Momentum Surges for mHealth
PAGE 10

Protect Your I.T. Assets from Emergent Threats
PAGE 14

GAME CHANGERS
Take a closer look at the top 12 trends that are shaping the outlook for 2012
WHAT’S KEEPING YOU UP AT NIGHT?

I’ll tell you what keeps me up at night — knowing that many of our healthcare customers are struggling with questions like:

“How can I secure the influx of mobility devices on my hospital network?”

“What do I need to do to meet meaningful use Stage 2 requirements?”

“How should I integrate our affiliated physician practices into my hospital system’s EMR?”

Based on working with hundreds of healthcare organizations — from small physician practices to large integrated health systems — we hear concerns like those every day. Not only are your peers grappling with immediate IT issues, but they’re weighing how to tackle the technology challenges of tomorrow… six months… 12 months… even five years from now.

That’s why we’re introducing this new publication — to give you the latest news on healthcare industry trends, clinician views and IT strategies. We’re here to help you stay in front of the technology curve and select the solutions you need to stay successful. You’ll hear from fellow IT leaders and industry experts who have experienced similar challenges, found solutions and openly share lessons learned.

We know you want answers. And we want to provide them. So let’s get started with the industry information and insights you seek to help guide your healthcare technology decisions…

BOB ROSSI
Vice President, CDW Healthcare
HEALTH REDEFINES CARE BOUNDARIES.

Healthcare organizations such as home health and hospice agencies are rolling out a wide range of applications, from EMR to e-prescribing and more, onto smartphones and tablets for use in the field — increasing employee productivity and improving patient care. And there’s a growing push to use mobile devices and apps for patient care monitoring at home. To keep security risks in check and manage and support these fast-expanding numbers of mobile users and devices, healthcare organizations need to develop, implement and enforce a well-thought-out mobility strategy.

The winds of change set in motion by federal initiatives such as the HITECH and Patient Protection and Affordable Care Acts continue to reshape the foreseeable future for U.S. healthcare organizations. Barraged by HIT challenges including ACOs, BYOD, HIE, EHR, MU and more, their most common response may just be “S.O.S.!” To navigate a steady course toward successfully implementing, upgrading and embracing critical IT capabilities, take a closer look at the top 12 trends that are shaping the outlook for the second half of 2012 and beyond...

1. mHEALTH REDEFINES CARE BOUNDARIES.

2. NO SUCH THING AS TOO MUCH SECURITY.

3. TRANSCENDING GEOGRAPHY VIA TELEMEDICINE.

U.S. spending on mobile point-of-care solutions is expected to grow 9.9% annually, reaching $4.4 billion in 2015.

“Strategic Solution Investments for Mobile Point of Care,” IDC Health Insights

The organizational cost of data breaches is $5.5 million and the cost per patient record is $194.

2011 Cost of Data Breach Study, Ponemon Institute
MEANINGFUL USE AS A MEANS TO AN END.

Achieving meaningful use remains a top priority for hospitals, according to the 23rd Annual HIMSS Leadership Survey. More than one-quarter of the hospitals surveyed had already attested to Stage 1 meaningful use and were preparing to meet Stage 2 requirements. Another 50 percent expect to attest before the end of 2012 and only two percent do not plan to attest.

Nearly one-quarter of respondents named “achieve meaningful use” their key business objective, closely followed by “improve patient care” (21%).

84% of providers reported their care delivery improved with help from health IT.

CDW Healthcare IT Tipping Point Report, 2012

“Greener data centers bloom.”

I.T. professionals in the public and private sectors across the U.S. are viewing more energy-efficient data center solutions as a way to cut costs. CDW’s 2012 Energy Efficient IT Report found that the energy-efficient technologies and solutions implemented most often included virtualized servers or storage (65 percent), server consolidation (60 percent), low-power/low-wattage processors (46 percent), ENERGY STAR qualifying devices (44 percent), power-efficient networking equipment (31 percent), and energy-efficient/load-shedding uninterruptible power supplies (UPS) (28 percent).

Forty-three percent of I.T. professionals said green initiatives are a top driver for their data center consolidation efforts, up from 34 percent in 2010. Visit CDW.com/energyefficientit for a copy of the complete report.

“In the near future, I see power and cooling systems getting ‘smarter’. Technology will need to anticipate and adjust to loads and compensate for additional cooling demand. Integrating power and cooling systems with virtualization and communicating with servers will become tighter. This goes beyond just a simple thermostat; it means power and cooling technology will be more intuitive and intelligent.”

Chip Childress, Director of Information Systems, Holston Medical Group

To learn more, download a PDF at CDW.com/peerviewpowercooling

Follow us on Twitter @cdw_healthcare to stay on top of weekly IT trends shaping the U.S. healthcare industry
ACOs AND HIT GO, AND GROW, HAND IN HAND.

ACO growth continues to expand as a model for making a community of providers accountable for the quality, costs and satisfaction associated with patient care. But to meet their objectives of improving patient care while controlling costs, ACOs need the right IT. According to an eHealth Initiative report, this means infrastructure flexible enough to support changing needs and secure enough to support transfer, collection and storage of sensitive health data. It also means a system that promotes collaboration and coordination of care, plus engages and educates patients and caregivers.

VIRTUALIZATION COMES OF AGE.

In the face of tight budgets, burgeoning volumes of data and fast-growing security risk, healthcare organizations increasingly rely on virtualization to cost-effectively add functionality to their IT environments. CIO Julie Ames has found virtualization invaluable at RML Specialty Hospital in Illinois. “With ever-changing healthcare industry regulations, adapting to change is key. At the same time, you have to keep an eye on the future. It’s a constant balancing act. Being able to quickly add new servers to address a need, or exchange large patient files across the entire care continuum, has allowed us to be much more responsive,” she says.

INTEROPERABILITY RAMPS UP.

The buzz around interoperability and health information exchange keeps growing, fueled by meaningful use Stage 2 requirements. As healthcare organizations continue to establish new HIEs on both the enterprise and community levels, much can be learned from successful early adopters. An IDC Health Insights report says that first and foremost, organizations must understand the clinical, business and technical requirements of the HIE before identifying potential solutions and conducting a vendor search. In addition, they should anticipate that it will take longer to resolve privacy and security issues related to HIE than to resolve technology issues.

FORECASTING CLOUD-Y DAYS AHEAD.

It’s still more of a trickle than a flood, but growing numbers of hospitals and practices are starting to think long and hard about moving to the cloud. Privacy, compliance and security are the biggest concerns. Small to mid-sized hospitals and practices that need enterprise-level security, management and support — without the capital expense — are the first moving to the cloud, starting with apps such as e-mail and payroll, rather than clinical apps.

PUTTING HEALTHCARE DATA TO WORK.

Now that hospitals are collecting unprecedented volumes of patient data, they need strategies for mining, analyzing and translating it into practices that effectively and affordably manage patient care. A PwC Health Research Institute (HRI) report found organizations have high hopes for clinical informatics — which combines technology, patient care, financial reporting and collaborative information sharing. Nearly 8 out of 10 providers are turning to clinical informatics to help reduce medical errors. 61 percent want to use it to improve population health, and slightly more than half seek to use it to reduce costs by engaging patients in preventive care routines.

I.T. SPENDING CLIMBS; OPTIMISM GROWS.

According to the latest CDW IT Monitor (a survey of 1000+ I.T. decision-makers conducted in December 2011), more than one-third (36 percent) of respondents plan to purchase new technology assets. Over the next six months, organizations will continue to look at technology investments as ways to boost efficiencies, increase productivity and gain new competitive advantages in 2012.

Overall anticipated hardware spend increased four percentage points — to 80% — while overall anticipated software spending jumped seven percentage points to 82%.

“Six-Month Growth Outlook,” CDW IT Monitor, December 2011
It’s the emergence of mHealth — which will only get more prominent and advanced as EMR adoption increases, pressure to control spiraling costs intensifies, the desire to encourage proactive self-care for chronic conditions grows, and the simple need to stay current and ahead of medical breakthroughs boosts patient care.

MOMENTUM SURGES FOR mHEALTH

IT ALMOST SEEMS THE STUFF OF SCIENCE FICTION.

A doctor diagnoses a patient having a heart attack on an airplane using AliveCore iPhone ECG, a special smartphone case and an electrocardiogram app. Diabetes patients track, monitor and share data with healthcare providers, and receive personalized recipe guidance. A wireless monitoring system transmits patient data from an ambulance to the treatment team waiting in the ER.

THE NEW WAVE

With research showing that clinicians typically use 6-4 different mobile devices on a daily basis within healthcare institutions, IDC Health Insights sees a second wave of clinical mobility. Here’s what’s on the radar:

Treating patients wherever they are

Clinicians will increasingly rely on mobile devices and applications to provide two-way flows of information that support better decision making at the point of care, as well as improve communication and collaboration. Many healthcare providers, especially home health, hospice agencies and rural organizations, are deploying tablets to capture and access data wherever the patient is located — speeding diagnosis and supporting faster, more accurate treatment.

Moving to a flexible technology ecosystem

Device, meet workflow. Mobile devices should be integral parts of a “flexible technology ecosystem.” Devices should fit the workflow to improve efficiency and create a more patient-focused experience that ideally also improves patient outcomes.

And, given varying clinician preferences, comfort levels and needs, there’s no such thing as a one-size-fits-all mobile device solution — just as there is no one-size-fits-all workflow. “Clinicians have high expectations for how they want to interact with the device, and this varies by their workflow. A faculty practice physician who stays on campus has different needs than a private practice physician who travels between facilities,” says Lianne Stevens, CIO, The Nebraska Medical Center.

Leveraging functionality for clinical benefit

While smartphones put patient data as close as a doctor’s pocket, their small form factor sometimes limits use. However, the new generation of low-cost, lightweight tablets with long battery life, large screens, cameras and fast processing speed has proven an extremely popular option, offering the mobility of phones coupled with the flexible functionality of notebooks. Doctors can use them for everything from sharing PACS images with patients, to snapping a photo of patient injuries, to ordering lab tests. In one of the first studies to demonstrate measurable clinical benefit, the University of Chicago School of Medicine found that providing iPads® to medical residents increased efficiency and reduced delays in patient care. They found that eliminating the need to search for open computers in medical charting areas allowed residents to spend more face time with patients and immediately record patient data.

38% OF PHYSICIANS WITH A MOBILE DEVICE CAPABLE OF SUPPORTING APPLICATIONS USE MEDICAL-RELATED APPS ON A DAILY BASIS
NEARLY ONE-THIRD OF PHYSICIANS ARE USING THEIR SMART PHONES OR PERSONAL TABLETS TO ACCESS PATIENTS’ ELECTRONIC HEALTH RECORDS (EHR)
AN ADDITIONAL 20% ARE EXPECTED TO ACCESS EHR FROM THEIR MOBILE DEVICES WITHIN THE NEXT YEAR

COMPUTER’S THIRD ANNUAL HEALTHCARE IT INSIGHTS AND OPPORTUNITIES STUDY, 2011

BUT IT’S NOT SCIENCE FICTION.
MEETING MOBILITY CHALLENGES

While mobile devices present plenty of potential for improving care and productivity, they also pose challenges for healthcare organizations. The “Bring Your Own Device” (BYOD) trend raises concerns about accessing and protecting sensitive patient data and the need to implement a more robust infrastructure.

BYOD emergence

BYOD is becoming increasingly popular across the U.S. — and healthcare is helping to lead the way. An Aruba Networks study found that 85 percent of hospitals are beginning to see signs of increased productivity and flexibility, and healthcare organizations are beginning to see reduced costs and increased employee satisfaction.

Security risks abound

While BYOD allows for personal selection of devices and thus higher satisfaction with the adoption of technology, integration into the organization’s network has heightened security risks, thus forcing organizations to develop secure and realistic data and data usage policies. After all, much of the healthcare organizations’ reluctance surrounding BYOD centers on the need to safeguard sensitive patient data and ensure HIPAA compliance. Stage 2 meaningful use criteria address the protective act, recommending — though not mandating — encryption of all data. While encryption is a relatively easy and inexpensive defense, organizations should consider it only one component of an integrated security strategy.

Mike Pallarino, CDW Healthcare mobility solution architect, points out, “You need to establish and enforce policies for mobile users, including setting up passwords, separating personal from corporate data on devices, and white listing and blacklisting mobile applications. And you need to educate users on how to securely use mobile devices, as well as the very expensive consequences of security breaches.”

Pallarino emphasizes the importance of using a mobile device management (MDM) solution to protect data, manage devices and apps, enforce policy, and support end users. “You need to start by developing an organizational strategy around mobility,” he says.

Strained IT infrastructure

The proliferation of mobile devices and users also can severely tax hospital IT infrastructure. Organizations need to make sure they have a strong, upgraded network that incorporates both wireless and cellular components and can seamlessly handle the burgeoning demand created by an expected 30 to 60 percent annual increase in mobile devices.

Managing mobility

A mobile device management (MDM) solution plays a critical role in meeting mobility objectives, from security to productivity to cost savings. “MDM allows you to manage and secure the devices that are connecting to the network, manage applications and content or access to content on the devices, and even monitor or configure the devices,” Pallarino says. “But first you need to take a step back and define your mobile requirements and mobile strategy. Once you determine that, you can look at the wide range of MDM solutions available today and figure out which one works best for your organization.”

Disruptive innovation.

POSITIVE CHANGE

Dr. Farzad Mostashari, the National Coordinator for Health Information Technology, has dubbed the unprecedented pace of mobile technology adoption “disruptive innovation,” observing that the “ubiquitous, connected platform” creates a unique opportunity to connect healthcare providers and consumers with vast storehouses of medical knowledge. No question about it: mHealth is well on its way to revolutionizing the way physicians practice and patients interact with healthcare providers — not to mention delivering safer, better and more cost-effective care.

Disruptive innovation.

SUMMER 2012

View a webinar on mobile device management at CDW.com/mdmwebinar

76% of IT decision makers allow employees to use personal mobile devices for work-related tasks; however, nearly 1 in 5 (19%) are using no IT security measures or protocols to manage them.

Managing mobility

A mobile device management (MDM) solution plays a critical role in meeting mobility objectives, from security to productivity to cost savings. MDM allows you to manage and secure the devices that are connecting to the network, manage applications and content or access to content on the devices, and even monitor or configure the devices. Pallarino says, “But first you need to take a step back and define your mobile requirements and mobile strategy. Once you determine that, you can look at the wide range of MDM solutions available today and figure out which one works best for your organization.”

Managing mobility

A mobile device management (MDM) solution plays a critical role in meeting mobility objectives, from security to productivity to cost savings. MDM allows you to manage and secure the devices that are connecting to the network, manage applications and content or access to content on the devices, and even monitor or configure the devices. Pallarino says, “But first you need to take a step back and define your mobile requirements and mobile strategy. Once you determine that, you can look at the wide range of MDM solutions available today and figure out which one works best for your organization.”
SECURITY STRATEGIES

Q&A WITH BRIAN VOVES, CDW SECURITY SOLUTION ARCHITECT

Tomeny, Brian Voves may seem like the security police. As a Certified Information Systems Security Professional (CISSP), Brian can leverage his expertise to act as an extension of the policies your healthcare organization is trying to implement. And, in an area of Bring Your Own Device (BYOD), securing mobile computing devices has become mission-critical as new data threats and thieves emerge daily. Here, Brian shares his expertise about what he’s seeing in the healthcare industry related to security, and what facilities need to do to protect their IT assets.

With hospitals facing new security challenges given the stiffer penalties for non-compliance, are certain security technologies becoming more popular as a result?

“Data loss prevention (DLP) is becoming especially popular — again, giving organizations visibility to where their data is, how it’s being used and how to protect it. E-mail encryption is a solution designed around DLP. Before an e-mail exits your organization, DLP detects what data is being sent, and that detection allows the enforcement of your policy security. You may decide to prevent an e-mail from being sent altogether or allow it to be sent only if it’s encrypted.”

But how can you address security on an individual’s mobile device?

“I can issue many healthcare institutions continue to wrestle with. The popularity of mobile devices like smartphones and tablets initially advanced faster than security solutions. This quick adoption opened a new avenue for security concerns, especially for those hospitals with a BYOD model that allows staff to access confidential patient data on their own personal devices. We have to remember that aside from the threat of being lost or stolen, these mobile devices are still vulnerable to the same threats that can affect any computing device — malware, botnets, malicious e-mail, browser attacks, etc. The real challenge remains, as it always has, balancing data security with efficient access. Clinicians require timely, secure access to digital records. The security applied to BYOD cannot be so stringent as to override the efficient access BYOD provides.”

Typically, you may still need multiple software products to completely secure your mobile devices, but manufacturers continue to merge security products for one complete solution. We’re really starting to see growing popularity of mobile device management (MDM) software, which allows IT administrators to write and enforce organizational security policies across a variety of platforms and devices — as well as gain insight into the ways these devices are being used. (See sidebar, “MDM: Security and Visibility in One.”)

What major trends are driving the adoption of more security technologies in the healthcare industry?

“I see two main drivers. First, along with HIPAA, the HITECH Act continues to be a major accelerator of security. HITECH increases the potential legal liability for non-compliance, and it provides for more enforcement. We now have more specific security requirements for compliance and meaningful use, and they contain specific incentives designed to accelerate the adoption of electronic health records. Second — and tied to this — healthcare organizations, now more than ever, are trying to get a firm grasp on where their data is, who has access to what and why, and how best to protect that data moving forward.”

What impact does meaningful use (MU) Stage 2 have on healthcare facilities?

“Stage 2 MU requirement included only one security and privacy, which mandated conducting a gap risk assessment to identify vulnerabilities. Given the lack of security directives, Stage 2 MU contains additional guidelines such as data encryption that will take EHR data security and privacy to the next level. As a result, we expect to see a greater focus from healthcare organizations on data security in order to be HIPAA-compliant.”

Typically, you may still need multiple software products to completely secure your mobile devices, but manufacturers continue to merge security products for one complete solution. We’re really starting to see growing popularity of mobile device management (MDM) software, which allows IT administrators to write and enforce organizational security policies across a variety of platforms and devices — as well as gain insight into the ways these devices are being used. (See sidebar, “MDM: Security and Visibility in One.”)

“WIRELESS IS A GROWING FOCUS THESE DAYS. Healthcare organizations should closely monitor who is connecting to their networks and whether those individuals are using authorized mobile devices. A lot of hospital employees want to sync up their personal smartphones with our server, which can compromise security. As a result, we’ve developed a PDA policy to spell out their responsibility and ours — and continuously educate users on hospital data security policies and practices.”

On a final note, what key things do you advise for your healthcare organizations when planning a security strategy?

“There are three main things I recommend.

1. Start with a security assessment to get a baseline and understanding of what’s already in place, to then determine what’s needed moving forward.

2. Keep in mind that it’s a balancing act between access and security — you need to find a secure solution while identifying the right mix of products to fit your user needs.”
INTEGRATING POINT-OF-CARE DOCUMENTATION INTO THE CLINICAL WORKFLOW

TIPS & TECHNIQUES FROM A CNIO’s PERSPECTIVE by Cheryl Parker, PhD, RN–BC, FHIMSS

1. Ensure clinical and technical collaboration up front. Speaking as a CNIO, nurses need to partner with the hospital’s IT department to ensure there’s alignment between the requirements of the clinical team and the PoC documentation technology that’s being evaluated. Does everyone agree on the same success criteria and technology requirements? We’re seeing more IT and nursing staff engaged to execute joint decisions, especially with the rise in the role of informatics nurses to execute joint decisions, especially with seeing more I.T. and nursing staff engaged in the clinical workflow.

2. Provide a flexible ecosystem. The ‘one-size-fits-all mentality’ just doesn’t work. Hospitals need to provide their staff with a flexible ecosystem that gives individual end users options — a mobile cart, a computer on the wall, a computer on a desk, a tablet, and in most cases today, more than one option. And it needs to intuitively fit their workflow and application criteria.

3. Consider all workflow variables. There are so many workflow factors that drive the choice of technology. And that varies from place to place. When I’m consulting with clients about workflow options, it depends on whether we are discussing the ER, ICU or a med-surg unit. It varies if I’m in a huge academic medical center versus a 22-bed rural community access hospital. It may make a difference if it’s a brand new building or a 50-year-old building. Narrow hallways or electrical plug placement in older hospitals may impact device decisions. At the same time, today’s new hospitals may boast beautiful patient rooms but lack practical workspace for the clinicians.

4. Ensure your infrastructure can support the new PoC technology. You need the right IT infrastructure behind PoC devices if they’re to succeed. It’s crucial to understand what drives the decision. For wireless solutions, that means having a robust network with ample bandwidth, wireless access points and adequate storage to handle growing volumes of patient data. Believe it or not, wireless is still an important as the front-end devices.

5. Don’t hold a “beauty contest” in the dark. When looking at new PoC documentation solutions, what you don’t want to do is host a 16-hour vendor fair with 10 different technology demos and expect end users to know what they’re even looking at. When specifications and functional requirements are agreed upon up front by your clinical and IT teams, you should try to narrow down the choices to the top two or three vendors/products.

6. Enlist organizational support during all phases. You’ve got to have executive sponsorship and support from the top down, throughout all phases of implementation. The clinical informatics and IT teams may be key during the initial evaluation process, but the real proof is in how end users perform using the new technology. Conduct pilots to prevent any potential for major missteps. Check back often to see how the solution is fitting into their daily workflows. Collect their feedback early and often. Optimize once needs are met.

7. Educate in a ‘real-world’ setting. Nurses and other clinical staff are typically trained on the latest technology and applications sitting in a classroom setting, away from the actual environment where these devices will be put into practice. Let them learn how to use the technology in the context where it will be applied, to see how it supports the workflow and to address any issues before it’s widely deployed.

8. Remember a maintenance plan. You’d be surprised that something as simple as a battery replacement plan might be overlooked in the initial stages of purchasing a new PoC solution. You’ve got to budget for preventive maintenance and consider service contracts. Lifeless carts sitting in a corridor, or computers lying on counters without battery power and dust bunnies clogging their fans do no good to helping nurses provide patient care. I can’t say enough about planning for ongoing maintenance.

LOOKING FORWARD

As you consider all the options for integrating PoC documentation technology into a healthcare organization’s workflow, assume you’re the clinician caring for the patient and ask yourself a basic question:

“TECHNOLOGY SHOULD BE AN ENABLER. IT SHOULD NOT BE A HINDRANCE TO CLINICIANS PROVIDING PATIENT CARE, WHILE IT MAY CHANGE OUR WORKFLOW, IT CANNOT IMPede IT. IF IT’S SAFER FOR THE PATIENT, THEN WE’VE ACCOMPlished ONE OF OUR GOALS. BUT IF IT’S JUST A PAIN FOR CLINICIANS TO USE, WE NEED TO DESIGN A BETTER WAY.”

“Is the technology there and ready for me to use it, when I need to use it, and how I need to use it?” Versatility is vital. As we look to the future, there will be more people, more devices, and a need to provide better care. That means there will be a need for more robust security to protect patient data privacy and for solutions like mobile device manage- ment to shepherd multiple technologies across a broader healthcare universe. In the end, it’s all about people and providing the technology they need to perform and deliver the quality of care that patients deserve.

DR. CHERYL PARKER is a registered nurse, holds a PhD and is the Chief Nursing Informatics Officer with Rubin Medical Solutions. She also is on the Faculty of Wittenberg University’s Masters of Science in Nursing Program, where she teaches the Nursing Informatics track.
PEER PERSPECTIVE

Through its network of more than 30 hospitals and 250 ambulatory locations, Mercy provides comprehensive medical care to 200 communities in Missouri, Arkansas, Oklahoma and Kansas.

Mercy sought to unite the healthcare system’s affiliated hospitals, clinics and medical groups into a more centrally managed organization. In just four years, the organization selected and integrated a new information system platform, which provided the lynchpin for the entire enterprise to move to a single EMR.

INTEGRATED SOLUTION

To promote grassroots buy-in including the platform selection process, Mercy invited clinician representatives appointed by each of the 200 communities it serves. After multiple application assessments, the team ultimately chose Epic. Collaborating closely with Epic, the leadership team decided that phase one of the EMR implementation would include basic versus advanced functionality.

BIG RESULTS

Right on schedule, Mercy went live with all 1,900-plus of its integrated physicians, and 10 of its 30 hospitals. All of those eligible hospitals, and 88 percent of the physicians, met the requirements for Stage 1 meaningful use requirements. In addition to this, further the drive toward expansion of health opportunities and create more telemedicine applications, they are piloting asynchronous e-visits and implementing telestroke, teleheadache, teleperinatology and televists in select school locations. Mercy also plans to create a virtual care center to give patients access to virtual primary and specialty care throughout their communities. And Mercy has implemented home monitoring in a five category ecoscale, blood pressure, postcard, glomerulator, and spirometer, with intentions to implement pulse ox and PT/INR soon. They have seven devices available for patient care monitoring at home — more than any other U.S. health-care organization. “We are actively pursuing improved population management and have incorporated functionality allowing care management in all patient environments, including the medical homes,” explains Dr. Hunt.

In the end, as Mercy continues to address Stage 2 criteria, additional capabilities are planned to benefit both patients and caregivers, including:

- Improving the ability to accept and utilize patient images, which include patient-submitted photos and provider-initiated photo capture
- Enhancing single sign-on to allow secondary verification for controlled substance electronic prescribing
- Accepting electronic messaging from pharma to manage current medications better
- Implementing digital ECG functionality, as well as oncology and anesthesia modules
- As we move into Stage 2, our challenge will be to achieve daily success in all the requirements. We found success in Stage 1 for 90 days. Daily success is definitely challenging, but the goal is to help physicians understand and appreciate how these metrics really translate into improved patient care.” Dr. Hunt concludes.

MERCY ENGINEERS ENTERPRISE–WIDE EMR IMPLEMENTATION

HEALTH SYSTEM CHALLENGE

Through its network of more than 30 hospitals and 250 ambulatory locations, Mercy provides comprehensive medical care to 200 communities and approximately 4 million patients in Missouri, Arkansas, Oklahoma and Kansas.

Mercy sought to unite the healthcare system’s affiliated hospitals, clinics and medical groups into a more centrally managed organization. In just four years, the organization selected and integrated a new information system platform, which provided the lynchpin for the entire enterprise to move to a single EMR.

The design, build and validation stage was the biggest investment of time and money because we involved so many people, but it paid off in the long run,” says Dr. Michael Hunt, physician informaticist and chief medical information officer – ambulatory, who spearheaded Mercy’s EMR Initiative.

LOOKING AHEAD

In an effort to ensure the technology and EMR is fully understood and utilized to meet Stage 2 meaningful use requirements, Mercy is in the process of working with all its locations and continuing education on the use of all EMR functionalities. In addition to this, further the drive toward expansion of health opportunities and create more telemedicine applications, they are piloting asynchronous e-visits and implementing telestroke, teleheadache, teleperiadatology and televists in select school locations. Mercy also plans to create a virtual care center to give patients access to virtual primary and specialty care throughout their communities. And Mercy has implemented home monitoring in a five category ecoscale, blood pressure, postcard, glomerulator, and spirometer, with intentions to implement pulse ox and PT/INR soon. They have seven devices available for patient care monitoring at home — more than any other U.S. health-care organization. “We are actively pursuing improved population management and have incorporated functionality allowing care management in all patient environments, including the medical homes,” explains Dr. Hunt.

In the end, as Mercy continues to address Stage 2 criteria, additional capabilities are planned to benefit both patients and caregivers, including:

- Improving the ability to accept and utilize patient images, which include patient-submitted photos and provider-initiated photo capture
- Enhancing single sign-on to allow secondary verification for controlled substance electronic prescribing
- Accepting electronic messaging from pharma to manage current medications better
- Implementing digital ECG functionality, as well as oncology and anesthesia modules
- As we move into Stage 2, our challenge will be to achieve daily success in all the requirements. We found success in Stage 1 for 90 days. Daily success is definitely challenging, but the goal is to help physicians understand and appreciate how these metrics really translate into improved patient care.” Dr. Hunt concludes.

MERCY ENGINEERS ENTERPRISE–WIDE EMR IMPLEMENTATION

HEALTH SYSTEM CHALLENGE

Through its network of more than 30 hospitals and 250 ambulatory locations, Mercy provides comprehensive medical care to 200 communities and approximately 4 million patients in Missouri, Arkansas, Oklahoma and Kansas.

Mercy sought to unite the healthcare system’s affiliated hospitals, clinics and medical groups into a more centrally managed organization. In just four years, the organization selected and integrated a new information system platform, which provided the lynchpin for the entire enterprise to move to a single EMR.

The design, build and validation stage was the biggest investment of time and money because we involved so many people, but it paid off in the long run,” says Dr. Michael Hunt, physician informaticist and chief medical information officer – ambulatory, who spearheaded Mercy’s EMR Initiative.

LOOKING AHEAD

In an effort to ensure the technology and EMR is fully understood and utilized to meet Stage 2 meaningful use requirements, Mercy is in the process of working with all its locations and continuing education on the use of all EMR functionalities. In addition to this, further the drive toward expansion of health opportunities and create more telemedicine applications, they are piloting asynchronous e-visits and implementing telestroke, teleheadache, teleperiadatology and televists in select school locations. Mercy also plans to create a virtual care center to give patients access to virtual primary and specialty care throughout their communities. And Mercy has implemented home monitoring in a five category ecoscale, blood pressure, postcard, glomerulator, and spirometer, with intentions to implement pulse ox and PT/INR soon. They have seven devices available for patient care monitoring at home — more than any other U.S. health-care organization. “We are actively pursuing improved population management and have incorporated functionality allowing care management in all patient environments, including the medical homes,” explains Dr. Hunt.

In the end, as Mercy continues to address Stage 2 criteria, additional capabilities are planned to benefit both patients and caregivers, including:

- Improving the ability to accept and utilize patient images, which include patient-submitted photos and provider-initiated photo capture
- Enhancing single sign-on to allow secondary verification for controlled substance electronic prescribing
- Accepting electronic messaging from pharma to manage current medications better
- Implementing digital ECG functionality, as well as oncology and anesthesia modules
- As we move into Stage 2, our challenge will be to achieve daily success in all the requirements. We found success in Stage 1 for 90 days. Daily success is definitely challenging, but the goal is to help physicians understand and appreciate how these metrics really translate into improved patient care.” Dr. Hunt concludes.

READ ABOUT THE LATEST INDUSTRY TRENDS

INDUSTRY View

Healthcare I.T. Trends continually evolve — as do the technology requirements of your healthcare organization. To help you keep pace with what’s hot now and what’s on the horizon, look here for current industry news.

CDW.COM/VIEW
Challenging as this may be, achieving wider community, engage patients Stage 2 meaningful use serves as a foundation. Organizations must now share the data they’ve collected with other systems and the wider community. Engaging patients electronically, meet higher performance thresholds and demonstrate more core competencies.

If you want to achieve Stage 2, everybody in your organization has to understand that they’re not simply trying to check off specific measures to get incentive money, but that meaningful use is a stepping stone toward accountable care.

SET THE STAGE FOR SUCCESS
WITH MEANINGFUL USE
by Justin Barnes, Vice President, Greenway Medical Technologies

First and foremost, put meaningful use in the context of a larger strategic plan. Organizations should define one-year, three-year and five-year business goals and then launch CEO-led initiatives to educate the entire workforce on how achieving meaningful use will help achieve these objectives. When physicians and other clinicians understand the end goal and the “why” behind actions they’re asked to take, they’re motivated not only to support the effort but often to go above and beyond.

For example, Stage 2 shines the spotlight on the need for greater patient engagement. Physicians understand that using technology to create stronger bonds with their patients can help promote healthier behaviors and improve outcomes. This, in turn, can lead to higher payment for achieving quality measures and accelerate the adoption of better patient engagement strategies.

Increasingly tech-savvy, today’s consumers are primed to access health information online. After all, they already manage most of their lives electronically these days, whether it’s banking, booking travel or shopping. Establishing patient portals where they can schedule appointments, learn about follow-up treatments and communicate with their physicians facilitates involvement in their own care.

In addition, Stage 2 zeroes in on quality measures and data exchange. Because Stage 2 quality measures align with government and private payer accountable care programs as well as Physician Quality Reporting Systems (PQRS), the good news is that organizations that achieve Stage 2 meaningful use will simultaneously meet these objectives at the same time. Stage 2 also moves the industry closer to standards-based interoperability, which promotes centralized or direct data exchange and lowers costs for practices and health systems. Now organizations need to focus on issues such as what types of information they want to share, how they will access it and where they will store it.

STAY FOCUSED ON THE GOAL
Now that the Department of Health and Human Services has extended Stage 1 implementation through 2013 and delayed Stage 2 until 2014, the healthcare industry must achieve its desired goals with a much more synchronized, well-planned and well-articulated strategy. Vendors have time to code systems with the criteria in the final rules and roll them out to their health-care customers. And organizations that are already stressed with other industry I.T. initiatives such as ICD-10 will have more time to implement and master the new systems and quality measures required for Stage 2, while laying the groundwork for Stage 3.

Meaningful use is a foundation for where you want your organization to go. You’re building a community of health that will allow you to thrive over the next decade as we create a new model of healthcare.

Meaningful use is a checklist approach, identifying where and how practices and hospitals needed to begin capturing information from their patient base. Stage 2 ups the ante. Organizations must now share the data they’ve collected with other systems and the wider community. Engaging patients electronically, meet higher performance thresholds and demonstrate more core competencies.

If you want to achieve Stage 2, everybody in your organization has to understand that they’re not simply trying to check off specific measures to get incentive money, but that meaningful use is a stepping stone toward accountable care.
PARTNER CORNER

SUMMER 2012

INTEGRATE INTELLIGENCE INTO THE NEXT WAVE OF VIRTUALIZATION

Server virtualization remains the top infrastructure priority for senior healthcare IT executives this year as it was last, according to the 2012 HIMSS Leadership Survey. But as virtualization adoption continues grow in healthcare, the latest buzz has been around “intelligent desktop virtualization” (IDV) as the next logical step in desktop management.

As we reported in the May issue, Intel's vision is to give healthcare IT departments greater control over operating systems and application computing environment that allows IT departments to manage centrally and execute updates for the desktop infrastructure while creating a better user experience. We take a closer look at this technology and current IDV solutions, and we explore what Intel is doing to help healthcare providers get more from their desktop virtualization (IDV) deployments.

INTERVIEW WITH RICH NOCKELS, INTEL

RICH NOCKELS: Intel has 15 years at Intel. Rich has focused primarily on marketing efforts around the business PC segment, supporting marketing messages for Intel's x86 technology and client virtualization strategies, supporting end customer sales engagements, and driving field sales teams on the wide variety of Intel's client computing product lines.

RICH NOCKELS: How does Intel define intelligent desktop virtualization (IDV)?

RICH NOCKELS: What is the biggest benefit of IDV?

RICH NOCKELS: What are additional IDV benefits?

RICH NOCKELS: Why would a healthcare organization want to adopt IDV?

RICH NOCKELS: How specifically can IDV address business continuity?

RICH NOCKELS: Are there other drivers for IDV in healthcare adoption?

RICH NOCKELS: Are there other drivers for IDV healthcare adoption?

RICH NOCKELS: What is the biggest benefit of IDV?

RICH NOCKELS: Are there additional IDV benefits?

RICH NOCKELS: Why would a healthcare organization want to adopt IDV?

RICH NOCKELS: How specifically can IDV address business continuity?
CONNECT WITH CDW HEALTHCARE!

- Visit our online Healthcare Community at CDW.com/communiT
- Keep on top of industry trends at CDW.com/view
- Follow us on Twitter @CDW_Healthcare