



CEO PERSPECTIVE

Making a Difference

by Ravi K. Raheja, MD CEO

Welcome to the first edition of Triage Solution News, featuring the latest trends in nurse triage industry software as well as updates on TriageLogic's software products and services. This newsletter is a great opportunity to provide you with important information you can use to enhance your call center or medical practice. Since this is my first column, I'd like to explain the significance of TriageLogic's mission, which is to support call centers, physician's offices and the patients they serve.

The seeds of TriageLogic were planted many years ago at Schneider Children's Hospital in New Hyde Park, Long Island, where I spent three years training as a pediatric resident. In addition to the routine training on the wards, emergency room and clinics, as residents we were given a unique responsibility to answer patient phone calls when their doctors' offices were closed.



Ravi K. Raheja, MD, CEO

Residents would sit in a basement overnight and receive faxes from answering services with the patient name and reason for call. Using computerized guidelines from Dr. Barton Schmitt, we would talk to the parents, decide on the best course of action and fax a printed encounter to the primary physician's office.

As I moved into private practice, I noticed how the cost of triage support was rising, even though the level of care appeared to be worsening. When I discussed triage with call center managers, they voiced several difficulties in maintaining cost-effective and high-quality centers—the increased cost of nursing, the rising demand for the services, as well as technological challenges and workflows.

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CLIENT SPOTLIGHT

Call Center Solution™ Fully Implemented at Rainbow

TriageLogic has just announced the successful implementation of its *Call Center Solution*™ at University Hospitals Rainbow Babies & Children's Hospital of Cleveland, OH. Rainbow is consistently ranked one of America's Best Children's Hospitals by *U.S. News & World Report*.



Dr. Andrew Hertz

The installation of the *Call Center Solution* software system at the Rainbow Call Center, one of the country's largest nurse triage programs, is a prime example of TriageLogic's ability to customize, implement and

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CLIENT SPOTLIGHT

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upgrade its specialized application to best fit the needs of the client.

According to Dr. Andrew Hertz, Rainbow Call Center's medical director, Rainbow staff has worked to seamlessly meld TriageLogic's *Call Center Solution* into its portfolio of call center services, which include medical messaging and nurse telephone triage. Rainbow uses the call center



application to address the needs of patients while fielding more than 250,000 total calls a year and supporting over 1,000 physicians in seven states.

Dr. Hertz remarks, "Rainbow selected TriageLogic's *Call Center Solution* for many reasons, including the fact that TriageLogic's CEO, Ravi K. Raheja, MD, is a former pediatrician and has insight into the unique needs of pediatric on-call applications. We also were impressed with the potential and vitality of TriageLogic with an eye for innovation and client satisfaction."

TriageLogic's *Call Center Solution* uses "gold standard" protocols and guidelines established by Dr. Barton D. Schmitt and Dr. David Thompson, the leading authorities in adult and pediatric triage care. TriageLogic has integrated these protocols into the application, which combines a decision-tree support tool with user-friendly format to decrease call processing time for nurses while providing more useful information for the caller.

"From day one, the TriageLogic staff was very open to the unique needs of the Rainbow Call Center and willing to tweak its application to further enhance execution," Hertz says. "Our clients love that they can actually access the software remotely to make changes to their physician on-call schedule and to view patient notes and physician pages." The Rainbow triage staff works on location at the Call Center as well as remotely to handle medical calls.

According to Dr. Raheja, TriageLogic CEO, "We worked closely with Dr. Hertz and the Rainbow staff in an effort to provide the most

robust application possible. We will continue to adjust the software as the needs of the Rainbow Call Center evolve."

"With both the remote flexibility and streamlined software triage process," Hertz notes, "the *Call Center Solution* allows for rapid teaching of nurses both in the call centers and off-site. Nurses quickly learn how to manage the software and are able to focus on learning the clinical content of guidelines rather than how to click through screens."

"TriageLogic works with all of its clients to significantly reduce call center overhead, optimize clinical outcomes, and provide a customized approach to meet each facility's unique needs," says Charu G. Raheja, PhD, TriageLogic's founder and chair. She adds, "Rainbow is another example of a successful deployment of our triage software."

For more information about TriageLogic or *Call Center Solution*, contact Amy Smith at (336) 529-2493 or Amy.Smith@triagelogic.com. ■

CEO PERSPECTIVE

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This is when Dr. Charu Raheja and I recognized a need for more effective triage software for call centers and for physician offices using updated technology. Thus, TriageLogic was born. Our mission is to provide outstanding patient triage software at an affordable price by offering software systems that support telephonic-based triage.

Charu's business and academic background, combined with my experience in telephone medicine and primary care, led to the creation of one of the most sophisticated triage systems available today. After extended research and development, we developed software packages to triage and document phone calls from patients during office hours, and customized software packages for call centers. The goal of the software is to improve patient care while decreasing costs.

TriageLogic is not just an IT company that provides software and staffing solutions. We are a healthcare partner that delivers outstanding service and expertise in all areas of telephone medicine. ■

CHAIR'S MESSAGE

Why TriageLogic Was Founded

by Charu G. Raheja, PhD, Founder and Chair

An urgent health condition or concern can arise anytime, anywhere, day or night. For the people providing the help to patients, being able to address an emerging medical situation quickly and effectively is imperative.

TriageLogic was founded on the core principle of giving patients access to healthcare information 24/7. TriageLogic has redefined the market by offering several innovative solutions that offer round-the-clock software support to triage call centers, hospitals, health plans, physician offices, and others who need help supporting their patients.



Charu G. Raheja, PhD

As Ravi explored triage methods of different centers around the country, he discovered that a common trend and challenge faced by triage call centers was that using standard protocols to answer patient calls required most nurses to go through multiple screens, which was slow and cumbersome. Further, some centers also needed to hire extra nurses during low call-volume times as a backup in case of a surge in calls. Some of the centers that did not employ extra nurses to maintain costs were facing patient complaints when call volume was unexpectedly high. Also, documenting calls received at night is difficult, but necessary, in order to decrease

practice liability. Some call centers were also interested in recording calls and having call recordings available for later evaluation.

As a result, Ravi and I built and launched a dynamic software program—*Call Center Solution*[™]—to support triage nursing programs around the country. The software uses current technology to provide our nurses and administrative staff with easy access to patient eligibility information, provider contact information and triage criteria. The software also uses state-of-the-art technology that does not require the shifting of pages in order to take calls. This allows nurses to take care of patients quickly and efficiently, thus decreasing the amount of time for taking calls. Some of our call centers document as much as a 35% decrease in their call time with the Triage Logic software. Our software also documents and records all interactions in a seamless manner, and sends detailed information to doctors so they can follow-up with patients the next day.

In addition to the night calls, we also observed a large volume of patient calls during office hours. We spoke to doctors and nurses who voiced the need to ensure their patient's calls are answered properly and the calls are recorded and documented in their patient medical records for future reference.

As a result, we developed an expanded software program that offers triage support for providers during normal office hours called *Daytime Office Solution*[™]. This affordable program allows call information to be downloaded or copied into a

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At a glance



After-hours triage software for providers, hospital and health plans.
To learn more: (<http://www.triagelogic.com/landing.html>)



Web-enabled daytime triage application for provider offices.
To learn more: (<http://www.officetriage.com/>)



Product Close Up

TriageLogic Launches Office Triage Solution™

After considerable research, TriageLogic realized physician offices can be flooded with calls during office hours. The solution, according to Ravi K. Raheja, MD, TriageLogic CEO, was *Office Triage Solution*. “*Office Triage Solution* is a simple-to-use, web-based application that ensures nursing and office staff handle patient calls quickly, consistently and accurately,” says Dr. Raheja.



Dr. Adam Naddelman,
Princeton Nassau Pediatrics

TriageLogic’s *Office Triage Solution* uses “gold standard” protocols established by Dr. Barton Schmitt and Dr. David Thompson. This new TriageLogic application integrates these protocols into a secure website portal, which combines a decision-tree support tool with user-friendly format to decrease call processing time for nurses while providing more useful

information back to the caller.

Schmitt-Thompson Clinical Content credits TriageLogic with creating an excellent electronic version of its popular *Telephone Protocols* books for *Office Hours*, used by more than 10,000 physician practices. “The condensed structure expedites handling day-to-day calls from parents and patients,” says Dr. Schmitt.

According to Dr. Adam Naddelman, Princeton Nassau Pediatrics, “After implementing *Office Triage Solution*, we noticed improved nurse productivity and job satisfaction, along with increased standardization in the way calls are being processed in our office. We also are impressed with how easy the web-based application is to access, learn and use. At less than \$3 per day, the application paid for itself

immediately by saving our nurses critical time on every triage call. The technology is simply a ‘win-win’ for everyone.”

“Key to designing this daytime triage application was making sure customers could access the application via a secure web portal and begin using it in 30 minutes or less,” says Charu G. Raheja, PhD, founder and chair, TriageLogic. “After being installed and tested by over 100 individuals, we are pleased with the positive feedback we have received.”

Among other attributes, the application allows users to access the program immediately via the Internet. Other qualities include the ability to:

- Quickly and thoroughly document every call;
- Improve nursing staff training and patient care;
- Provide consistent telephone assessment and care advice, regardless of which staff member answers or the time of day;
- Quickly print notes or transfer information to an existing electronic medical record system; and
- Keep overhead costs for phone triage low.

The staff at Dr. Naddelman’s pediatrics office now regularly rely on the *Office Triage Solution* template guides, which empower nurses to collect information by asking the right questions at the right time. “We now systematically provide patient advice and direct the patient to the appropriate level of care in a more consistent manner,” he notes.

The *Office Triage Solution* allows the medical staff to document patient calls in their respective EMR systems, which saves time and increases patient satisfaction. It also serves as a helpful risk management tool by providing key documentation about the initial calls. ■



HEALTH IT STUDY

Study Assesses HIT Systems: Nurse Triage Systems Eyed for the First Time

A national bi-annual survey examining some attributes of nurse triage systems was just released, with some interesting findings. A core objective of the survey was to assess the general trends related to health information technology (HIT) systems, with a special focus on care management software applications. In addition, the research examines additional applications used by providers, payors, care managers, and others to support care management interventions and patient care. 670 respondents completed the survey.

The overall findings of *The 2010 Health Information Technology*

Survey: How Technology Is Changing the Practice of Case Management report, conducted by TCS Healthcare Technologies (TCS) in conjunction with the Case Management Society of America (CMSA) and the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP),



show more work needs to be done to integrate care management workflows into health information technology.

For the first time in 2010, a number of survey questions addressed specifically nurse triage systems. Respondents were asked whether their companies offered a “telephonic nurse triage service.” About 35% answered “yes.”

Another question posed: “Is your triage system integrated/interfaced with your care management or electronic medical record software system?” While about one-third of the respondents (29%) reported positively that triage systems interface with care management or electronic medical record software systems, a large majority of participants (71%) indicated their systems do not integrate or interface with an HIT system. The results point to an emerging market with many opportunities as nurse triage services become a more common offering by health plans, providers and others.

Yet another triage question examined the nurse triage clinical guidelines and protocols used in respondents’ software. Only about 25% of respondents knew the specific triage guidelines used by their system. The findings show most respondents are not fully aware nor do they understand the breadth and scope of the clinical guidelines and protocols used to support triage systems. Perhaps most of the respondents do not actively use their respective triage systems, thereby making it difficult to report which specific clinical guidelines they use. ■

CHAIR’S MESSAGE

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patient’s chart, helping to standardize patient care information to improve call outcome and decrease physician liability. The *Daytime Office Solution* is a web-based application that can be integrated with any electronic medical record and works seamlessly with other office technologies. It is also very easy to learn, and multiple nurses can answer calls while following the standard protocols.

We would be happy to discuss TriageLogic’s mission and specific solutions with you. We believe we have filled several critical gaps in care that can make a real difference in both patients’ lives and their treating providers. ■

NURSE TRIAGE INTEGRATION

Is your triage system integrated/interfaced with your care management or electronic medical record software system? (Respondents could select one option)

	<i>N = Respondents</i>	<i>Percentage of Respondents</i>
Yes	65	29%
No	157	71%
Total	222	100%

Log on to <http://www.tcshealthcare.com> for copies of the survey. Click the “Health IT Survey” button.

Medical Management News

Study Finds Increase in Online-Purchased Health Plans

As the U.S. healthcare system attempts to move forward with recent government-mandated changes and states begin to create healthcare exchanges, a DestinationRx study indicates an increasing amount of consumers are taking to the Internet to shop for healthcare coverage. Between 2008 and 2010, a 23% shift occurred between the number of people who purchased via a call center and those who shopped online.

Due to new healthcare reform laws, states have until September 1, 2014, to create insurance exchanges. For more information, visit www.govhealthit.com. ■

New Research Finds Antibiotic Use Has Side Effects

A recent Reuters report details a 10-month study performed on three women who were given the antibiotic ciprofloxacin. Researchers found the antibiotic greatly suppressed beneficial bacteria living in the gut. After giving each participant a five-day regimen of antibiotics, researchers used daily stool and DNA sampling to conclude that the effect of ciprofloxacin on the gut microbiota was profound and rapid, according to study authors Les Dethlefsen and David Relman of Stanford University in California.

The antibiotics reduced the amount of beneficial bacteria in each case, and one woman's bacteria count took months to recover. This study appears to support the growing belief that humans are positively affected by their symbiotic relationship with bacteria.

Antibiotics also have been linked to inflammation, irritable bowel syndrome, and

Crohn's Disease. The researchers suggest that regularly decimating bacteria populations using antibiotics could be helping to fuel the recent upswing in drug-resistant superbugs.

For the full report, visit www.reuters.com. ■

Healthcare-Associated Infections on the Decline

A study by the Agency for Healthcare Research and Quality (AHRQ) found that the number of healthcare-associated infections (HAIs) between 2004 and 2007 has declined significantly, according to www.medpagetoday.com. In 2004, the study found that 2.3 infections per 1000 hospital stays were reported. However, only 2.03 infections (or .02%) of all hospital stays were reported in 2007. Rates of infection dropped across the board, with every subgroup studied finding declines.

While the AHRQ report itself did not offer an explanation of the results, many experts attribute the drop to better adherence to guidelines for the treatment and prevention of HAIs. For more information, see the article at www.medpagetoday.com or the report at <http://www.hcup-us.ahrq.gov>. ■

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