

Changes in Pa. Law Eases Countersignature Requirements for Physician Assistants



By Anna Bamonte Torrance

Recent amendments to the Pennsylvania Medical and Osteopathic Practice Acts have changed the supervisory physician's countersignature requirements for patient records completed by a physician assistant.

Previously, supervising physicians have been required to countersign all patient records completed by

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Severance Agreements May Go Too Far



By Beth Slagle

Earlier this year, a former case manager at a Lehigh Valley hospital sued her employer for age discrimination, claiming her supervisor kept a list of employees over the age of 40 whom she wanted to fire.

A Michigan hospital recently had to pay a former employee \$200,000 to settle a reverse-discrimination lawsuit in which the white employee alleged that his African-American boss made discriminatory racial remarks toward him.

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The Internet of Things and the Impact on Health

By RJ Kedziora and Megg McCourt

Since 2008, more things are connected to the Internet than people. Trains, houses, and even animals are transmitting data through sensors to the Internet. Commuters know in real-time when their train will arrive at the station. A person can turn off their kitchen sink via their Smartphone from their seat on the train. Farmers are using wireless sensors on cows to be alerted when one is sick or pregnant.

The Internet, once comprised of just information and

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Enhancing the Patient Experience — Is EHR Really Necessary?



By Steve Baker

There's a lot of noise and disagreement about electronic health records (EHR) right now.

For some it may seem like there is no end in sight.

For others, this is not as big a deal as some are making it out to be.

In my experience, if you understand these four things, you'll see that a certified EHR can

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The State of PCI in the Commonwealth of Pennsylvania

By Amy J. Newell

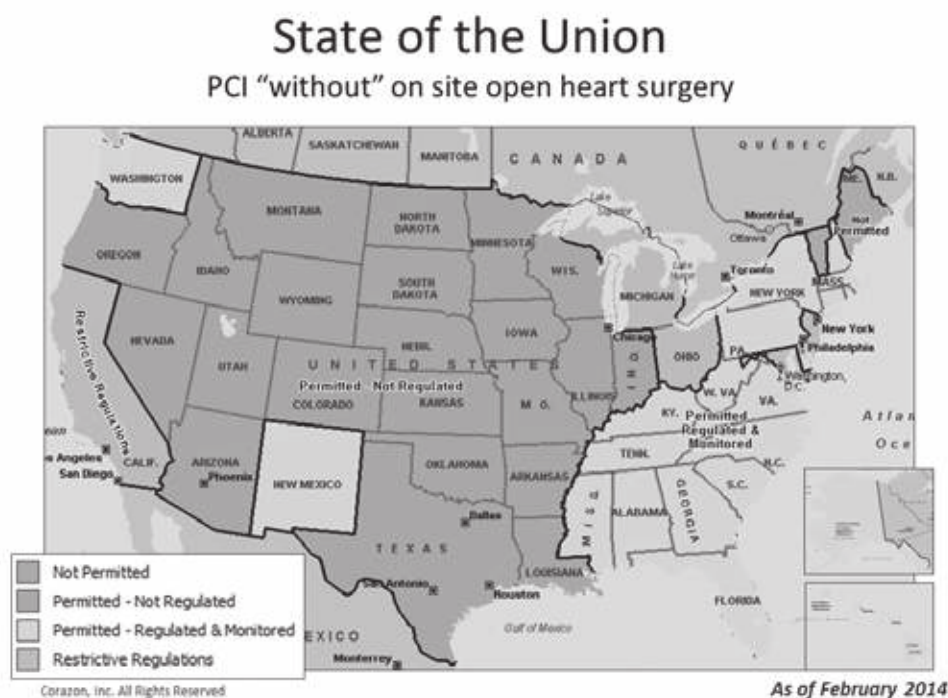
Change is in the air! ... Especially related to what has been a topic of *great debate* over the past decade or even longer: Percutaneous Coronary Intervention (PCI) at facilities without on-site open heart surgery (OHS).

While trends across the country have allowed this clinical scenario to become more widely accepted, national societies developing recommended guidelines has likewise fueled the acceptance of what was once considered too high-risk to be performed at a facility without on-site OHS.

But as more hospitals offer PCI with OHS off site, clinical guidelines have been established to ensure that “best practice” standards for the physician, clinicians, and facilities are met, or exceeded, as a means to increase access while not placing patients at greater risk for complications.

Over the past decade, we have been involved in many states assisting with the development of a hospital consortium approach to affect regulatory change related to PCI services.

We have seen a transition of acceptance across the country that has, in many cases, offered rural community hospitals the opportunity to offer elective and primary PCI for patients suffering from an acute myocardial infarction.



For many years, Pennsylvania has supported PCI at facilities without on-site open heart surgery, but has limited the number of organizations that can provide this level of service.

Today, hospitals across the Commonwealth offering PCI services without on-site OHS must do so as either a CPORT-E registry participant or as part of a state demonstration project.

At the time of this writing, both options are coming to conclusion. We strongly believe the time has come to “level the playing field” so Pennsylvania can join the many other states that permit PCI services with emergency OHS offered off-site at a partner facility.

At the request of a PA Consortium of hospitals that Corazon helped to create, The Pennsylvania Department of Health (PADOH) responded to the request for a change within the Pennsylvania Department of Health regulations that would allow community hospitals across the Commonwealth to consider expansion to PCI without the need to expand to OHS as well.

Now, the PADOH does allow hospitals in the state to offer PCI without OHS as part of an “exception” procedure to the dated regulations.

There are, however, expectations associated with this positive change across the Commonwealth.

Through the development of the current PCI Exception Procedures, opinions from national organizations, current and future PCI providers, as well nationally-renowned interventional cardiologists were solicited in an effort to obtain multiple perspectives on this contentious issue.

In January 2014, the Pennsylvania Department of Health published the current PCI Exception Procedures, which provides a historic perspective detailing outcomes from primary PCI studies as well current studies specific to elective PCI services, all of which reveal that outcomes at PCI-only facilities are clinically proven to be equal to or better than the outcomes at those facilities also offering on-site open heart surgery.

Today, and for many years, volume has been the most sensitive (and argued about!) issue for hospitals seeking to expand their existing diagnostic cardiac catheterization laboratories.

As part of the PA PCI Exception Procedures, the PA DOH recognizes these volume concerns as part and parcel to offering PCI; in fact, as a means for hospitals to establish and maintain the highest of quality of care and outcomes, the PA DOH requires both existing and new facilities to be formally accredited by a PA DOH-approved accreditation body.

Corazon has recently been approved by the PA DOH as an accrediting body, and is available to provide formal accreditation for facilities that meet the criteria based on our expert evaluation.

The department has delineated two tracks for providers, dependent upon their annual volume.

(1) The PA DOH will require an annual accreditation for programs with PCI volume of less than 200 procedures, and (2) will require a five-year accreditation for programs with volume greater than 200 procedures.

This accreditation process ensures that all PCI service providers across the state adhere to and maintain compliance with the exception procedures. There are several other requirements as part of the exceptions procedures as well.

The following represents a portion of those requirements from the PCI Exceptions Procedures:

- 24/7 availability of PCI, including qualified professional and technical staff at the PCI hospital and the same at the OHS transfer hospital.
- Agreement with a nearby Open Heart Surgery (OHS)-capable hospital that stipulates the provision of immediate consultation and treatment.
- Participation in the ACC-NCDR® CathPCI Registry, and authorization for the PA DOH to access the facility’s registry data.
- The existence of training and competency evaluation standards for physician operators and all professional and technical staff.
- Policies and procedures for regular internal review of hospital statistics and outcomes data.

Several more expectations are involved; however, most stipulations have been included to ensure that the quality of the PCI program remains of utmost importance. In some cases, and dependent upon the program’s PCI volume, a program with a PCI volume of less than 200 annual procedures must adhere to an external medical expert angiographic film review.

Certainly, a financial impact is associated with offering PCI services; thus, we strongly advise any programs considering an expansion to formally develop a business plan that would offer a “go” or “no go” decision for these services.

In fact, this planning is also regulated within the PCI Exception Procedures. Any new program is required to provide the PADOH with a program development and implementation plan, including a timeline and business plan for reaching and maintaining volume of at least 200 procedures annually.

This is an exciting time for the Commonwealth, and we are delighted that our home state of Pennsylvania has taken significant steps to join other States across the country in allowing life-saving heart attack treatment to be available in the community at hospitals.

By increasing access to care without the addition of unnecessary services, hospitals can optimize their cardiac service lines to bring needed services to their community — a goal worth pursuing at all hospitals, regardless of location. Corazon believes that with a standardized approach to PCI care across the country, beginning with efforts as seen here in Pennsylvania, heart attacks will claim far fewer lives. +

Amy J. Newell is Vice President for Corazon, Inc.

Can Texting Lead to Better Monitoring of Concussion Treatment?



By Daniel Casciato

Is text messaging a more effective way to get patients to help monitor their own concussion treatments? That's what Stephanie Huang from Rutgers Robert Wood Johnson Medical School plans to find out under the tutelage of Dr. Brian Suffoletto at the University of Pittsburgh School of Medicine and Department of Emergency Medicine. A better understanding of the effects of cognitive and physical activity on concussion

recovery is necessary to determine the best method to treat post-concussive symptoms.

Thanks to a supporting grant from the Pittsburgh Emergency Medicine Foundation (PEMF), Huang will begin a study in late May that builds upon a pilot study by Suffoletto that successfully used text messaging to track symptoms and influence self-management of patients with concussions.

"Concussion is now one of the most challenging epidemics facing children and young adults with a huge need to understand better so that therapy can be tailored to allow the brain to heal and regain normal function," says Dr. Paul Paris, Chief Medical Officer for PEMF.

According to the Brain Injury Journal, although most patients with concussions can expect a full recovery, as many as 25% to 35% of patients with concussions in the United States report unrelenting complaints 3-to-6 months post injury, while 5% to 15% continue to have persistent disability and dysfunction.

Huang's study is unique because it will be the first prospective, observational study to gain a better understanding of the variability in cognitive and physical activity post concussion. Furthermore, her study will explore the effects of symptom exacerbations due to cognitive and physical activity during the initial recovery period from an acute concussion.

RESEARCH METHODOLOGY

Subjects for Huang's study will be recruited this June to August from both UPMC Mercy and UPMC Presbyterian emergency departments.

Eligible patients must be at least 18 years old, able to speak English, meet the American College of Rehabilitation Medicine definition of a concussion, and have no other major confounding injuries. Those who do not own a personal cell phone equipped with text messaging will be excluded.

After consent is obtained, baseline assessments of demographics, pre-injury factors, post-injury symptoms, and cognition will be administered. All patients will receive the usual emergency department standard of care for concussions, including the provision of patient instruction handouts and outpatient referrals, as prescribed.

On the day the patient is enrolled in the study through the 14th day post-discharge, all participants will receive the same text message queries:

- How many minutes of cognitive activity have you been engaged today? (i.e. reading, online activity, crosswords)

- How many minutes of physical activity have you completed today? (i.e. brisk walking, bicycling, vacuuming, or anything else that causes small increases in breathing or heart rate.)

If > 0 is reported, each question is followed by:

- Did participation in this cognitive/physical activity result in or worsen an existing symptom such as headache or nausea? TXT Yes or No.

If Yes is reported:

- Did you continue despite this symptom? TXT Yes or No.

EVALUATION

Responses to the text messaging queries will be used to characterize cognitive and physical activity levels, the effect of these activities on post-concussion symptoms, and the effect of perseverance, or continuing an activity, despite experiencing symptoms during the initial recovery period from a concussion.

Huang plans to conclude her research in November of this year. She hypothesizes that:

- Symptom exacerbation from cognitive and physical activity will decrease significantly over the first 14 days after a concussion.

- Both cognitive and physical activity will increase significantly over the first 14 days after a concussion.

- Perseverance, or continuing cognitive and physical activity despite symptoms, is predictive of accelerated recovery.

The Pittsburgh Emergency Medicine Foundation (PEMF) was created in 1985 to fund educational and research projects, primarily initiated by The Center for Emergency Medicine. Research that can trace its origins to PEMF grants is leading to significant changes in the practice of emergency medicine.

For more information about Pittsburgh Emergency Medicine Foundation, visit www.pemf.net. +

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a physician assistant within a reasonable time, not to exceed 10 days. Under Acts 100 and 101 of 2013, which went in to effect at the end of January 2014, supervising physicians now have option to ease the countersignature requirement.

Under the amendments to the Medical and Osteopathic Practice Acts, a physician is permitted, if he or she chooses, to review only a selected number of patient records completed by a physician assistant. The number of records selected by a supervising physician must be of a sufficient quantity to “assure adequate review of the physician assistant’s scope of practice.” The supervising physician and physician assistant must establish written criteria upon which the supervising physician would select patient records for review. The patient records reviewed by the supervising physician must be of a sufficient number to assure adequate review of the physician assistant’s scope of practice.

The Medical and Osteopathic Practice Acts still mandate that a supervising physician abide by the “100% countersignature within 10 days” requirement during the following time periods:

- the first 12 months of a physician assistant’s practice post-graduation and after obtaining licensure;
- the first 12 months of a physician assistant’s practice in a new specialty;
- the first 6 months of a physician assistant’s practice in the same specialty under a new primary supervisor (unless, the new primary supervisor was registered as a Substitute Supervisor for at least 6 months under another written agreement).

Upon expiration of these time periods, the supervising physician will no longer be subject to the 100% chart review requirement.

In opting to deviate from countersigning all physician assistants’ records, a supervising physician is required to complete and submit a Written Agreement Change Form with the State Board of Medicine or the State Board of Osteopathic Medicine, as applicable. The Written Agreement Change Form must include specific details including, but not limited to, the number and frequency of patient record reviews required and the criteria for selecting patient records for review. A Written Agreement Change Form can be found on the Medical Board’s website at www.dos.st.pa.us/med or the Osteopathic Board’s website at www.dos.st.pa.us/ost.

The State Boards of Medicine and Osteopathic Medicine have also instituted a new process for physician assistants to obtain a “temporary authorization to practice” upon submission of an application, the Board’s staff will review the application only for completeness and issue a letter to the supervising physician providing the temporary authorization for the physician assistant to begin practice. A temporary authorization for the physician assistant to begin practicing will not be issued if the application is deemed not “complete” where, for example, required signatures or other information is missing or a fee is not included, etc. It is important that the application be completed correctly to avoid rejection by the Board. If any discrepancies in the application are not resolved after 120 days, the physician assistant must stop working.

While these changes in the Medical and Osteopathic Practice Acts offer supervising physicians the option to greatly reduce countersignature requirements, the, that may not be the case in a hospital or other health care facility setting. Countersignature requirements in a hospital or health care facility are also under the jurisdiction of the hospital/facility bylaws, the Pennsylvania Department of Health’s Health Care Facility Act and The Joint Commission. For example, the Health Care Facilities Act requires that medication or treatment be administered only upon “written and signed orders of a practitioner acting within the scope of his license and qualified according to medical staff bylaws.” (28 Pa. Code § 107.61). Such facility requirements can be more restrictive than state law. Practitioners should consult the appropriate medical staff office, hospital or facility compliance office to assure compliance with such facility requirements. +

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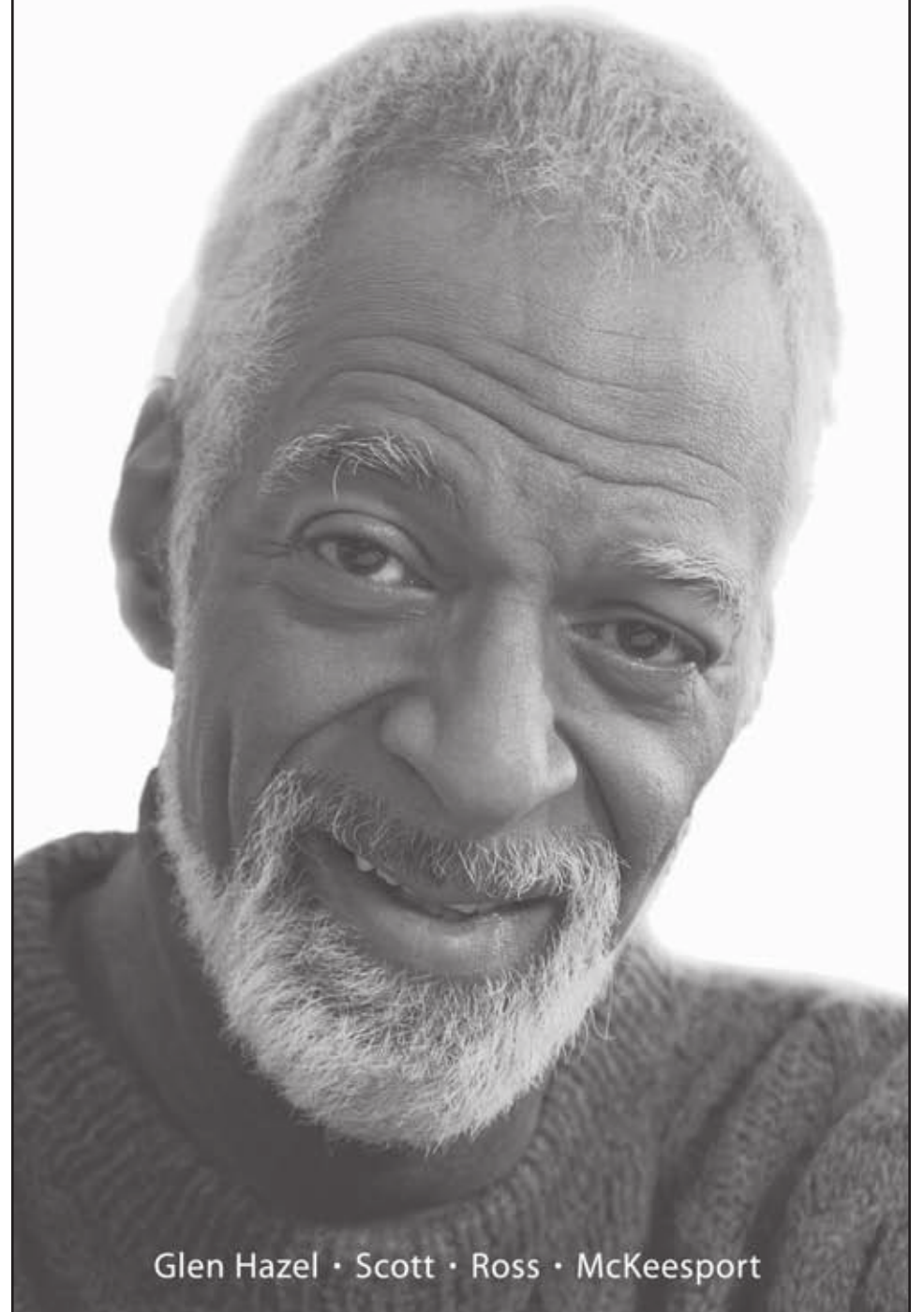
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And a former employee sued a Houston hospital in 2013, alleging that the hospital failed to take into account her disability of high blood pressure when asking her to complete tasks.

As discrimination claims from terminated employees continue to rise, many health care employers have responded by making their severance agreements increasingly restrictive.

The agreements often prohibit employees from engaging in a long list of retaliatory behaviors as a condition for receiving severance pay.

But the Equal Employment Opportunity Commission (EEOC) is cracking down on overly restrictive severance agreements. In particular, the EEOC is examining the agreements for violations of Title VII of the Civil Rights Act of 1964, which prohibits all employers with 15 or more employees from discriminating on the basis of race, color, religion, sex or national origin.

The EEOC has sued a number of employers recently because of

overreaching severance agreements, most notably CVS Pharmacy. According to the EEOC, CVS attempted to “buy employee silence” of possible discrimination by requiring them to sign the agreement in exchange for severance benefits.

The five-page agreement, set in small print, had extensive provisions dictating employees’ actions after they left the company. Some of the sections of the agreement that the EEOC claims violated Title VII included:

- A requirement that employees promptly notify CVS if they are contacted about legal proceedings or by an investigator.
- A general release from claims, including “lawsuits, proceedings, complaints, charges, debt contracts, judgments, damages, claims and attorney fees,” including “any claim of unlawful discrimination of any kind.”
- A non-disparagement clause prohibiting the employee from saying anything negative about CVS.
- A clause that prohibits the employee from filing any lawsuit against CVS.
- A provision stating that a violation of the severance agreement would entitle CVS to seek relief in court, including attorney fees.

CVS included a one-sentence disclaimer in the agreement that nothing in the agreement was intended to interfere with an employee’s right to participate in discrimination lawsuits.

But the EEOC argues that other provisions of the agreement would likely confuse employees since it contradicts many of the other provisions of the contract.

Employees would likely fear that they would breach their severance agreement if they contacted the EEOC.

Health care employers should remember that Title VII of the Civil Rights Act prohibits any employer from retaliating against an employee, current or former, in any way for contacting the EEOC. The EEOC is watching employers closely for Title VII violations.

Employers should review their current severance agreements carefully to ensure that they do not discourage employees from exercising their rights under federal law. +

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ideas, is now learning about and connecting with things, giving our planet intelligence, and a voice through which to communicate with us.

The Internet of Things (IoT), a phrase coined by Kevin Ashton in 1999, is widely used today in reference to the growing connection between our physical and virtual worlds. We are increasingly putting sensors on everything, gathering data to help us understand materials and analyze them to degrees that were previously impossible.

Of the things we have begun tracking, the most significant is ourselves. We are using sensors connected to mobile and web applications to monitor our nutrition, physical activity, sleep, and overall well-being with the goal of managing these aspects of our lives better than we have been able to in the past.

Self-monitoring is especially vital for those with major health problems, such as diabetes and heart disease. Today's wearable technology makes it easy and relatively painless for patients to obtain this crucial data. Continuous Blood Glucose monitors read glucose from a sensor inserted under the skin that measures the glucose levels in tissue fluid, while the newest heart rate monitoring technologies aren't only wearable, but are embedded in clothing, making them even more functional and convenient.

Medication adherence devices that monitor and track a patient's compliance are also built with sensors that connect to the Internet. Most dispense pills and alert patients when it's time to take their medication or if they have missed it. The latest FDA approved medication adherence device is an ingestible sensor that powered by stomach fluid, communicates a signal and time to a patch worn by the patient, which then relays the information to a mobile phone application.

When the data from these devices is communicated to the Internet, it can be reported on, allowing both patients and their healthcare providers a personalized view of health information that would otherwise be unavailable.

Combining the data from self-monitoring and medication adherence devices has the power to highly improve healthcare.

With access to comprehensive, web-based reports, patients can analyze their own health and medication compliance, helping them realize the areas in which they need to make better decisions, actively engaging them in their overall health.

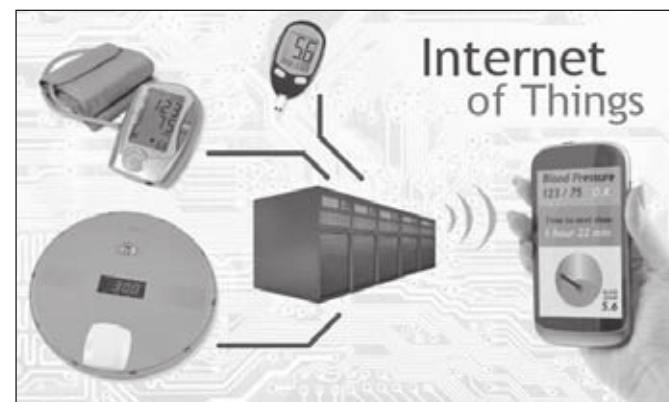
Sharing the combined self-monitoring and medication adherence data with the healthcare provider changes the conversation and approach to treatment. Is this patient taking their medication? When are they taking it? How is it affecting their blood glucose levels or blood pressure? Instead of waiting for a regular office visit, a healthcare provider can visualize the data from multiple devices in a seamless data set and use the information to make more timely decisions about altering their medication regime to optimize their health.

Self-monitoring devices and their ability to communicate with us through the internet are major influences on our healthcare system. They give us an inside look at our behaviors and how they affect our health, affording us ultimate control over our own lives.

For more information on Estenda, please visit www.estenda.com. +

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Indoor Open Water Features: An Element of the Past



By Christy Lederer, NCIDQ, EDAC

In healthcare environments, designers seek to create a soothing atmosphere that brings in elements from nature. We do this through choice of palette and materials as well as space planning, furniture selection, fabrics and artwork.

In the past few years, open water features have also been included in design plans to heighten this feeling of tranquility.

However, this feature has come under scrutiny because of some issues associated with them, such as problems with maintenance and infection control.

Hospital infection-control departments have particularly become concerned because an open water feature could hold “microorganisms that may cause nosocomial infections due to inhalation of aerosolized bacteria such as Legionella,” according to a 2006 article by Anjali Joseph, PhD and published by The Center for Health Design.

In fact, there have been reported cases of Legionnaire’s disease outbreaks related to water features in hospitals.

A study published last year in *Infection Control and Hospital Epidemiology* cites a case from 2010 in which a Wisconsin hospital had an outbreak of Legionnaire’s disease that “was tied to eight patients who spent time near a decorative fountain in a hospital’s main lobby. Environmental testing found amounts of Legionnaire’s disease in samples collected from the water wall fountain.”

The report says that after time the patients recovered from the disease and “no additional outbreaks occurred after the fountain, according to the study.”

I first encountered the challenge of hospital water features in 2009, when I was part of the design team for a cancer center addition to a hospital. One of the hospital’s donors requested that we incorporate an open water feature in the lobby.

To acquire a better understanding of how other hospitals were utilizing them, I consulted with an architect who was including several water features for another hospital.

He was designing open water features in different areas of the hospital and they were installed at that time. (However, recently he told me that after a couple years the water features had to be turned off, and will be taken out in the near future because they were unable to be maintained properly.)

I also contacted a few manufacturers and was confronted with their frustration with the “perception” of incorporating open water features in hospitals.

At that time there was already resistance by facilities and maintenance personnel to install open water features because they were becoming aware of the issues related to them.

The manufacturers highly recommended that it not be open, but rather completely enclosed with all the edges sealed.

The consensus was that an enclosed design would not give the same effect that an open feature would have, so after discussions with the owner, the feature in the lobby ended up becoming a stone wall, without the open water feature.

There are some ways to reduce the risks of hospital water features, according to Dr. Joseph’s article, “Water Features in Healthcare Environments.”

These include “keep the water’s temperature cool to cold, avoid installation of submerged lighting, keep up with routine cleaning and maintenance with the manufacturer’s instructions, avoid installing water features in areas that house high-risk patients, and install a glass barrier or maintain an appropriate distance between the water feature and the general public to minimize potential contact with droplets or aerosols.”

From my experience and with discussions with fellow colleagues, I have also concluded that water features would need to be installed with a drain, water supply and a reverse osmosis or water purification system to ensure that clean and appropriate water entered the water feature at all times.

However, these precautions still would not meet the standards of the newest draft of the 2014 Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Outpatient Facilities, which states that “fountains and other open decorative water features can represent a reservoir for human pathogens and installation of indoor, unsealed (open) water features shall not be permitted.”

Health and safety are always the first priorities in designing commercial spaces and is of the utmost importance in healthcare design.

The opportunity for designer’s now is to be innovative thinkers and create designs that generate the same feeling and comfort of open water features, but with new modern concepts. +

Christy Lederer, NCIDQ, EDAC, is an associate and interior designer at Stantec.

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Healthcare Professionals: Negotiate Your Commercial Lease



By Dale Willerton and Jeff Grandfield

For many healthcare professionals, negotiating a good lease or lease renewal against an experienced landlord or their agent can be a challenge. While a healthcare professional focuses on proper patient care, savvy real estate agents and brokers are specialized sales people. Their job is to sell tenants on leasing their location at the **highest possible rental rate**.

Professional healthcare tenants may go through the leasing process two or three times in their entire lifetime — yet they have to negotiate against seasoned professionals who negotiate leases every day for a living. Negotiating both the Offer to Lease and the Formal Lease Agreement is vital for a healthcare professional as the amount of rent he/she pays will directly affect the practice's financial bottom line.

Whether you are leasing a new location for the first time for your practice or negotiating a lease renewal, these are some tips for tenants:

Negotiate to Win: All too frequently, tenants enter into lease negotiations unprepared and don't even try winning the negotiations. If you are not even negotiating to win, you won't. With big commissions at stake, you can be sure the landlord's agent, on the other hand, is negotiating fiercely to win. Healthcare professional tenants should remember that it is okay to negotiate assertively.

Be Prepared to Walk Away: Try to set aside your emotions and make objective decisions. Whoever most needs to make a lease deal will give up the most concessions. A good practice in a poor location will become a poor business.

Ask the Right Questions: Gathering information about what other tenants are paying for rent or what incentives they received will position you to get a better deal. The landlord and his agent know what every other tenant in the property is paying in rent, so you must do your homework too.

Choosing Who Will Help You: Doctors will often turn to one of three professionals for help. Real estate agents and brokers typically work for the landlord who is paying their commission (even if splitting the commission).

Lawyers will focus on the legality of the lease agreement (which is not in question) and may not have any market real estate insight to get you a better deal. A **Lease Consultant**, like The Lease Coach, will negotiate for the best lease terms and handle the lease documents as well.

Never Accept the First Offer: Even if the first offer seems reasonable, or you have no idea of what to negotiate for, never accept the leasing agent's first offer. In the real estate industry, most things are negotiable and the landlord fully expects you to counteroffer.

Ask for More Than You Want: If a tenant wants three months free rent, The Lease Coach will ask for five months. No one ever gets more than they ask for. Be prepared for the landlord to counteroffer and negotiate with you as well. Don't be afraid of hearing "no" from the landlord — counteroffers are all part of the game. We often refer to doctors as "golden tenants" as they pay their rent on time and in full; however, they don't often realize their own strength or their desirability as tenants.

Negotiate the Deposit: Large deposits are not legally required in a real estate lease agreement for a tenant. Deposits are negotiable and, more so than anything else, often serve to compensate the landlord for the real estate commissions he will be paying out to the agents. If you are negotiating a lease renewal and your landlord is already holding a deposit of yours, negotiate to get that deposit back.

The Lease Coach is frequently successful at negotiating for the tenant's deposit returned with a lease renewal.

Measure Your Space: Healthcare professional tenants frequently

pay for phantom space. Most tenants are paying their rent per square foot, but often they are not receiving as much space as the lease agreement says.

Negotiate, Negotiate: The leasing process is just that — a process, not an event. The more time you have to put the deal together and make counteroffers, the better the chance you have of getting what you really want.

Too often, tenants mistakenly try to hammer out the deal in a two- or three-hour marathon session. It is more productive to negotiate in stages over time.

Educate Yourself and Get Help: Unless you have money to throw away, it pays to educate yourself which is why we wrote the book, *Negotiate Commercial Leases & Renewals For Dummies*.

continued on page 20



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Jefferson Hospital Nurses Provide Exceptional Patient Care 24/7

Nurses at Jefferson Hospital in Jefferson Hills are “leading the way” in quality, safety and patient satisfaction initiatives.

This is not new for nursing, but it is wonderful to recognize the impact that nurses have on our patients, physicians and organization, said Cynthia Ragan, Vice President of Patient Care Services and Chief Nursing Officer.

A few recent examples illustrate nursing’s commitment to providing exceptional patient care, at all hours of the day and night.

QUIETLY WORKING TO IMPROVE CARE

Research has proven that quiet hospital environments promote faster healing while decreasing stress and anxiety and even lowering patients’ blood pressure.

At Jefferson Hospital, a major “Quiet Time” initiative is underway to bring down the noise and bring up patient satisfaction scores.

A multi-disciplinary team that includes nurses is engaged in a number of measures aimed at reducing noise levels and increasing staff awareness throughout the hospital to ensure an overall positive experience for patients and their families.

A quiet time checklist has been developed for the nursing units as a reminder to close doors at night, dim the lights, close the shades, and lower voices to minimize noise levels.

A message broadcast each evening on the intercom will let everyone know that “Visiting hours have ended and quiet time has begun.”

Patients will be encouraged to reduce the volume of their televisions and place cell phones on vibrate or silent mode.

One of the more innovative measures being promoted by the team is a “Quiet Time Menu” featuring complimentary natural sleep and relaxation aids that patients may request from their nurses.

The menu features a quiet-time mascot shaped like a light bulb,

donning a night cap and appropriately named “QT.”

Menu items include:

- Bedside Sound Machine — A portable sound machine that produces a selection of soothing white noise

- Bedside CD player and music — A selection of relaxation music (or patients may bring a CD from home)

- Aromatherapy — A variety of soothing aromas to create a more healing, pleasing environment

- Eye mask and/or ear plugs — A mask to minimize light and earplugs to reduce noise

- Scheduled rest time — Staff will accommodate a specified rest time that meets patients’ needs

- Sleep-time snacks — Warm milk, banana, crackers with peanut butter or cheese, decaffeinated or herbal tea

- Extra Linens — Additional pillow and blankets available for patients’ comfort

Hospital staff — particularly those who work the evening and night shift — are dedicated to giving patients the best possible hospital experience as they (very quietly) strive for excellence.



Jamie Trunzo

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UNIVERSAL PATIENT ARMBANDS

One of The Joint Commission’s National Patient Safety Goals is accurate patient identification. This goal requires health care workers to utilize at least two different ways to identify patients to ensure they receive the correct medications and treatments.

A safety concern was brought to the attention of Joy Peters, DNP, RN, MSN, MBA, associate nurse executive, by Jennifer Neff, a registered nurse on one of Jefferson Hospital’s patient care units.

She had discovered a patient who had two armbands, one from a previous admission, and an armband that corresponded with his current admission.

The concern was that the patient, who was elderly, may not have been being properly identified for medications and treatments.

A Perfect Admission/Discharge Team was developed to address compliance with many regulatory standards including patient identification.

The team is comprised of frontline staff including registered nurses, unit clerks, and members of the leadership team.

One of Jefferson’s nurses, Lisa Spagnolo RN, took on the challenge of the universal arm band for her Capstone Project while completing her Master’s degree in Nursing from California University.

After researching the problem with all departments in the hospital, a decision was made to have patients wear a universal armband that includes the patient’s name, MR number, account number, birth date, physician name and admission date.

The room number does not appear on the band.

As a result, patients are able to keep the same armband from admission to discharge which improves patient safety and involves a cost savings for the hospital. +

American Sentinel University Offers Tips to Nurses for Deciding Between BSN and MSN Degree Programs

One of the most important decisions a nurse must make is choosing between a BSN and MSN nursing program to advance their nursing careers.

American Sentinel University's associate dean of graduate nursing programs shares her insight about how to select the right program that is attuned to meet the needs of today's nurses.

"Whether it's the BSN or MSN tract, the main reason nurses choose to advance their education is for career mobility," says Cheryl Wagner, Ph.D., MSN/MBA, RN, associate dean of graduate nursing programs at American Sentinel University. "It's important to ask yourself where you want to be in five years from now. Do you want to be at the bedside or do you want to be in the various nursing specialties?"

WHY RNS NEED BSN DEGREES

Dr. Wagner says it's a fact of life: RNs are confronted with industry pressure to advance their nursing education.

"There's currently a long list of respected agencies that have concluded RNs should be more educated and a large body of evidence to support this conclusion. So it's no surprise that many hospitals are taking note and acting on these recommendations," she adds.

Between meeting an employer's requirements to stay up-to-date with the ever changing health care industry, deciding on which nursing program to pursue is a valuable decision for today's nurses.

She points out that if a nurse's hospital is currently on the Magnet journey, they may soon find themselves on a journey of their own as they work to meet the requirements of their employer's new educational policy.

Dr. Wagner recommends nurses take a moment to consider whether they might be better served by choosing a RN-to-MSN degree before they enroll in a RN-to-BSN program.

While it's true that BSN-prepared nurses are highly sought after by employers who recognize that health care is becoming increasingly more complex, she says the MSN degree can prepare an already

experienced nurse to move into nursing leadership positions.

CHOOSING BETWEEN A BACHELOR'S AND MASTER'S DEGREE PROGRAM

"If you're not sure that nursing will be your career for your entire working life, then a RN-to-BSN program may be the best choice for you," says Dr. Wagner.

She notes that unless a nurse is completely committed to specific career goals, then they may want to earn a BSN first and then work in the field in order to assess their skills and interests.

Then, as a nurse learns where their strengths lie, they can choose the ideal MSN program to prepare them for their future.

"It's clear that an MSN degree is becoming more and more valuable for nurses interested in rewarding careers in such nursing specialties as case management, infection control, nurse education, nursing management or want to have upward mobility into executive leadership that correlate into careers with higher salaries," says Dr. Wagner.

For nurses that eventually want to earn a master's degree in nursing, the RN-to-MSN program can accelerate the process by making their educational progression seamless.

This program will likely help a nursing student save both time and money by going straight to a MSN.

"The RN to MSN program allows nursing students to go from an associate degree through the various specialties and come away with an advanced degree and be in a position to advance their education and career along a tract that interests them," says Dr. Wagner.

Most importantly, she says that they will only have to make the back to school transition once and be more easily able to maintain the good habits they'll need to manage their time while juggling work, school and family.

American Sentinel University's RN-to-MSN program is a CCNE-accredited, online program ideal for nurses who intend to work in the nursing field for a decade or longer.



Cheryl Wagner

Experienced nurses who hold their RN license (and RNs who hold bachelor's degrees in other fields) can apply their associate degree toward the MSN without having to first earn a BSN.

Learn more about American Sentinel University's RN-to-MSN program at www.americansentinel.edu/health-care/rn-to-msn-nursing. +

American Sentinel University delivers the competitive advantages of accredited online degree programs in nursing, informatics, MBA Health Care, DNP Executive Leadership and DNP Educational Leadership. Its affordable, flexible bachelor's and master's nursing degree programs are accredited by the Commission for the Collegiate Nursing Education (CCNE).

The university is accredited by the Distance Education and Training Council (DETC). The Accrediting Commission of DETC is listed by the U.S. Department of Education as a nationally recognized accrediting agency and is a recognized member of the Council for Higher Education Accreditation.

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Karen Marshall



Nursing Shortages Impact Burgeoning Eldercare: A Canadian Perspective

By Carol-Ann Hamilton

SERIOUS SHORTAGES LOOM

Increasingly (but not nearly enough), the elder crisis borne of growing aging populations and woefully-prepared systems is recognized on levels that extend globally.

With privilege, I offer a Canadian perspective on these critical issues. Clearly a contentious topic in the U.S., universal healthcare as practiced north of our shared border is oft touted as a model state.

As such, would you be alarmed to know:

- Despite a reported 10-year high in students entering studies, the Canadian Nurses Association (CNA) predicts a shortage of some 60,000 registered nurses by 2022.
- National demand is currently masked by delayed retirements; overtime is frequently used to compensate.
- The financial implications of high turnover — on average 20 per cent country-wide in acute care — compound present loads. At a very conservative replacement cost of \$25,000 per person, so much more needs to be done to retain and engage valuable talent.

ADD TO THE MIX BURGEONING ELDERCARE NEEDS

At the same time:

- The nursing population is aging. Escalating systemic burden is inevitable as Boomers age and require more healthcare resources.
- In 2009, Canada had 4.7 million seniors (13.9% of the population). Between 2031 and 2036, that number is expected to climb to 10.9 million (25% of projections).
- In 1971, there were nearly 8 persons of working age for every Canadian over 65. By 2019, that ratio will have fallen to 3.8 followed by shrinkage to 2.5 by 2033. A scary next generation dearth exists to sustain a growing mature populace.

WORKING CONDITIONS NEED ADDRESSING

Not surprisingly, a recent CNA study of fatigue levels amongst nurses found higher-than-average absenteeism due to sickness compared with the general population. Extra-long shifts contribute heavily to illness borne of exhaustion.

Strong links have been found between medication error and workplace environment — which includes inadequate resources, poor working relations with physicians, lack of support and low job security. A Statistics Canada 2008 report cites not being able to do all they want for patients amongst the three top reasons nurses leave their jobs. Can you relate?

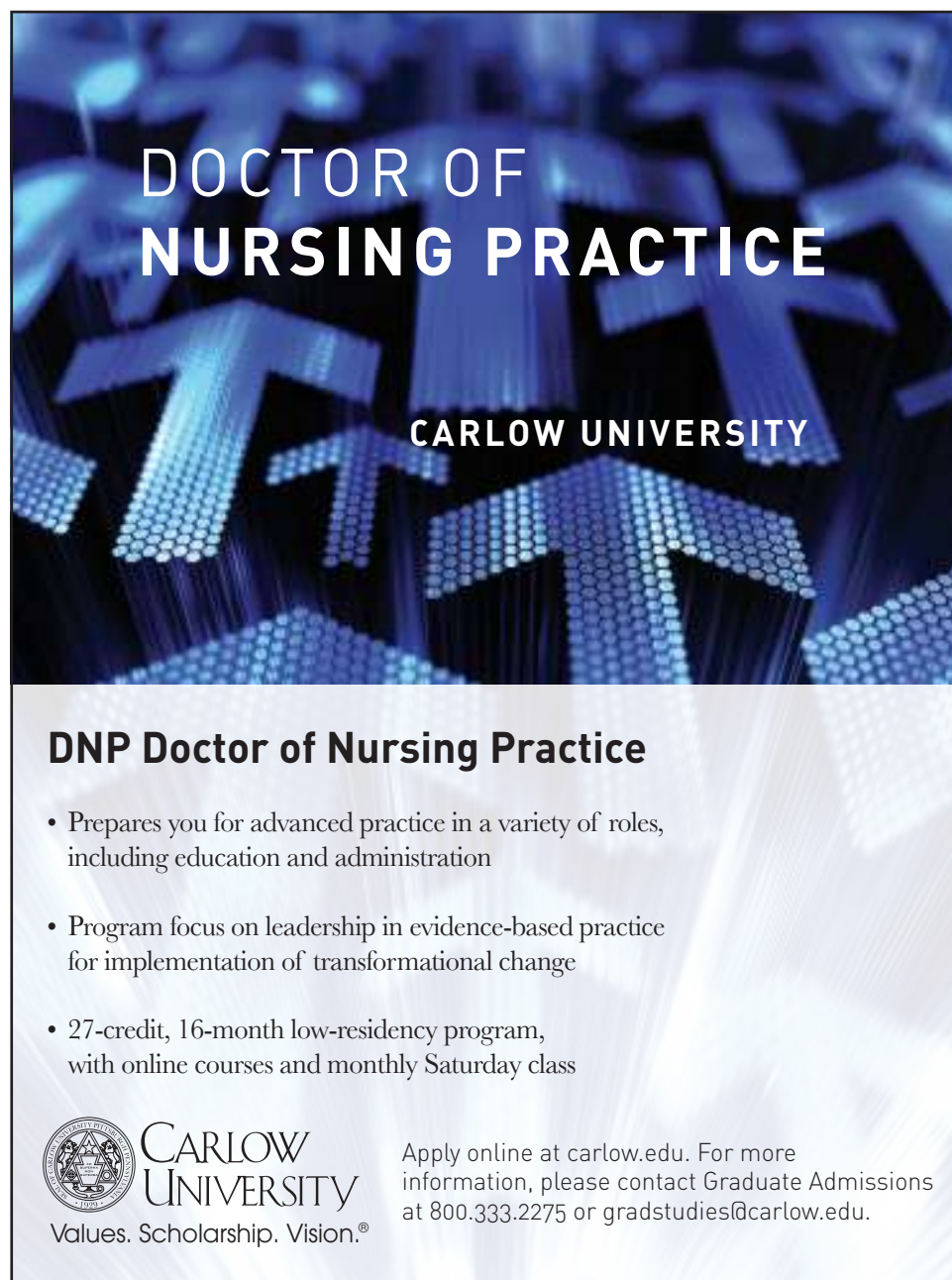
PERSONAL STORIES ECHO THE STATISTICS.

I sure can! The Victorian Order of Nurses Canada states demand for homecare is increasing. No kidding! Canadian institutions evermore pressure stretched Sandwich Generation family members to pile responsibility for gruelling caregiving onto stressed lives. The imperative is to keep elders at home and/or out of limited assisted-living facilities.

Indeed, here's how my Dad's last five weeks unfurled. Paid in-home providers callously recommended we sell his house to locate funds to support rising needs. "Luckily", he passed away in hospital just after we were ordered to vacate his deathbed or pay exorbitant fees despite 40 of 89 years spent contributing to a solid pension and insurance plan.

On the other hand, a nurse practitioner (angel) faithfully attended my mother's mounting ailments twice daily across an anguished decade. Riddled with pain, I honestly don't know how my father or I as an only child would have survived if not for her dedication.

Yet, these essential professionals are paid 10 to 15 per cent less than hospital counterparts. Funding fails to keep up, thus causing provincial rationing of visit frequency.




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**SOMETHING NEEDS TO GIVE WHEN
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I know! I speak with the “converted”. You’re on the front lines every day. From my heart, you have my unbridled compassion. It’s why I love to see now regular TV ads striving to bring Canadian public awareness to severe nursing shortages and their distressing consequences. Believe me, in our respective realms, we reside at the pioneering edge of exploding issues. As early-adopters, it’s incumbent upon us to keep blazing trails. In the end, what I know for sure is expressed by a favorite Albert Einstein quotation: “The problems of tomorrow cannot be solved at the same level of thinking that created them in the first place.” +

Through Spirit Unlimited, Carol-Ann Hamilton is a transformational coach, speaker and author of the recently published, Coping with Un-copeable Parents: LOVING ACTION for Eldercare. Watch for her blog, workshops and interviews as this Activist shares hilarious plus poignant parental lessons to support those stressed and sandwiched between challenging aging parents and their own growing families. You can reach her at 905-822-2503, spirit-unlimited@rogers.com or www.CarolAnnHamilton.com.



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Character and Reputation — Have They Harmed Your Brand?

By Drew Stevens, PhD



“Character is like a tree and reputation like a shadow. The shadow is what we think of it; the tree is the real thing.” — Abraham Lincoln

If you are like me as a child you grew up under the premise of “sticks and stones may break my bones, but names will never hurt me”. The expression noted that no matter what you said you’re not going to harm me with name-calling. However, doctors are similar to any product or service. Doctors, their staff and

their practices have a brand, and like all products or services that brand must be protected.

Brands offer instant recognition and identification. They are also promise consistent reliable standards of quality, size, or even psychological attraction. Several national and regional surveys typically illustrate that consumers choose brand not because of price but simply name alone! People will make a purchase and choose a doctor solely for brand value.

The value of a brand is that consumers will purchase for the brand’s own sake and not with the usual amount of analysis, cynicism or caution. A brand creates a response among the public. Think of brands that you use that create eponymous communication. When you want to copy you Xerox. When you require a personal computer you purchase IBM or Dell. And, if you thirst, you desire Coke. These responses create emotion and get the public to act. Branding is more about the perception of excellent than about the perception of a good deal. This holds true for services just like doctors.

A brand is harmed by illicit information. And, with the array of electronic content in today’s world, negative press can instantly and immeasurably harm brands. Presently, doctors must be involved with a new process known as reputation management to aid in protecting their brand and ensuring that prospective patients find you.

WHAT IS REPUTATION MANAGEMENT?

The use of the Internet is outstanding with over 670 million webpages and over 33% of the world’s population now engaged online. Prospective patients are now utilizing search engines to find new doctors while conducting a tremendous amount of research to determine if that doctor’s brand matches with the consumer’s value.

In addition to the myriad of websites there exists numerous places such as forums, Twitter, Facebook and many others where your existing patients are placing positive and negative comments about your services. True false or indifferent these digital footprints are available throughout the Internet and can cast a grave or on your practice.

Reputation

management is a technique that trolls the Internet securing the negative comments. Reputation management is meant to decrease any negative press so that the public relations of the practice are not tarnished. In effect reputation management is nothing more than an electronic form of public relations.

IS REPUTATION MANAGEMENT WORTH IT?

A proactive approach requires doctors and staff to monitor the web on a regular basis. With well over 2000 patients seen per year and many of those calling the front desk but not making appointments, there it’s simply too many entry points that create bad press. Additionally, the World Wide Web has also created a revolution of individuals that dispense negative information online that would never be said to you personally. However, what gets printed gets repeated. And with over 1 billion searches per day these negative ratings, comments or even thoughts can harm your brand.

For example, I am certain that everyone reading this article has made use of Amazon to some degree. Amazon as many know is a broker of goods and services to consumers that want them. Many products are sold on Amazon such as books, music and even movies. With each one there is a comment area so that readers or listeners can allow others to understand what they’ve enjoyed and not about the particular product or service. Herein lies the question, how many products have you refrain from because of another reviewer’s comments whether they were truthful or not? This then is similar in your world.

HOW DO I BEGIN?

The first step in any successful campaign is simply utilizing a search engines such as Google or Yahoo and research your own name. Simply enter your first and last name into the search bar and begin to review the sites that allow comments. Determine for yourself what existing and prospective patients are saying about you and staff. By the way this is a tremendous way to also mystery shop your practice.

Now all this seems practical, there is also the idea that you’re very busy seeing patients and don’t have the time. If this is true then it is always helpful to hire a reputation management company, a social media management company or even an Internet virtual assistant that continually monitors the web for such activity. While the prices altered based upon the experience and level of sophistication, the fee invested will be better than the lost opportunities.

What many doctors fail to realize is that their name, and their practice is a brand. Based upon services offered, customer service and other nuances, there is value placed in the customer’s mind. It is this positioning that creates an emotional appeal whereby patients book appointments for brand sake. Therefore, harming brand will hurt position and future appointments.

In the era of changing healthcare practices from affordable care to insurance issues, chiropractors can ill afford bad press. So much is harming the practice today that many are faced to look at the practice differently. Furthermore, competitive pressures constantly impact practice revenue. There is no reason to place additional pressures on the practice.

Reputation management when handled appropriately could potentially increase pipeline flow decrease obstacles to prospective patient entry and increase your revenue.

Similar to planting a tree and ensuring that it has tremendous root structure, reputation management is analogous to that. It will route your business, richer reputation and root your future revenue flow. +

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Drew Stevens PhD is the best selling author of Practice Acceleration — The Practice Management Bible for Chiropractors. Drew works with struggling doctors to exponentially grow revenue and provide more discretionary time. He can be reached at www.stevensconsultinggroup.com or 877-391-6821.

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Data Sharing Improves Patient Care, Efficiency

By Tom Peterson



Everyone collects it, but no one is precisely sure who owns it.

Everyone wants it, but sharing is fraught with obstacles.

Everyone acknowledges its relevance, but as an industry we've yet to truly capitalize on its full potential.

The issue is data and how it is gathered, analyzed, shared and maximized is one of the most important topics engulfing healthcare

today. Physicians, insurers and patients themselves all have a vested interest in using data properly to make sure that the system works as efficiently and effectively as it can.

Collected and shared appropriately, data impacts quality of care, patient's health, physician income, STAR ratings and patient retention. In this there is no argument.

While there is agreement in the value of data, challenges to make it as accessible and actionable as it should be continue to plague the industry.

That's because healthcare, as a whole, has never embraced one universally accepted way to collect and communicate data among everyone who could benefit from its power.

Medical groups, individual physicians, hospitals and health plans each have their own practice in place — some homegrown, some bought, some more digitized than others — making the road to collaboration often a dead-end street.

But it needn't be.

The answer to this quagmire here in Pennsylvania and around the rest of the country is to ensure that everyone involved in patient care has timely access to the same information in the same secure and understandable format.

This includes regulators, independent doctors, medical groups, hospitals, skilled-nursing facilities and payers. And increasingly, when it comes to clinical data, it even means the patients themselves.

The federal government acknowledged the importance of data sharing when it created the meaningful use mandate, which is intended to spur physicians to implement electronic health record (EHR) systems that make the collection and retrieval of data more universal.

At the same time the Centers for Medicare and Medicaid (CMS) and other payers are already using quality and patient satisfaction data to revise the current reimbursement model.

As fee-for-service gradually gives way to value-based and outcomes-based payments, effective clinical coordination across all points of care will need to become the gold standard of practice if healthcare organizations are to thrive.

The reason for all this activity is clear: the sharing of data is critical to quality patient care and efficiency in the healthcare system.

As the healthcare history has shown, the challenge of sharing data within one organization is taxing enough.

But today, with so many new partnerships, affiliations and "virtual" arrangements emerging in Pennsylvania and nationwide, the task of finding ways to securely and efficiently share data — starting with the fundamental question of what clinical and financial data to share — across the continuum is more daunting than ever. Here's a good seven-step roadmap to follow:

1. Share information that is relevant, meaningful and timely. Avoid doing a data dump. Too much information becomes a burden while too little may not be actionable.

2. Share the right data for the right purpose (financial vs. clinical).

3. Think collaboratively with the goal of presenting data in a format that is understandable to all recipients. Consider spreadsheet vs. populated forms. Consider, too, leveraging an outside partner who can aggregate the jumble of data into one presentation that is comprehensible by all who can benefit from it.

continued on page 17



Care is Your Business, Change is Ours

The healthcare environment is changing. Physicians must focus on providing the highest quality care with intense competition for their time. Medical practices face increased challenges tied to changes to regulation, insurance protocols, cost-management and revenue management.

Houston Harbaugh has over 30 years of experience in helping physicians and medical practices manage change through contract negotiations with hospitals and payors; contract management; advocacy and new practice start-up counsel. We have provided critical support in practice mergers and acquisitions. And we have provided sound advocacy on issues ranging from HIPAA compliance to medical staff and peer review matters.

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How to BETTER Market Your Medical Practice



By Dr. Elliott B. Jaffa

One of the major objectives of any medical practice no matter the specialty is to increase profit and financial growth in terms of patient volume and billable fees.

Physicians can no longer hang out their shingle and wait for patients and referrals.

Competition among medical specialties is intense.

Most practices always have room for more patients and referrals.

Whether a sole practitioner or part of a large practice, marketing was something never taught in medical school, yet marketing is a vital requirement for the health of every medical practice.

Few practices take the time nor know how to research the competition and conduct an in-house marketing audit or competitive analysis to assess what similar practices are doing and how successful they are at it.

Marketing is one of the many hats a physician must wear for the practice to be profitable.

While there are proven marketing strategies that can produce significant results for a practice, many practices lack the five basic components of a achieving the goal of a successful marketing model: to increase the number of patients and referring physicians who do business with you.

DOES YOUR MEDICAL PRACTICE...

1. Have a marketing plan in writing that is shared with your total staff?

Today's patients and referring physicians are more discerning than ever as to how they are treated.

The patient wants to deal with a compassionate staff beginning with you, the physician, to your receptionist, nurses, techs,

administrative staff, etc.

Patient Obsession training produces a staff that treats each patient as if they were your only patient.

Your staff needs to project enthusiasm both in-office and over the phone.

The referring physician wants his or her patient seen immediately along with any test results.

A strategic marketing plan identifies your practice's strengths, strategies that have been working as well as your practice's weaknesses, marketing obstacles, and problem areas that need to be converted to strengths.

2. Employ marketing techniques to have your present patients refer new patients to your practice?

Learn to apply the principles and strategies of Relationship Marketing based on the principle of "We tend to do business with a medical practice which listens to and understands our needs?"

A patient with confidence in his or her physician is one of the best marketers any medical practice can have.

Although unscientific, most people find their physicians through their network: online resources and directories, physicians they respect, family, and friends.

What is your practice doing about being "liked" and not on facebook?

The best six words a physician can say to each patient is, "I'll take good care of you."

Busy physicians unintentionally neglect to apply the psychological principles of patient behavior such as making each patient feel important; knowing what to look for in a patient and what the patient looks for in a practice; learning how to better respond to the difficult patient; and of paramount importance, becoming a better listener.

3. Produce a quarterly e-newsletter for your patients which also targets referring physicians?

You do have the email addresses of your patients and referring resources, don't you?

Con conversationally, inform them what's new in your specialty, recent studies, etc.

Why does every hospital offer free lectures to the general public?

Potential patients attend, listen, and assess if you are the specialist for them.

How are your presentation skills?

Likewise, a health story in a local newspaper is a new patient magnet.

Learn how to "pitch" a story, not your practice.

4. Apply creative marketing and referral strategies?

What is your practice doing to treat each patient better than expected: Perception Exceeds Expectation.

A well-designed patient feedback tool that asks open-ended (not inane yes or no) questions is a marketing tool that will provide data which can only improve your practice when correctly applied.

5. Have a printed brochure and web site that stands out and immediately grabs the reader's attention?

Begin with a good photo of yourself.

Patients do their homework.

They check credentials, vet the office, and even size you up.

Are your website and forms patient-friendly?

Which photo is more appealing to a potential patient?

A professional head shot or that group photo of you, your spouse, your kids, and the family dog?

YOUR NEXT STEP...

Warning: Not every marketing effort will work for every medical practice.

Rx: The key to better marketing your practice is to try something new, something creative, and something different.

Not a sermon, just a thought. +

Dr. Elliott B. Jaffa is a behavioral and marketing psychologist whose mantra is, "No matter how good business is, it could always be better."

He may be reached at 703-931-0040 or visit his website at <http://ejaffa.home.mindspring.com>.

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4. Use reliable sources and make sure the data is secure. Security trumps everything else.

5. Use data to guide action planning and to measure progress. That means including benchmarking and data goals and agreeing up front on which metrics to measure.

6. Train and communicate with everyone involved in data collection, sharing and analyzing. Make sure there is ongoing alignment and understanding.

7. Worry less about “who owns the data” and more about “how can this data do the most good.”

In this age of accountable care, Pennsylvania’s providers will need to broaden the depth and reach of their data collection capabilities by collaborating with their healthcare partners and vendors.

This is particularly true in an ACO model where healthcare systems assume the financial risk of caring for entire populations.

Here, more than ever, data can be the game changer between success and financial chaos.

Only by working together to generate actionable data will healthcare systems attain the triple aim of lower costs, better outcomes and a heightened patient experience. +

Tom Peterson is president and CEO of Clear Vision Information Systems, one of the healthcare industry’s leading companies in helping Medicare Advantage health plans and the physicians who work with them improve their own profitability as well as the health and quality of life of their patients. For more information, visit www.cvinfosys.com.

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Private Equity Growth for Medical Instrument and Supply Manufacturers



By David J. Mahmood

When it comes to growth in healthcare — we typically think acquisition or collaboration — but now it is time to think private equity.

Here's why. While most healthcare manufacturers have

been able to weather the recession well and should expect solid growth, some reported revenue estimates as high as 5.1 percent this year, but this won't be the case for all.

Middle-market healthcare companies shouldn't expect to grow without responding strategically to new demands in today's dynamic marketplace.

Looking to outside resources for expertise and capital may help middle-market medical product manufacturers overcome challenges in the market and take advantage of the opportunities that lie ahead.

Through the right private equity investor, these middle-market companies will receive fresh insights, new relationships, and capital — all to help drive up opportunities and help these companies reach new heights in the medical instrument & supply (I&S) manufacturing niche.

MEDICAL I&S MANUFACTURING OPPORTUNITIES PLENTIFUL

Along with slow, steady economic growth, a number of other trends will help ensure continued opportunities for medical I&S manufacturers for years to come.

Medical product manufacturers should prepare their operations to handle this ongoing growth. Here's why:

- The aging population is growing in leaps and bounds, and the demand for medical products and services will grow along with it.

According to the U.S. Census Bureau, the 65+ population will nearly double by 2050

— from 43.1 million in 2012 to 83.7 million.

The advancing age of baby boomers (born mid-1946 to mid-1964) is a key contributor.

- Rising rates of diabetes and obesity will propel demand for medical devices, instruments and supplies to support disease care.

- The home healthcare market will continue to grow as consumers look for cost-effective alternatives to institutional care at hospitals and other care facilities.

Demand for products suitable for home use will coincide with this trend.

- Healthcare reform will provide millions of Americans with access to healthcare coverage, which will boost demand for medical services, products and supplies.

An estimated 27 million previously uninsured consumers should be covered by 2017, according to the Congressional Budget Office.

- As consumer confidence grows, so will the number of elective surgeries.

In April, overall consumer confidence declined slightly, but according to Lynn Franco, director of economic indicators at The Conference Board, "consumers do not foresee the economy, or the labor market, losing the momentum that has been building up the past several months."3 With consumers willing to loosen their purse strings, consumer spending on elective surgeries and procedures will grow.

MORE THAN JUST MONEY — GET ACCESS AND ANSWERS.

From the Affordable Care Act (ACA) excise tax to customer pressures for price concessions, medical I&S manufacturers still face a number of challenges they shouldn't ignore.

Seeking guidance and capital from a private equity investor can help middle-market CEOs position their companies for growth.

- Increased opportunity reaps more competition at home and abroad.

Look for continued advances in

technology and new consumer-friendly products to hit the market.

Medical I&S manufacturers need to be proactive about R&D and maintain a competitive edge if they hope to grow.

- Government regulations — local, state, federal — seem to change daily.

Investing in compliance expertise can help business owners avoid costly missteps.

- The 2.3 percent excise tax imposed on domestic sales of medical devices under the ACA was levied Jan. 1, 2013.

Tax increases will squeeze profits and manufacturers will need to improve efficiencies to stay competitive.

- GPO's (group purchasing organizations) price discounts will eat away at profits.

A strategy to diversify the customer base and expand distribution channels, along with enhanced or new product offerings could help medical I&S manufacturers soar to new heights.

- When companies expand, operations and processes need to adapt.

Business owners should seek out insight from experts who know the ins and outs of growing a business, have industry connections and can bring key personnel to the table. +

David J. Mahmood is Founder & Chairman of Allegiance Capital Corporation, a premier private investment bank built with the same entrepreneurial tenacity their clients unleashed to create their own successful businesses.

Under Mahmood's leadership, they bring operational experience, then combine it with financial acumen and relentless hard work to deliver financial results beyond expectations. Allegiance Capital Corporation assists companies in every aspect of selling and financing a business, including: debt restructuring, mezzanine financing, executing leveraged buyouts, strategic partnering, consulting and other related services.

David J. Mahmood is reachable at DMahmood@allcapcorp.com.

Easily Managing Access to Healthcare's Multiple Systems



By Dean Wiech

In any industry passwords can be a hassle to manage, but perhaps this is no more true than healthcare.

Password strategies are put in place to keep data secure, including patient's information, but they often cause headaches

for clinicians.

And since every minute matters in the clinical setting, any process that takes

longer than necessary can become a major problem when patient outcomes hang in the balance.

Since providers often need to access their own systems, as well as patient data and treatment history quickly, to assist patients, something as simple as getting locked out of systems or forgetting credentials to accounts is time consumer and tedious to overcome.

Contacting the helpdesk and waiting to get passwords reset wastes what little time caregivers have to with patients.

Simplifying password resets can give critical time back to caregivers and support staff in the care setting.

Easier said than done, of course. Many healthcare organizations resist implementing any type of password solution because they don't want to bombard clinicians with yet another new technology.

One of the major reasons being that they assume the implementation and training time are lengthy and because they're currently bogged down by a variety of other pressing issues, such as meaningful use and preparing for the transition to ICD-10 in October 2015.

Also, because healthcare organizations

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Staff Training & Pest Control

How to train your staff to be your first line of defense against the threat of pests



By Hope Bowman

Pests in the healthcare environment can do more than harm your reputation; pests can actually pose health threats to your staff and patients. According to the Centers for Disease Control and Prevention, rodents such as rats and mice are known to spread more than 35 diseases worldwide, including Salmonella, Hantavirus and even *E. coli*. Cockroaches can carry an average of 33 different bacteria that can lead to life-threatening diseases and

cause allergic reactions or trigger asthma symptoms. To combat pest threats in your facility, you not only need to implement an Integrated Pest Management (IPM) program, but get your entire staff on board with your IPM program.

Staff participation is the key to any successful IPM program as they are your first line of defense against pest activity in your facility. But in order to be successful on the front lines, they need support in the form of education and communication. Educate your staff about the type of pests to be on the lookout for, the threats they pose, how to prevent them and the places where they can be found, and be sure to keep an open line of communication with them about your pest management program and any pest issues that arise.

Following are several tips you can use to help get your staff more involved in your pest management program.

HOST A TRAINING SESSION

Work with your pest management provider to conduct an on-site training session and teach your staff about pest behavior, conditions that attract pests and IPM best practices for prevention and maintenance. Many pest control providers offer free training sessions and may even have tip sheets and other educational resources available for your staff.

Once your staff understands IPM and the pests that pose a threat to your facility, they will be more likely to do their part. Remember, your staff can play an important role in detecting early signs of pest activity. However, they can't do so if they don't know what they are looking for.

DEVELOP A PEST SIGHTING PROTOCOL

Understanding pest behavior and the conditions that attract pests is just one piece of the puzzle. Your staff should also understand who to contact and what steps to take should any pest issues arise. To do this, consider establishing a pest sighting protocol that identifies key employees and a clear communications process for reporting a pest incident. A pest sighting protocol may include some of the following steps:

- Catch any pest seen around the facility so your pest

management professional can determine the type of pest active on your property.

- Document when and where the pest was seen.
- Assist the pest management professional as he/she determines how the pest gained access.

ASSIGN ROLES

To avoid confusion among your team, assign each member of your staff a specific pest management role. These roles can be determined based on their existing daily responsibilities. In addition to assigning specific roles, be sure to reinforce that all staff members are responsible for cleaning up after themselves. Bad habits, such as poorly maintained staff lockers, can also be the root of pest issues.

DOCUMENT AND COMMUNICATE

Your pest management provider should document and communicate any observations of pests in your facility after each service visit. It's important to have written documentation of all pest sightings, as well as pest control actions. All reports should be reviewed by your facility representative and discussed with key members of your staff to ensure everyone is aware of any pest activity in the facility.

Remember, pest prevention is a team effort. Work with your pest management provider to get your entire staff on board with your IPM program. With your support and a little education, your staff can serve as your first line of defense against pests. +

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.

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Enhancing the Patient Experience — Is EHR Really Necessary?

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help you improve your business and enhance patient care.

1. More patient, less information technology

Certified EHRs are critical to not only enhancing the patient experience but also to making sure that a practice is in a position to be relevant in the future.

Certified EHRs are the platform — the underlying foundation — for enhancing your business and improving patient interaction and satisfaction.

Of course, an EHR won't solve world hunger, cure the common cold or eliminate the national debt.

What a certified EHR can do, however, is enable you to spend more time helping patients instead of entering data at the computer, streamline your workflow with less time at the office, and, with the realization of interoperability, can even give you the opportunity to become an easily accessible part of your patient's total health and wellness team.

2. Patients are consumers and they're using technology for everything

After speaking with hundreds of eye care professionals across America, I understand that providing great patient care is, not surprisingly, their top priority.

Doctors want to take care of their patients, plain and simple.

And something that many doctors realize is how their patients are consumers of healthcare and all of its services.

The patient landscape isn't changing; it has actually already changed.

Consumers are technology enabled, mobile and expect limitless choices at their fingertips.

According to Google/Ipsos, 96 percent of smartphone owners have researched a product or service on their phones.

Are your patients able to connect with your office and their medical information via a mobile device?

Benefitspro.com cites an IHS Technology report that projects how there will be a 20-fold growth in patients who are using telemedicine in the coming decade.

Additionally, 72 percent are willing to check in with their provider via video conferencing.

As a result, this change in technology and consumer preference will have a definite impact on your business and practice, if it hasn't already.

3. It's in the Cloud — flexible, streamlined, saves money

How does an EHR help with practice and patient challenges?

With a cloud-based system in place, you will be able to securely access patient data from any device at any time and from anywhere that you have an Internet connection.

You won't need additional computer equipment or information technology experts, and you won't have to worry about servers crashing, software backups or making required updates.

This can save you money in the short-term with equipment costs, and it can save you time and money in the long-term, because you won't need to constantly purchase new equipment or pay additional support staff to maintain the system.

Additionally, with a cloud-based EHR, you can be more flexible and engaged with your patient.

For instance, you can use a tablet, which will allow you to move away from the computer that is anchored to a desk.

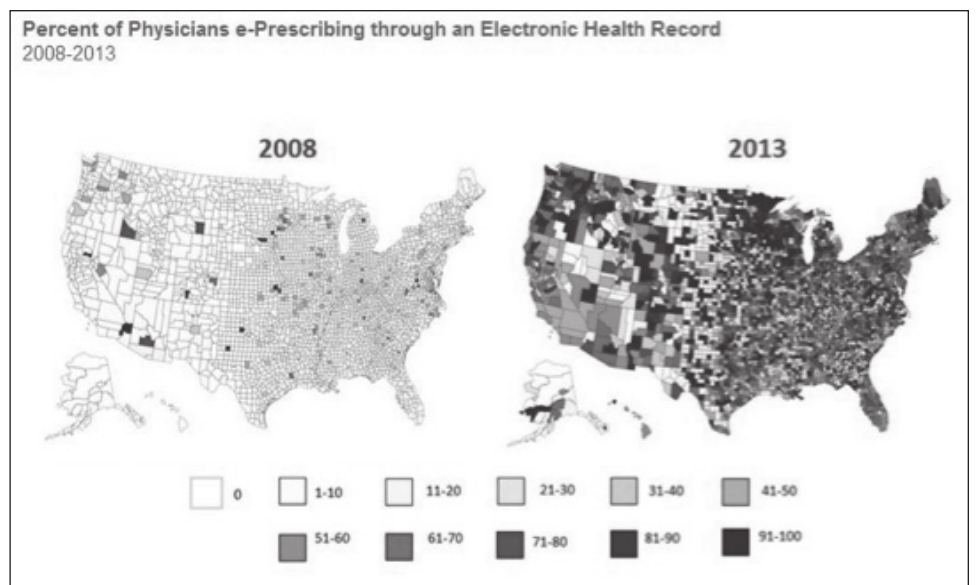
Your patient will see your face while the two of you are talking instead of looking at your back while you enter information into the computer.

You can share information instantly during the exam or send everything over to the patient securely for review at a later time.

4. Patient engagement is key

A significant piece of the certified EHR system is the patient portal, which I see as the "superglue" between the patient and practice.

The patient portal can help make it easy for your patient to connect with you for appointments, access exam history, ask you questions and allow for you to respond directly and securely.



The patient could also view lab results or order prescription refills, and if the patient is doing this, it will free up your and your staff's time to take care of other necessary tasks.

Since these tasks are done online, the patient can be proactive and conduct business when it is convenient for him or her.

Having a certified EHR and integrated practice management solution can be critical to your success.

You entered the business to help patients, and an effective, certified EHR can help you to do more of that.

EHRs won't take care of everything for you, but it can help you to be more successful.

Using a certified EHR system now will help to prepare you for the future of interoperability, which leads to better patient service and satisfaction and a more efficient office.

Adopt a cloud-based, integrated practice management and EHR system so that you can spend more time with your patients, increase employee productivity and grow your business. +

Steve Baker, President, oversees the day-to-day operations of Eyefinity®, the eye care industry's leading provider of practice management and EHR solutions and one of five innovative companies comprising VSP Global®.

Steve is focused on business growth, strategic planning and product development.

Steve holds a Bachelor of Science degree in computer science from California State University, Northridge, with a concentration in systems design and mathematics.

Steve enjoys most anything outdoors and is an avid cycling fan.

He can be reached by e-mail at Steve.Baker@eyefinity.com.

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And, don't forget to have your lease documents professionally reviewed by a Lease Consultant before you sign them.

With hundreds of thousands of dollars in rent at stake, personal guarantys and other risks, you can't afford to gamble. In leasing, healthcare professional tenants don't get what they deserve, they get what they negotiate.

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Dale Willerton and Jeff Grandfield — The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speakers and co-authors of Negotiating Commercial Leases & Renewals For Dummies (Wiley, 2013). Got a leasing question? Need help with your new lease or renewal? Call 1-800-738-9202, e-mail DaleWillerton@TheLeaseCoach.com or visit www.TheLeaseCoach.com.

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must abide by strict rules and regulations, implementing password solutions can sometimes be an issue. In addition, healthcare's leaders need to ensure that any new technologies implemented follow these regulations.

AN EASY SOLUTION TO PASSWORD RESET ISSUES

Several leading healthcare organizations have opted to use self-service password reset solutions to easily solve their password reset issues. Just as banking websites allow consumers to reset their passwords, end users can easily reset their passwords after correctly answering security questions that they previously provided answers to. Clinicians simply click the "forgot my password" button and can easily reset their password from anywhere at any time. This allows clinicians to proactively solve the problem without have to contact another department for help.

Many password reset solutions can now easily integrate with healthcare systems and applications. This means that end users are able to reset their password in each and every system that is needed to perform their jobs.

MISCONCEPTIONS REGARDING PASSWORD SOLUTIONS

Many healthcare organizations are skeptical about implementing another solution; they believe it to be labor intensive and fear that all employees will need to be trained on how to utilize the solution. In actuality, there is almost no training needed.

Since many people are already familiar with this type of solution from personal use, they already feel comfortable with it. The last thing that busy clinicians need is another new technology to learn and remember how to use.

Since healthcare organizations have to abide by strict rules, regulations and compliance, many vendors also provide reporting options.

Managers can setup the solution to have it send an email to them each week with information on who reset their passwords and

which computer they did it from. This allows them to see exactly who is using the solution, as well as keep a trail of who reset their passwords if any issues occur.

CASE IN POINT

South County Hospital was one such organization dealing with password reset issues. The help desk was averaging 20 to 25 password resets a month.

Each reset required about half an hour to complete because of the arduous process of receiving the call, placing a work order, resetting the password and then contacting the users, most of whom were busy clinicians.

The hospital needed, and found, a password reset solution that helped with password resets, integrated with its Outlook Web Access page and integrated with Meditech, the hospital information system, to synchronize the passwords.

The password reset solution was set up to work with three different applications at the hospital; Outlook Web Access for email, the standard Windows credential provider, when logging onto to the computer, as well as remote web access for people working outside the network.

The hospital was even able to modify the security questions that users would be asked when resetting their passwords.

"The ability to choose questions that have an answer that only the user would know yet are easy to remember is important," said Ken Hedglen, information technology manager at South County Hospital.

With the solution in place, users no longer have to spend precious time contacting the help desk and waiting for a reply to their password reset request.

They are now able to answer a series of security questions and quickly reset their own password.

Additionally, the hospital leaders were able to quickly implement the solution and no additional training was needed. +

Dean Wiech is managing director of Tools4ever, a global provider of identity and access management solutions.

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Patient Satisfaction's Impact on Healthcare's Image



By Dusty Eber

What exactly is the patient experience? This is a question healthcare facilities have been asking themselves. The Beryl Institute, a global thought leader on improving the patient experience, defines patient experience as

the “sum of all interactions shaped by an organization’s culture that affect a person’s overall perception of that organization.”

In other words, it’s the main indicator of a patient’s satisfaction.

New studies show that a person’s perception of the quality of medical care they receive goes beyond their procedures; the level of satisfaction is directly linked to the quality of customer service they also receive during their time as a patient.

While hospitals are not typically associated with positive experiences (but rather, illness and injury), it has become increasingly important for healthcare providers to defy this image by providing the same level of customer service as they do their medical care.

Today’s patients are better informed about their medical choices and have more demands than ever for the quality of their care.

Healthcare facilities need to address the needs of their patients beyond top-of-the-line medical care, with top-of-the-line *person* care as well.

So what’s a hospital to do? It’s easy to see why improving the patient experience tops all healthcare organizations’ priority list, but there has been an interesting shift in how they are improving it.

More and more attention is given to the details surrounding an individual’s personal comfort, privacy and gratification. In turn, hospitals are realizing that when patients are more satisfied, less stressed or depressed, they heal faster.

Our company is just one example of what facilities are doing to improve their patients’ satisfaction.

We founded PatientStyle, a line of high quality, comfortable hospital gowns, robes and other hospital apparel after my wife had our first child.

Even though I wasn’t the person receiving medical attention, it was easy to recognize how unsatisfied new mothers were in their thin, drab, exposing gowns.

Designed with the patient in mind, PatientStyle helps the wearer feel dignified while providing a high-end image for the hospital in the same way linens do at fine hotel chains.

While PatientStyle is just one example, there is a growing effort on the behalf of hospitals to improve their patient’s satisfaction, and with it, their image. Some

of these efforts are large, such as the \$360 million resort-style renovation the Henry Ford Hospital in West Bloomfield, Michigan underwent, complete with an on-site greenhouse for fresh produce.

Other initiatives are small, more personal touches, like the towel animals created by the staff at The Nebraska Medical Center.

Since 2008, hospitals have been able to gauge their own patients’ satisfaction levels using the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), a standardized survey used internally to help facilities take a proactive approach to analyzing their protocols.

We did extensive research of several organizations’ HCAHPS and worked directly with nursing directors while creating PatientStyle.

Using the data, we found the balance between patients’ desires and the crucial functionality in terms of workers being able to properly administer treatment and care — the most essential element to a facility’s success.

And while HCAHP scores are necessary to gauge progress, it’s not difficult to see what areas lack — creating a market for companies to support hospitals’ initiatives.

Constantly topping the list of patient concerns are noise levels, pain management and communications with the staff and doctors.

continued on page 25

Knowing when your patient is hospice appropriate is critical

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Relying on the Experts to Deliver Exceptional Food and Service

By Grace Zarnas-Hoyer

Today, healthcare administrators recognize that food service is not a core competency.

They rely on the experts to deliver a food and nutrition program worthy of the highest ratings.

Healthcare food service management specialists like Pittsburgh-based Cura Hospitality extend a significant cost savings benefit by providing value-added culinary, clinical, service, purchasing and training expertise to their clients that immediately impact patient and guest satisfaction.

According to Kimmi Campagna, Director of Partnership Development for Cura, "Our goal is to help administrators maximize their dollars."

To do so, Ms. Campagna believes that understanding the strategic goals of her clients is what makes the partnership between the hospital and contractor successful.

Through Cura's Completely Satisfied patient service philosophy, the goal is to be visible, supportive, and promote an interactive relationship between staff, patients, and guests.

For the patients, this means creating healthy and therapeutic menu items, delivered hot and on-time, speeding the healing process; for staff and guests, creating a respite dining environment where they can enjoy and "recharge" with a high-quality restaurant experience; and for overall staff and healthcare providers, allowing them to focus on their core objectives while we focus on ours.

Patients at Jefferson Hospital in Jefferson Hills, PA, have their orders taken at bedside, promoting more interaction with dining assistants for their food preference.

To further enhance patient satisfaction, a "sorry we missed you" card is placed on the patient's bedside table if a dining assistant has missed seeing the patient upon their arrival; or at the end of their stay, a discharge card features a note from the dining services

team thanking the patient for the opportunity to serve them.

The hospital's kitchen has also been renovated, providing quick and convenient assembly of patient trays.

Pods, or multiple serving units, shorten the length of tray assembly and increase speed of patient dining service.

Each pod is self contained, with everything required to assemble patient trays located within the pod.

The dining assistant who assembles the tray is responsible for delivering to the patient — a more personalized service.

In addition to completely satisfied patients, staff and guests are offered onsite restaurant dining experiences in many Cura-serviced hospitals that increase revenues in their cafes, which may subsidize patient service improvement programs.

The J Café at Jefferson Hospital has become a much-desired retreat for staff as well as hospital guests who enjoy many of the dining selections that are prepared from scratch daily.

"The fresh-cut fries, fresh-dough pizza and sandwiches from the made-to-order deli are huge sellers. We also offer an extensive salad bar with two specialty salads daily," said Kristen Hampton, general manager of dining.

Guests also enjoy self-service coffee, cappuccinos and espresso. Digital signage displays nutritional and sustainability information promoting Cura's fresh and healthy approach to dining.

At St. Clair Hospital's newest outpatient center at Village Square-Bethel Park, Cura serves patients and guests continental breakfast including Danish, bagels and other baked goods; and for lunch and dinner, sandwiches, soups and salads are made fresh daily.

Healthy Inspiration Points (HIP) also offer guests healthier snack alternatives such as pre-packaged assorted nuts, fruit and fat-free sweets positioned near the register so they are more likely to purchase a healthier snack.

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At Cura Hospitality, we understand the importance of delivering a food and nutrition program your patients, staff, and guests consider worthy of the highest satisfaction ratings.

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Healthcare Contracting Goes Online, Signaling a Brand New World for the Supply Chain

By Justin Hibbs

The healthcare industry has always been proud of its advancements in technology. Pharmaceutical companies spend billions to research new drug treatments.

Hospitals and healthcare providers strive to offer the latest medical devices that help diagnose and treat their patients. In healthcare, the bar is always being raised to be considered “the state of the art.”

But one area in healthcare that is just now starting to move away from the “business as usual” model is the supply chain industry.

The most popular approach to managing the supply chain was the advent of the Group Purchasing Organization (GPO), an institution that first showed up in healthcare in the 1970’s.

Basically, GPOs help hospitals leverage their purchasing strength through bulk rate discounts. But these deals are one-size-fits-all.

Since no single GPO addresses all the varied needs of its members or its suppliers, hospitals still try to arrange their own contracts with suppliers.

This trend, which is gaining in popularity, happens about 40 percent of the time, equating to a \$50 billion spend annually.

Historically, this contracting approach — known as “self contracting” or “local contracting” — has been far from perfect. Hospitals and suppliers tend to lack adequate access to data or to the tools necessary to make the right decisions.

Without this insight, it has been very difficult for hospitals to gauge the competitiveness of offers from supply companies, resulting in rebids and a lack

of commitment to signing the negotiated deal.

The combination of a lack of commitment and inadequate insight into pricing turned self contracting into a time-consuming, tedious ordeal.

Hospitals had to draft voluminous RFPs but often asked to rebid deals due to the uncertainty of competitive market pricing.

Sellers were also wary of the process since they had difficulty understanding actual and potential market share.

Such were the limitations of self contracting.

No wonder these deals took about six to nine months to close.

TIMES HAVE CHANGED

A year ago, with the launch of **aptitude**, healthcare’s first direct contracting market, the entire process is now online.

Data, once elusive during the contracting process, is now readily accessible to both sides while they are exploring potential business partnerships.

Hospitals are now assured of competitive pricing, supply companies understand customers’ potential and performance, and both sides are assured of an approach that delivers results faster and more efficiently.

The result is that direct, customized deals are now closed routinely in about 38 days.

The **aptitude** philosophy is not a one-sided approach, nor is it an RFP generator or a reverse auction tool.

It was created as a market in which healthcare costs will be reduced by leveraging fundamentals from other successful market examples while bringing value to both parties involved.

aptitude is a one-stop destination designed to complement a hospital’s existing contracting model or provide an alternative for those looking to modernize the business of healthcare.

Hospitals and suppliers are using it for greater:

- Freedom for hospitals to choose their supply partners and select appropriate performance targets for their health care organizations;
- Flexibility to define the length of the agreement, mutually agreed upon by both the hospital and the supplier;
- Commitment by allowing hospitals to understand the buying habits and behaviors that will lead to best pricing, and allowing suppliers to accurately measure, monitor, and manage compliance;
- Access to data on achievable pricing options and how those options relate to the overall market; and
- Efficiency in managing the contract’s entire lifecycle, including a streamlined pricing request process and ongoing implementation and performance measurement.

There are now nearly 600 hospitals around the country signed up for direct, online contracting with supply companies who offer more than a million different products in over 150 different categories.

As both buyers and sellers start to enjoy the benefits of speedy, customized agreements, it’s probably just a matter of time before online contracting becomes the industry standard. +

*Justin Hibbs is the Senior Director of Marketing and Research for **aptitude** LLC.*

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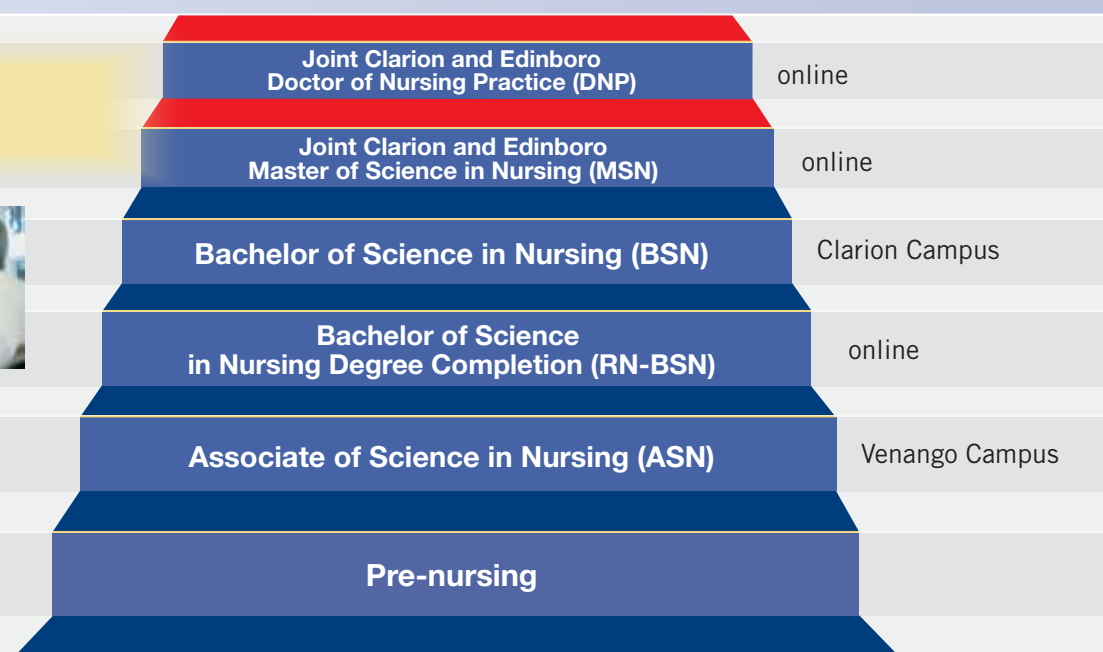
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Over the last several years, Cura has made substantial commitments to promoting healthier lifestyles by sourcing more than 25% food locally from local farms and producers of food in Western, PA.

At Providence Point, a premier retirement community in Pittsburgh, residents and their guests recently enjoyed an upscale 'Savor the Season' dining event that showcased seasonal, fresh and local foods made available through Cura's FarmSource program.

The local foods dining adventure offered a four-course dinner menu with a choice of roasted ramp stuffed quail breast or grilled blue marlin served with asparagus from Reeger's Farm in Shelocta, PA; a dandelion green salad prepared with red cabbage, micro greens and edible pansies from Crighton Farm in Prospect, PA; and honey from Bedillion Honey Farm in Hickory, PA.

Active with the Pennsylvania Association for Sustainable Agriculture (PASA), the Cura dining teams also bring their knowledge of local farming to the hospitals and senior living communities they operate.

Organizations who would have never considered outsourcing their food service are now taking a second look.

"It's really about value and partnering with the experts who know how to execute a quality, value-driven dining services operation, delivering great tasting food and increased satisfaction by making informed choices and employing expert resources," said Campagna. +

Grace Zarnas-Hoyer is Manager of Public Relations for Cura Hospitality. A member of Eat'n Park Hospitality Group, Cura Hospitality is a highly responsive and innovative dining services and hospitality provider dedicated to a mission of Enhancing Life Around Great Food.

Cura serves over 55 senior living communities and hospitals in the mid-Atlantic region.

Cura's culinary, guest service and clinical professionals provide hospitality and clinical care to more than 20,000 residents, patients and guests each day.

Visit www.curahospitality.com or become a fan on Facebook at www.facebook.com/curahospitality.

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Fortunately, medical providers are taking this information to heart and are actively working to implement their own approach to increase patient satisfaction.

In fact, according to The Beryl Institute benchmarking study "The State of Patient Experience in American Hospitals 2013: Positive Trends and Opportunities for the Future," the largest study to date on the topic, there was a 10 percent increase in formal structures to address patient experience established in hospitals between 2010 and 2011, as well as an increase in executive leaders appointed to dedicated patient experience management roles.

The solutions are not always difficult, and some are more creative than others, but it is absolutely necessary for healthcare facilities to expand the type of services they provide and explore the options available to them.

If more hospitals continue to take this trend to heart, together they can change the perception of the public and earn the healthcare industry the positive reputation it deserves. +

Dusty Eber, founder and President of PatientStyle, founded PatientStyle in 2010 with the mission of improving the entire patient experience through restored dignity.

Today PatientStyle is carried at the University of Pennsylvania Hospital, as well as premiere healthcare facilities across the country, and is rapidly expanding. www.patientstyle.com

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Addressing the Whitespace: Digitizing the Missing Pieces of the Medical Record



By Therasa Bell

Many Pennsylvania patients will start their next visit to the doctor's office the same way: by filling out registration paperwork. This simple act adds up to a big problem for the healthcare industry. Despite \$19 billion of incentives to push digital patient records forward, many offices are buried in paperwork and other unstructured patient information that often fails to make it to the electronic medical record — whether it is paper, fax, a digital image, email attachment or smartphone

app.

That doesn't mean there's a lack of effort to digitize these pieces of the patient record. In fact, there's too much effort. Every source of unstructured content requires time-intensive processes to convert it into a standards-based format that any provider can access.

Typically, this process means a member of the staff scans every page, keying in patient information and other relevant details to ensure the file makes it to the right record and remains accessible. Beyond the time spent scanning and keying, the equipment also requires regular IT support to maintain functionality. And all of this must be in place before a single item is converted and connected to the correct medical record.

If the doctor is a specialist, the new patient was probably referred by her general physician. While she fills out brand-new paperwork detailing everything imaginable, the referring office will be sending relevant patient history, usually via fax machine or server.

While fax technology is outdated, it is also ubiquitous — ranking as physicians' second most popular way to share patient information. Whether sent via paper or electronically from a server,

fax content can be hard to read, harder to file and does not meet any interoperability standards. That means every time a paper fax is sent, it requires a similar time-intensive process of scanning and keying before it can be absorbed by an EMR or information management system. The other option is to leave it in the file as paper, where it cannot be easily searched, acted upon or contribute to simplifying the process.

When most providers just want to simplify the practice of healthcare, this level of time, money, people, and technology becomes a lot to manage.

That's one patient at one medical office and one source of unstructured content. Multiply that by an estimated 330,000 group practice physicians across the nation and their daily stream of patients. Then add the other unstructured content these medical offices must capture. Keep in mind this is just medical groups — not hospitals, health care systems, long-term care/post-acute providers or any other member of the health care spectrum.

At best, this is a staggering inefficiency. Imagine how much time and money could be saved if healthcare resources weren't dedicating so much time to scanning, converting and filing.

At worst, this process is jeopardizing patient care and safety. Each extra step increases the odds that the file won't make it to the appropriate destination. And with IBM estimating that 80 percent of medical data will be unstructured in 2015, these problems will increase unless care providers take the right steps.

With this in mind, here are a few steps healthcare providers should consider:

- **Identify the sources of unstructured content:** This not only includes fax machines, fax servers, scanners, printers, medical devices and other hardware responsible for producing both paper and unstructured digital information; it also includes external care partners. What technology do they use? Is there a common platform for sharing patient information securely and digitally? This is a requirement of Meaningful Use Stage 2, so there are a variety of options available to address it.


- **Determine existing resources and capabilities:** Some EMRs have limited information exchange capabilities. Leading medical information networks may also offer resources or recommend partners. Ensure these solutions can handle all forms of unstructured content and meet healthcare technology standards to avoid additional investment or costly upgrades.

- **Consider the financial and staff costs:** Many healthcare IT departments are recovering from or currently implementing large-scale EMR implementations (hence the term: "IT Fatigue"), limiting both financial and on-site resources. Factor these elements in to determine the overall investment, including the impact of change the process might have on your employees for training, workflow changes and additional disruption.


- **Examine all of the benefits:** Quality care and patient safety are obviously critical, and both rely on a complete patient history. This means any solution should directly address all types of unstructured content and connect with your information management system to improve efficiency. This translates into better patient care and enables providers to better manage staff resources and schedules.

While the healthcare industry has made considerable advancements with digital medical records, every provider will continue to face a surge of patient information that doesn't fit into an EMR without some effort. Those who understand the impact of this unstructured content today will be the most prepared for tomorrow. +

Therasa Bell is president and Chief Technology Officer of Inofile, a healthcare technology company that creates vital links to simplify healthcare. Bell is a thought leader in the healthcare information technology field, serving as a co-chair or member of healthcare IT standards committees that influence national and international standards for sharing clinical information. In 2009, she defined and pushed through a healthcare IT protocol for unstructured clinical content, which passed as part of legislation for the Meaningful Use Stage 2 section of the HITECH Act.



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Payment Technology and Practice Profitability

By Brent Warrington

Politics aside, the Affordable Care Act is putting even more pressure on insurance companies to increase revenue and reduce costs — and in many cases, that's translating into lower payments for patient visits, service and annual reimbursements.

But unfortunately, it gets even worse. The ACA is expected to boost Medicaid participation by 16 million individuals. With Medicaid and Medicare reimbursements already lower than the reimbursements provided by private insurers, the expanding Medicaid program will mean a further reduction in reimbursement for many physicians.

When you combine the fallout from the ACA with the growing trend toward flat-line reimbursement models and the upcoming replacement of ICD-9 codes for medical diagnosis with ICD-10 codes (resulting in longer processing times), it's not difficult to see why practice profitability is a major concern for physicians and office managers.

With a few minor adjustments, your payment processing technology can be transformed into a resource that enhances the profitability of your practice.

HOW PAYMENT PROCESSING TECHNOLOGY CAN IMPROVE PRACTICE PROFITABILITY

Medical practices often take their

payment processing systems for granted.

After all, you don't notice it working. But the right payment processing system can be a tool for improving financial performance.

Forward-thinking healthcare practices use payment processing platforms to capture key insights and perform other activities that directly impact their bottom lines.

In fact, there are several ways medical practices are adapting their use of credit and debit card payments (patients' preferred payment method) to increase cash flow and practice profitability:

1. Recurring Billing/Secure Credit Card Vaults

Business as usual means submitting reimbursement requests to insurance providers, billing patients for outstanding balances and then waiting to receive compensation for services that have already been provided. But that can result in a lag time of several weeks between the time of service and the receipt of payments from either the patient or the insurer.

Healthcare practices can improve cash flow and reduce waiting periods by storing patient credit card information for recurring payments. To accomplish this, you will need to work with a payment processor that offers a secure credit card "vault" with recurring billing features. The recurring billing/secure credit card vault option is an ideal solution for patient installment plans because it eliminates the need to capture

customer information for each payment — reducing paperwork and significantly improving practice efficiency.

2. Diverse Payment Options

Patients increasingly expect choices when it comes to payment options. Point-of-service payments following an office visit, secure payment options via the practice website and other non-traditional payment options satisfy customer expectations and can create important benefits for medical practices.

Focus on payment processors that feature PCI (Payment Card Industry) security standards, enable diverse payment options under a single account and provide consolidated reporting.

With these capabilities in your payment toolbox, you can improve practice financials by incentivizing faster payment times and by eliminating the office support required to maintain multi-vendor processing.

3. Credit Card/Debit Card Fee Management

Credit card processing fees can be a huge drain on practice profitability. Why? Because every fraction of a percentage point in fees for credit or debit card transactions comes straight out of net revenue the practice receives for the services it provides to patients.

Every dollar counts in today's healthcare environment, so it's worth your time to

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Healthcare IT's Transformation Journey

By Ed Simcox



With pressure mounting to meet new regulatory requirements as well as the increased demands being placed on IT departments for interactive communications among patients, providers, and payers, healthcare IT (HIT) is in the midst of a much needed transformation. Healthcare CIOs need a set of "best practices" to help them navigate this IT transformation and arrive at the data-driven, value-based future of healthcare from where they stand today.

IT transformation is a "journey." And this transformation doesn't happen overnight. It's a multi-stage process requiring significant evaluation of not only IT systems, but also of what the future workflows and business processes will be and how healthcare providers, patients and payers can all seamlessly share time-critical data.

FIVE STEPS ALONG HEALTHCARE ITS ROADMAP TO SUCCESS

There are five important areas CIOs must examine as part of their roadmap to success in the new healthcare IT landscape.

1. HIT Infrastructure — as a younger, more technology-oriented generation of doctors and tech-savvy patients take their place in healthcare's future, IT is going to be drawn increasingly into the actual delivery of health services. As a result, healthcare IT professionals won't be spending the bulk of their time caring for their IT infrastructures. The good news is that if the IT infrastructure is transformed from today's soloed systems into a virtualized, automated IT-as-a-Service resource, then the IT department will be freed to focus on using technology to help doctors and nurses care for their patients and allowing patients to electronically manage their own care and wellness.

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2. Mobility and BYOD — Today's clinicians and patients are bringing smartphones, tablets and other devices into the healthcare environment. Providing a health system with secure, high-performance mobility improves overall productivity and helps clinicians deliver quality, evidence-based healthcare at the point of care. The key is to support multiple devices and platforms securely and seamlessly while ensuring patient confidentiality, 24x7x365 availability, and simplified infrastructure management.

3. Business Continuity/Disaster Recovery (DR) — Healthcare organizations must now support an always-on, always available business model. They need cost-effective, resilient solutions that include backup, archiving, DR and business continuity capable of covering complex operations such as large hospital campuses, multiple clinics and remote locations. DR solutions must ensure instant, yet flexible and scalable, access to electronic health records (EHR), including medical records and images, and be performance-intensive while also meeting legal/compliance requirements. DR-as-a-Service is one way to achieve DR best practices in a healthcare environment.

4. Storage and Vendor-Neutral Archive (VNA) — HIT generates enormous amounts of data and images that need to be managed, protected and accessible. Whether a CIO is looking to consolidate and modernize storage to reduce cost and support requirements, or looking for specific solutions for medical imaging, a vendor-neutral archive (VNA) may be the answer. VNA solutions can offer an enterprise data repository for images and other non-transactional data that serve multiple clinical applications including picture archiving and communication systems (PACS), EHRs, patient and physician portals, health information exchanges, and more. With a centralized archive, clinicians can securely add, access and share relevant patient information for more collaborative diagnoses and treatment plans.

5. Patient Portals/Mobile Applications — to meet Meaningful Use Stage 2 requirements and receive federal incentives, today's healthcare providers must offer patient portals and get patients to use them. Healthcare patient portals and mobile applications allow patients to securely interact and communicate with healthcare providers anytime, from any device, without sacrificing their privacy. They can be deployed as standalone websites, integrated with a healthcare organization's existing website, or as add-ons to the EHR provider's patient portal application. No matter how they're deployed, patient portals and mobile applications increase patient engagement by providing secure online access to their healthcare data. +

Ed Simcox is the Healthcare Practice Leader for Logicalis US, an international IT solutions and managed services provider (www.us.logicalis.com). Ed is responsible for driving healthcare strategy and solutions for Logicalis US, developing the healthcare business plan, strategy and solution portfolio in the U.S., working with Logicalis' sales teams to engage with healthcare clients in a consulting capacity, and acting as a featured speaker at healthcare events and user group meetings.

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shop around for payment processors that offer the lowest available transaction fees. With a little effort, it's possible for a two-physician practice to save \$10,000 per year in transaction fees by switching processors.

Going forward, it may become even more difficult for medical practices to operate in the black.

But by implementing relatively small changes to your payment processing system, you can prepare your practice for the difficult days ahead — while improving your ability to operate profitably and provide unparalleled services to your patients. +

Brent Warrington is CEO of SecureNet Payment Systems, an Austin-based firm that has been streamlining the way businesses accept payments since 1997.

Brent has more than two decades of experience in the payments industry.

The ABCs of Addiction

By Jenny Sheetz, MA, CN, LMT



Too often our treatment of addiction is compromised because we do not fully understand it.

The historical social stigma that is based on the perception that “addicts and alcoholics are intrinsically bad people” still impacts our thinking today.

The evolution of treatment can only occur as we update our understanding of a disease that directly affects roughly 12 percent of Americans, and indirectly more than 30 percent. As healthcare professionals, we need to ensure that our understanding of addiction is current and true.

Let’s consider the “A”s in our alphabet.

ABANDONMENT

Abandonment is giving up on the addict/alcoholic, casting them aside because of your frustration, your exhaustion, and/or your lack of understanding regarding the disease of addiction.

• **Cycle of Abandonment:** Trying to break through the denial caused by addiction can be tiresome. It can create a sense of hopelessness and helplessness inside of you (the support person). It can also generate feelings of anger and hostility.

When you act from these feelings, it can reinforce the guilt, shame and worthlessness that already fill your addicted loved one with self-loathing.

This destructive cycle reinforces feelings of abandonment in the addicted person.

The cycle can be broken through counseling interventions that provide emotional healing, education about addiction, healthy coping skills, behavior modification, and accountability training.

ACCOUNTABILITY

Accountability is based on the foundation of a clear agreement between two parties with each party acknowledging the value of the agreement and the ways in which they will contribute to keeping the agreement.

An important agreement in addiction treatment involves establishing Ground Rules between the addicted person and the members of their support network — the people who have agreed to offer assistance during their recovery.

Each party is aware of the Ground Rules and agrees to take responsibility for doing their part.

For example: Parents of an addicted adult-child who is living at home may agree to keep their home free of alcohol and other drugs as a way of minimizing temptation and high-risk situations.

It is the parent’s job to live up to their agreement, and it is the responsibility of the addicted person to abide by the same rules and to make the parents accountable for adhering to the agreement by challenging them when the agreement has been violated.

The clear agreement is that the home will be a drug-free zone and all parties are responsible for making sure that agreement is kept.

Challenging each other is done with an attitude of honesty and respect, speaking the truth in a firm yet gentle way.

ADDICTION

Addiction is a condition that results when a person ingests a particular substance (alcohol, cocaine, nicotine) or engages in a certain activity (shopping, gambling, sex) that is pleasurable; however, after continued use, the activity becomes compulsive.

Ongoing *substance use OR acts of participating in that activity* interfere with ordinary life responsibilities: job performance or healthy relationships or ability to sustain good health/proper self-care.

Those who are addicted may not be aware that their behavior is out of control and causing problems for themselves and others — a state called denial.

• **Physical Addiction** — physical addiction is a physiological state in which the body adapts to the presence of the drug in the system, wphealthcarenews.com

preventing it from having the same effect at the same dose. This is called tolerance.

It causes the addicted person to use increasing amounts of the drug to get the same effect.

Physical addiction also causes changes in the brain, making it hyper-sensitive to the drug and anything associated with using that drug.

The things that cause the hyper-sensitivity are called triggers because they “trigger” the addicted person to want to drink or use.

The triggers create urges and cravings that may be extremely intense and very difficult to ignore.

Process addictions (shopping, gambling, sex) create chemical changes in the body just like addictions to substances.

• **Psychological Addiction** — addictive behavior is almost always associated with some type of emotional distress or mental anguish or spiritual pain. The addicted person learns to seek relief, or find comfort in, the substance to which they are addicted.

Consequently, most people who suffer from addiction are using the addictive substance as a form of self-medication — a way to escape from issues or life events that are overwhelming or extremely painful.

It is these underlying contributing factors that often drive the addiction and cause relapse during recovery. Therefore, they must be addressed during addiction treatment, if the recovery is to be successful.

AUTHENTIC SUPPORT

When you offer authentic support, you help the addict see the truth about the situation and make healthy choices. Sometimes that means you must challenge their behavior or enforce appropriate consequences. You act as an advocate for them in their recovery, helping them take the next best step toward remaining clean and sober. This is contrary to the positions in which you might enable or abandon the alcoholic/addict. Enabling and abandonment are the patterns of behavior that you want to correct and learn to avoid in the future.

As our understanding of addiction and its effects on the individual and their family is enhanced, we find the keys to effective treatment.

Because addiction is a unique disease — with denial, minimization and rationalization as its primary symptoms — it must be approached from both a medical and a holistic perspective.

This is challenging, because cooperation between these two approaches has been colored by skepticism and tension. However, we have no “medical” answer to addiction, and good treatment demands understanding and reconciliation between the disciplines in the search for “best practices.”

To review the complete “Glossary of Addiction” visit www.stjosephinstitute.com +

Jenny Sheetz, MA, CN, LMT is the founder and Clinical Director of St. Joseph Institute, an addiction treatment facility located near State College, PA.

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How IT Innovations Are Changing and Improving the Healthcare Industry



By Theresa Zataveski

We live in a world in which every aspect of our life is fueled by technology.

The healthcare industry is no different. Behind every healthcare solution is a technological innovation that transforms the way

patients, caregivers, and healthcare providers interact.

Case in point, you can now chat with a nurse at 2 a.m. when your elderly parent is struggling with side effects from their medication or receive a text message when your application for financial assistance in your child's therapy regimen is approved.

In recent years, however, the change in the healthcare landscape and regulatory environment has forced IT providers to become more agile and progressive, developing forward-thinking technologies that are easily adapted to a constantly changing world.

A MOVE TO THE CLOUD

Though security concerns, at first, had the healthcare industry as a whole resistant to moving to the cloud, organizations have now begun to embrace the new frontier for storing its precious data thanks to advances in security and privacy measures.

Now, more control is placed in the hands of the organization and cloud providers are promising to remain HIPAA compliant.

This hard earned relationship is fragile at best, as headlines emerge regularly with security breaches in retail, email, and Software as a Service (SaaS) networks.

Cloud providers need to remain vigilant to stay in front of the booming hacker business.

One of the main advantages and benefits of cloud based-technologies is that they are far more cost-effective for storing data than traditional technologies, primarily because of the minimal infrastructure and resources needed to maintain and manage the data systems.

For those very same reasons, cloud technologies also allow organizations to be much more flexible and scalable, seamlessly adapting to every industry and organizational change as it happens.

Finally, the immediate access to data has made significant impact on reporting and data trending, allowing organizations to uncover trends in customer behavior and translate them into new product innovations.

Although security and privacy remain as primary concerns among healthcare leaders, cloud proponents advise that health companies take a balanced approach,

outlining their specific needs and how they can be met through cloud technology.

As cloud services evolve over time, healthcare organizations will be left with one option — to adapt or fall behind as competitors gain speed to market with more nimble infrastructure and greater focus on their marketing investments rather than technology.

MULTI-CHANNEL SOLUTIONS

As a result of the increase in social media usage in the healthcare industry, multi-channel solutions have become paramount.

Gone are the days of technologies that capture data from one source — now, providers must have the ability to capture interactions from any and all current and future communication channels.

In addition to traditional inbound communication, IT organizations are being tasked with providing more complex technologies as marketers are weaving responsive communications into their campaigns.

Today's healthcare IT solutions, must be able to deliver two-way communications through all channels, traditional and non-traditional, as well as provide complex care coordination services, patient education support, reimbursement services, locator services, and proactive medication or appointment reminders, among others.

The challenge, however, is providing solutions that make consumers, providers and caregivers alike, comfortable with sharing their information.

THE 5 KEYS TO CHOOSING THE RIGHT PARTNER

Choosing an IT solutions provider is a critical decision for all healthcare leaders in their quest to stay competitive and offer cutting-edge technology.

Here are five factors to consider when choosing the right healthcare IT partner:

- **Cloud-based aptitude** — As previously mentioned, the future of the healthcare industry is moving toward cloud-based technologies, increasing the importance of IT providers who offer private cloud solutions for managing protected health information (PHI).

PHI requires more comprehensive security controls, in comparison to public cloud solutions.

- **Multi-channel capabilities** — As the healthcare industry continues to integrate social media and responsive communications into its marketing campaigns, it's important to evaluate third-party partners who have experience integrating multi-channel communications into an overall engagement strategy.

- **Seamless integration** — Often overlooked, but equally important to consider, is a partner's ability to integrate

new IT solutions into existing programs or client technology investments.

Who hasn't had the frustrating experience of providing their personal information multiple times when transferred between healthcare service departments?

Integration makes the difference between a mediocre and great customer experience.

It ultimately builds trust and increases the level of engagement, optimizing the impact of your healthcare program.

- **Regulatory and compliance experts** —

With a dynamic and changing regulatory environment, it's imperative to have a team of experts in the field of regulation and compliance to stay on the forefront of changes as they occur and to keep the organization in a proactive working posture.

- **Forward thinkers** — Cutting-edge technologies are paramount to staying competitive in any industry, but especially in the healthcare industry. Finding a forward thinking partner who anticipates trends and related implications, will help bring the organization to the forefront of innovation.

A LOOK INTO THE FUTURE

While it's hard to predict what the next big change in healthcare will be or challenges that may lie ahead, it's certain that healthcare IT providers must continue to be innovative in order to offer comprehensive solutions with complex capabilities.

Remaining flexible and proactive will be the key to ensuring seamless adaptation to industry, organizational and regulatory changes. +

Theresa Zataveski is Vice President of Healthcare Solutions for Telerx.

As Vice President, Healthcare Solutions Theresa serves as the liaison between our client's business needs and Telerx's technology solutions.

This includes consulting on the right fit and implementation strategy for each client as well as supporting Telerx's solution development lifecycle.

Theresa has 23 years of technology experience including global leadership in several industries.

Prior to joining Telerx Theresa served as Director of Healthcare Marketing for Merck & Co., as well as a consultant in the Merck Global Multi-Channel Strategies and Capabilities organization.

Additionally, she was previously an executive with Accenture Federal Services and Sr. Sales & Marketing Information Technology Manager for Sanofi-Aventis. Theresa has a BS in Electrical and Bio-medical Engineering Technology from Temple University and a MS in Systems Engineering from the University of Pennsylvania.

Could Placenta-derived Cell Therapy Help Address the Increased Long Term Risk of Stroke in Women with a History of Preeclampsia?

By Karine Kleinhaus, MD, MPH



Preeclampsia is a leading killer of pregnant women and a major contributor to maternal and fetal morbidity.

Occurring in 6-8% of pregnant women, it is diagnosed after the 20th week of pregnancy by the new onset of high blood pressure and either elevated protein in the urine, or pulmonary edema, cerebral or visual symptoms, low platelets, or specific signs of kidney or liver dysfunction.

Although most affected pregnancies deliver at or close to term with good outcomes, women with preeclampsia are at an increased risk for life-threatening events, including stroke and grand mal seizures (eclampsia).

Because of these potential outcomes, a key aspect of routine prenatal care is monitoring pregnancies for signs and symptoms of preeclampsia.

Even if preeclampsia is detected in a timely manner, however, delivery remains the only cure. Consequently, women with preeclampsia may need to be delivered prematurely to stop disease progression.

This makes preeclampsia an important cause of premature births and early neonatal deaths.

In addition, the American Heart Association and the American Stroke association recently identified preeclampsia as an independent risk factor for cardiac disease and stroke in women even decades after an affected pregnancy; it was estimated that preeclampsia doubles the risk of stroke and quadruples the risk of developing hypertension in later life, even if blood pressure returns to normal after delivery.

Previously, the negative effects of preeclampsia were thought to resolve after pregnancy.

Despite the potential seriousness and the unmet need for treatment, we do not know who will get it, what causes it or how to prevent it.

What is known is that preeclampsia is a complex disorder involving multiple organ systems and biological mechanisms.

It is hypothesized that abnormal development of the placenta in early pregnancy may be central to the disease, and that this abnormal development triggers a cascade of events, such as placental secretion of pro-inflammatory factors, which eventually leads to the emergence of preeclampsia in the second half of pregnancy.

There are very few ongoing clinical trials addressing this indication.

They include testing of a recombinant form of a single human hormone to treat preeclampsia, and evaluation of pravastatin, a cholesterol lowering drug, for prevention in those women thought to be at high risk for the disease.

Since preeclampsia is multi-factorial and complex, it may be that an effective treatment will involve multiple compounds administered using a technology that enables a comprehensive response to the requirements of dysfunctional tissues involved in the disease.

Cell therapy is an emerging field and cell therapies may prove to embody these characteristics.

Pluristem Therapeutics is a clinical-stage biotechnology company that develops placenta-derived cell therapies.

The company takes cells from the placenta, and expands and processes them to develop treatments for multiple indications.

Their cells, called Placental Expanded Cells (PLX), are thought to respond to chemical signals from damaged tissue in the body by secreting a cocktail of therapeutic proteins that can reduce inflammation and stimulate angiogenesis as well as other healing physiologic processes.

The cross talk between damaged tissues and the PLX cells, as well as PLX secretion of multiple compounds, may be well suited to address complex diseases such as preeclampsia in which multiple tissues and organs are affected.

Research in pregnant rodent models of preeclampsia have demonstrated safety and efficacy of the cells in the mother and fetus.

A clinical trial in severe preeclampsia is planned to begin this year.

Preeclampsia is an unmet medical need that takes a significant toll on pregnant women around the world, while also increasing the risk for premature birth and the accompanying complications and morbidity for the newborn.

More research into its causes and potential therapies is critical. The emerging emphasis on preeclampsia in the academic, public health and commercial arenas will hopefully lead to progress in treatment and prevention. +

Karine Kleinhaus, MD, MPH, is Divisional VP, North-America at Pluristem Therapeutics.

She has worked with multiple public and private biotechnology companies on both public and investor relations.

Prior to that, she was an assistant professor in the Departments of Obstetrics and Gynecology and Psychiatry at the NYU School of Medicine.

At NYU, Dr. Kleinhaus conducted medical research funded under a multi-year NIH grant.

She published more than 25 papers in leading peer-reviewed journals such as the Annals of the New York Academy of Science, American Journal of Medical Genetics, and the American Journal of Epidemiology.

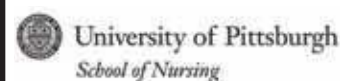
Before that Dr. Kleinhaus practiced obstetrics and then completed two fellowships at Columbia University.

Dr. Kleinhaus received her medical degree from Tel Aviv University, earned a Master of Public Health from Columbia's Mailman School of Public Health, and a bachelor's degree, cum laude, from Princeton University.



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Physician Assistance for Western Pennsylvania



By Sandra Caffo

Quality care is what people expect to receive from physicians. However, we don't likely think about what might impact a physician's ability to provide this care. Doctors are part of a profession that is one of the most respected in this country — and, indeed, all around the world.

As difficult as it is to get into and complete medical school, that difficulty often escalates once the physician begins to live with the day-to-day, 24/7 pressures of being a doctor.

A recent article in Healthcare Finance News reported that more physicians feel the stresses of their profession than ever before and that the impact of that stress is often underestimated.

Not only did 87 percent of respondents to a Physician Wellness survey say they were moderately-to-severely stressed/burned out on an average day, but also 63 percent said they felt more stressed out than they were three years ago.

The modern physician faces questions from all sides including: Are his or her care choices medically appropriate ... efficient ... cost-effective? How is the Affordable Care Act going to impact where and how physicians work?

Physicians face increasing complexity in treatment decisions, along with decreases in autonomy and control. Frustration can seem an inevitable byproduct.

In 2008, UPMC first addressed this issue by starting a physician assistance services program for its physicians. As a hospital system that employs 3,000 physicians, it made sense to develop a systematic program that could help physicians better manage their demanding lives at work and at home, while also helping physician leaders and health systems to address the impact of negative workplace behavior. Its aim remains constant — to assure a culture of collaboration, safety, and success.

"Physicians don't ask for help," said Anna M. Roman, Senior Vice President, Administrative Services and Physician Relations for UPMC, and one of the creators of the UPMC program. "And they would never use a traditional EAP (employee assistance program) because they wouldn't think it would be credible, because it wouldn't understand the special demands on physicians. That's why a very specific EAP with an intervention program for physicians was needed."

Surveys have shown that physicians are more prone to depression, have higher rates of suicide and have higher rates of the divorce than the general population.

"I like to say physicians are normal people, but with bigger issues," said Roman. "This program gives them an opportunity to go for help at someplace safe."

To meet an increasing national demand for such services, UPMC WorkPartners — through its affiliated LifeSolutions Employee Assistance Program (the EAP for physicians) — is now offering the UPMC physician assistance services program to all physician

practices and health care organizations that would want to purchase it. When UPMC first created the program it concentrated on providing physician support and addressing problematic physician behavior.

Physician onboarding was added later with a focus on identifying interpersonal skills and that will support successful adaptation to a hospital or a health care organization's culture.

Taken together, these programs span the employment cycle of a physician — from the initial adjustment phase to successfully practicing within the system.

A physician assistance service is only effective if it helps create a culture of collaboration in a healthcare organization. A respectful work environment can lead to a reduction in medical errors, and improve staff retention.

Recruiting and retaining physicians now represents a significant investment in time and money. It has been estimated that the cost of recruiting a physician, combined with salary guarantees and practice set-ups can range from \$300,000 to \$800,000.

A survey conducted by the Mayo Clinic revealed that physicians struggle to find a satisfying work-life balance, and, as a group, suffer from high levels of emotional exhaustion.

Helping physicians understand how to maintain strong family relationships in the face of work-related challenges is a major challenge for any physician assistance service.

When a physician's behavior is problematic, meeting expectations requires active problem-solving strategies.

It is also essential that the program work with the physician to correct the behavior.

Educating physician leadership to understand the problematic physician behavior in the context of the psychosocial challenges of medicine is an equally important component of the program.

Physician onboarding provides an opportunity for an organization to convey its values and expectations, and to identify opportunities for the physician to integrate into the culture. Physician onboarding emphasizes that health care organization's value interpersonal skills, along with clinical expertise.

Because the modern health care landscape continues to evolve, physicians, physician leaders and health care organizations need to have the confidence they can successfully deal with the temporary challenges and setbacks which can negatively impact performance over time.

Physician assistance services can be used to create a resilient culture that is crucial to success. +

Sandra Caffo, LCSW, LMFT, CEAP, is Senior Director for LifeSolutions, which is part of the UPMC WorkPartners suite of health and productivity solutions.

As Senior Director, Ms. Caffo leads a staff that delivers EAP services to regional, national and international employers.

For more information about how to put LifeSolutions' expertise to work at your company, contact UPMC WorkPartners at 1-866-229-3507, or email: info@workpartners.com.

Heal With the Pill?



By Nick Jacobs

Last weekend a friend of mine showed me a paper that had been written by a brilliant, young physician. In the paper she explained that, in her research, she had discovered that a fundamental piece of knowledge regarding the manner in which

physicians in her specialty are expected to practice was seriously flawed.

She went on to prove that the science based on these two incredibly small original studies was also significantly outdated by new technologies.

In fact, it was clear that the knowledge garnered in the last decade alone through the use of new techniques and scientific advancements has proven this lack of accuracy in an unquestionable manner.

Here's the worst part of this story; this flawed information has been printed in every textbook pertaining to this topic since about 1970, and change is slow.

Furthermore, every student of this specialty is expected to practice incorrectly

in order to comply with the standards of their profession.

Okay, you say, what's the big deal? Well, the big deal is that the alternative practices that these flaws have resulted in suggest that the physicians prescribe certain types of drugs that, long term, may even be related to specific types of cancers in both men and women. In other words, these mistakes which apply mostly to teenagers, could eventually lead to their premature death. So, later in life when you say, "Why me?" there may indeed be an answer.

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Healthcare Reform: Changes in Recruiting and Hiring Practices?

By Jeff Kammerdeiner



A recent article by Monster.com Senior Contributing Writer, John Rossheim, discussed the affects that the healthcare reform is having on staffing costs:

Fiscal pressures — from penalties for preventable hospital readmissions to economic motivations like economies of scale — have CFOs at hospitals looking for every possible means of containing expenses, with medical staffing being chief among them. “Facilities are consolidating and integrating and finding ways

to take cost out of the systems,” says Patrick Thompson, executive vice president of administration and CIO of home healthcare provider Amedisys in Baton Rouge, La.

We see the same point of view but medical staffing business tends to be cyclical. Every three months or so, companies go on a hiring spree so they don't need staffing agencies. But then, eventually, need staffing agencies again. So medical staffing companies help to try and level out the cyclical nature of the business.

The article by Rossheim goes on to discuss the direct high costs that are sometimes associated with contracted medical staffing contracts.

On the other hand, the uncalculated costs that most administrators do not factor when determining whether or not to utilize a medical staffing company.

For example, the costs associated with hiring a full-time employee into your organization that is not a good fit for either the employee or the employer can drive your costs significantly higher. The challenge is that neither really knows how the relationship will go until the employee begins work. If one or the other hasn't had their expectations met, there may be a decision by either party to separate employment after many hours dedicated to reviewing resumes, interviewing, company orientation, and training within the specific job. In a September Inc. Magazine article, the true costs associated with hiring the wrong professional employee, in some companies can be calculated to over \$800,000 including legal fees and HR costs.

Hiring the right person, or choosing the right company for which to work is becoming increasingly important with health care professionals. This will be especially true in the Western Pennsylvania area because of the size of the healthcare market in the region and the increasing aging population. For example, there is a growing need for healthcare therapists over the next 5 years simply due to the number of patients being released to home from facilities with a higher acuity level.

Becoming a partner with the healthcare agencies is the trend in supplemental medical staffing. Our role, as a medical staffing company, helps to reduce those missed expectation events. We permit our staff to be hired by the contractor which in essence gives both parties a chance to co-habitate and have a chance to kick the tires, so to speak. This ultimately reduces the those human resources costs associated with hiring the wrong employee or the healthcare professional taking a job that really isn't what they had thought it might be.

As healthcare administrators continue to determine the true impact of healthcare reform, flexibility seems to be the key since not many agencies have determined the “secret sauce” to that fine balance between financial success and excellent patient care.

But certainly, having an outside agency, like a supplement staffing agency helps to bear the cost of finding the right employee and allowing healthcare professionals to find the right employer for them, seems to be a reasonable solution in controlling hiring costs. +

Jeff Kammerdeiner is President of Exertus Medical Staffing. For more information, visit www.exertusmedicalstaffing.com.

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Celtic Healthcare Introduces New Program to Assist Veterans

By Kathleen Ganster

Veterans are a special group of people.

In some form or fashion, they have all served our country. Many of them have special health issues due to their service. Some have lasting on-going stress and anxiety.

But one thing is for certain — they all deserve special recognition. Celtic Healthcare, following the lead of and partnering with the Veteran's Hospital of Pittsburgh, has created a program for their patients who have served in the military.

"We Honor Veterans is a national program that advocates veteran-focused care so that healthcare providers can better serve our veterans," Linda Klimek, Clinical Nurse Liaison for Celtic, said.

We Honor Veterans is a collaborative effort between the National Hospice and Palliative Care Organization (NHPCO) and the Department of Veterans Affairs (VA). Through the program, Celtic has incorporated several services that help veterans' unique and special needs that they may have in their health care, both physical and mental.

There are two important components to the program for veterans — identifying the veterans as soon as they begin requiring services and making sure the healthcare providers know best how to serve them.

Klimek said Celtic identifies the veterans through the intake session and then immediately begins providing the services they need.

They also provide veteran-focused healthcare training for their staff.

"We educate our team on the special needs of veterans. Veterans can suffer from numerous health problems — it might be Post-Traumatic Stress Syndrome, depression, cancer caused by something they were exposed to — many issues that are related to their service," Klimek explained.



As Klimek said, veterans may have injuries or illnesses such as cancer from exposure to things like Agent Orange and other dangerous materials from their military service. As part of that intake process, the Celtic Healthcare team may also assist veterans and their families in identifying resources and services available to them because of their veteran status.

The philosophy behind providing veteran focused healthcare is simple, said Klimek.

"They were ready to give up their lives for us so we have to be ready to care for them," she said.

A factor in providing veterans complete healthcare also includes providing for their spiritual needs.

"Some of our veterans come back from war and never talk about it. As they face the end of their lives, they may have burdens about the things they did or saw and they don't want to carry those burdens any more," Klimek said.

The chaplain and counseling services can help the veterans deal with those issues.

"Maybe they never told their stories and now it is time," she said.

As in all of their patient care, Celtic also works with their veteran patients' other healthcare providers.

"We may communicate certain situations that the other healthcare providers never knew about because they never knew the patient was a veteran," Klimek said.

Perhaps just as important as providing veteran focused healthcare is actually honoring and recognizing veterans for their service.

Bill Gammie, Vice President of Value-Based Care, recently honored Michael Cocchiola, 95, and First Lieutenant in the United States Army Air Corp. Mr. Cocchiola served in the Air Corp (which later became the US Air Force) and is a patient on Celtic's hospice program.

Gammie and other members of the Celtic team presented Mr. Cocchiola with a certificate of recognition for his service at his Cranberry Township home.

"Just recognizing and honoring the service of our veterans means so much to them," Klimek said.

She should know, Klimek is a veteran herself, having served as an Air Force nurse.

"As a veteran, I didn't even really think about it — but every veteran is unique and has his or her own story," she said.

And as a vital member of the Celtic Healthcare team and a veteran, Klimek is proud that they participate in the *We Honor Our Veterans Program*.

"It makes me really proud that we are providing patient-centered care to one of the most important groups of our population. Our veterans deserve the best care possible," she said.

To learn more about Celtic's We Honor Veterans Program, please visit their website at: <http://www.celtichealthcare.com/hospice/honor-veterans/>. +

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Entitled Patients: 6 Ways to Respond



By Susan Keane Baker

You probably know patients who present with entitled attitudes and you may think there's not much you can do about them.

Entitled patients often demand excessive attention and may question your competence when

they are not satisfied with how important you make them feel.

By using one or more of the following approaches, you can manage entitled patients respectfully while reducing your risk of stress and burnout.

1. Be on the same side.

When an entitled patient brags about knowing your CEO, your best strategy is to praise your CEO with a lot of specifics.

"You know our CEO George Doria? Isn't he amazing? At our weekly meetings, he's the most down-to-earth guy. He never fails to ask how my son is doing in baseball."

The entitled person immediately sees that threatening to complain to the CEO is not going to intimidate you.

And it may dawn on him that you're in a position to complain to the CEO about the entitled attitude he presented.

2. Use empathy to absorb tension.

George Thompson and Jerry Jenkins,

authors of *Verbal Judo*, suggest: "Empathy Absorbs Tension."

Without an obvious demonstration of empathy, the entitled patient will view you as the obstacle to what she wants.

"I'm sure being here is taking time away from important things you need to do. I don't like waiting either and know it's frustrating. As soon as the doctor is available, I will immediately let you know."

Subtle emphasis of "immediately" will convey that you understand the need for urgency.

3. Take patients as you find them.

Ten percent of the time, patients will be annoying.

If you allow that ten percent to control your entire day, you're at greater risk for stress and burnout.

Consider acceptance as part of the patient's treatment plan say Marian Stuart and Dr. Joseph Lieberman, authors of *The Fifteen Minute Hour: Therapeutic Talk in Primary Care*. Your tone of voice conveys how you really feel, so focus on making it non-judgmental.

"Let's see what we can do to make this better."

4. Focus on the person, not the personality.

Make it a point to listen when you have time. Everyone wants to feel unique and special. What does the entitled person do when he is not there being your patient? If he drops the names of the hottest

restaurants, could you ask for advice for a special occasion coming up? It isn't easy to do this, but it may be just the technique that turns the entitled person into an easier patient.

5. Use the million-dollar phrase.

Entitled people believe that what they want is fair, and when they can't have what they want, they often react with criticism that is hurtful rather than constructive.

You need a safety net response to prevent situations from escalating out of control. Focus on slowing down your responses. Pause before answering.

Listen to the criticism without interrupting or objecting. Then with all the sincerity and respect you can muster, pull out your million-dollar phrase: *"Mr. Forbes, thank you for telling me."*

6. Find a team member to step in for you.

It can be interesting to learn that a patient behavior that drives your colleague crazy doesn't bother you in the least, and vice versa. Consider a non-verbal signal to alert a colleague to come over and help the entitled patient.

Remember to do the same for your colleague when his or her version of the difficult patient arrives! +

Susan Keane Baker MHA speaks about patient experience issues. Additional resources, including a free e-course, at her website: susanbaker.com.

Corazon's TIPS for Monitoring Physician's Monthly Productivity

By Edgar Morano

As the healthcare landscape continues to evolve and providers work to retain and grow patient volumes, health systems have continued to acquire and employ physician practices representing all specialties at a rapid rate.

Although this alignment strategy can prove effective, providers are often ill-equipped to manage the practices they have purchased and as a result are incurring significant financial losses.

Regardless of the specialty type, there are a few quick measurements that the now hospital-employed practice manager should be assessing on a monthly basis.

These measurements are not just indicative of the financial performance of the practice, but also are helpful when working to identify potential productivity- and process-related problems and issues.

As providers evaluate their physician practices, in terms of productivity and maximizing revenue, the following TIPS will help ensure the financial success of the employment strategy:

1. Total Charges Entered by Physician — Every service a provided by a physician in the care of a patient should have a corresponding CPT Code. Each CPT code chosen by the provider will generate a charge for the specific procedure performed.

First and foremost, it is imperative that the physicians choose the correct code for the actual procedure performed.

Secondly, it is equally important that each code selected is billed appropriately.

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Lifelong Learning: The Benefits are Endless



By Lindsay Coulter

Use it or lose it! We've all heard this phrase and probably even used it when talking about our skills — either physical or mental. Over the years, we've all developed talents; some of us are artists, some run

10 minute miles and others read multiple books per week. But how do you keep up with these interests as you age — what keeps you going strong?

Keep "using it!" No matter what type of activity you do, physical or mental, each time you do it, you're putting your thinking cap on — and that keeps you mentally strong and sharp.

At Longwood at Oakmont, a continuing care retirement community in Verona, our residents and staff have embraced "using it" by developing and participating in engaging lifelong learning opportunities that are a part of everyday life on campus. The programs available on campus are mostly led by residents — they get together, discuss shared interests and go out into the community to find engaging presenters to educate their fellow residents. And they do it for this reason:

Studies have shown that cognitively active seniors were 2.6 times less likely to

develop Alzheimer's disease and dementia than seniors with less cognitive activity. Other studies show that individuals who are more educated tend to enjoy better mental health overall. Pursuing lifelong learning not only can help you stay mentally astute but is also critical to your emotional health as you get older.

According to Nancy Merz Nordstrom, M. Ed., the author of *Learning Later, Living Greater*, 78 million Baby Boomers are redefining their retirement by staying active and keeping their brains constantly engaged, which also may help stave off mental and physical ailments and diseases.

Longwood at Oakmont provides residents with several opportunities to participate in and learn about a variety of topics ranging from wildlife, history, music, gardening, current events, electronics and more. We've had colorful presentations from a local gardening expert, stimulating conversation with a renowned forensic pathologist and even fun (and tasty) educational sessions about local wines! The opportunities at Longwood at Oakmont are endless for an enriching life after retirement!

Currently, residents and community members are enjoying presentations by Carnegie Mellon University professor Jared Day who discusses American History as part of a six-month educational seminar. Professor Day has taught history at Carnegie Mellon University for 16 years and as part of OSHER Lifelong Learning

Institute at the University of Pittsburgh.

The presentations are fun: there are no tests, no grades, and no degree requirements, just stimulating conversation. Why not join in on the fun! If you are interested in a refresher on American history and want to learn more about how lifelong learning programming is a part of everyday life at Longwood at Oakmont, RSVP to attend one of these thought-provoking seminars:

The Boiling Republic: The Coming of the Civil War — June 25 & 27 at 2:00 p.m.

Industrial Giant: The Crises of the Gilded Age — July 23 & 25 at 2:00 p.m.

World War I and the Origins of the 20th Century — August 20 & 22 at 2:00 p.m.

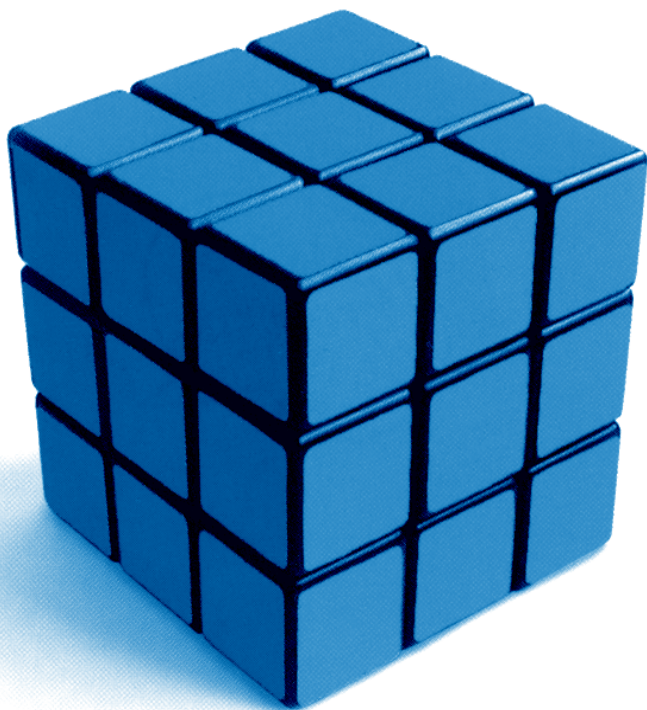
Members of the community are encouraged to attend.

Seating is limited. To RSVP, call: 1-877-825-8190 or visit www.LongwoodAtOakmont.com/history

All sessions are complimentary and begin at 2:00 p.m. in The Commons Ballroom at Longwood at Oakmont, located at 500 Route 909, Verona, PA 15147. +

Lindsay Coulter is the Director of Sales and Marketing at Longwood at Oakmont, a Continuing Care Retirement Community (CCRC) in Verona, PA. To learn about all of the living and care options, as well as the variety of opportunities for lifelong learning available at Longwood at Oakmont, visit www.LongwoodatOakmont.com.

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Understanding the Benefits of the Affordable Care Act



By Mike Patel

As we prepare for new stages in the healthcare industry in the coming year, I find myself reflecting on all of the positive changes that have come as a result of the Affordable Care Act (ACA).

While it is easy to get caught up in many of the negative headlines throughout both industry and mainstream media, it's important to recognize the good that has been brought about through these recent developments. The ACA puts consumers back in charge of their own healthcare.

There are a number of benefits including the development of coordinated care, especially through Accountable Care Organizations (ACOs), the implementation of Electronic Health Records (EHRs) and more affordable healthcare options, with one of the most important benefits to patients being the creation and implementation of patient portals. The Stage 2 objectives of Meaningful Use, the government incentive program, focus on the effective use of online patient portals and health information exchange, meaning that portals will now play an even more significant role for all practices looking to receive incentives.

In case you're not familiar, first and foremost, portals provide patients with first-hand, convenient access to all of their own medical records. They are able to take the reigns of their own healthcare management and access what they want, when they want, from the comfort of their own home.

A patient portal is also extremely beneficial if a patient's care has been placed in the hands of a spouse, child or other family member.

Via the portal, the third-party caretaker can access all of the patient's records and results and truly manage their relative's progress remotely and on their own schedule. When used properly, a portal can allow a caregiver to schedule follow-up appointments, request refills, receive test results, track patient conditions and answer medication-related questions.

Additionally, if patients wish to send specific monitoring information from devices, such as blood sugar levels or blood pressures, they can do so via the portal and have that data become part of their electronic medical record. This type of access is particularly useful for those with chronic conditions, such as diabetes and arthritis that need to be monitored on an ongoing basis. Considering that approximately 25.8 million children and adults in the United States have diabetes (according to the American Diabetes Association) and an estimated 50 million

adults have arthritis (according to the CDC), these tools are crucial for successful management of these conditions.

Portals also provide convenient access to information such as a physician's post-treatment instructions, a pre-op checklist or directions for taking a prescribed medication. Alerts and reminders about upcoming appointments can also be transmitted through a secure and confidential communication channel. Portals can also incorporate electronic payment applications to streamline the billing process for both patients and practices.

Patient portals are crucial tools in enabling each individual to take a more active role in their own healthcare. It's important to ask your physicians if they plan to incorporate a patient portal and how you can take advantage of all the tools to ensure you're positively impacting your own experience. +

Mike Patel, CEO of Meditab Software, earned his Degree in Pharmacy from Drake University at the age of 20. With the drive to improve the efficiency of his pharmacy, he built a revolutionary system that completely digitized the pharmacy. To further improve integration and functionality between the pharmacy and the prescribing physicians, he worked with physicians to help build a more efficient software for their offices. This led to the birth of Intelligent Medical.

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Position is located at South Campus. Requires an RN (current PA license); master's degree in nursing; clinical experience.

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Position is located at Boyce Campus. Requires a bachelor's degree (master's preferred) in EMS, education, science or related field; current PA certification as a Paramedic and NREMT certification as a Paramedic; current certification as an EMS Instructor by PA DOH; current certification as an American Heart Association Instructor for CPR, ACLS and PALS. Minimum three years experience as an ALS pre-hospital provider of emergency care and minimum one year of leadership experience in field. Must be knowledgeable about methods of instruction, testing and assessment of students and knowledgeable concerning current national curricula, national accreditation, national registration and the requirement for state certification and licensure. Must have personal transportation and be willing to travel to clinical affiliate sites.

Diagnostic Medical Sonographer Instructor

Position is located at Boyce Campus. Requires a bachelor's degree (master's preferred) in education, science or related field; current ARDMS registration in the following specialty areas of Abdominal (AB), Obstetrics & Gynecology (OB/GYN), Adult Echocardiography (AE), Vascular (VT) or Breast (BR) relative to the required course content to be taught. Minimum two years full-time experience as a registered sonographer within the last five years. Must be knowledgeable about methods of instruction, testing and assessment of students and knowledgeable concerning current national curricula, national accreditation, national registration and have proficiency in curriculum development. Must be willing to coordinate clinical education with didactic education as assigned by the program director and to evaluate and ensure the effectiveness of the affiliate clinical education centers. Community college teaching experience preferred. Current Healthcare Provider certification in CPR/AED. Must have personal transportation and be willing to travel to clinical affiliate sites.

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The Gift of Caring



By Barbara Ivanko

We use the word “care” quite a bit in daily conversation. We remind our children to “be careful” when they head out the door to play. We say “take care” when parting ways with a friend or acquaintance. Caring takes on many forms. There’s the care a husband or wife shows his or her spouse when seeing them though the flu or another sickness. There’s the comforting care a parent shows their child when they suffer a scrape or bruise. And

there’s the loving care shown by nurse to patient — a care that often goes far beyond traditional medical treatment.

By design, “care” is part of our identity at Family Hospice and Palliative Care. We take great pride in the compassion our staff shows to patients and families alike. It’s at the core of what we do each and every day.

End-of-life education, caregiver training sessions, spiritual support, pet therapy and bereavement counseling are all part of the continuum of care. But it doesn’t end there. Care is manifested in a variety of ways.

A nurse takes the time to sit at a patient’s bedside, not to administer medication, but to listen. To hold the patient’s hand while he or she recalls a favorite story from years gone by, or to brag about a grandchild’s latest achievement. To pray. To share a laugh. To be a nurse without ever making the one being cared for feel like a patient.

A social worker recognizes the approaching milestone birthday of a patient and goes above and beyond to plan a special celebration, complete with cake, balloons, family, photos and more.

A staff member in the Family Hospice Intake office stays late on a Friday evening just to ensure the admission of a new patient from a nearby long term care facility goes smoothly.

We as an organization are privileged for the opportunity to



Care is manifested in many ways, such as when a Family Hospice spiritual care specialist spends time with a patient.

display that care by responding to our health care partners in a timely manner, by anticipating the questions asked by family members, and by ensuring improved quality of life for the patients we serve.

And when we consider this subject, what better gift can we give to those we love than peace of mind? That’s why Family Hospice encourages you and your loved ones to have “the conversation.”

The time is always right to plan your end-of-life care. Advance care planning not only ensures that the patient’s wishes will be honored; it takes the burden of decision-making off of loved ones. No one wants to be left guessing “what would Dad want us to do?” Rather, by talking about — and planning for — end-of-life care, we can focus on what really matters.

We invite you to visit our website at FamilyHospicePA.org, click on Patients & Caregivers, then Tools for Advance Planning. There, you may download the official Pennsylvania Advance Directive form, along with the POLST form. POLST (Physicians Orders for Life-Sustaining Treatment), from the Pennsylvania Department of Health, describes your choices in the event of serious illness. Family Hospice recommends you review this form with your physician and loved ones.

Webster’s describes care as “watchful attention.” But it is so much more than that.

It is a touch, a gesture, a commitment, a mission, a gift. Here’s hoping you experience the gifts of caring and conversation in your life. +

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@FamilyHospicePA.org or (412) 572-8800. Family Hospice and Palliative Care is a non-profit organization serving nine counties in Western Pennsylvania. More information at FamilyHospicePA.org and www.facebook.com/FamilyHospicePA.



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Kareo Helps Strongsville Family Counseling Keep the Focus on Patients



By Lea Chatham

Leneigh White, NCC, LPCC-S, has been running her own practice for over seven years, providing mental health services in Strongsville, OH. Since opening Strongsville Family Counseling, LLC, she has added

seven more providers and the office sees up to 90 patients a week.

"Emotional and behavioral health are just as essential to our overall wellbeing as physical health," says Leneigh. "In fact, problems with emotional and behavioral health can have an impact on a person's whole body and family. These issues can be further complicated when dealing with a child. We specialize in supporting these families."

Initially, to keep the focus on her patients and reduce the administrative challenges associated with starting a practice, Leneigh chose to outsource her billing.

"Starting a practice is so daunting that you feel you want to outsource as much as you can," Leneigh explains. She chose a billing service that quickly turned out to be the wrong fit.

"They charged a flat fee plus a percentage," recalls Leneigh. "And, after a while it became clear I was paying around \$5 per claim, which was way too much." So she decided to look for another option.

"Once I decided it was time to make a change, I did a lot of research," says Leneigh. She did research online, followed up on the software solutions that appealed to her by phone and then attended three online demos.

Leneigh and her office manager were planning to handle the billing so they wanted to be sure they made the right choice this time.

"We found Kareo easy to use, and the cost was very competitive," she says. "The pricing was much better than the company I had been using. I now pay about 20% of what I had been paying previously."

Leneigh believes that the billing company she used previously was only submitting claims about once a week. Now, she and her office manager are able to bill every day.

"We now get paid so much faster," she explains. "Our BC/BS claims went from a six week turnaround to a two week turnaround." With most of her patients now covered by insurance, this is really important to their bottom line.

They don't just submit claims every day; they also verify eligibility and collect co-pays when patients come in.

That has helped to streamline their revenue cycle.

"We don't really have any A/R past 45-60 days now," Leneigh says. "If we do have a

rejection for some reason, we get those back from clearinghouse and can address them pretty quickly."

Beyond managing the revenue cycle, Leneigh appreciated Kareo's support and responsiveness. She says that she rarely has an issue, but "When I do have a question, the support staff answer it quickly. I've never been frustrated by having to wait for an answer or resolution."

She also feels that Kareo handles changes effectively. "When we changed to new mental health coding last year, it was seamless," she says. "We didn't have any problems whereas some of my colleagues experienced months of problems."

The fact that Kareo is a cloud-based solution has also been a lifesaver for Leneigh's business.

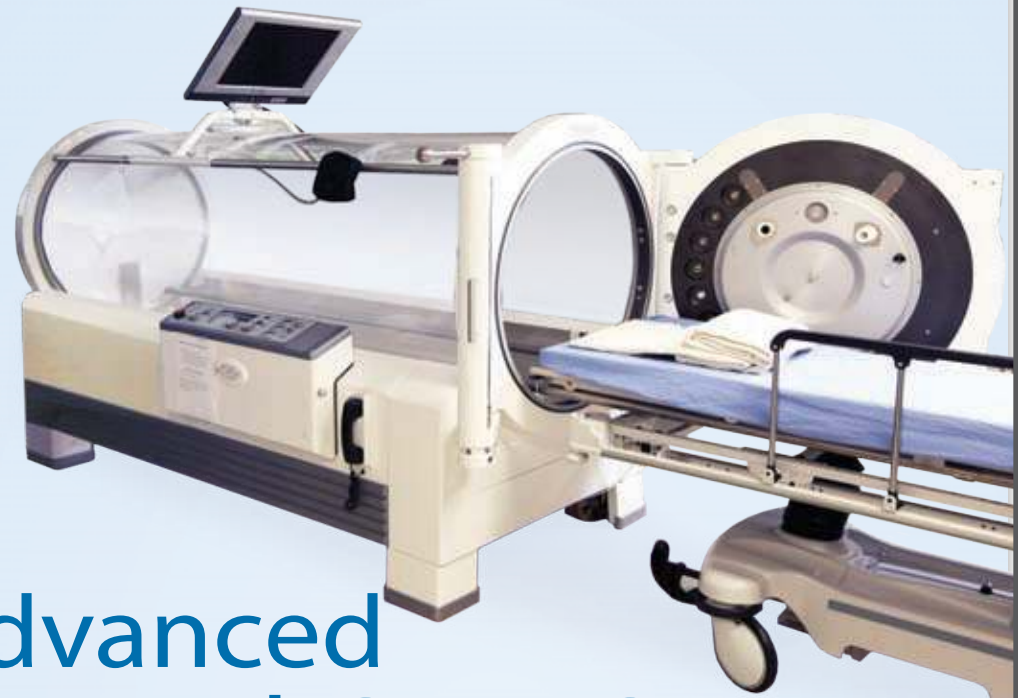
When one of her two computers crashed recently it took all of her accounting data but not her Kareo data.

"Our accounting software is not online, but our Kareo data was safe and accessible the entire time," she explains. "We could

keep up with our billing while we waited for the computer to get fixed. Afterward, we kept hopping back and forth between Kareo and the finance software to re-create the data in that program. Our computer crash did not slow down our billing or affect our revenue at all, thanks to Kareo!"

After many years on Kareo, Leneigh is still very pleased with her choice. "As the owner of a small practice, I find the pricing to be fair and manageable. And overall, it has really improved the functioning of our business and allowed us to get paid without taking too much time away from patient care." +

Lea Chatham is the Content Marketing Manager at Kareo, responsible for developing educational resources to help small medical practices improve their businesses. She specializes in simplifying information about healthcare and healthcare technology for physicians, practice staff, and patients. For more information on Kareo, visit www.kareo.com.



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Save Headaches and Heartaches as a Result of Legal Fee Issues

By David Paige

The majority of us have worked with a lawyer to resolve billing issues at some time or another. But what happens when you have a billing issue with the lawyer? What do you do? Do you just pay up and make the issue “go away?”

Most people will pay up. Why? Why is it that people (and businesses) are afraid to challenge bills from their lawyers? Maybe it's because “lawyers are always right” or because “lawyers always win” or because they have some secret power over their clients? No. None of this is true.

Perhaps it's because sometimes we end up working with greedy and unethical lawyers who are prone to take individuals and businesses to the cleaners — and just expect them to “roll over and take it!” Regardless, you can fight back. We can help you learn how.

First, you should understand there are common practices that some law firms employ that can inflate billing, including:

- Billing for administrative or clerical tasks at legal service rates;
- Charging for standard firm overhead or disbursements at a profit;
- Not communicating clearly about charges involved with the time, effort and expense of representation; and
- Undue inefficiencies in servicing clients, such as overstaffing.

Legal Fee Advisors offers five common sense rules you should follow when it comes to working with a lawyer and managing legal fees — and this goes for companies, individuals or even for internal lawyers managing outside counsel.

Unfortunately, individuals and businesses alike often ignore these “rules”, but following them can help prevent “surprises” and set precedents when you need to fight a legal bill:

1. Require a “Good Faith” estimate, especially if the firm does not use set fee agreements for litigation: Know what the law firm is likely to charge in advance of agreement so there are no surprises,

especially if they are likely to have to go to court on your behalf. If the estimate changes, make sure that it is revised in writing.

2. Make an agreement in advance: Know what you will be paying for the work being done; anything above and beyond “normal” should be discussed with you in advance, approved in writing and be charged at a reasonable rate.

3. Work with your law firm to make sure their bills are clear: Know what you should be charged and how it will be invoiced. Each law firm bills clients differently, but all charges should be clearly laid out on each bill. If you cannot understand a charge, don't pay it until you do.

4. Learn about “best practices” in billing: Know what to expect in writing from your law firm, including how they invoice. All work should be itemized and easy to identify — and you should never pay for “overheads” like office expenses and utilities. You should not be paying for duplicative work, attorneys doing clerical work, and inefficient teaming of too many attorneys for a task.

5. Consistently have dialogues to monitor what your law firm is charging: Know what they are doing for you and what each invoice covers to identify how your account adds up. Don't pay for services that were not agreed in writing or approved in advance; be sure that each invoice matches what was agreed.

Bottom line: follow this advice, and you can resist being taken for a ride by attorneys and save money, headaches and heartaches. ✚

David Paige, Founder of Legal Fee Advisors (www.legalfeeadvisors.com/), is one of the nation's foremost experts on the propriety of legal fees and billings and licensed to practice law in the state of New York and holds insurance broker licenses in N.Y., N.J., Conn., Ohio, Pa. and Va. and has been admitted pro haec vice in other states. He has affiliations with the American Bar Association's Section on Professional Responsibility, the New York City Bar Association, the Association of Professional Responsibility Lawyers and the National Association of Legal Fee Analysts.

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Far be it from me to reveal much more about this than to say that I'm NOT a doctor and I'm NOT a scientist, but I am a passionate individual who reads and learns a lot from the people with whom I am associated.

For example, we know that the chance that five prescription drugs will interact with each other in an unknown manner in our bodies is one hundred percent.

Yet, many of us are on more than that every day.

We know that nearly three quarters of the antibiotics used in this country are not used for human medicine.

They are used on healthy livestock to prevent overwhelming infection.

Why?

To compensate for poor husbandry practices (severe overcrowding, filthy, excrement ridden environment, high degree of psychological stress, diet mismatched to their physiology) and because antibiotics can act as growth promoters.

They get sick, and when they get sick, Big Pharma is standing nearby to make their fortune by encouraging our farm factories to continue pumping antibiotics

into our chickens, cattle and even farm raised fish.

The major health organizations in this country have called for a phase out to this practice.

This is the source of many of the antibiotic resistant strains of bacteria that we are seeing in our hospitals.

Research is currently being pursued in regard to certain antibiotics which, taken long term, are suspected to be contributing to at least two types of cancer.

What are the risks long term for entire generations that are being exposed to the ramifications caused by these antibiotics being added to our food chain?

When we were doing breast cancer research, we saw that about 75 percent of the cancers presented were caused by our environment.

So, when it comes time to side against the environment, against naturally produced food products, and to walk away from obvious flaws in the literature that is the basis for the education of certain physician specialties, just know that it may be your kids or grandchildren that are going to pay the price.

Let me end this rendition of “Nick-a-pedia” by suggesting that Integrative

Medicine considers food as your medicine.

The practitioners of Integrative Medicine with whom I am affiliated suggest that you eat real food, whole food, and organic food.

They look for root causes of specific diseases and suggest things like anti-inflammatory diets, elimination diets, and stress management.

Seriously, diet, exercise, stress management, and socialization are the fundamental principles of functional medicine.

How can these things hurt anyone?

I'll never forget when one of my research scientists told me years ago that hydrogenated fats were the worst human experiment ever perpetrated on man-kind without his knowledge, and here we are decades later, after hundreds of thousands of unnecessary heart attack deaths, finally banning them.

This is NOT BRAIN SURGERY! ✚

Nick Jacobs, FACHE, International Director of SunStone Management Resources and an officer on the American Board of Integrative Holistic Physicians, is currently consulting in Integrative Medicine and Pharmacogenomics and writes the blog, healinghospitals.com.

Market for Hemostatic Agents Drives Quest for Innovation



By Terrence W. Norchi, MD

Surgical and trauma patients are at significant risk for morbidity and mortality from bleeding and/or leaking body fluids. Approximately 114 million surgical and procedure-based wounds are now made annually worldwide, including 36 million from surgery in the U.S. alone, according to a 2012 report from MedMarket Diligence, LLC. With these numbers rising, so is the need for better sealants and hemostatic agents to stop bleeding as quickly as possible.

Such products are forecast to produce global combined sales surpassing \$6.5 billion in 2017.

Unfortunately, the best currently available hemostatic products possess various limitations, ranging from high cost — upwards of \$500 per application for some products — to slow onset of action, unreliability and risk for adverse effects, including healing problems, adhesion formation and infection. Although surgical techniques, instrumentation and technology have made tremendous strides over the last couple of decades, the majority of hemostatic agents and sealants haven't kept up. Surveys of surgeons have affirmed the need for products that will work within one minute (preferably 15 to 30 seconds) and remain effective while the underlying wound is healing. This reality is opening the door to the search for new and better-performing hemostatic products.

This search is being driven by the quest for new hemostatic agents that are laparoscopic-friendly, simple to prepare and simple to store. In addition, surgeons need new hemostatic agents that are easily handled, transparent, flowable, nontoxic and that enable normal healing.

There are several categories in which the development of new hemostatic agents could be pursued. These include fibrin/thrombin; cellulose/collagen/gelatin; certain polymer hydrogels; and dessicants/concentrators. Of peripheral interest are products based on cyanoacrylates and polyethylene glycol. Each of these categories is represented by several products currently on the market, but each also presents its own set of drawbacks. For example, many products involving fibrin/thrombin (including Tisseel, Evicel, Thrombin-JMI, and Floseal, as well as products that may be combined with thrombin such as SurgiFoam and Avitene) can present unreliable or slow onset of action, may be difficult to use and prepare, and might require an intact clotting cascade. Meanwhile, products involving cellulose (such as Surgicel and

others) and certain polymer hydrogels may involve poor adhesion and clotting. And products in the dessicant/concentrator category, such as Perclot and QuikClot, must be kept dry and require removal.

My company, Arch Therapeutics, Inc., is taking an alternative approach. Focusing on the rapid cessation of bleeding and control of fluid leakage during surgery and trauma care, the company is creating its first product, AC5 Surgical Hemostatic Device™. Currently in preclinical development, AC5™ is being designed to achieve hemostasis in laparoscopic and open surgical procedures.

The time to hemostasis with AC5 is measured so far in a matter of seconds — typically in under 15 or 30 seconds — rather than several minutes as provided by much of the competition. AC5 is also being designed to conform to irregular wound geometry, to allow for normal healing and to help maintain a clear field of vision in the wound area during the surgical procedure. Because it is transparent and neither sticky nor glue-like, evidence supports that it can be ideal for use in the laparoscopic or minimally invasive surgical setting.

AC5 is a synthetic peptide comprising naturally occurring amino acids that are not sourced from animals. When squirted or sprayed onto a wound, the clear, transparent liquid promptly intercalates into the nooks and crannies of the connective tissue where it self-assembles itself into a lattice-like gel — a physical structure that provides a barrier to leaking substances.

AC5 is designed to quickly stop bleeding with rapid onset of hemostasis, and it may also allow surgeons to safely operate through the resulting protective barrier. During the healing process, AC5 is absorbed. Physicians, patients and the industry could one day benefit greatly from such a product when wounds are created in the body, whether via surgery, trauma, colonoscopy biopsy, device implantation or in a variety of consumer settings.

The development and commercialization of AC5 was initially proposed by Rutledge Ellis-Behnke, PhD, who discovered the hemostatic and other barrier properties of self-assembling peptides that could make future surgery and interventional care faster and safer.

As an entrant in the field of “stasis and barrier applications,” AC5 could be a strong contender. ✚

Terrence W. Norchi, MD is the President and CEO of Arch Therapeutics, a life sciences company and developer of the AC5 Surgical Hemostatic Device™, a novel product aimed at controlling bleeding and fluid loss in order to provide faster and safer surgical and interventional care.

Metamorphosis: Nourishing Mind, Body and Spirit

By Heather Holtschlag

What began as a dream for Mt. Lebanon resident Melissa Migliaro to create an environment that would provide a variety of diverse programs and services that were designed to nourish the body, mind and spirit has become a reality.

A certified personal trainer, Migliaro also intended to add other resources to compliment this vision that would benefit the community, such as counseling, financial management, healthy cooking, and mindfulness retreats, along with an array of special offerings, such as stress management seminars and workshops on how to achieve ultimate happiness.

And in August 2013, Metamorphosis was born.

Located in the heart of McMurray, Metamorphosis motivates individuals and organizations to transform mind, body and spirit and believes that there are many

approaches to keeping the human spirit healthy and well. Through education, group classes, guest speakers, special events, and much more, Metamorphosis was created to meet the needs of a diverse community.

Metamorphosis partners with area experts, whose diverse backgrounds offer something for everyone.

Each partner boasts more than 10 years of experience in working with individuals in their respective fields, which range from yoga, Pilates and tai chi to gourmet chefs, financial planners, stress management counselors, alternative therapists, essential oils consultants, fitness instructors and emotional wellness. In other words, most anything that an individual could need to live a healthy lifestyle can be found at Metamorphosis.

The wellness center also offers an array of entertainment activities, including movie nights; specialty dinners, such as those prepared for members of the Pittsburgh

Symphony; author nights; and live music and concerts.

“Metamorphosis is magnetic,” Migliaro said. “Many people will come for a yoga class and return, with friends, for a workshop or other special event. We create an environment that truly lends itself to staying healthy and well.”

Another facet of Metamorphosis is that of community outreach. The center serves as a unique location for parties and events such as birthday parties, anniversary parties, holiday or family parties, baby showers, corporate events, office parties and more.

“We want the members of the community to feel at ease when they visit the center,” Migliaro noted. “We offer services with them in mind — services that will help them live happier, healthier lives and that will aid them in achieving their lifestyle goals, whatever they may be.”

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Our goal is to make sure that older adults age with grace and dignity. As the region's largest eldercare provider, we do this by providing a continuum of services and living options, and by investing significantly in our people. We believe that people are what make the difference between good and great. Everyday lives are being enriched and changed positively by our compassionate and well-trained staff and volunteers — people whose dedication to excellence is consistent with our faith-based mission of improving the lives of older adults from all walks of life.

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.

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Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas and White Tail Ridge carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Living assistance is available at The Arbors at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, general medicine, rehab therapy, a dental practice, home care, memory care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Kean Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.st-barnabashealthsystem.com.

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Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay. Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

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Medi Home Health and Hospice, a division of Medical Services of America, Inc., has a unique concept "total home health care." We provide a full-service healthcare solution to ensure the best patient care possible. Every area of service is managed and staffed by qualified professionals, trained and experienced in their respective fields. Surrounded by family, friends and things that turn a house into a home is what home care is all about. Our home health care manages numerous aspects of our patients' medical needs. Our Hospice care is about helping individuals and their families' share the best days possible as they deal with a life-limiting illness. Most benefits pay for hospice care with no cost to you or your family. Caring for people. Caring for you. For more information or for patient referral please call 1-866-273-6334.

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As a result, every office visit and every procedure will have an associated charge. In our experience, the majority of practices are fairly consistent, so total charges should likewise be fairly consistent from month-to-month.

Therefore, a simple starting point in understanding whether underlying issues exist, would be to understand the monthly charge trend by physician, as well as their average monthly expenses and collection rate.

Goals should be developed to benchmark these indicators on a monthly basis. Any significant deviance from the expected goal will provide the practice manager with a quick indicator for further investigation to correct the issue as necessary.

2. Total Payments Received by Physician — As stated above, every procedure performed should generate a corresponding charge. Likewise, every charge billed should have a corresponding payment. Once again, since practices are fairly consistent on a monthly basis, a practice manager should be able to quickly identify any particular issues with payments for a physician at the end of a month.

When digging deeper to understand a particular issue, the manager needs to understand whether a process issue exists with billing or documentation, proper reimbursement, or physician productivity. As is the case with charges, a monthly reimbursement goal by physician should be established and monitored closely.

3. Total Collection Rates — Benchmarking information is available for providers to understand and establish expectations relative to the payments that should be received by payor based upon the charges generated.

With this information, the practice manager can review the collection rate on a monthly basis as a quick indicator as to whether underlying issues exist in the billing processes. If collection rates fall short of the desired goal, the practice manager should further investigate the issue to correct any process issues or deficiencies that may exist.

4. Aged Account Receivables — In the event that a payment is not received for a charge, the unpaid balance becomes part of the aged account receivables, which are unfortunately a part of doing business in healthcare, particularly in physician practices.

These unpaid amounts can result from a variety of reasons, including denied claims, patient balances, and secondary insurances awaiting adjudication.

It is important that the practice manager understand the total amount of the aged account receivables, and also the number of days that have passed since the date of service for the

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There are several upcoming events scheduled to take place at Metamorphosis:

• **IGNITE! Workshop with Coach Alex Kuhn** — 11 a.m. to 2 p.m. on Saturdays, May 10, 17, 24 and 31. Prepare to reenergize yourself and attack life with new vigor during this four-part series that will guide and inspire you to take the necessary action to fulfill your goals and dreams. Cost is \$199 for a single session or \$399 for all four.

• **Mother's Day Victorian Tea Party** — 1 to 4 p.m. on Saturday, May 10. This special afternoon, hosted by Debbie Falcione of DLF Designs, will feature delicious food and tea and instruction on how to brew your own loose tea leaves. The party is open to mothers and their daughters age 13 and older or their girlfriends. Cost is \$25 per person.

• **Ladies Night Out** — 5:30 to 8 p.m. on Tuesday, May 13. This event, to benefit Spiritually Fly ChangeMakers, an organization dedicated to transforming the lives of women in Haiti through the principles of yoga, will feature a brief yoga practice, healthy food, drinks, and massages from Massage Envy. Area vendors also will be on hand to offer items for sale and for mingling. Cost is \$25 per person.

In addition to these special events, Metamorphosis also serves

as the location for several ongoing monthly classes, including Zumba, cardio workouts, strength training, and gentle yoga. And, vision board classes, which are based on the idea that "if you can picture it, you can live it" also are featured monthly. These classes offer instruction on how to create a vision board and then design one.

Cost is per session or classes can be purchased in packages. Gift cards also are available.

For more information about Metamorphosis, to register for any of the upcoming special events or ongoing classes, call (724) 260-0797 or visit www.metamorphosiscenter.us. +



Melissa Migliaro

Heather Holtschlag is a Pittsburgh-area freelance writer specializing in the health and fitness industries.



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unpaid balances.

Every month, the practice should calculate the total amount represented by days in the unpaid claim designation. From there, the billing personnel should diligently pursue collecting these amounts.

5. Work Relative Value Units (wRVU)

— As in the case with charges, every CPT Code performed by a provider will have an associated wRVU. The more complex the procedure, the higher its associated wRVU. The wRVU once again provides practice managers with a quick tool to assess a physician's productivity.

In fact, there are many organizations, such as the Medical Group Management Association (MGMA), that provide valuable benchmark information by specialty. As a result, a practice manager can determine

levels of productivity by physician relative to averages among their peers.

Although this mode of calculating productivity is imperfect, it is the simplest way to draw comparisons of productivity between physicians and peer groups. In fact, many physician employment contracts use wRVUs as a component to determining physician salary, particularly when using productivity measurements as a feature of the agreement. As is the case with the measures above, monthly targets should be established to determine whether issues exist relative to expected productivity.

With the trend to employ physicians continuing, it is important that the new managers of physician practices have the appropriate infrastructure in place to effectively manage these new aspects of their business.

In doing so, providers will need to equip

practice managers with the right tools and information to ensure the financial viability of this investment by the health system. In our experience, through regular monitoring of practice performance using the indicators above, management will be in a better position to maximize the return on investment and correct issues that may exist in a timely fashion. +

Edgar Morano is a consultant with 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 or on LinkedIn at www.linkedin.com/company/corazon-inc. To learn more, call 412-364-8200 or visit www.corazoninc.com.

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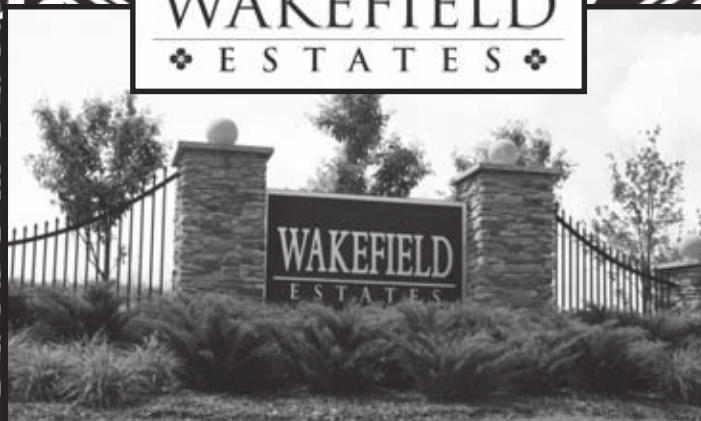


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DIRECTIONS: 19N, L ZEHNER SCHOOL RD., L ONTO FRESHCORN, RIGHT ONTO GLEN RAPE RD., PLAN ON L. GPS: INTERSECTION OF GLEN RAPE AND FRESHCORN

Focused

for all the right reasons.



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The majority of our patients come from the hospital setting with a goal of getting back to their lives. Our focus is working with patients, their families and physicians on setting goals and working each day to achieve them. We are getting them home, exceeding the national average of 75%*.

* All data is based on industry averages and HCR ManorCare 2013 results.



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