Case Management ADVISOR™
Covering Case Management Across The Entire Care Continuum

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Technology is changing the practice of case management

Latest products can increase efficiency, effectiveness

Suzanne Tambasco, RN, BSN, Med, CCM, CBMS, CRRN, COHNS/CM, LNCC, NCLCP was on vacation in Italy but didn't want to miss accompanying her workers' compensation client to a doctor's visit in Atlanta, so she had her assistant take a web-enabled computer to the doctor's office and "attended" the appointment via the Internet.

"This was a new patient who had a severe hand injury and was seeing a microsurgeon for an evaluation. By using the latest technology, I could see the extent of the patient's injury, talk to the doctor, and get a picture of the hand to send to the insurance adjuster," says Tambasco, chief executive officer and a practicing case manager for Medical Management International, an Atlanta-based company that contracts with insurance companies to manage workers compensation claims, legal liability, short-term and long-term disability, and legal nurse consulting.

Although she was thousands of miles away, by using technology, Tambasco was able to coordinate follow-up appointments, tests, and procedures for the patient as if she was in the doctor's office.

"Technology is truly changing the practice of case management," points out **Marcia Diane Ward**, RN, CCM, PMP, a case management consultant based in Columbus, Ohio.

At one time, case managers used a pencil and paper and a notebook when they evaluated their patients or developed a treatment plan and

EXECUTIVE SUMMARY
Technology is changing the practice of case management by saving time and creating efficiency.
• Technology makes the job easier in all practice settings.
• It gives case managers more time with patients by eliminating time spent faxing and filling out forms.
• Technology is essential in helping patients transition through the continuum of care

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entered the information into a paper chart. Then, laptop computers allowed the case managers to make notes when they talked to patients, and then print them to go into the record. The next level of technology enabled case managers to download information from their computers into the electronic medical record. Now case managers are using smart phones and tablet computers which instantaneously connect with their organization's information technology system, and everything is linked.

"As healthcare continues to evolve, technology is going to be essential for case managers to do their jobs. The assumption of greater financial risk in capitated environments, publicly reported data, individual and aggregate outcomes, the need to manage patients with chronic conditions, and the emphasis on preventing readmission all make it necessary for robust information management systems that can yield measurable data across populations," Ward says.

"As healthcare continues to evolve, technology is going to be essential for case managers to do their jobs."

Today, case managers have a tremendous amount of options for using technology applications to work more efficiently and effectively, Tambasco adds. "No matter what kind of case management someone does, technology can make their job easier. It allows them to work in real time as much as possible and includes reminders so they can do everything in a timely manner," she says.

"Clinicians may feel overwhelmed by the new hardware and software products on the market, but today's healthcare environment makes it imperative for them to keep up with cutting edge technology," Tambasco says.

"Case managers have to be willing to use new technology in order to be competitive. We have to communicate with patients, providers, insurers, and others and to do it faster than ever and as accurately as possible," Tambasco says.

"Technology increases case managers' efficiency, giving them more time to spend with their patients rather than filling out forms, filing papers, and sending faxes. The data gathered by technology tools is very valuable in helping case management departments develop metrics to improve the quality of care," says **Thomas R. Ferry**, president and chief executive officer at Curaspan Health Group, with headquarters in Newton, MA.

"For instance, case management directors can use technology to measure the performance of employees within the department and to determine if they are performing in the most optimal way or if there are issues and challenges that need to be addressed," Ferry says. "In the absence of technology, a case management director may intuitively think that some workers aren't performing the way they should, but they don't have time to gather the

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EDITORIAL QUESTIONS

Questions or comments? Call Mary Booth Thomas at (770) 939-8738.

data by hand to support their feeling. Technology gives them the capacity to know what is going on in the department in real time," he says.

Case management directors can analyze data to look for patterns in readmissions and long lengths-of-stay and drill down to find the cause. "They can analyze data from post-acute providers to make sure they are taking appropriate patients and giving them the care they need to avoid rehospitalization," Ferry says.

"Technology helps case managers who are working with chronically ill patients identify gaps in care and monitor patient compliance," Ward says. "It's invaluable in creating reports and tracking patient outcomes. When case managers have technology at their finger tips, they no longer have to analyze everything manually," she adds.

Ward goes on to say, "Case management is a process which promotes a balance between quality care and cost-effective outcomes. Case managers are becoming major players in today's healthcare environment, and they need real time access to information at every point of the care cycle. That's where technology comes in."

Today, the care of patients is often being coordinated by case managers at acute care hospitals, at post-acute facilities, in the home care setting, the primary care physician's office, and the payer setting. All of these need real-time information about the care patients receive in each setting to ensure that gaps in care do not occur, that patients don't receive redundant care, and to ensure optimal treatment outcomes in the most cost-effective way, Ward says.

"Technology is the only way to create a synchronized patient management system which integrates data from payers, providers, and physicians and allows clinicians from the entire continuum of care to look at the same information and the same data and provide a coordinated approach to patient care. In the future, technology will synchronize case management, utilization management, and discharge planning and integrate information from all providers in all patient settings with payer data, enabling better transitions in care and better outcomes," Ferry says.

SOURCES

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Don't rush into a technology purchase

Evaluate all options

Technology can make a huge difference in the practice of case management, but you should choose carefully and deliberately to avoid pitfalls in the future, cautions **Marcia Diane Ward**, RN, CCM, PMP, a case management consultant based in Columbus, Ohio.

"No matter what kind of technology case managers are looking at, they have to make sure that it will do what they want it to do and work with their organization's computer software, hardware, and operating system. Whether case managers are looking for practice management software or telemonitoring technology, it has to fit into their organization's information technology framework," she adds.

Ward recommends assembling a team of people from all areas of the organization to evaluate and choose technology. The team should include clinicians/case managers who will be using the product, representatives from the information technology department, a product marketing representative who understands the service level agreement with customers, and a representative from the legal/security department to ensure compliance with industry and government mandates and regulations.

According to Ward, an organization's information technology department's architect/administrator should be a key part of the selection team as he or she is responsible for monitoring the technology needs of the entire organization.

"Whether the end user will be a nurse case manager or nurse utilization manager in the provider

EXECUTIVE SUMMARY
Case managers should carefully evaluate technology options before choosing a product in order to avoid problems down the road.
• Make sure the problem fits into your organization's information technology framework.
• Assemble a committee of IT people and end users to evaluate potential purchases.
• Make sure the vendor will train your staff and support the product.

or payer setting, or, in the case of monitoring equipment, the person who is in charge of monitoring, the direct user of the equipment must be part of the selection team. The application must fit into the framework of the organization's legacy information management system while supporting the clinical judgment and advocacy role of the nurse case manager who uses it," she says.

"Before you begin, outline the goals and objectives for the equipment. Look at what you need to be able to provide for public reporting, payer audits, outcomes tracking, and service level agreements your organization has with its direct customers. Review your contract with your customers to ensure that the product will be able to provide the information that is requested and required," Ward advises.

"Develop the business case for purchasing the new technology. Include how the product will support the need to serve your customers or patients, how it will improve outcomes, and soft savings, such as improved patient or customer satisfaction, as well as potential dollar savings. Present the information to the executive team and the chief financial officer," she continues.

"With any project, the sponsor is the one who pays the bills. The executive team that approves the budget for the new technology is a major stakeholder in the process. You have to have buy-in from the beginning," she says.

Ward suggests mapping out the technology will be used, how it should interface with existing technology, and what information will be input and analyzed. "For instance, do you want to manage every aspect of the patient's care or just the telephonic reporting of symptoms for compliance monitoring?"

"Case managers need to choose technology that is appropriate to their case mix/caseload and that is appropriate for the case management methodology and processes of their organization. The team should also decide what specialty modules need to be added to the basic product, such as disease management or life care planning," she says.

"When you begin to evaluate individual products, keep in mind that most case managers may not have strong technical skills and look for technology that is easy to understand and navigate," adds **Thomas R. Ferry**, president and chief executive officer at Curaspan Health Group, with headquarters in Newton, MA.

"Historically, applications have been complicated and confusing. I advise people to look for case management technology that is intuitive and easy-to-use," he adds. Determine what kind of customization may be necessary for the system to fit your needs and how easy will it be to perform. Look at the hardware requirements for the technology, and determine if it will integrate into your system. Select a provider that has a strong service component of client support, Ferry says.

"If organizations are left to their own devices, the implementation may not fail, but they won't be able to achieve all the results they hoped for. When new technology is being implemented, organizations need support from an experienced vendor who is with them every step of the way," Ferry says.

"Consider the training needs of your staff and the training and support offered by the vendors you are considering. Get detailed information about the kind of training and support the technology vendor offers," Ward says.

Look at the features and capabilities of the technology you are considering. Ask for product demonstrations and instructional tutorials, as well as testimonials from users of the product. "On-site demos of the past have transitioned to remote demonstrations and web-based reviews," she adds.

Ask the vendor for a list of customers in similar organizations, and talk to people who are using the product. Ask how easy it was to work with the vendor and if the product meets their needs.

Ward advises that when you choose a vendor, review the contract carefully to make sure it contains details on how the company will install the technology, train your staff, and provide support. If possible, negotiate an incremental payment plan with the product vendor to ensure that it provides what is promised in a timely manner. ■

Technology helps CMs manage care in real time

Home grown program integrates tasks

When case managers for Medical Management International visit clients and providers, they use the latest information technology equipment to enter documentation, create and transmit reports, forward orders for durable medical equipment, tests or procedures, and send letters to patients, physicians, attorneys, or other interested parties, all in real time while they are still with the patients.

"Case management is coordination. We're not about hands-on patient care. We are about communication, education, and coordination. When we do everything in a timely manner, we save time, improve patient care, and reduce costs," says **Suzanne Tambasco**, RN, BSN, Med, CCM, CBMS, CRRN, COHNS/CM, LNCC, NCLCP, chief executive officer of Atlanta-based Medical Management International, who is also a practicing case manager.

Medical Management International contracts with insurance companies to manage workers compensation claims, legal liability, short-term and long-term disability, and legal nurse consulting.

The company has created its own case management software system that integrates case management documentation with billing and reporting. The software is on an Internet-based platform on the company's server. It uses an off-the-shelf product that has been customized to meet the company's needs and integrates well with all business software.

"The program makes it easy to analyze data in multiple areas."

"This system allows us to input all our patient records, do a data search and get what we need. We have spent the last 10 years collecting data on what specific activities we do over and over regardless of the diagnosis and what specific activities impact patient satisfaction, claim outcomes or medical outcomes in significant ways," she says.

The system uses case management work flow that reminds the case manager of specific activities that have not been done or should be done.

It's all on a secure server that meets Health Insurance Portability and Accountability Act (HIPAA) medical record-keeping standards. For the field or telephonic case manager, the system helps them multi-task in a more organized fashion. "The field case manager can take care of sending letters and reports while we are waiting for the next appointment," Tambasco says.

The case managers in the field take notebook computers or tablet computers and small scanners with them as they visit clients and providers. The technology enables them to scan any orders the physicians issue and use e-mail to instantly transmit the orders to the vendor, physical therapy, and the laboratory and copy the insurance adjuster, the patient, and attorneys, if they are involved, all at one time. "This eliminates redundant communication, and whoever needs the information gets it immediately and simultaneously," Tambasco says.

The system allows the case managers to have the patient's entire medical record with them when they accompany the patient to appointments. If the physician hasn't gotten an X-ray or laboratory report, the case manager can access it, show the physician on the computer, and print a copy for the patient files. If the company gets a last-minute referral, the case manager can get the adjuster to e-mail the patient records to her in the doctor's office and can print a copy for the doctor.

"In the past, we'd have to make a phone call and wait for someone to fax the information we needed. Now it's all on the computer at our fingertips. There's no down time with this system," Tambasco says.

The system includes an interactive medical database that case managers can use to show the patients the extent of their injuries and what surgery or other interventions will provide.

"If the patient has a spinal injury, we can show him pictures of the spinal nerves and where the injury occurs and demonstrate what the surgeon is going to do. Patients feel like they totally understand what's going on, and they are grateful for having a case manager. This system has increased patient and physician satisfaction and has helped cement the relationship between the case manager and the physician office," she says.

In the past, case managers made hand-written notes and completed their reports at the end of the day or the end of the week. Now, they enter information into the computer as they talk to doctors and patients and automatically create their report. "Using notes is never as good as entering real

EXECUTIVE SUMMARY

Case managers at Medical Management International use technology to enter documentation, create reports, send letters, and forward orders, all in real time.

- Home-grown case management software integrates documentation, billing, and reports.
- Notebook or tablet computers give case managers instant access to patients' entire records, eliminating faxing or waiting for reports.
- System automatically generates letters to update patients, physicians, attorneys, and insurance companies.

time data. The information they document on the computer is more thorough and complete. Case managers can handle more cases and handle them more efficiently. The documentation they enter in the computer tells the story," Tambasco says.

The software includes standardized letters that are automatically customized and generated to update patients, therapists, employers, attorneys, or insurance companies, including the data necessary for each recipient. The case manager can choose the type of letter, and the system will automatically extract the data and include it in the letter. "It eliminates unessential typing, and the recipient can get the document immediately," she says.

Each field case manager works as a team with a telephonic case manager, who acts as a back-up person and a supervisor. For instance, when the field case managers are with a patient, they forward their calls to the telephonic case manager who can answer patients' questions about appointments, equipment, or other concerns. "This allows us to be more patient-centered. The patients are happier because they don't have to wait for a return phone call, and the field case manager can totally focus on what he or she is doing," she says.

Tambasco continuously adds functionality to the software program to enhance patient and client outcomes. "I like to use software as a training tool and educational tool, even for experienced case managers. We get so caught up in tasks that we often forget that we have not stopped to get the patient's subjective assessment of their status. We've recently added an automatic diary that is based on patient acuity and allows the case manager to change acuity levels based on the patient's medical status," she says.

The system prompts the case manager with an e-mail on a specific schedule to check on the patient and includes a list of patient-centered questions that are designed to quantify and quality function, pain, and response to treatment.

"This gives us a good idea what is going on with the patient, whether it's a medical or mental health issue. The documentation can also clearly document our actions and responses in case we are a party to a lawsuit," she says.

"The program makes it easy to analyze data in multiple areas," Tambasco says. For instance, the company looks at compliance rate and return-to-work for individual case managers and can determine average office times for individual physicians so the case managers aren't overbooked.

"We can compare cases with similar demographics but different outcomes to identify why one CM has better medical, vocational, or satisfaction outcomes and use that data to train," she says. ■

Software tool focuses on immediate needs

Program targets fee-for-service members

As part of a program targeting at-risk Medicaid fee-for service members, case managers at Hudson Health Plan are using a software tool that helps them focus in on the needs of their clients they should address first.

The Westchester Cares Action Program is being funded through a three-year grant program with the New York State Department of Health and targets 250 of the highest-risk, highest-need individuals enrolled in Medicaid fee-for-service in Westchester County.

The program involves Hudson case managers beta-testing the InterMed Complex Assessment Grid, a tool which was developed and used successfully in Europe, according to **Margaret Leonard,** MS, RN-BC, FNP, senior vice president for clinical services at Hudson Health Plan with headquarters in Tarrytown, NY. The Case Management Society of America (CMSA) has the rights to the tool in this country.

"CMSA has been working with the developers of the tool for quite some time. We are using this tool to prioritize and identify members who need care right away, enabling the case manager to hone in on and focus on what needs to be addressed immediately," she says.

The Department of Health uses an algorithm that identifies and stratifies the highest utilizing,

EXECUTIVE SUMMARY

A new software tool helps case managers at Hudson Health Plan focus on which needs they should address first as they manage the care of high-risk, high-need Medicaid fee-for-service beneficiaries.

- Participants are identified by the New York State Department of Health, which is funding the project through a three-year grant.
- Case managers meet with participants in person and complete a detailed assessment, then use the software tool to identify areas that need attention and set priorities.
- Case managers can print a plan of care and share it with the patient and the physician.

highest cost Medicaid fee-for-service members and gives a list to the health plan. "Participants in the program face numerous psycho-social challenges in addition to their medical problems," Leonard says. The population served is transient and often difficult to find.

"Of the members the health plan has been able to locate, 100% have chronic medical conditions; 75% have mental health issues; 72% have medical, mental health, and substance abuse issues; and 30% are homeless," Leonard says.

"We collaborate with community organizations, shelters, safe houses, churches, mental health facilities, and community providers to locate the members and enroll them in the program," Leonard continues.

The program employs a peer review specialist, a community liaison who has personal experience with some of the issues faced by members in the program. She helps locate participants identified for the program and helps connect them to community resources.

When case managers make contact with a member selected to participate in the program, they arrange to meet them at a safe location, which may be the beneficiary's home, or it may be a fast-food restaurant, a laundromat, or another location.

Using a laptop computer, the case manager completes a detailed assessment which gathers information on biological risks, psychological functioning, social circumstances, and experiences with the healthcare system. The assessment has drop-down boxes in each area, saving the case managers time from typing in all the information.

The assessment typically lasts one to two hours, and it often takes several visits for the case managers to complete because of the attention span of the clients.

When the assessment is complete, the software tool creates a detailed care plan covering every aspect of the patient's needs. The care plan is color-coded to identify areas that need attention and indicate priorities.

If a portion of the tool is green, it means that patient has no risk. Yellow means slight risk and the component should be monitored. Orange designates a moderate risk and calls for action. Areas in red indicate a serious risk that requires immediate intervention.

"The color-coded tool identifies areas that need attention first and helps case managers set priorities when they develop a care plan. The tool was developed by case managers who helped program it to follow the same thought patterns and follow the same care guidelines as a case manager would. The tool helps them work more efficiently and in a more timely manner," Leonard says.

Case managers can print out the plan and share it with the patient, the caregiver, and the primary care physician. "They use the plan as they work with the patient to solve primary problems and set goals and interventions over time," she adds. "The case managers complete a reassessment every six months or after a major event like a hospital or an emergency department visit," she says.

The Westchester Cares Action Program team includes a RN who runs the program, two nurse case managers, a social worker case manager, two bachelor's prepared intensive care coordinators who have experience working with the Medicaid population and assist the clinical staff, and the peer review specialist.

The team has undergone extensive training on using the tool, motivational interviewing, safety issues, safe driving instruction, and discovering and using resources appropriately.

Leonard sees the program as a way to promote collaboration between the health plan and providers to jointly manage the care of patients. "We see it as a vehicle for us to do the front-end work of assessing patients and give the care plan to the providers and their on-site case managers. It's a value added for what health plans can do," says Leonard.

"Physician offices and health centers are moving toward having on-site case managers, but they are limited to coordinating care for people who come through the door," Leonard points out. "This tool takes too long for a doctor to use it. Health plan case managers complete the assessment and share the plan with the provider," she says.

SOURCE

For more information, contact **Margaret Leonard** MS, RN-BC, FNP, senior vice president for clinical services at Hudson Health Plan, Tarrytown, NY. E-mail: mleonard@HudsonHealthplan.org. ■

ACOs bring opportunities for case managers

Proposed rule issued by CMS

When the Centers for Medicare and Medicaid Services (CMS) begins its Medicare Shared Savings Program for Accountable Care Organizations (ACOs) providing care for fee-for

EXECUTIVE SUMMARY

The Centers for Medicare and Medicaid Services has announced a Shared Savings Program for Accountable Care Organization, opening up new opportunities for case managers.

- CMS will share savings with participating providers.
- Savings will be based on performance on quality measures.
- Providers will need case managers to coordinate care throughout the continuum.

service Medicare patients in January, 2012, it's likely to mean new opportunities for case managers, says **Bruce Merlin Fried**, JD, senior member of SNR Denton's Health Care group and former director of the Center for Health Plans and Providers at CMS.

"For an Accountable Care Organization to be successful, it's going to be essential for care of all its patients to be highly coordinated. It will be especially important for patients with chronic conditions to have their care well coordinated throughout the healthcare continuum. The organizations are going to need case managers to facilitate coordinated care," he adds. *(For more on accountable care organizations, see* Case Management Advisor*, January 2011, pp. 1-6.)*

CMS announced proposed new rules for Accountable Care Organizations on March 31 and announced the proposed Medicare Shared Savings Program to reward ACOs that lower healthcare costs and meet quality standards. CMS estimates that Accountable Care Organizations could save the Medicare program an estimated $960 over a three-year period. The agency is expected to publish the final rule in September.

The Shared Savings Program was mandated by the Patient Protection and Affordable Care Act and is intended to encourage providers or services and supplies to better coordinate care for Medicare patients through Accountable Care Organizations.

To participate, providers must form or join an Accountable Care Organization and apply to CMS. If accepted, they would have to serve at least 5,000 Medicare patients and agree to participate in the program for three years. They would continue to receive payment under Medicare fee-for-service but would share in savings if they meet quality and performance standards. Savings would be based on the ACOs performance on 65 quality measures spanning five key areas—patient/caregiver care experience, care coordination, patient safety, preventive health, and at-risk population/frail elderly health.

"There's no cookie cutter formula as to what kind of organizations can be part of an ACO. It's generally believed that most organizations will be made up of physicians groups or hospitals or a combination of both," Fried says.

According to the U.S. Department of Health and Human Services (HHS), more than half of Medicare beneficiaries have five or more chronic conditions, such as diabetes, arthritis, hypertension, and kidney disease. The agency adds that one in seven Medicare beneficiaries admitted to the hospital have been subjected to a harmful medical mistake in the course of their care and nearly 1 in 5 is readmitted with 30 days of hospital discharge.

"The Affordable Care Act is putting patients and their doctors in control of their healthcare. For too long, it has been very difficult for healthcare providers to work together to coordinate and improve the care their patients receive. That has real consequences—patients have gaps in care, receive duplicate care, or at risk of suffering from medical mistakes. Accountable Care Organizations will improve coordination and communication among doctors and hospitals, improve the quality of the care their patients receive and help lower costs," says **Kathleen Sebelius**, HHS Secretary.

SOURCE

For more information, contact **Bruce Fried**, JD, senior member of SNR Denton's Healthcare group. e-mail: bruce.fried@snrdenton.com. ■

iPads make inroads with patient education

Educators find ways to integrate technology

Patient education managers must stay abreast of the latest technology for delivering patient education to involve the learner and provide individualizing teaching to meet the needs of the learner, says **Fran London**, MS, RN, a health education specialist at The Emily Center, Phoenix (AZ) Children's Hospital.

"Technology can do both," she says. "The key is knowing your audience and using appropriate technology to reach that audience."

The use of iPads for teaching is one of the most beneficial recent trends in technology, says London. Conversations between a patient and clinician can be enhanced with media, and the iPad

provides quick access to illustrations and videos, she says.

The Monday after the iPad was released to the public, educators at Florida Hospital for Children in Orlando began using them, says **Tim Burrill**, MBA, assistant administrator.

"We adopted that technology up front," Burrill says. "The iPad is very simple to use, so we were able to grab onto that technology the minute it came out."

Educational videos with animated characters produced in-house, that describe magnetic resonance imaging (MRI) and computed tomography (CT) scans, were loaded on to the electronic device to prepare children for the procedure. Also photos of the surgery suite were downloaded. These photos previously were reviewed via a picture book.

"The technology became a way to really grab children's attention," says Burrill. It is used by child life specialists to educate children and teens about procedures. Also it is used to distract children during a procedure. Children as young as 2 can be distracted with activities on the iPad, he says.

Burrill says hospital staff is researching what distraction games and tools are available for the device as well as educational opportunities. Currently, the best technology for education at the children's hospital is its on-demand television system, he says. The hospital contracts with Bethesda, MD-based GetWellNetwork for on-demand patient education.

Possibilities for education seem endless

There has been lots of excitement about the iPad, a handheld computing device produced by Apple, since it made its debut in April 2010.

The web site KevinMD.com, described as "social media's leading physician voice," posted an article by **Joseph Kim**, MD, MPH, titled "10 ways an Apple iPad can help doctors improve patient care." At the top of the list was "teaching patients."

The author encouraged physicians to leverage the multimedia resources on an iPad to teach patients about specific diseases and conditions. The resources mentioned as examples were patient videos, animations, diagrams, and charts.

One company that is well known for its written patient education materials announced it is considering the development of programs for the iPad and smartphones. **Leah A. Scaramuzzo**, MSN, RN-BC, AOCN, associate director of nursing and patient education at the Cancer Institute of New Jersey in New Brunswick, was quick to take advantage of the iPad and Nook, an electronic reader, by providing them on a loan basis to patients through the facility's Resource and Learning Center. Four adult iPads, two pediatric iPads, and two colored Nooks give patients who come to the clinics for treatment access to books, movies, games, and the Internet.

Patient education managers and coordinators will begin to stay abreast of the development of applications (apps) for electronic devices, such as the iPad, as something to deliver good education, Scaramuzzo says.

When patients began to search for information on the Internet, educators began to take steps to make sure they accessed web sites that were reliable, credible, up-to-date, and authoritative by providing links or information on how to assess a site, Scaramuzzo says. "I think the same holds true for apps," she says. "We need to research what apps are out there to determine if they are credible, up-to-date, and safe for patients to use. We are in the process of doing that." She is checking out iCANcer by Naomi R. Bartley, a free download app for iPads, iPhones, and iPod touch that helps patients manage their cancer.

Determine if teaching is improved

Technology can be incorporated into patient education in many ways to improve teaching. Often these technological advances provide additional ways of providing education or help solve barriers to education, such as a shortage of time.

The Cancer Prevention Center at MD Anderson in Houston, TX, keeps all teaching videos, which are produced in-house, in a folder available on desktop computers in each exam room. Once the nurse has met with the patient, he or she starts the appropriate video for the patient to watch while waiting for the physician. For example, in the dermatology skin screening clinic, every patient watches a video on proper sun protection and how to perform a self-exam of the skin. These educational videos run between five and seven minutes.

Lorianne Classen, MPH, CHES, senior health education specialist in the Patient Education Office at MD Anderson, says, "These videos provide patients the basic information on the subject in a clear and consistent manner across providers. The doctor can focus on answering patient specific questions and clarify information, instead of having to start from the beginning."

The videos are developed by an in-house department and can be purchased by other healthcare facilities. *(For more information about the videos, see resources below)* Typically the Patient Education Office develops the scripts and monitors the development to make sure the videos are patient appropriate.

Like any teaching tool, whether a handout or video, technology must be assessed to determine if it meets the educational goal. How do you determine the value of technology for patient education? "It should be judged on its ability to impact health outcomes," says London. The key is using technology to actively involve the learner in the process, she adds.

SOURCES/ RESOURCES

For more information about the use of technology in patient education, contact:

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- **GetWellNetwork**, 7920 Norfolk Ave. 10th Floor, Bethesda, MD 20814-2500. Telephone: (877) 633-8496 or (240) 482-3200. Web: www.getwellnetwork.com.
- **iCANcer** by Naomi R. Bartley is a free download app available at itunes.apple.com/us/app/icancer/id389815342?mt=8.
- **MD Anderson Cancer Center education videos**, Patient Education Office, 1515 Holcombe Blvd. Unit 21, Houston, TX 77030. Telephone: (713) 792-7128. Videos cost $65 plus $10 shipping and handling. ■

Shave LOS with ED-based intervention

Focus on geriatric fracture care patients

Hip fractures are among the most debilitating and expensive diagnoses to treat, but hospitals can significantly improve outcomes and lower costs if they move hip-fracture patients into surgery quickly, explains **Anthony Balsamo**, MD, an orthopedic surgeon and head of the Geriatric Fracture Care Program (GFCP) at Geisinger Wyoming Valley Medical Center in Wilkes-Barre, PA.

This is where ED personnel can play a crucial role in identifying fragility fractures and linking these patients with appropriate care and education as swiftly as possible, adds Balsamo. "Statistics show that if you operate on someone right away, the results, in terms of morbidity and mortality, are significantly improved when the patient is over the age of 65," he says. "If you can get that hip stabilized, and you get the patient ambulating, there are fewer complications."

Balsamo established the GFCP in August 2010 because he recognized the opportunities to improve care while also reducing length of stay and other costs associated with treating fragility fractures, which are common in older patients. With the baby-boom generation reaching retirement age, Balsamo notes that fragility fractures are expected to be a huge drain on healthcare budgets going forward, particularly in regions such as northeastern Pennsylvania, where baby boomers comprise more than 19% of the population.

However, optimal care involves more than just getting patients to surgery quickly. It also requires patient and family education and appropriate follow-up interventions to lessen the chances of a repeat fracture. These are all components of the GFCP, but Balsamo points out that much of this process begins in the ED.

Get family involved

Central to the GFCP is a geriatric nurse coordinator who works within the orthopedic department but is alerted to the ED via pager whenever an older patient presents with a fragility fracture — a fracture that is primarily the result of low bone density as opposed to trauma.

"We focus mainly on hip fractures, but I will see any geriatric fracture patient who comes into the ED," explains **Michele Gingo**, RN, the nurse coordinator of the GFCP. "I explain to them what their surgery is going to entail, what their recovery is going to entail, and I evaluate their home situation."

The main purpose of the interaction is to ensure that the patient and family understand what will be required for optimal recovery and that they identify and remove any safety hazards that could complicate recovery and potentially lead to repeat

fractures. "I educate the family that they are to go home and remove any throw rugs and make sure there are no extension cords in the way because when the patient comes home, he or she will most likely have an assistive device, and a throw rug or a cord could facilitate a fall," says Gingo.

In addition, Gingo explains that while pain medication will be available, patients should not expect to be pain-free right away. "We need them to be able to participate in therapy," she says. "We don't want them to be sleepy and unable to get out of bed the next day, so I explain that bed rest has many complications including, but not limited to, blood clots in their legs or lungs and pneumonia."

Gingo provides the family with a packet of information they can use as a resource for such questions as how to get in and out of a car after surgery or how to get dressed, she says. It also includes information about osteoporosis, because most of these patients will require follow-up treatment to strengthen their bones and prevent future fractures. "While patients are in the hospital, a rheumatologist will see them for our high-risk osteoporosis clinic, and there will be a follow-up office visit with the rheumatologist in a few weeks," says Gingo. "I explain to them what is going to happen. They will see physical therapy, they will see occupational therapy, and they will see a clinical nutritionist."

While hip fractures are a priority, Gingo sees other geriatric fracture patients as well. In those cases, she might help with splinting or casting, and she will discuss with the ED provider whether the patient should be referred on to the high-risk osteoporosis clinic. In the case of an ankle fracture where there is too much swelling for surgery, for example, the injury might be splinted and the patient sent home until the swelling goes down, explains Gingo.

It took some time to get the ED physicians accustomed to the new program, acknowledges Gingo. In the early stages of the program, she would reach out to the ED physicians when they had geriatric fracture patients and explain her role. "It is key to talk to the providers and let them know that you are eager to be [called in on a case]," she says. "I take the beeper home with me, and while I won't return a call in the middle of the night, they know I will be there first thing in the morning."

Now ED providers are part of the GFCP approach, and they appreciate having a nurse who can come down to the ED and spend more time with their patients than they are able to do. "ED doctors buy into the program because there is all this information for them, someone is organizing it, and care is not delayed," says Balsamo. "Nothing is keeping that patient from surgical intervention."

SOURCES

For more information on ED-based intervention, contact:

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COMING IN FUTURE MONTHS

- How to talk to your patients about hospice care
- How providers are collaborating across the continuum of care
- Balancing patient advocacy and employer loyalty
- Why you should provide culturally competent care

CNE QUESTIONS

21. Case managers are using technology to do which of the following:
    A. Identify gaps in care and monitor compliance.
    B. Analyze data to look for areas of improvement.
    C. Measure the performance of employees within the department.
    D. All of the above

22. Who should be involved in choosing case management technology?
    A. Case managers who will use the product.
    B. Information technology staff.
    C. Case managers and information technology staff.
    D. Case managers, information technology staff, representatives from product marketing and the legal department.

23. To help locate Medicaid members for the Westchester Cares Action Program, Hudson Health Plan uses a community liaison who has personal experience with some of the issues faced by members. True or False?

24. When will the Centers for Medicare and Medicaid's Shared Saving Program for Accountable Care Organizations go into effect?
    A. January 1, 2012
    B. July 1, 2012
    C. October 1, 2012
    D. January 1, 2013

Answers: 21. D; 22. D; 23. True; 24. A

CNE OBJECTIVES

After reading this issue, continuing education participants will be able to:
1. Identify clinical, legal, legislative, regulatory, financial, and social issues relevant to case management.
2. Explain how the clinical, legal, legislative, regulatory, financial, and social issues relevant to case management affect case managers and clients.
3. Describe practical ways to solve problems that case managers encounter in their daily case management activities.

CNE INSTRUCTIONS

Nurses participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this semester's activity with this issue, you must complete the evaluation form provided with this issue and return it in the reply envelope provided to receive a credit letter. ■