures – cultures that actually act or *function* like integrated teams in delivering the highest clinical and service quality.

Such functionally integrated teams are essential to develop the individual and joint accountability necessary to consistently deliver value-based care and outcomes. Successful functionally integrated networks will increasingly become the source of sustainable competitive advantage in highly competitive markets.

Can *structurally* integrated organizations become *functionally* integrated without decades of evolution?

Although most integration efforts today are still evolving,

we believe that the answer is a resounding “yes”! Based on our experience, we recommend attention to the following principles for driving successful physician/hospital integration:

## 1. Focus:

Moving from structural to functional integration requires a focused commitment of time and energy from primary care physicians, subspecialty physicians, executives, department heads, and support staff. In today’s medical practices and busy executive suites, such time is limited and precious.

The transition also usually requires a commitment of often-limited capital from one or more stakeholders. For this reason, selecting a specific target increases the chances for engagement of all parties who see the personal and organizational benefit of individual and joint accountability.

Selecting the right service line (e.g., hearts, cancer, etc.) or diagnosis code (e.g., diabetes, congestive heart failure, etc.) can produce enough interest and energy to attract and retain stakeholders who must see the value of committing time, energy and capital to the performance initiative.

We usually recommend identifying a single target with a high probability of success. That success will foster interest among other physicians and service line leaders. Subsequent targets, however, should be prioritized and sequentially implemented in order to protect limited physician and management resources.

## 2. Compelling Vision:

The potential stakeholders must come together around a common and compelling vision to drive their efforts.

That vision must be jointly developed and shared. It must be compelling enough to attract busy physicians and executives who will commit the time and energy (teamwork) required to achieve functional integration (service quality) and then move on to clinical integration (clinical quality).

That vision must also be compelling enough to overcome the inevitable disagreements over targets and tactics. That compelling vision must yield significant improvement in

service quality and clinical quality, both of which are critical in a value-based reimbursement model. Finally, the vision must be compelling enough that physicians and others are willing to surrender some autonomy in order to participate.

## 3. Sponsorship:

Physician and executive leaders become the “sponsors” of changes required to achieve their compelling vision. They identify performance targets, direct process improvement efforts, and provide direction to managers who implement their directives.

They publicly support performance management at the practice, department and network levels. Effective sponsors require compliance with approved processes and achievement of performance targets. They ensure that the organization has the will to remove and replace “C” players, regardless of political fallout.

## 4. Implementation Team:

Line managers are implementers. Functional integration requires the involvement of implementers at the hospital department and medical practice levels. The transition also often requires the support of staff specialists with training and experience in process improvement, to achieve both service quality and clinical quality objectives.

Working together with physicians and executive sponsors, managers ensure that required process changes are implemented, that compliance is measured and that performance objectives are achieved. The implementation team should always be accountable to the sponsors (physician and executive leaders).

## 5. Primary Care:

Functional integration begins and ends at the primary care office. Primary care physicians (PCPs) and other providers render the majority of medical services and “hold” patients until more invasive diagnostic or therapeutic services are required.

As patients are referred for additional services, functionally integrated subspecialty offices and hospital departments act and feel like an *extension* of the



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primary care office. “We are waiting for you!” is the message the referred patients feel and hear. “We appreciate your referrals and will engage you in the care of your patient, as you prefer to be engaged!” is the message that referring physicians hear.

Effective and efficient communication is the lubricant for the Referral Path<sup>1</sup> making it easy to refer to our subspecialists’ offices and to our hospital departments.

## 6. Performance Management:

Performance management includes establishing performance targets for processes, key behaviors, and outcomes. It also includes written performance commitments to referring physicians and for their patients.

Performance management includes development and implementation of training to ensure consistency in achieving performance commitments within each practice or department, and across the network. It also includes measurement of the effectiveness of processes, vital behaviors and outcomes. Finally, performance management includes process improvement as required to achieve performance targets and commitments.

## 7. A Culture of Accountability:

Developing a culture of accountability is a natural extension of transparent performance management. Sponsors, management and staff work together to identify and correct performance challenges regardless of their source.

Membership on the integrated “team” becomes a privilege, which promotes cooperation and compliance. Individuals feel personally accountable to do all they can do to achieve individual and team objectives. Teams feel accountable to correct performance challenges and to identify best practices, which are actively shared and adopted. Importantly, sponsors must have the “will” to remove and replace those members who fail to consistently achieve performance targets and commitments – the ultimate accountability.

Prosperity and sustainability in the value-based healthcare environment will require medical practices and hospital service lines and departments to become increasingly integrated.

Integration structures alone are not adequate to meet value-based requirements in risk settings. Integrated delivery networks must become increasingly functionally integrated in order to achieve the levels of teamwork enjoyed by respected integration icons.

Each stakeholder that contributes or potentially detracts from either process or outcomes must be engaged in ensuring the establishment and achievement of performance targets in processes, behaviors and outcomes. By following the principles highlighted in this article, structurally integrated networks can transition to functionally integrated teams that are prepared to tackle the more difficult challenges of clinical integration, population risk management and, ultimately, population health. +

*Marc D. Halley, MBA, is president and CEO of The Halley Consulting Group, Inc. For more information, visit [www.halleyconsulting.com](http://www.halleyconsulting.com).*

<sup>1</sup> Halley, Marc D. 2011. *Owning Medical Practices: Best Practices for Sustainable Results*. Chicago, IL: AHA Press. 10.



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## Center for Organ Recovery & Education (CORE) Recognizes the Winners of the 2013 Pennsylvania Donate Life Hospital Challenge

The Center for Organ Recovery & Education (CORE), a federally designated not-for-profit organ procurement organization (OPO) serving Pennsylvania, West Virginia and parts of New York, recently recognized 11 hospitals from across its Pennsylvania service area for their participation in the 2013 Pennsylvania Donate Life Hospital Challenge.

An initiative of the Hospital and Healthsystem Association of Pennsylvania (HAP) and the Pennsylvania Department of Health, the challenge took place between April 1 and Aug. 31, 2013. During this time, the hospitals held activities to inspire and increase donor awareness and designations within their health care facilities.

On Jan. 23, CORE held a luncheon at its Pittsburgh headquarters to recognize the following winners:

- Allegheny General Hospital (Gold)
- Children's Hospital of Pittsburgh of UPMC (Gold)
- Conemaugh Health System - Memorial

Medical Center (Gold)

- Meadville Medical Center (Gold)
- UPMC Hamot (Gold)
- UPMC Mercy (Gold)
- UPMC Presbyterian (Gold)
- Magee Women's Hospital of UPMC (Silver)
- Robert Packer Hospital (Silver)
- UPMC Passavant (Silver)
- Forbes Regional Hospital (Bronze)

"We are pleased to be involved in this donor designation campaign, which continues to have a strong influence on increasing donor designations in a healthcare setting," said Susan Stuart, president and CEO of CORE. "Eighteen people die every day waiting for a transplant, which includes two from our service area. Through this challenge, our Pennsylvania hospitals will continue to help more than 8,300 individuals across the state awaiting a transplant, along with more than 120,000 on the national waiting list."

For more information about CORE, visit [www.core.org](http://www.core.org). +



Kris Keefer-Wolff, CNO of UPMC Presbyterian and Susan Stuart, president & CEO of CORE



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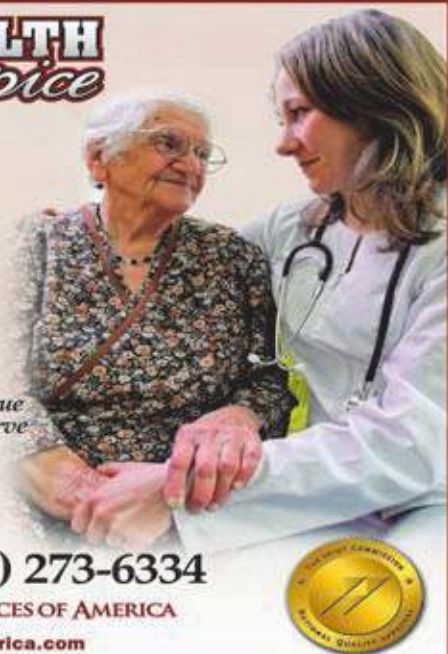
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## Baldwin Health Center Offers Quick Recovery With Opening of Advance 360 Progressive Rehabilitation Center

With harsh winter weather conditions creating icy sidewalks and parking lots, not all senior citizens will escape dangerous slips and falls. According to the CDC, among older adults, falls are the leading cause of both fatal and nonfatal injuries. About half (53%) of the older adults who are discharged for fall-related hip fractures will experience another fall within six months.

CommuniCare Health Services uses top-of-the-line equipment to help victims of winter slips and falls get home quicker. The grand opening of Baldwin Health Center's Advance 360 Progressive Rehabilitation Center was held on Thursday, January 16, from 4:00-7:30 p.m., at Baldwin Health Center, 1717 Skyline Drive, Pittsburgh, PA 15227. The Advance 360 center offers patients outstanding therapy with the help of state-of-the-art rehab technology, including:

- Korebalance System - a computerized balance and exercise system offering the latest in virtual and interactive technology providing a high-tech way for balance assessment and training.

- OmniVR - the world's first virtual rehabilitation system designed specifically for the needs of geriatric patients and more medically complex conditions.

- Omnicycle Elite Motorized Rehabilitation System - supports expanded therapy services for neurological rehabilitation, orthopedic rehabilitation and cardio-pulmonary rehabilitation.

- AlterG Anti-Gravity Treadmills - developed at NASA, AlterG's technology offers precise body weight reduction and comfortable support, allowing seniors to exercise in a fall-safe, comfortable environment and recover



from surgery, rehabilitate after an injury, or maintain exercise, while eliminating pain and protecting healing tissue.

Rich Valentic, Executive Director of Baldwin Health Center, says, "Hopefully, accidents or setbacks do not occur, but when they do, our state-of-the-art facility, world-class care and people make a difference."

One of the largest facilities within the CommuniCare Family of Companies, Advance 360, a progressive rehabilitation center, includes a dedicated advanced therapy gym and fitness center. The department is open seven days a week, offering comprehensive rehabilitation including physical, occupational

and speech therapies.

For more information about Advance 360, call 330.807.6281 or visit [www.communicarehealth.com](http://www.communicarehealth.com). Celebrating its 30th anniversary, CommuniCare Family of Companies is a privately held, multi-faceted health care management company. Centers are independently owned and operated as a part of the CommuniCare Family of Companies. Currently, CommuniCare owns and manages numerous world-class nursing and rehabilitation centers, specialty care centers and assisted living communities throughout Ohio, Missouri, Pennsylvania and Maryland.

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Today Presbyterian SeniorCare is privileged to serve more than 6,500 older adults through our continuum of 56 communities at 44 locations across 10 Western Pennsylvania counties. Our care and service options include: personal care and skilled nursing communities, specialized Alzheimer's and dementia care, over 35 affordable and supportive housing communities, our premier continuing care retirement community Longwood at Oakmont, as well as in-home and community-based programs. In 2006, Presbyterian SeniorCare became the first Aging Services Network in Pennsylvania, and the third and largest in the nation to receive accreditation from Commission on Accreditation of Rehabilitation Facilities-Continuing Care Accreditation Commission (CARF-CCAC). CARF-CCAC reissued that accreditation for a five-year term through 2016, representing the highest level commendation that can be awarded to an eldercare provider. Additionally, we also have been awarded the CARF-CCAC accreditation through 2016 as "Person-Centered Long-Term Care Communities" for our nursing communities, recognizing our superior performance in fostering an environment of autonomy, choice and flexibility for our residents. For more information about Presbyterian SeniorCare, please call 1-877-PSC-6500 or visit [www.SrCare.org](http://www.SrCare.org).

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5324 Penn Avenue, Pittsburgh, PA 15224  
[www.childrenshomepgh.org](http://www.childrenshomepgh.org)  
email: [info@chomepgh.org](mailto:info@chomepgh.org)



## THE CHILDREN'S INSTITUTE

The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Norwin Hills and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.

For more information, please call 412-420-2400

The Children's Institute  
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## PUBLIC HEALTH SERVICES

### ALLEGHENY COUNTY HEALTH DEPARTMENT

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality, Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Ronald E. Voorhees, MD, MPH, Acting Director.  
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# HEALTHCARE EVENT AND MEETING GUIDE

## UPMC Children's Ball

March 29, 2014, 6-9 PM  
Carnegie Science Center  
Call 412-802-8256 or  
visit [www.upmc.com/childrensbball](http://www.upmc.com/childrensbball).

## Andy Russell Celebrity Classic

May 15-16, 2014  
Heinz Field East Club Lounge,  
Allegheny Country Club  
Call 412-802-8256 or  
visit [andyrussell.org](http://andyrussell.org).

## EMT Class at Penn State Fayette, The Eberly Campus

February 3, 2014—May 15  
Classes will be held at the Rostraver/West Newton  
Emergency Services.  
Call 724.929.9116 for more information.

## Paramedic Training with Penn State Fayette, The Eberly Campus

March 9, 2014; Sundays 9:00 am—3:30pm and  
One Saturday a Month  
Training will be held at the Hiller Vol. Fire  
Department  
For more information contact 724.430.4217 or  
email [sln@psu.edu](mailto:sln@psu.edu).

## TEMS Training at Penn State Fayette, The Eberly Campus

June 19-23  
Registration will start in March.  
Class size is limited.  
Call or email Sherry L. Nicholson at 724-430-4217  
or [sln177@psu.edu](mailto:sln177@psu.edu).

## Health Care Event & Meeting Guide

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# Abby Diamond's Anatomy of Art

By Christopher Cussat

Abby Diamond is a Pittsburgh-based artist who gleans her creative inspiration from science and anatomy. She recently (last summer) relocated to the city after attending Edinboro University of Pennsylvania (Edinboro) for her Bachelor's of Fine Arts Degree with a major in Studio Art and a minor in Biology. After graduating from college in May 2012, Diamond started her own illustration business, drawing all kinds of things for people all around the world. "The best part about illustration is that it's both my career and my hobby, and it never gets old," she notes.

It was while studying fine art at Edinboro that Diamond decided to add an education in biology for herself because, at the time, she wanted to be a scientific illustrator. "I dreamt of graduating and going to work at an anatomical lab, for a science book publisher, or working at someplace like the Audubon Society or the Roger Tory Peterson Center," she explains.

Between art classes, Diamond spent plenty of time drawing and sketching in the Edinboro Biology Department's taxidermy collection. "My interests have changed from human anatomy to animal/vertebrate anatomy, and then again from vertebrates to arthropods, plants, and fungi." With the support and direction of the then-department chair, Dr. Martin Mitchell, Diamond was able to take a variety of classes which gave her a definitive glimpse into several specific fields of research. "Among my favorites were human anatomy and entomology courses," she adds.

According to Diamond, Dr. Mitchell and several other professors were wonderfully supportive, and they combined their efforts with Edinboro's Art Department to produce the university's first scientific illustration course. "During this class, I also had the opportunity to experiment with botanical illustration, as well as sketch live from anatomical references in a cadaver lab," says Diamond.

In fact, during the last semester of her biology minor, Diamond was commissioned by Dr. Mitchell to create a large-scale, conceptual illustration of a 3-Domain/5-Kingdom classification diagram. "When it was completed, it measured around 2.5' x 4'

and currently hangs on display in the Edinboro Biology Department," she notes.

Her artistic endeavors as a professional freelance illustrator include storyboard art, card- and video-game art, tattoo design, children's book illustration, and editorial illustration. "I typically work with bottled ink and nib pen, ballpoint pen, watercolor paint, and washable markers." Most of her favorite subject matter comes from the natural world and from fictional inspirations; animals and birds; but also from folktales, mythology, and storybooks. "My personal work often features monsters, weird-looking beasts, or animals wearing people-clothes," she adds.

Diamond thinks that she is drawn to her art because she has always been a curious person and considers herself to be creative-minded. "I have also always loved visual art and the process of creation—so I think I favor drawing and painting because it's the kind of art that has inspired me most in my life."

She also certainly believes that there is a natural connection between the creative arts and science and health. "I think the most effective way to learn about the fields of science and health is visually." Diamond concludes, "Illustrations, models, and visual aids are absolutely necessary in a learning environment, and the creative arts make a vital contribution in providing that material."

To see more of Abby Diamond's art work visit: [www.behance.net/finchfight](http://www.behance.net/finchfight) or [www.finchfight.tumblr.com](http://www.finchfight.tumblr.com). You can also follow her at: [www.twitter.com/finchfight](http://www.twitter.com/finchfight) or contact her directly at: [finchfightillustration@gmail.com](mailto:finchfightillustration@gmail.com) for more information. ✚



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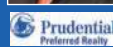


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## UNITY TWP, 2002 HIGHLAND DRIVE, \$449,000

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