



NEWSLETTER

CEO Column:

Cultivating Software

Robert Pock, Founder and CEO, TCS Healthcare Technologies

I have been in the software business for almost 35 years. In my newest profession (though perhaps “hobby” is a more appropriate term), I have two years of experience. My latest endeavor is to become a wine-maker of sorts - albeit through a small vineyard with about 100 young plants in my backyard.



Robert Pock
Founder and CEO,
TCS Healthcare Technologies

Not surprisingly, I am intrigued with the numerous parallels between developing and maintaining software code and the challenges and opportunities associated with cultivating the vine.

When it comes to wine-making, before grapes can be planted, the right soil and climate must first be selected to optimize fruit production. With health information technology, the application must be built using the best source code and database structure.

During the first years of cultivation, the vines are establishing an effective root system, being pruned and watered to optimize the growth. In a similar vein, building the right foundation for a software application also takes design work, drafting effective lines of code, and extensive quality assurance testing to ensure the results will provide a solid base that will serve the client for many years.

In both cases, customer satisfaction is paramount. Does the wine deliver a well-balanced taste? Does it compliment or detract from the meal it is served with? Does the medical software program enhance workflows as advertised, and does it improve clinical and financial outcomes?

Once harvested, the next generation of grapes must be cared for like the previous crop. The vineyard owner is always planning harvests years down the road. Once launched, software applications require upgrades on a routine basis as well. Software applications can become irrelevant and outdated if not updated and maintained. Code, like vines and wine, needs constant attention.

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National Study Assesses How Health IT Is Impacting Case Management

A new research report by TCS Healthcare Technologies (TCS), in conjunction with the Case Management Society of America (CMSA) and the American Board of Quality Assurance Utilization Review Physicians (ABQAURP), finds that health information technology (HIT) systems are having an impact on a variety of medical management interventions, but less quickly than anticipated. The first HIT study was conducted in 2008 to examine HIT trends in the field of care management. ABQAURP and CMSA rejoined with TCS in 2010 to conduct the second survey, resulting in two years of comparison data.

A core objective of both HIT surveys was to assess general trends related to HIT systems, especially the trends for care management software applications, as well as the specific capabilities within those applications. The research further examines additional electronic applications used by providers, payors, care managers, and others to support patient care.

While progress is slow, it is occurring. More specifically, trends related to interoperability, functionality, and satisfaction levels indicate more work needs to be done in leveraging best practices for medical care.

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Spending Time with Patients

(Reprinted from CMSA Monthly Newsletter, August 2010)

A good care management professional is able to encourage patients to embrace healthy activities and lifestyle choices. One way to gauge success in this area is by assessing “the amount (and quality) of time” case managers spend with patients – whether face-to-face or on the phone.



Pat Stricker, RN, M Ed

Many public policymakers and industry leaders assume health information technology (HIT) systems, especially care management software applications, allow case managers to spend more time with their patients. Unfortunately, this assumption may be incorrect, based on recent research results.

On September 1, the long-awaited 2010 *Health Information Technology Survey* was published by CMSA along with its research partners, TCS Healthcare Technologies (TCS) and the American Board of Quality Assurance and Utilization Review Physicians (ABQAURP). The 65-page report provides in-depth insights about how a wide variety of HIT systems are having an impact on the practice of case management (see summary of the survey findings on page 1).

One of the more surprising findings is that HIT systems may not provide more time for case managers to spend with their clients. This outcome was first identified in the 2008 study, and was re-affirmed through the 2010 study results. While 22% of the 521 respondents in 2008 reported their care management applications allowed them to spend more time with their patients, only 18% of the 670 responding noted the same effect in 2010. Unfortunately, this trend also is seen within various types of care management services, as highlighted in the table below.

Clearly, the business and clinical goal of care management software is to empower case managers to spend more time with their patients, rather than on paperwork. Based on a number of narrative responses in both the 2008 and 2010 surveys, barriers to doing so include the need to: document activities via the electronic software; navigate through various computer screens; produce a myriad of reports; and follow-up on a number of other demands. Clearly, more thought needs to be put into the workflow associated with care management software tools.

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SPENDING TIME WITH PATIENTS									
Does your care management software application allow you to spend more time with your patients? (Respondents could select more than one option)									
	2008 Large Pool	2010 Responses							
		2010 Large Pool	Case Mgt	Disease Mgt	Utilization Mgt	Nurse Triage	Independent Review	Pharmacy Benefit Mgt	Behavioral Health
N = Respondents	521	670	174	86	104	45	31	35	49
Allows you to spend more time with your patients	22%	18.5%	19.5%	15.1%	15.4%	13.3%	9.7%	14.3%	16.3%

TCS Client Spotlight:

MCM Implements TCS' Care Management Software Solution

Acuity Advanced Care® platform will support MCM's 500 Clients



MCM Solutions for Better Health (MCM), a national leader in providing population health management services, has successfully implemented TCS Healthcare Technologies' Acuity Advanced Care™ (ACUITY) platform to support its wide-range of clients including self-funded plans, Taft-Hartley Trusts, association plans, and claims payers.

Partnering with TCS is one of the best business decisions he has made in years, says Michael J. O'Connor, MCM President and Founder. "TCS has provided the people, processes, and technology platform to take MCM's suite of services to the next level. We have witnessed increased productivity, improved patient outcomes and greatly enhanced data reporting and import/export capabilities. This is a big win for MCM and our clients," he notes.

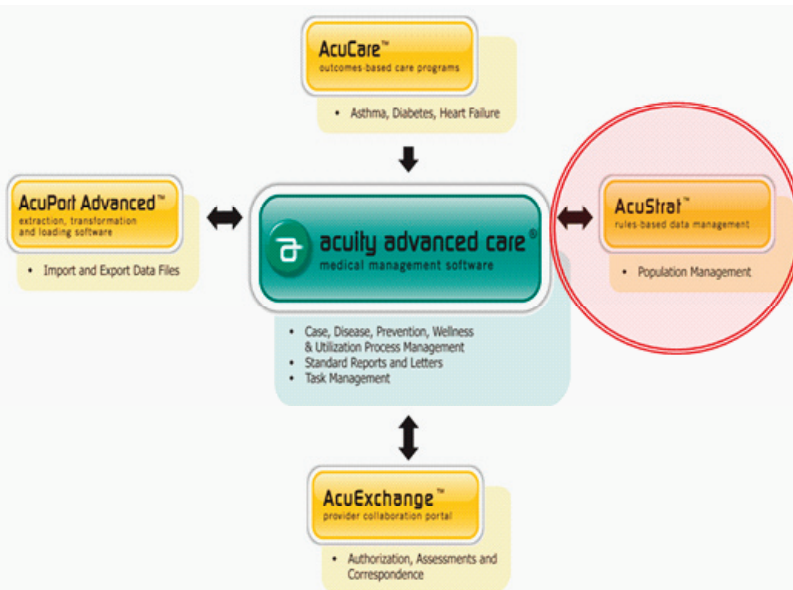
While MCM perceived ACUITY software as a great fit for its business, the company was impressed with the TCS staff's expertise in clinical operations and data integration, according to Kathleen Kalber, RN, CPUM, CCM, Senior Vice President Clinical Operations. "They were instrumental in implementing process workflow improvements, efficient system configuration, and the conversion of historical data," she says. "The end product was a seamless coordination between MCM clinical, supervisory and administrative staff."

Kalber feels the key benefit of the ACUITY platform is a single comprehensive member clinical record. "MCM's system truly integrates risk identification, utilization management, case management, specialty case management, chronic condition management and wellness in one comprehensive member clinical record," she says. For example, an MCM care manager can see a patient is currently in an acute setting, and start the discharge assessment, while at the same time the wellness and prevention health coaches can begin to plan their engagement and education strategy for the patient.

[See MCM Implements p. 5](#)

Product Review: AcuStrat™ Helps Automate Care Management Transactions

Two years after the initial launch, AcuStrat continues to gain steam with Acuity Advanced Care® customers. AcuStrat is a user-friendly, data mining and population management tool that helps automate and standardize care management processes in a wide array of healthcare settings.



According to Jean McCabe, RN, Clinical Business Analysis and Standards Specialist for Neighborhood Health Plan of Rhode Island, “After integrating AcuStrat into our care management operations, Neighborhood has improved efficiencies and quality results. By using AcuStrat, we now have an almost unlimited ability to turn patient information into actionable events, using a full array of automated functions. It saves an immense amount of time for staff.”

“AcuStrat is clearly a cutting-edge care management solution,” says Pat Stricker, RN, M.Ed., Vice President of Clinical and Client Services at TCS. “By automating critical screening and medical management actions, AcuStrat helps drive and enhance workflows to standardize clinical interventions. This application is taking care management interventions to the next level.”



See Product Review p. 7

Employee Close-Up: Casey O’Banion and the Highland Games

Many of us have interesting hobbies that we enjoy when we are away from work. Casey O’Banion, a senior programmer/analyst with TCS, perhaps has one of the more unusual hobbies. Specifically, he is a member of an elite group of athletes that participate in the Scottish Highland Games.



The Highland Games are a traditional Scottish competition dating back to 1100 AD. These games included competition featuring the bagpipes, the kilt, events where heavy items like stones, weights, and cabers (long pieces of timber), were thrown for distance. The Highland

Games were put on by Kings and clan chiefs to find the strongest, fastest and most agile individuals in their territory. Often the winners would become bodyguards or soldiers or the King’s Courier, a much coveted position. To reduce bloodshed during times of war, rival clans would match their champions against each other.

Casey’s involvement in the Highland Games began two years ago through his neighbor who was involved with a team called the Magni Corps Throwers, a local group of individuals who compete in a Northern California-chapter of the Scottish-based competitions. Above, Casey (in kilt) can be seen lobbing a 28lb. ball and chain for distance. Another one of his favorite events is the caber pole toss, where contestants throw a large object that looks like a telephone pole.

To reduce injury all athletes are required to adhere to a rigorous exercise schedule and must stretch before competition. Like his job at TCS where he provides coding and design support for products like Acuity Advanced Care™, AcuPort Advanced™ and AcuStrat™, Casey notes, “Success is determined by leveraging both knowledge and experience to whatever activity that you are engaged in. Skill by itself is not enough; experience also plays an important role, and vice-versa. This bit of advice applies to both software development and at the Highland Game competitions.”

If you would like to learn more about Casey, his job at TCS or the Highland Games, drop him a line at (530) 886-1700 ext. 213.

MEDICAL MANAGEMENT NEWS

Patient Participation in Shared Decision-Making Means Improving Self-Advocacy Skills

According to USA Today and books such as *The Empowered Patient* (E. Cohen, Ballantine Books), physicians are seeing more patients get involved in medical decision-making. While some professionals feel this is entirely appropriate, others are on the fence. For example, Dr. David Metz, Associate Chief of Gastroenterology at Penn, explains, “On the doctoring side, it’s not that easy,” especially if someone walks in and says, “I’m recording this discussion.” Alternatively, Ms. Cohen states in the interview about her book, “I watch people advocate for their spouse and children over a long illness.” The CNN senior medical correspondent says “that takes a lot of energy and a lot of love.” Improving shared decision-making can mean increasing people’s confidence in knowing what to ask about patient care, surgeries, diagnostics, and prescription drugs. One way to improve self-advocacy is as old as Shakespeare – rehearsing – specifically rehearsing the words you’ll say when you speak up. See the full story at http://www.usatoday.com/yourlife/health/healthcare/2010-09-01-medtesting01_CV_N.htm.

CDC Urges Healthcare Practitioners to Bolster Patients’ Abilities to Use Antibiotics Appropriately

The overuse and misuse of antibiotics in acute upper respiratory infections (ARIs) continue to aid the creation of superbugs--bacteria resistant to antibiotics. The report in the September 3 issue of *Nursing News* reminds professionals that the majority of ARIs are caused by viruses, not bacteria. The Centers for Disease Control and Prevention (CDC) warn that people infected with superbugs are more likely to have longer, more expensive hospital stays and are more likely to die from their infections. Yet, physicians continue to prescribe antibiotics as their “go to” drugs, and patients continue to push for antibiotic prescriptions. Theresa Capriotti, DO, MSN, CRNP of Villanova University College of Nursing, states that patients are “leaving (healthcare settings) with a prescription that, in up to 50 percent of the cases, they didn’t need because their illness was viral.” To give the right advice about ARIs and antibiotics, the CDC added new content to its website entitled, Get Smart: Know When Antibiotics Work (<http://www.cdc.gov/drugresistance/index.html>). On November 8, the CDC and Medscape will launch a five-minute video containing five practical tips to help patients accept avoiding antibiotics for ARIs. For more

details, see http://www.nursezone.com/Nursing-News-Events/more-news/Helping-Patients-Avoid-the-Overuse-of-Antibiotics-and-the-Risk-of-Superbugs_35046.aspx.

To Reveal or Not to Reveal... Workers Struggle with Invisible Disabilities

A lead story on Workplace.com, Disability: Disclose vs. Privacy, concerns workers who manage “invisible disabilities.” Todd Henneman defines invisible disabilities as “chronic health conditions that are not immediately obvious, such as diabetes and cancer, sensory impairments such as reduced vision, mental illness such as bipolar disorder and depression, and learning disabilities.” Avoiding discrimination by fellow employees, supervisors, and insurance companies keeps scores of Americans from disclosing their disabilities. Not only are the disabilities invisible, the numbers of people who have them are invisible. Henneman illustrates this point by using U.S. Census data stating “more than 18 percent of Americans report some level of disability.” The company Ernst & Young stakes a leadership position by producing a 17-page handbook that provides definitions and discusses the pros and cons of disclosure. The article presents risks to not disclosing, from the employer perspective, and offers counterpoints from a legal advocacy director in Illinois. The discussion can be accessed at <http://www.workforce.com/section/legal/feature/disability-disclosure-vs-privacy/index.html>.

Healthcare-Associated Infections See a Decline

In an article posted September 1 on www.medpagetoday.com, a study by the Agency for Healthcare Research and Quality (AHRQ) found the number of healthcare-associated infections (HAIs) dropped significantly from 2004 to 2007. After a high of 2.3 infections per 1000 hospital stays in 2004 and 2005, the study found that only 2.03 infections were reported in 2007, or .02% of all hospital stays. In every subgroup studied, divided by age, geography, and type of payer, the AHRQ reported that the rates of infection dropped across the board. The report itself did not offer an explanation for the notable decline, but other experts attribute the drop to better adherence to guidelines for the treatment and prevention of HAIs. For more information, see the article at <http://www.medpagetoday.com/HospitalBasedMedicine/InfectionControl/21985>, or the report at <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb94.jsp>.

Nailing It-What Tales Fingernails Can Tell

A free slide show available through WebMD can help you learn how to read nails. Although rarely the first symptoms to be displayed, the *See Nailing It p. 5*

Nailing It (Con't from p. 4)

health of nails and nail beds can provide many surprising revelations about a person's overall health status and risks. In 12 slides, the program shows examples of color, texture, condition, and other telltale signs of the presence of health problems. Each slide is accompanied by a few sentences that carry the main message pertinent to the accompanying picture, which, as they say, "is worth a thousand words. For example, do you know why people with a dark line underneath the nail should go directly to have their physicians examine them? The answer to this question (in slide 9) and much more about the nail-body connection can be found at http://www.webmd.com/skin-problems-and-treatments/slideshow-what-your-nails-say-about-your-health?ecd=wnl_cnf_020310.

Upcoming Case Management Week: October 10-16, 2010



A week-long celebration of the influences and contributions of case management to the healthcare field is upcoming, the Case Management Society of America (CMSA) reports. October 10-16 has been designated National Case Management Week. Activities that take place during this time occur inside

and outside the workplace, and typically include dinners, banquets, seminars and other events. The celebration is designed to allow family members, friends, and coworkers to show their appreciation for and honor the achievements of case managers. For more information about planning events during Case Management Week, or to promote the week itself, check out CMSA's planning guide at <http://www.cmsa>.

CEO Column (Con't from p. 1)



TCS prides itself in communicating with and surveying its customers to ensure we have a complete understanding of their needs. Any constructive feedback is appreciated and the issue addressed as soon as possible.

Perhaps that's why so many customers have stuck with our care management software offerings for decades. Perhaps, just like a

fine wine, TCS gets better with age. But every vintage of wine and software code have new challenges.

Give us a call if you want to learn how TCS plans to stay on the cutting edge of software development and delivery. Oh, and stay tuned...my first production run of wine will be ready in about three years.

MCM Implements (Con't from p. 2)

"The efficiencies gained in our data import and export operations have been immediately apparent," comments Amy Gasbarro, MHA, Vice President, Operations. "MCM has the ability to easily identify and export any data element in the system," she notes. "We have significantly improved our ability to quickly meet the increasing data demands of today's marketplace by decreasing programming time and increasing the flexibility and automation of recurring client data transfers. The flexibility of ACUITY will allow us the opportunity to continue to grow to meet the ever-changing demands of both the healthcare marketplace and our clients."

Rob Pock, TCS CEO and Founder, finds it rewarding to see how ACUITY positively impacts his clients. "In addition to our dynamic technology platform, we deploy our experienced staff who can solve problems and coordinate the implementation project," he says. "Client satisfaction remains a key value of TCS and we share best practices with our clients throughout the engagement."

Spending Time (Con't from p. 2)

To help address this challenge, one initial step must include active involvement by the clinical management and end-users in the selection, design and implementation of medical management software. They need to ensure the system is built to accommodate their workflows, rather than creating work-arounds to simply accommodate the software.

As a quick aside, the 2010 HIT Survey does show some progress in a few key metrics towards HIT integration and interoperability. For example, over half of the respondents report they scan medical records and other key information into their respective medical management systems (i.e., 54% in 2010, an increase of 14% from 2008).

Impacting Case Management (Con't from p. 1)

In the 2010 survey findings, respondent trends include:

- 69% use multiple health IT systems, while 16% use only one health IT system;
- 23% of information technology system(s) is/are fully integrated and interoperable with other external IT applications;
- 23% have moved to a completely paperless environment regarding patient or care management records;
- 54% scan medical records, documents, or communications into their medical management information system;
- 35% can share clinical data electronically with other providers; and
- 26% allow providers to access report cards that show physician- and patient-specific compliance with reporting initiatives.

Regarding patient communication strategies, respondents sound a strong positive note about embracing emerging communication options within the next two years. They anticipate a three-fold increase for using text messaging, smart-phones and wireless remote monitoring. A doubling in the use of online personal health records, patient portals, remote monitoring and social networking is also projected.

The survey results also offer interesting insights about the average number of caseloads handled per week:

- the most frequently selected caseload range is 25-49 cases per week; and
- the most time spent in face-to-face contacts with patients is 100 to 124 cases per week.

This last response conflicts with general wisdom about how case managers spend their time. For example, one would assume that the more face-to-face contacts a case manager has with patients, the smaller the caseload – but as it turns out, this does not appear to be the pattern. This result should be studied in more detail through additional analysis of the current survey and in future surveys. Are the nurses in each of these categories working in the same field, e.g., telephonic versus on-site with patients at clinics? If so, the latter group would probably report more “face-to-face contacts”.

Responses to several satisfaction questions indicate challenges remain

for mobilizing HIT software platforms that satisfy the desires of case managers and other users. Dissatisfaction with current platforms offers an important window of opportunity for vendors to develop

Survey Highlights

The 2010 Health IT Survey:

- Reviews interoperability and integration interfaces;
- Identifies existing and future communication links;
- Assesses key elements associated with nurse triage solutions;
- Highlights data reporting and predictive modeling capabilities;
- Spotlights user satisfaction ratings of care management software, electronic medical record (EMR), and nurse triage systems;
- Explores case manager caseloads;
- Reports on consumer and provider access to health information; and
- Discusses respondents’ attitudes on the value of HIT systems.

and sell software applications that are based upon designs that will increase user efficiency and satisfaction.

The study concludes that many opportunities exist to leverage technology to enhance the care management process through the following principles:

- **Implementing sound platform designs** – that support the natural workflow processes of the care management professional.
- **Moving toward integrated and interoperable HIT systems** – that minimize the need to identify and collate data manually across systems and platforms.
- **Promoting automation** – that reduces the number of actions care management professionals need to perform while conducting the basic actions affiliated with their work.
- **Leveraging emerging communication portals** – that include text messaging and social media as long as protected health information is properly safeguarded.
- **Using the right information at the right time** – that enables patients, their providers, and other stakeholders to access

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Impacting Case Management (Con't from p. 6)

the patient's health information, care plans, evidence-based protocols, and other information to make meaningful decisions.

- **Increasing workflow efficiencies** – that should allow care managers and other professionals to spend more quality-based time interacting with and supporting their patients
- **Increasing transparency and accountability** – that in turn enhance feedback loops in ways that can further improve care management interventions.

For copies of this survey, log on to <http://www.tcshealthcare.com> and click the “Health IT Survey” button.

Product Review (Con't from p. 3)

AcuStrat™ Features:

Among other attributes, AcuStrat can automatically:

- Stratify health and demographic data within a designated population;
- Link to various claims, pharmacy, predictive modeling and other data mining solutions;
- Schedule and assign follow-up tasks;
- Schedule mailings and turn-around time alerts; and
- Generate notifications and other correspondence.

AcuStrat also helps with quality assurance activities such as:

- QI controls for monitoring staff;
- Monitor compliance with HEDIS measures;
- Data cleanup, catching missing or erroneous information;
- Inactivity alerts;
- Risk management programs.

Michelle Lupoli, RN, MS, CCM, Director of Medical Management at Neighborhood, feels use of AcuStrat and ACUITY is transforming her company's medical management workflows, which is “benefiting members in ways that we only imagined a few years ago. By leveraging TCS' technology, we have the information we need to more effectively manage care and improve clinical outcomes.”

TCS Founder and CEO Rob Pock adds, “AcuStrat eliminates the need to sift through data manually because the sophisticated electronic filters are easy to configure and use. The efficiency gains from this product, when

used in conjunction with ACUITY and other applications, will free-up needed clinical resources and allow the sponsors of care management programs to expand services.”



TCS Employees Enjoying Dinner at Annual Staff Retreat



Newsletter to be published on a quarterly basis. To subscribe, send email to newsletter@tcshealthcare.com

Primary TCS Contact:

John Sekerak
VP, Business Development
TCS Healthcare Technologies
11641 Blocker Drive, Suite 200
Auburn, CA 95603
(530) 886-1700, ext 211
jsekerak@tcshealthcare.com
www.tcshealthcare.com

Editor: Garry Carneal, JD, MA
Send comments to: gcarneal@tcshealthcare.com

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