

HEALTHCARE BENCHMARKS™

The Newsletter of Best Practices

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MARCH
1999

VOL. 6, NO. 3
(pages 25-36)

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Decide to go on-line for the health of your business and your patients

Experts offer practical tips to make the Web work for you

Remember the first time you saw a World Wide Web address on a billboard or on a television commercial? How about the first time someone asked if you had an e-mail address or whether you knew how to surf the Net? Unless you're a "techie," you probably wondered what that seemingly nonsensical string of letters meant on that billboard, and your answers to the other questions were probably no.

You may have been in the dark then, but you can't afford to stay there now, say experts in the field of on-line health communication. Even if you still don't have an e-mail address and you still don't know how to navigate the Web, your patients do. And they're not just sending e-mail messages to Aunt Millie or looking up the weather in Cancun — they're trying to determine their own diagnoses, getting second or third or tenth opinions from medical experts, researching drugs that are still in clinical trials, and communicating with other patients who have similar problems.

That means health care providers have an opportunity — and some would say an obligation — to help consumers fill their voracious appetites for health information. A growing number of hospitals, physician practices, health plans, and other providers are doing just that by establishing a presence on the Web. Should you?

Key points

- Health care providers have an opportunity to help consumers fill their voracious appetite for health information by providing resources on the World Wide Web.
- Web sites can encourage patients to get more involved in their own care, attract new patients, and make existing patients feel more connected.
- Successful Web sites are updated frequently and provide interactive elements that allow patients to ask questions or to find others with similar illnesses.

Decidedly yes, says **John Lester**, information systems director for the department of neurology at Massachusetts General Hospital in Boston and chairman of the hospital's Web committee.

"The Web is becoming the standard way of disseminating and collecting information," he says. "It's vital because everyone is expecting Web sites to exist for any kind of organization. Patients and caregivers are starved for information. They're voracious in their information needs, more so than someone looking at the Levi's Web site to see what kind of jeans they want."

Since there aren't any controls on what gets put up on the Web, patients may run across all kinds of quackery, Lester says, which is one of the main reasons he thinks providers should get into the game with accurate information. Other reasons are encouraging patients to get more involved in their own care, attracting new patients, and making existing patients feel more connected.

Lester developed and maintains the neurology department's Web site, which features chat rooms where patients can have real-time discussions and bulletin boards where they can post messages and questions, a section that features poetry they've written about their diseases, and helpful links to finding the health information patients need. "We're looking at the Web as a clinical intervention, something that could help people get healthier quicker or manage their chronic condition better," he says.

Two reasons to get on the Internet

So reason No. 1 for jumping onto the Web is the opportunity to improve the care and quality of life for your patients. Reason No. 2, the one that's most likely to motivate your administration, is the opportunity to save money. Or the flip side, which is the opportunity to stay in business once all your competitors who are on the Web start stealing your patients, says **Tom Ferguson**, MD, who consults with health care providers about on-line communication and has written a dozen books on consumer health. Ferguson says

consumer demand will lead providers to the Web.

"What's going to happen in three years in a midsize city is that you're going to discover you're losing patients if you're not on the Web," says Ferguson, who is also editor and publisher of *The Ferguson Report: The Newsletter of Consumer Health Informatics and Online Health*. "You'll find they're going to a competitor who sends them e-mail and who has a Web page and who makes it easy for them to get all the health information they want. That's why you should worry about your Web site."

Watch out for the new players

Ferguson says that is already happening. "A lot of the best consumer Web sites are start-ups. It's not the established hospital chains who are leading the industry here. It's the people nobody ever heard of who are very Web-savvy and realize that on-line health is going to change health care. New players are taking market share away already from the established providers."

Once you've decided to establish a presence on the Web, you're probably going to have a list of the usual questions that accompany any new effort:

- How much will it cost?
- What will be the return on investment?
- What elements do I need to incorporate to make it successful?
- Who can I benchmark with?

It probably won't surprise you to learn that there aren't really any good answers to those questions. The experts we consulted say there really aren't any benchmarks out there for on-line strategies in any industry, much less health care. And because this is still a fairly new idea, there aren't any good studies to yield cost or ROI data.

But you can't afford to wait until there are. Consumers are heading in droves to the Internet for health information, and if they don't get it from you, they'll get it from someone else, says **Barbara Bix**, principal at Health Care Marketing Plus, a marketing research and consulting firm

COMING IN FUTURE MONTHS

■ More best practices using the Internet

■ Preparing for the year 2000

■ Creating a culture of change

■ Best practices from top-rated HMOs

■ Benchmarking in ambulatory surgery

based in Newton, MA.

Bix cites statistics showing that 18 million Americans searched for medical content on the Internet in 1998, and 75% of people over 50 who go on-line are looking for medical information. If you look at those numbers from a marketing standpoint, you'll see a gold mine of opportunity. Providers can use the Internet to expand their market presence, Bix says, as well as to tailor information to the consumer's needs and engage in two-way communication with target audiences. And think of the potential marketing savings. Putting information on a Web site is a lot more speedy and cost-effective than printing a brochure. Changes can be made with a few clicks instead of a new print run, and you can reach an international audience with no extra expense.

"There really isn't any research on whether Web marketing works for health care providers, but it doesn't cost much to put up a site and see what happens," she says. "The good news is that the audience is already on the Web, so hospitals are better off being there, too."

How are others marketing on the Web?

Last summer, Bix did a study on how Boston-based health care organizations are using the Internet to support strategic marketing objectives. She conducted in-depth interviews with 14 hospitals and found that most had launched Web sites within the last year.

Here are some of the results of the Boston study, as published in Bix's on-line newsletter, *Health Care Marketing Matters*:

- Boston-area health care companies are relatively new to the Internet marketing game. For the most part, they are putting a toe in the water before diving in with large-scale investments. They are not really sure how to gain maximum benefit.

- About half of those who had a site described that site as "successful," yet many respondents said they have not yet implemented ways to measure success. They said they didn't know how to measure return on investment or the relative success of various approaches.

- Over half the respondents said they had received positive responses to their Internet efforts, including e-mail feedback, requests for more information, participation in on-line services, and registration for appointments.

- Despite the Internet's potential, most of the respondents said that they didn't expect their Web

presence to give them a competitive advantage. Rather, they said that they were there because they had to be to remain competitive.

The caveat here is that you can't just toss out a Web site and expect it to give you all the benefits mentioned above. Making the best use of on-line strategies requires a tall order: changing the way you think about providing health care, Ferguson says.

"As we all do, people in hospitals adapt to new technologies by figuring out how to do the things they're accustomed to doing more effectively," he says. "They may overlook the opportunity to do some things they're not accustomed to doing. That's where the greatest opportunities in the Internet are. It really takes several paradigm leaps, one of which is taking patients seriously in a whole new way.

"The old paradigm was: When people had a problem, they went to see the doctor, the doctor told them what to do, they did it, and they either got better or died. Patients accessed health care by accessing doctors," Ferguson says. "With the Internet, we're moving into an age of patient-centered medicine. The Internet gives patients power."

Many first-generation Web sites are basically on-line brochures, an example of taking something you already do and putting it on the Web. There's certainly a need for information such as directions to the hospital and lists of specialties, but you need to think beyond that to really make good use of the technology, he says. Here are some of his suggestions:

- Buy a license to a database that provides self-care information and make that available. One source is Empower Health Corp.'s new Community Partner Program. The company, led by former U.S. Surgeon General C. Everett Koop, can create a co-branded local Web site that links your users to the features, content, and resources found on the drkoop.com site.

- Build a site around a physician. Ask him or her to supply content, offer to answer questions by e-mail, post a FAQ (frequently answered questions) list. Someone else can do the clerical work; the physician can dictate answers over the phone if he or she wants. Put up the physician's photo and background information.

- Have your diabetes staff review diabetes Web sites and provide links to sites they think have accurate, useful information.

- Look at ways to automate routine processes using the Internet, such as prescription refills and appointments.

At Massachusetts General Hospital, a main Web site provides links to sites created by numerous individual departments. Strategies employed include on-line appointments, on-line patient support communities, private access areas where patients can get customized information from physicians, and physician/patient e-mail, Lester says.

"I do research to see what patients want on the Web," he says. "That's really a bigger question than it seems. You can't just ask what all patients

want; you have to ask what patients with epilepsy want or people who just have a sprained ankle. Their needs are going to be different."

Lester says it's a good idea to have a hospital-wide Web committee with representatives from different departments, as well as individuals who are responsible for Web pages on a departmental level. Massachusetts General also has four programmers whose primary responsibility is providing basic support.

He suggests starting with an on-line brochure,

10 Web Sites to Bookmark

Here is a list of health care provider Web sites that can help you get started with benchmarking for your on-line efforts.

✓ **www.sixsenses.com:**

This site reviews other health care and medical sites. It's a good place to start if you don't know what you're looking for.

✓ **www.hon.ch/home.html:**

Health on the Net Foundation has one of the leading sites as reviewed by sixsenses.com. You can search for other medical sites and hospitals as well as support groups and conferences. It also has a database of medical images and movies and offers a news page updated daily with links to articles on different health topics.

✓ **www.columbia-hca.com:**

This is another leading address from sixsenses.com, and you'll see why. The "Web Babies" site allows users to view photos of newborn babies from Columbia/HCA hospitals. Only the baby's first name and last initial come up, but once you find the right baby you can see birth details like date, time, and size as well as a message from the parents and a link to send them e-mail. Another interactive feature of the site is "Virtual Body," which uses macromedia shock-wave technology to let you see a multimedia presentation on the skeleton, brain, heart, or digestive system. Be sure to click on "what's cool," although you'll likely find the whole site cool.

✓ **www.childrens.com:**

Children's Medical Center of Dallas offers health tips and a particularly interesting link to Starbright World, an interactive network that links pediatric patients from their hospital beds across the country into an interactive play-space designed especially for them.

✓ **Neuro-www.mgh.harvard.edu:**

This site from the neurology department at Massachusetts General Hospital in Boston offers chat rooms (live discussion groups for patients), a bulletin board that allows patients

and physicians to post messages, a section for patient poetry about their illness, and "virtual chat," which is a graphical discussion room. Be sure to look at Hospital Web, a listing of other hospital Web sites. Also click on the link for the main MGH Web page.

✓ **www.infonet.welch.jhu.edu:**

Johns Hopkins Medical Institution in Baltimore has a Web site full of information arranged by category: health care, research, education, etc. It offers a searchable database to help you find people, documents, home pages, or jobs. Individual departments have their own Web pages with specific disease information, links to support groups, and on-line appointment making.

✓ **www.mayo.edu:**

The Mayo Clinic offers interactive quizzes with answers that lead you to relevant medical journal articles, health headlines, and research information.

✓ **www-med.stanford.edu:**

The Stanford University School of Medicine in Palo Alto, CA, offers news, health tips, and links to other sites as well as a virtual tour of the maternity ward. You can preview audiotaped lectures from the library.

✓ **www.lowellgeneral.org:**

To see what a smaller hospital can do, look at this site from the 208-bed Lowell (MA) General Hospital. "Patient Web" allows secure access to clinical information that can be searched by patients and providers. The site offers a library of medical images and health-related software, as well as information on health topics, hospital events, patient support groups, and the hospital's Ask-A-Nurse service.

✓ **www.celebrationhealth.com:**

Celebration (FL) Health's site offers a surround video tour with a 360-degree panoramic view of the hospital. You can check out physician/patient e-mail, class schedules, and health information on specific topics.

which would include a baseline of information such as directions to your facility. Don't forget items such as the state in which your facility is located and area codes for phone numbers since your potential audience is worldwide. Make sure the information is updated regularly. Once you've got that much on the Web, start looking at ways to provide interactive elements, such as customized information, on-line support groups, and physician access.

"Static information is useful, but interactivity greatly adds to the support experience," Lester says. "Particularly with chronic illness where there is no cure or instant solution, the simple ability to communicate with people in the same situation is, to them, priceless."

The bottom line, Lester says, is on-line strategies have the potential to improve patient care. "A lot of it is banking on the future," he says. "You have to remember what your mission is in health care, and that's to increase the quality of patient care. I think research will eventually show that patients who participate in on-line health communication will see their doctor less and have better outcomes."

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To subscribe to Health Care Marketing Matters, send the word SUBSCRIBE in the body of an e-mail message to hcmkgplus@world.std.com. You can also order the full report of Bix's Boston-area study, including the original interview guide, methodology, and summary of results, by contacting Bix at the above number.

For Dr. Koop's Community Partner Program, call Empower Health at (512) 726-5110 or visit the Web site at www.empowerhealth.com/partner.] ■

Two health care providers conquer the Web

Personalized information is key to success

If you build it, they will come. That's what Adventist Health/Southern California found when it set up a Web site 1½ years ago. At the beginning of 1998, the Los Angeles-based integrated delivery system's Web site averaged 150 distinct "hits" (the number of times different users looked at the site) per week. By the end of the year, the weekly hits were up to 600, and the number continues to grow, says **Misti Vazquez**, communication manager.

"More people want to find health information on-line, and we felt we needed to do the Web site to keep up with that demand," Vazquez says. "We've found that it's another good way to market our system and another vehicle to build relationships with patients. It positions us as innovative, as willing to embrace new technology."

The Adventist Health site (www.ah-sc.com) won an APEX '98 Award of Excellence last year from Communication Concepts, the Springfield,

VA-based firm that recognizes excellence in publication work by professional communicators. A look at the site explains why.

Besides providing information on the network and its five hospitals, the site offers some innovative features, including:

- find-a-doctor, a searchable database of primary care physicians;
- patient e-mail, a service that allows users to create a card with a personalized message to send to a hospital patient using fax machines at the hospital;
- job search, a database of current job listings;
- health tips, wellness articles, and vegetarian recipes.

The second phase planned for the Web site includes interactive elements such as physician/patient e-mail and an on-line gift shop.

To put the Web site together and keep it updated, the system formed an Internet task force that meets regularly to develop guidelines and oversee the site. It's a full-time job managing the site: Vazquez spends about one-quarter of her time managing the Web site, with the rest of the work picked up by a freelance Web master and graphic design team.

Another provider Web site that's picking up

traffic is from San Francisco-based Blue Shield of California. Mylifepath.com, the health plan's Web site, has exceeded goals set for hits every month since it was launched in October, says **Ken Wood**, chief marketing officer. The site, updated daily, offers such features as:

- current and personalized health and wellness information on such topics as fitness, women's health, pregnancy, and alternative health;
- customized e-mail reminders that track important health events;
- an extensive health database of medical journals and consumer publications and reviews of other health Web sites;
- on-line shopping discounts on health-related products.

The site helps users filter the information they want to receive. For example, a woman who is thinking about starting a pregnancy and is interested in alternative health and fitness could set up a profile to receive a weekly customized e-mail newsletter with links to the latest news, journal,

Web site offers database of national guidelines

Searchable tool lets you compare similar topics

There's a patient with a broken wrist in one room, a woman in false labor next door, a crying 3-year-old who's too scared to urinate in a cup, and a dad who needs directions on using his son's peak flow meter. It goes without saying that there's another group of patients in the waiting room, a pharmacist on line two, and no time for lunch.

If that's your day as a physician — and that's a good day with no crises — then when do you find time to keep up with the latest scientific research? You try to read the journals, of course, but what about those reams of guidelines for different conditions that are spilling off your bookshelves, stacking up on your floor, maybe even ending up in the trash can? Many of them never get read. Even if they are seen once, they're never referred to again because they're too long, too complicated, and where the heck did you put that one, anyway?

There's now a quick, easy, and surprisingly uncomplicated way to use national guidelines — provided by the government. The federal Agency

and magazine articles on those topics. All of these features can be accessed free of charge and are not limited to Blue Shield members.

"People want personalized information, and they need help filtering the things that are important to them," Wood says. "We're using the Web site to fill a need and to establish positive relationships with patients. If we're successful in that relationship, people are more likely to stay with us, and people who aren't members are more likely to want to get to know us."

Blue Shield contracts with vendors to get access to the content featured on the site. An oversight board made up of clinicians checks to be sure the content is medically accurate and also edits primers on basic health care topics for use on the site.

[For more information, contact Misti Vazquez Communication Manager, Adventist Health/Southern California, Glendale Adventist Medical Center, Marketing Department, 1509 Wilson Terrace, Glendale, CA 91206. Telephone: (818) 409-6622.] ■

for Healthcare Policy and Research (AHCPR) has help available in the form of the National Guideline Clearinghouse, a free Internet database of clinical practice guidelines. Developed by AHCPR in partnership with the American Medical Association (AMA) and the American Association of Health Plans (AAHP), the clearinghouse features evidence-based guidelines and presents them with standardized abstracts and tables that allow for comparison of guidelines on similar topics.

In the situation of the dad who needs peak flow meter directions: How often should his son be using the device? Go to www.guideline.gov,

Key points

- The National Guideline Clearinghouse (www.guideline.gov) features evidence-based clinical practice guidelines for a variety of diseases and conditions on a searchable Web site.
- The guidelines must meet certain criteria to be included and are presented with standardized abstracts and tables that allow for comparison of guidelines on similar topics.
- Officials say the easy access and improved credibility should lead to more widespread use of clinical practice guidelines.

type in asthma, and you'll get a list of 21 guidelines that you can read in summary form. The full text version is also available. Want to know how each one differs? Pick a few guidelines, click on guideline comparison, and you'll see the major areas of agreement and disagreement among the guidelines. Not sure which one you should follow? Click on a topic-related e-mail discussion group and ask other users what their opinions are about the guidelines.

The AHCPR does not know yet whether physicians will use the clearinghouse for real-time decision making, but at least they'll have the option. And they won't have to rummage through stacks of papers to find a guideline.

"Millions have been spent already on guidelines, but we haven't gotten the value back because when doctors need them, they don't have access to them," says **William F. Jessee**, MD, the AMA's vice president of quality and managed care standards.

If physicians don't have access, they won't change their practice patterns as the guidelines would suggest. "It is well known that variation in health care results partly from uncertainty and a lack of evidence for clinical treatment," says **John Eisenberg**, MD, AHCPR administrator. "The clearinghouse will help reduce variation and improve health care quality by giving clinicians and other health professionals a source of information on evidence-based treatment to help guide their decisions."

Currently, 286 guidelines developed by specialty societies, federal agencies, health plans, hospitals, and others are listed in the clearinghouse. Eisenberg says he expects that number to reach 3,500 within three years.

Besides the easy access, the other main benefit of this database is that the guidelines must meet certain criteria to be included. They must:

- be current;
- contain systematically developed statements to help guide practitioners' or patients' decisions;
- have been produced by a medical or other relevant professional group, government agency, health care organization or plan, or other public or private organization;
- document that they were developed through a systematic search of peer-reviewed scientific evidence.

"Previously, it's been difficult to know which guidelines are evidence-based. In some quarters, that's given guidelines a bad name," says **Karen Ignagni**, AAHP's president and CEO. "The clearinghouse will be an important tool in clinical

decision making as we continue to address the problems of underuse, overuse, misuse, uncertainty, and unevenness in health care quality."

Yank Coble, MD, an endocrinologist from Jacksonville, FL, who is an AMA trustee, says he agrees that the clearinghouse will have more credibility with physicians. He says he'll be one of the first physicians to throw out his stacks of paper guidelines. "There's a great deal of pollution regarding guidelines," Coble says. "Doctors are so aware that there are bad guidelines out there, they'll be relieved to have a credible source. These guidelines contain evidence-based scientific knowledge that is a vital component of quality medical care."

Eisenberg says the clearinghouse should help identify clinical topics for which guidelines don't exist. "The clearinghouse will help the practice of medicine catch up with the science of medicine," he says.

[For more information, contact AHCPR at 2101 E. Jefferson St., Rockville, MD 20852. Telephone: (301) 594-6662. AHCPR's Web address: www.ahcpr.gov.] ■

It's time to beef up your information security

Congress has a deadline, and so do you

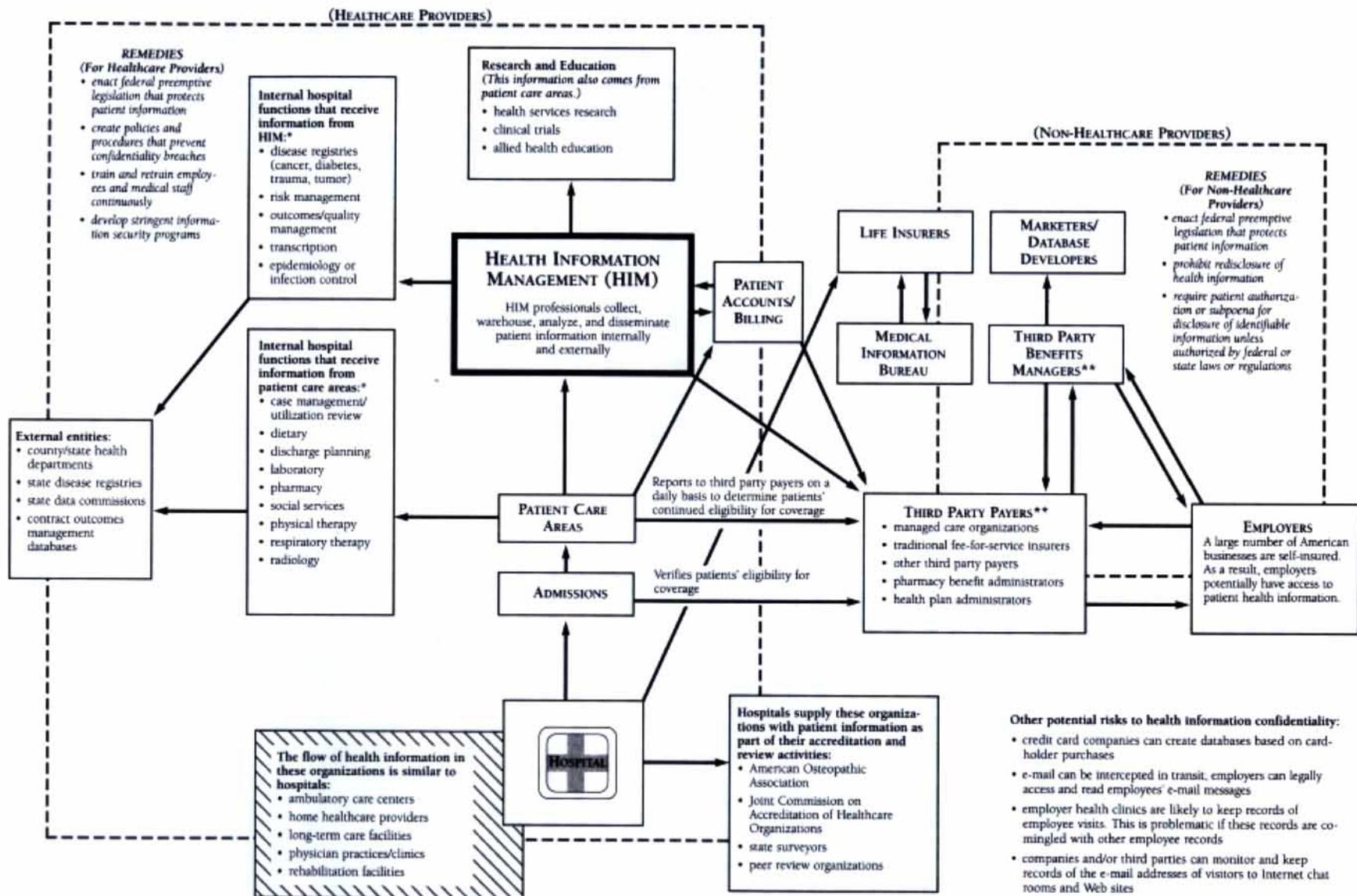
Congress is facing an August deadline for enacting legislative protections to guarantee the privacy of medical records. And while this issue may not be exactly at the top of Congress' priority list this year, it should be at the top of yours.

That's because even if Congress fails to meet the deadline, the Clinton administration has the power to implement new standards by regulation. In his State of the Union address in January, President Clinton stated, "We will protect the privacy of medical records, and we will do it this year."

One way or another, health care facilities will be facing new information security standards. If you're not already in line, you may be one of a number of facilities around the country in a panic to comply, say officials at the American Health Information Management Association (AHIMA) in Chicago.

(Continued on page 33)

Flow of Patient Health Information Inside and Outside the Healthcare Industry



Source: American Health Information Management Association, Chicago.

Designing the Flowchart

The American Health Information Management Association (AHIMA) is a national association of 38,000 medical record and health information management (HIM) professionals, who handle hundreds of thousands of medical records each day.

Based on the collected experience of its members, AHIMA developed this diagram (see flowchart, p. 32), which delineates who, both inside and outside the health care industry, has access to patient health information. The number of individuals and organizations that have access to these records makes a strong case for federal preemptive confidentiality legislation that protects all patient information equally.

Source: AHIMA, Chicago.

“A lot of people will have to move quickly to get up to speed. There’s going to be a huge learning curve,” says **Harry Rhodes**, MBA, RRA, professional practice manager for AHIMA. “Some people have the attitude that they don’t want to do anything until they’re directed to because they might be going down the wrong path. But the proposed rules are already out there. They won’t change much in the final draft. Get a copy and get started.”

Donna Shalala, U.S. secretary of health and human services, last August proposed the standards that likely will be adopted this year.¹ The standards were designed to protect all electronic health information from improper access or alteration and to protect against loss of records. They were mandated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

All health plans, health care providers, and health care clearinghouses that maintain or transmit health information electronically will be required to establish and maintain safeguards to ensure the integrity and confidentiality of the information, according to HIPAA. Such safeguards include developing a security plan, providing training for employees, and securing physical access to records. Digital signatures that verify the identity of the person signing must be used when an electronic signature is required for one of the standard transactions specified in the law.

“A good percentage of hospitals already realize the problem, but there’s still a lot of work to be done,” Rhodes says. “There are a lot of misconceptions. People think because it’s on the computer, it’s pretty secure, and that’s not true. As

the general population becomes more computer literate, it’ll be easier to get into most systems.”

AHIMA offers a flowchart of patient information both inside and outside the health care industry, which shows myriad opportunities for information to escape. (See flowchart, p. 32.)

“We’ve gone from paper records that were hard to get a hold of to automated records that take only seconds to make a database. We’ve done that without the proper controls in place,” Rhodes says. “It’s so easy to create databases and capture information. There’s information about you blowing all around. The more people you let in on the secret, the harder it is to keep the secret.”

With the proliferation of databases — Rhodes says he gets calls daily about new ones being created — comes even more potential for mistakes. It is likely that state databases, for example, would be managed by people with no health care background and who probably would not be thinking about protecting confidentiality. All it takes is for a few providers to forget to scrub out the identifying information on the claims they submit to the database, and you have thousands of records out in public. “We can create, disseminate, and share information faster than we can write policies and procedures and figure out the ethical ways to deal with it,” Rhodes says. “The technology has evolved faster than our ability to cope with it.”

Some hospitals haven’t taken the extra steps because it can be a huge administrative burden and because staff sometimes complain, Rhodes says. “If Dr. Jones is only able to view Dr. Jones’ records in the system, he may have to get clearance when he gets a new patient. So, hospitals say all doctors can look at all records — until one of the doctors looks at his estranged wife’s records.”

But a few staff complaints are probably better than a lawsuit. Therefore, Rhodes says bite the bullet and incorporate security measures, especially audit trails, in your system. Paper audit trails done after the fact don’t help; what you need is a system that sends an alarm to the information security officer when someone tries to access something they shouldn’t. “You can catch it right away if you deal with it in real time,” Rhodes says. “You can’t close the corral gate after the horses get out.”

Jayne Lawson, RRA, information security manager at Hartford (CT) Hospital, says improving information security is good practice whether the legislation is enacted or not. Hartford has been beefing up its information security in recent

Keep your information secure

Harry Rhodes, MBA, RRA, professional practice manager for the American Health Information Management Association in Chicago, and **Jayne Lawson**, information security officer at Hartford (CT) Hospital, offer these five tips for getting your information security on track to comply with the new legislation:

- ✓ Develop hospitalwide awareness of information security. Make sure everyone from the janitor to the CEO knows they are responsible for keeping patient information confidential.
- ✓ Develop written confidentiality policies and review them periodically with your staff.
- ✓ Designate a security/confidentiality officer and/or assign a multidisciplinary team to make sure the issue is addressed on an ongoing basis.
- ✓ Build audit trails and other security steps into the system. It's easier if you start out with encryption and other techniques at the beginning. If you add them later, users will balk at the extra trouble.
- ✓ Have all staff members sign confidentiality agreements.

months through a multidisciplinary team charged with addressing information needs and educating staff.

"It's important for everyone in the organization to know they're responsible for information, even if they don't work on a computer all day," Lawson says. "Even the janitor may run across information that should be confidential. And we're trying to enforce information security across the board. Employee and financial information are just as important as patient records."

Last summer, the hospital added an information security awareness segment to its employee orientation program with a video featuring an introduction from the hospital's president. The team also developed a yearly educational program for existing staff that covers the topic in-depth, giving information such as confidential ways to send e-mail. A new section on security was added to the employee handbook, and articles on the topic appear periodically in the hospital's internal newspaper. Staff are asked to sign confidentiality agreements when they're hired and at their annual review.

"We're reinforcing some common sense ideas, like don't give out your password," Lawson

says. "If you're using a PC in a public area, sign off before you walk away. And only look for information that you need in your role. We want people to know that just because they work here, it doesn't mean they can have access to any and all information they may want."

[For more information, contact Harry Rhodes, professional practice manager at AHIMA, 919 N. Michigan Ave., Suite 1400, Chicago IL 60611. Telephone: (312) 573-8586. Web address: www.ahima.org. Or contact Jayne Lawson, information security manager at Hartford Hospital, 80 Seymour St., Hartford, CT 06102-5037. Telephone: (860) 545-5118. You can find the proposals at www.hcfa.gov under the laws and regulations section.]

Reference

1. 63 *Federal Register* 43,241-43,280 (Aug. 12, 1998). ■

Survey shows hospitals are keeping costs down

Length of stay drops, outpatient visits climb

You're battling increased competition, managed care, and government price controls, and according to the American Hospital Association (AHA), you are, for the moment, winning. The Chicago-based AHA's latest annual survey of more than 5,000 hospitals and health systems found that despite enormous economic pressures, the nation's hospitals and health systems were able to keep their costs low in 1997.

For the third year in a row, the survey found little or no growth in hospital costs. In 1997, the growth in hospitals' costs to care for patients within the hospital and on an outpatient basis (total adjusted expense per admission) was 0.6%. Five years ago, that number was about 8%. These and other survey highlights are found in the 1999 edition of *Hospital Statistics*, which is published by AHA's subsidiary, Health Forum. **(See chart of community health indicators from the book, inserted in this issue.)**

But you have about enough time to give yourself a pat on the back. Then you'd better get back to determining how to make that low-cost trend continue in the face of more pressures.

"Hospital leaders have had real success in

Key points

- For the third year in a row, the American Hospital Association's annual survey of more than 5,000 hospitals found little or no growth in hospital costs.
- The average length of stay for patients continued to drop, declining to an all-time low of 6.1 days.
- About 23% of hospitals were involved in developing an HMO insurance product independently or through a joint venture in 1997, up from 19% of hospitals in 1994.

keeping costs down for their patients while improving the overall health of their communities," says AHA president **Dick Davidson**. "But it's unclear how long this trend can continue. With the resources needed to meet the year 2000 technology challenges and skyrocketing drug prices, keeping costs low will become more difficult for hospitals and health systems across America."

With Congress reducing payments to hospitals by about \$44 billion over the next five years, hospitals have just begun to feel the impact. Under the Balanced Budget Act, hospitals' financial picture will become dimmer, Davidson says. According to the Medicare Payment Advisory Commission, Medicare payments to hospitals will drop from 90 cents per dollar of outpatient care to 78 cents for care after the law is fully implemented. "The nation's hospitals are caring for their communities efficiently and effectively. But hospitals and health systems continue to get squeezed on all fronts."

The survey results suggest that a major focus of hospitals is promoting the wellness and health of their community. In 1997, nearly all respondents reported that their mission included a focus on community wellness. About six out of 10 hospitals responded that they disseminate reports to their community on the quality and costs of health care services. Other highlights from the survey are:

- The average length of stay for patients continued to drop, declining to an all-time low of 6.1 days.
- Outpatient visits continued to climb. In 1997, community hospitals saw a 2.3% increase in outpatient visits over 1996. Over the past five years, outpatient visits increased about 29%. During that same period, overall inpatient days have dropped 12.9%.
- The number of full-time equivalent personnel

employed by community hospitals increased to 3.79 million in 1997, up from 3.62 million in 1992.

- About 23% of hospitals were involved in developing an HMO insurance product independently or through a joint venture in 1997, up from 19% of hospitals in 1994, the first year when the data were collected.

Hospital Statistics contains data gathered from more than 5,000 hospitals and health systems across the nation, including AHA members and nonmembers alike. New to this year's edition are tables highlighting aggregate utilization, personnel, and financial data by metropolitan statistical areas as well as detailed hospital facilities and services information, which allow users to determine how many hospitals in a given area offer a certain service.

[To get a copy of Hospital Statistics, call (800) 821-2039. The price is \$105 for AHA institutional members and \$200 for nonmembers. For more information, visit the AHA Web site at www.aha.org or contact the AHA at One North Franklin, Chicago, IL 60606. Telephone: (312) 422-3000.] ■

Healthcare Benchmarks™ (ISSN# 1091-6768) is published monthly by American Health Consultants®, 3525 Piedmont Road N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodical postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to Healthcare Benchmarks™, P.O. Box 740059, Atlanta, GA 30374.

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Customer Service: (800) 688-2421 or fax (800) 284-3291, (customer service@ahcpub.com). Hours of operation: 8:30 a.m.-6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday.

Subscription rates: U.S.A., one year (12 issues), \$469. Outside U.S., add \$30 per year, total prepaid in U.S. funds. One to nine additional copies, \$375 per year; 10 or more additional copies, \$281 per year. Contact customer service for more information. Missing issues will be fulfilled by customer service free of charge when contacted within 1 month of the missing issue date. Back issues, when available, are \$78 each. (GST registration number R128870672.)

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Editorial Questions

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Everyday Innovations

When to call the doctor

New guidelines to help nurses determine when to call a physician after hours have cut non-urgent calls in half between 5 p.m. and 8 a.m. at Baytown, TX-based Geriatric Associates of America, PA.

Mary Pat Rapp, MSN, RN, gerontological nurse practitioner, says she and her husband, **Keith Rapp**, MD, president and CEO of Geriatric Associates, developed the decision-making protocols in conjunction with the Texas Medical Directors Association and the Texas Nurses Association. They came up with a grid that lists 15 to 20 events that nurses at local skilled nursing facilities commonly call about, including falls, skin tears, and high blood sugars.

For instance, if a fall occurs without injury, the nurse is instructed to call during normal office hours for notification or to fax the information. A fall with hip deformity requires a phone call to the physician regardless of the time of day.

The protocols give the nurse standing orders to follow after an assessment, allowing them to initiate treatment without calling the physician in certain cases, such as pressure sores, unexpected weight loss, and hypoglycemia.

To read more about these protocols and other everyday innovations, visit the Best Practice Network's Web site at www.best4health.org. The Best Practice Network, a new organization devoted to promoting information sharing in health care by nurses, physicians, and other health care professionals, offers creative solutions to problems large and small.

For more information, send an e-mail message to join-us@best4health.org or call (800) 899-2226. Contact Mary Pat Rapp at Geriatric Associates of America, PA, One Price Street, Suite 200B, Baytown, TX 77521. Telephone: (281) 837-2200. ■

Children's death rates fall sharply in ICUs

A child given intensive care for a serious respiratory illness or other life-threatening disease has a significantly better chance of surviving now than he or she would have had as recently as the 1980s, according to a new federally sponsored study.

The death rate of children admitted to hospital

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pediatric intensive care units for diseases such as asthma, bronchitis, and pneumonia declined by 45% between the early to mid-1980s and 1993, the government researchers found.

The study was jointly sponsored by the Agency for Health Care Policy and Research (AHCPR) and the Health Resources and Services Administration (HRSA).

According to researchers, who were led by John M. Tilford, PhD, of Arkansas Children's Hospital in Little Rock, the study suggests that the falling death rates are the result of improvements over time in the quality of intensive care such as better ventilation technology.

"Specialized health care for children with pediatric emergencies is a matter of life and death," says HRSA administrator **Claude Earl Fox**, MD, MPH. "This study shows that national standards for training and care developed through our Emergency Medical Services for Children Program are working."

The researchers also examined mortality risk by age, regardless of condition, and found that death rates declined the most for younger children.

The death rate of infants less than one month of age treated in hospital pediatric intensive care units dropped by 39%, while that of babies one to 12 months of age fell by 28%. The death rate for children overall treated in hospital pediatric intensive care units during the period declined by 15%.

The full text of the article is available in the October 1998 issue of *Critical Care Medicine*. ■