



## CEO PERSPECTIVE

### Making a Difference

by Ravi K. Raheja, MD, CEO

Welcome to the first edition of *Triage Care News*, featuring the latest trends in the nurse triage industry as well as updates on TriageLogic's products and services. This newsletter is a great opportunity to provide you with important information you can use to enhance your medical practice or business. Since this is my first column, I'd like to explain the significance of TriageLogic's mission, which is to support both patients and their attending physicians as effectively as possible.

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, nurse triage services similar to those I provided in residency evolved as one of the key components of primary care — providing excellent documentation of after-hours calls as well as much-needed relief for on-call physicians.

However, as I continued in practice, I noticed how the cost of triage support was rising, even though the level of care appeared to be worsening. There were several reasons for this—the increased

See *CEO Perspective*, page 4

## CLIENT SPOTLIGHT

### Austin Regional Clinic

Austin Regional Clinic (ARC) reports improved business and clinical outcomes by using TriageLogic's Nurse Triage On Call Program™.

ARC began as a professional association in 1980, and today is one of the largest multi-specialty healthcare groups in central Texas. While ARC's focus is on primary care, it covers 18 specialties that include family practice, pediatrics and general internal medicine.



Dr. Leah J. Treadwell, Austin Regional Clinic

With 18 offices and 280 physicians affiliated with the practice, one of the primary challenges is coordinating patient calls coming in after normal business hours. Dr. Leah J. Treadwell, board certified in Family Practice and Urgent Care Medicine and ARC's director of the After Hours Clinic for Family Medicine, was charged with developing a better way to handle after-hours calls and coordinate patient flow to ARC's locations, which are open until 9 p.m. weekdays and from 8 a.m. to 4 p.m. on weekends.

See *Client Spotlight*, page 4

**CEO Perspective: Making a Difference** .... 1  
**Client Spotlight: Austin Regional Clinic** ... 1  
**Product Close Up: Office Triage Solution**.. 2  
**Chair's Message: Why TriageLogic Was Founded** ..... 3  
**Medical Management News** ..... 5

inside

## 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. ■



## 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 many of us, having access to an expert via telephone who can immediately address an emerging medical situation 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 support to physician offices, hospitals, health plans and other providers that need help supporting their patients.

As a pediatrician, Ravi K. Raheja, MD, TriageLogic's CEO, noticed that parents needed to have access to a medical professional to ask both urgent and general health-related questions about their children. Clearly, answering patient calls at night is an important

priority for pediatric offices around the country, including Ravi and his partners at his practice. However, taking calls at night in addition to seeing patients during the day is challenging and can significantly decrease doctors' focus and efficiency during regular office hours. Also, documenting calls received at night is difficult, but necessary, in order to decrease practice liability.

As a result, Ravi and I started TriageLogic's *Nurse Triage On Call Program*<sup>™</sup>, allowing nurses to provide helpful advice to patients when their provider offices

are closed. Nurses are able to resolve over 90% of the calls without contacting the doctor so each physician can rest when away from their office. This allows them to be more focused and effective the following day when they are in the office seeing patients.

For all attending physicians, it is crucial their patients receive the best possible care no matter what time of day or night. TriageLogic is committed to using the best available triage protocols developed by Dr. Barton Schmitt and Dr. David Thompson, the leading authorities in pediatric and adult triage care. This empowers our on-call nurses to triage patients appropriately based on evidence-based algorithms as well as their clinical expertise.

We also designed, built and launched a dynamic software program—*Call Center Solution*<sup>™</sup>—to support TriageLogic's on-call nursing program. 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. This allows TriageLogic to document and record all interactions in a seamless manner, and send 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. Unfortunately, we could not identify any software applications that would allow office nurses to follow standard daytime protocols and record the information from the calls to the patients' charts. The only option available for provider offices was to use paper-based triage manuals, which are cumbersome and inefficient.

Thus, we developed an expanded software program that offers triage support for provider offices during normal office hours, called *Office*

*Continued on page 6.*



Charu G. Raheja, PhD

## At a glance



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



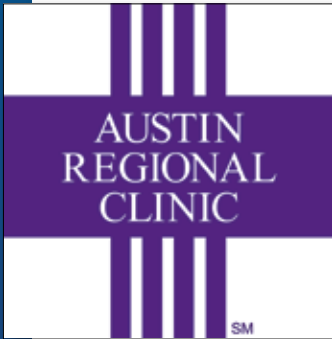
Web-enabled daytime triage application for provider offices. To learn more: (<http://www.officetriage.com/>)



After-hours triage services using highly-trained and licensed nurses. To learn more: (<http://www.nursetriageoncall.com>)

## CLIENT CLOSE UP

from page 1



TriageLogic's on-call program kicks-in after the office closes.

Like many large group practices, ARC physicians wanted to use a streamlined approach to handling and following up with patient calls when most of its offices are closed. Among other business and clinical

goals, ARC wanted to improve the consistency and efficiency of how it handled evening inquiries. That led them to TriageLogic's *Nurse Triage On Call Program*, an after-hours service that uses licensed registered nurses to help answer and triage calls from patients through an integrated health information technology solution.

"We found the program easy to implement from both a systems and staffing perspective," notes Dr. Treadwell. "After implementation, we noticed that patient complaints dropped and our clinical staff was happier with how we coordinated patient inquiries. The process keeps our patients out of the emergency room and in our offices the next day. Clearly, the after-hours nurse support line improved how we

## ARC'S MISSION

"Austin Regional Clinic's mission is to provide comprehensive, accessible healthcare to individuals and families in central Texas, with sensitivity to the cost of care. We believe that each doctor/patient relationship is unique. We are committed to high professional standards in providing personalized care and promoting healthful lifestyles."

support patients when our main provider offices are closed and also enhanced our practice's quality controls as well," she says.

"While looking for after-hours office coverage, we were struck with how knowledgeable and engaged TriageLogic's senior management and call center staff were," Dr. Treadwell elaborates. "They offered us a customized, hands-on approach to make sure their team was effectively covering our patient calls. Ten months after going live with TriageLogic, we are still very happy with the new solution." ■

*For more information about ARC, visit [www.austinregionalclinic.com](http://www.austinregionalclinic.com). For details on TriageLogic's Health Call Center Solution, see [www.officetriage.com](http://www.officetriage.com) or contact Amy Smith at (336) 529-2493; [amy.smith@triagelogic.com](mailto:amy.smith@triagelogic.com).*

## CEO PERSPECTIVE

from page 1

cost of nursing, rising demand for the services, as well as technological challenges and workflows.

This is when Dr. Charu Raheja and I recognized a need for more effective triage services for physicians and patients. Thus, TriageLogic was born. Our mission remains to become an extension of each physician's practice and provide outstanding patient triage 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 developing the software for our in-house use, we expanded into providing software packages to triage and document phone calls from patients during office hours, and customized software packages for other call centers that wanted 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. ■

## Medical Management News

### Research Indicates Lack of Comprehensive EHR Systems in Hospitals

In a 2009 study published in the *New England Journal of Medicine*, only 1.5% of hospitals report using just one system for tracking health records electronically. While rates of usage for EHR systems are high in general (75%), many hospitals cite the lack of across-the-board functionality as the cause for using multiple IT systems.

Ashish Jha, the study's lead author, decries the lack of information-sharing that exists in EHR systems today. "Just because they have these systems doesn't mean they are sharing that information with other doctors or hospitals down the street," he says.

To view the article, check out <http://www.fiercehealthcare.com/story/very-few-hospitals-boast-comprehensive-ehr-systems/2009-03-26>. ■

### 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 <http://govhealthit.com/newsitem.aspx?nid=74657>. ■

### 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 have also 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 <http://www.reuters.com/article/idUSTRE68C57W20100913>. ■

### Only 5% of Americans Will Undergo Vigorous Exercise Today

A study by Pennington Biomedical Research Center in Baton Rouge, LA, of 80,000 Americans found that only one in twenty participate in "vigorous exercise" such as running or using exercise equipment on any given day. While 80% report "light exercise," for example driving a car or getting dressed, the report, published in the *American Journal of Preventative Medicine*, notes that between 78 to 88% of Americans are employed in sedentary occupations, and that experts recommend at least 150 minutes a week of moderate-to-intense physical activity.

To view the published article, visit <http://www.ajpm-online.net/article/S0749-3797%2810%2900390-9/abstract>. ■

### Prescription Incentives: A New Trend

As doctors and insurance providers strive to save money and reduce waste, providers are offering incentives to those who properly take

*Continued on page 6.*

## Medical Management News

their medicine. Currently, one-third to one-half of Americans with prescriptions do not take them. Approximately 25% of patients with heart disease discontinue treatment after six months, and many end up in the hospital again with more severe complications. While there is no concrete solution, providers are experimenting with a variety of methods to increase the rate at which patients properly take medication.

Aetna, Inc., a Connecticut-based insurance provider, is performing a trial run of programs that give patients prescriptions at a reduced cost, reward them for lowering blood pressure, or provide financial incentives for compliance, according to Edmund Pezalla, MD, MPH, national medical director and Aetna's chief clinical officer. To view the article, visit <http://www.healthleadersmedia.com/content/>. ■

### Free Online Access to Schmitt and Thompson Clinical Highlights

If you are looking for periodic updates on health issues and triage content, Drs. Schmitt and Thompson have been publishing *Clinical Update for Telephone Triage Nurses* since 2007. Check out the past issues of the newsletter at <http://www.stcc-triage.com/newsletters.htm>.

The complementary newsletter contains information about timely health topics and trends. The publication also provides periodic updates to selected clinical/triage guidelines. Recent issues have covered Headache in Adults (July/August 2010); Pollen Allergies (May/June 2010); and Head Injuries in Children (March/April 2010).

Of course, if you want a full look at the Schmitt and Thompson triage criteria, contact Amy Smith at (336) 529-2493 or [Amy.Smith@triagelogic.com](mailto:Amy.Smith@triagelogic.com). ■

### Published quarterly by TriageLogic Management and Consulting, LLC

50 Cemetery Street  
Winston Salem, NC 27101  
(877) 514-0392  
[www.triagelogic.com](http://www.triagelogic.com)

**CEO:** Ravi K. Raheja, MD

**Founder and Chair:** Charu G. Raheja, PhD

**Editor:** Garry Carneal, JD, MA  
[info@triagelogic.com](mailto:info@triagelogic.com)

To subscribe, send email to  
[info@triagelogic.com](mailto:info@triagelogic.com).

For more information about TriageLogic products and services, please call Amy Smith at (336) 529-2493 or [Amy.Smith@triagelogic.com](mailto:Amy.Smith@triagelogic.com).

contact

### CHAIR'S MESSAGE

from page 3

*Triage Solution*™. This affordable program helps standardize patient care information to improve patient call outcome and decrease physician liability because call information can be downloaded or copied into a patient's chart. The *Office Triage 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. ■