

CEO PERSPECTIVE

Integrating After-Hours Triage Notes with EMRs

by Ravi K. Raheja, MD, CEO

An increasing number of individual practices and medical organizations are using after-hours nurse triage to improve patient care, and they are reaping huge benefits. Not only does nurse triage provide cost-effective healthcare access to patients when their physicians' offices are closed, but it helps decrease unnecessary visits to the emergency room and reduce risk by using standardized protocols and proper documentation.



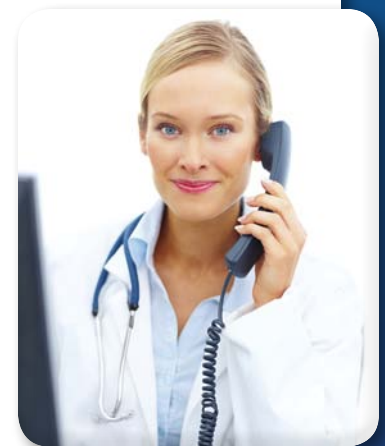
Ravi K. Raheja, MD, CEO

To achieve continuity of care, documentation from the telephone encounter must be sent to the attending physician in a timely and effective manner. Any practice or organization using TriageLogic's services receives patient call notes this way, which is consistent with our mission to provide 24/7 quality healthcare through useful and efficient documentation.

WORTH A MENTION

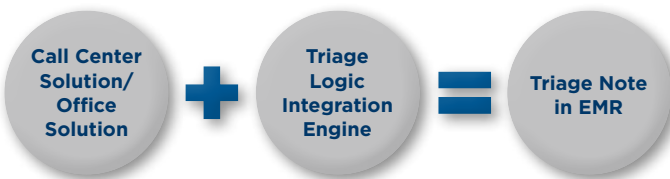
TriageLogic Reaches Milestone with Over 500,000 Calls

TriageLogic announces it has processed an impressive 500,000 patient calls through its expanding network of customers using the company's *Nurse Triage On Call™* services. TriageLogic's line of products falls into two areas—a services unit that offers nurse support through multiple call centers and a software unit that develops nurse triage systems both for after-hours and daytime use.



The company has seen significant growth since it was founded in 2005, says Ravi Raheja, MD, a pediatrician by specialty and CEO of TriageLogic.

See *Worth a Mention*, page 5



Approximately 85% of practices today use paper charts. For these paper-based practices a fax is generated from the TriageLogic system and sent securely as soon as the nurse completes the patient call. Physicians also have the option of getting an encrypted note emailed to them so they can print

See *CEO Perspective*, page 3

CEO Perspective.....	1
TriageLogic Reaches Milestone.....	1
Chair's Message	2
Insight: Supporting Patients and Reducing Risk.....	3
Medical Management News	4
Employee Spotlight: Amy Smith	6

inside

CHAIR'S MESSAGE

The Evolution of Quality-Based Triage Interventions

by Charu G. Raheja, PhD, Founder and Chair

TriageLogic recently hit an important milestone with over 500,000 calls processed through our *Nurse Triage On Call*™ service (see story on page 1). The importance of addressing patient concerns after normal business hours is more important than ever as our society moves to a 24/7 mentality.



Charu G. Raheja, PhD

TriageLogic helps providers know that their patients are assisted with the highest quality of care when they are not working by ensuring that all callers talk to a highly trained, empathetic triage nurse. The nurses use standardized protocols and sophisticated software to act as an extension of each physician's office.

"Triage" is derived from French and means "sorting, selection, choice." The term originated from the French verb "trier" meaning "to sort, select, choose" and has been used in English since the 1700s. The application of the term "triage" in the medical sense emerged during World War I. Wounded soldiers were classified into one of three groups: 1) those who could be expected to live without medical care; 2) those who would likely die even with care; and 3) those who could survive if they received care.¹

Today, the nurse triage service takes on a more dynamic role by providing "decision-making" support through "evidence-based" clinical advice for a vast array of conditions and symptoms. Our company name—"Triage" and "Logic"—elegantly describes these two concepts vis-à-vis our products and services.

In addition to handling a large volume of calls, we aim at making the process of taking phone calls during the day easier and effective. Our *Office Solution*™ software is a logical and effective web-based application. In less than 30 minutes, nurses can start using the software and making sure they are asking all the important questions and documenting the phone interaction in the patient's record.

According to Diane Kale at Princeton Nassau Peds, "We were without the software for two days and we were all crying. You get so used to using it, it is like your backbone. It is such a safe way to do triage. The most difficult thing about telephone triage is trying to decide who needs to be seen or go where and TL software makes it so simple," she says. "I know I sound like a commercial, but it really is how I feel."

TriageLogic prides itself on promoting quality-based interventions with patients who need help. Recently, a mother placed a call about her child's illness and, following the help she received from her doctor's office, made this unsolicited comment:



"As a parent it is wonderful to know that there is such a caring staff that I can depend on when I need it. In addition to calling and attempting to assist me, [the triage nurse] went above and beyond by calling me back to tell me about a solution that I could try to help. I asked if she could email the instructions to me, which she did immediately following her shift. This added assistance was not expected but gave me a WOW experience."

As this mother reminds us, saving and improving patient lives, while supporting providers during off-hours, will continue to be our primary goal. We look forward to answering the phone in anticipation of our next 500,000 patient calls. ■

¹ <http://www.medterms.com/script/main/art.asp?articlekey=16736>

INSIGHT

Supporting Patients and Reducing Risk Through TriageLogic

by Garry Carneal, JD, MA

The practice of medicine is transforming rapidly in today's complex healthcare environment. From landmark healthcare reform to mounting legal issues, the way we interact with our physicians and other caregivers is evolving. These changes can appear overwhelming for individuals who work in a physician's office, specialty care center, hospital, or other treatment setting. Patients and their family members also can become overwhelmed as they navigate through the medical system.

At the same time, our ability to stay connected to our friends, family, business associates, and others is transforming as texting, social media and emailing, for example, give us 24/7 access. This continuous flow of communication is also raising patients' expectations for healthcare access and care, putting pressure on providers to respond to patient needs even after the office is closed.

As a result, providers of all stripes, from small rural physician offices to large hospital systems, are implementing triage solutions such as 24/7 nurse line support and/or software applications to help consumers and patients navigate through their clinical issues even in the middle of the night.

TriageLogic is one company that provides critical connection points between provider and patient to ensure the best clinical, financial and legal outcomes. TriageLogic's software solutions are uniquely designed to help provider practices support and respond to patient telephone calls by using evidence-based guidelines, documenting the details of each call and the follow-up recommendations, and interfacing with the provider's electronic health records system—among other attributes. While most triage services just support and/or process calls during off-hours, TriageLogic's *Office Solution*™ also offers daytime support by helping practices triage patient calls through a user-friendly, hosted software application.

In addition to helping patients, TriageLogic's applications also can reduce legal risk for providers.

In many states, patients and their family members are expecting more evidenced-based support from their providers irrespective of the time and location of the patient. As a result, one insurance broker recently

See Insight, page 5

CEO PERSPECTIVE

from page 1

it themselves or review it electronically. In addition, these practices do not need to worry about their future electronic medical record (EMR) choice because the TriageLogic Interface Engine will connect to any EMR system.

For the practices that already have an EMR system in place or already know which one they plan to implement, the ideal approach is to have the triage encounter sent directly to the patient's EMR chart. TriageLogic has invested the time to build an integration engine that allows the TriageLogic note to transmit via a secure HL7 message to any EMR system.

This has immense implications. For any call center using the TriageLogic *Call Center Solution*™, it can offer clients the option of having their triage notes sent directly to their EMR patient chart seamlessly. This will help coordinate and integrate care, which is one of the requirements for a practice to become a medical home.

In addition to our *Nurse Triage on Call*™ service, TriageLogic's web-based *Office Solution*™ application helps provider offices triage calls during the day and connect to each provider's EMR via the TriageLogic Translation Engine. The *Office Solution* application is an important tool to help nurses and doctors ensure patients are getting the highest quality of care when patients call the office during the day. Office managers can also rest assured that every call is being followed-up and documented.

By implementing the new Translation Engine, TriageLogic can now link together all of its products and services with providers EMRs, which in turn will promote better clinical and business outcomes through an interoperable framework.

See the chart on page 1 that illustrates this process. We encourage you to read more about our products on our website at www.triagelogic.com. ■

Medical Management News

TriageLogic Introduces Videos to Website

TriageLogic has implemented the use of informative videos to increase public awareness and understanding of their services. The video clips feature company history as well as overviews of TriageLogic's *Call Center Solution*[™], *Nurse Triage On Call*[™] and *Office Solution*[™]. Visitors will also notice a more dynamic, interactive experience as video content is updated regularly. To view the most recent videos, visit www.triagelogic.com. ■

Delayed Care Worsens Asthma Outcomes

A recent study of 296 asthma patients in New York City shows that those who delay emergency care when their conditions act up suffer worse outcomes. Patients studied were asked about the length of their asthma symptoms as well as self-management efforts before they sought professional care. Two-thirds of the patients waited five days or less before seeking medical treatment. One-third waited longer than five days.

The study shows that patients who waited were more likely to be sicker at the emergency department, more likely to arrive by ambulance, and more likely admitted to the hospital. According to Dr. Carol Mancuso, "An important aspect of managing asthma is for patients to realize when they can handle exacerbations with help from their regular doctors, and when they need the more intense treatment the emergency room provides."

To view the published article, visit <http://consumer.healthday.com>. ■

Studies Show Aerobic Exercise Improves Diabetes Symptoms

According to a meta-analysis published in *Diabetes Care*, aerobic exercise alone or combined with resistance training significantly improves cardiovascular (CV) risk factors in patients with type 2 diabetes. Investigators found that aerobic exercise significantly improved hemoglobin levels, triglyceride levels and waist circumference. The evaluation included a total of 34 studies identified from literature published between 1970 and 2009.

Out of the articles examined, only 10 reported the use of both aerobic and resistance training. Although both aerobic and resistance training help to improve CV risk factors, the impact of resistance exercise alone on type 2 diabetes remains unclear.

For more information, visit <http://www.doctorslounge.com>. ■

Insurers Employ Medical Clinics to Benefit Patients

Trends indicate an increasing number of insurance providers are employing their own medical clinics to improve healthcare and curb costs. This is accomplished by offering services not available at most doctors' offices, including urgent care, longer hours of operation, welcome walk-ins, IV therapy and shorter waiting times. Insurance providers are employing these medical clinics at no additional cost to patients.

Currently, states are cutting Medicaid, and federal health laws will decrease payments to Medicare Advantage plans. The increased pressure on private plans serving Medicare to reduce costs has pushed other insurers to adopt the same strategy. According to Christopher Weaver at *Kaiser Health News*, "To make money, these plans must hold down costs, especially hospital spending, which rose an average of 7 percent annually from 2000 to 2009."

To view the article, check out <http://articles.philly.com>. ■



Medical Management News

How Do You Measure Quality Care?

To address this issue, the Society of Hospital Medicine (SHM) is placing added emphasis on a range of mentored quality-improvement initiatives for hospitals. The programs, designed to create an accurate format for measuring high quality care, include improved person- and family-centered care, effective communication

and coordination of care, working with communities, etc.

Although SHM's initiatives are a step in the right direction, efficient integration of data from multiple sources is necessary to achieve overall success, according to an SHM report.

For the full report, visit <http://www.the-hospitalist.org>. ■

WORTH A MENTION

from page 1

"More and more practices are relying on our triage products to achieve the most efficient and effective patient care," he says. "One of the primary reasons for our success is our unique ability to customize and private-label the software or triage call services for our clients."

TriageLogic's array of products and services provide physicians, hospitals and clinics a way to standardize patient care management across multiple offices, including offering "after-hours" nurse triage support.

TriageLogic's array of products and services provide physicians, hospitals and clinics a way to standardize patient care management across multiple offices, including offering "after-hours" nurse triage support.

"We have recently added several new customers to our list of clients, and they are really benefiting from this enhanced ability to ensure patient communication is cohesive among their various offices," says Charu Raheja, PhD, TriageLogic founder and chair.

"Plus, we have incorporated the gold standard protocols and guidelines established by Dr. Barton

D. Schmitt and Dr. David Thompson, the leading authorities in adult and pediatric triage care, into our applications.

"This works well for our clients," she says, "because it combines a decision-tree support tool with a user-friendly format to decrease call processing time for nurses while providing more useful information for the caller." ■

INSIGHT

from page 3

noted that "by tracking and documenting calls 24/7, TriageLogic's systems can provide an important mechanism for providers to 'defend' any malpractice claims."

TriageLogic has taken a leadership role in merging the best of nurse triage interventions with new technology applications, making supporting patients and reducing provider liability in a seamless manner highly achievable. ■

Garry Carneal, president & CEO of Schooner Healthcare Services, is a leading expert in the healthcare quality and legal fields. As president & CEO of URAC from 1996 to 2005, he oversaw the development of URAC's Nurse Triage Standards, which established national accreditation standards for the industry.

EMPLOYEE SPOTLIGHT

Amy Smith

As TriageLogic's executive assistant, Amy Smith has a unique background that combines community service and a working knowledge of consumer affairs. Before becoming a mom, Amy graduated from Liberty University in Lynchburg, VA, and worked for USAirways.

What brought you to TriageLogic?

I heard about TriageLogic through my mom, who works in a law office across the hall from our offices. I contacted Dr. Raheja and we clicked. I have been with TriageLogic for almost a year now. My responsibilities include customer service, keeping the database up to date, sending contracts and renewing contracts, running monthly reports and invoicing, returning phone calls, calling back inquiries that come through the website and keeping everyone up to date and on task.



Amy Smith

Have you had any interesting or unusual jobs? How did they give you the skills to shine at TriageLogic?

As the executive assistant to the director of consumer affairs at USAirways, I performed many tasks. These responsibilities included managing correspondence, preparing research and communication while also acting as the "gatekeeper." It was my responsibility to decide which scheduled events or meetings were most appropriate for the executive.

My responsibilities at USAirways taught me a great deal about customer service. I spoke with many customers that had legitimate complaints and those that were just looking for something free. I learned how to differentiate those and still be kind and helpful to everyone in resolving their issues. I also learned a great deal about being an executive assistant. The most important aspect was learning

how to anticipate the director's needs before they asked. Those are the skills I still use today.

What challenges do you see facing the health IT industry?

The biggest challenge I see in the health IT industry is the constant change and updates in technology and software. With advancements occurring at such a rapid pace, it becomes difficult to be aware and stay on top of all variations.

How do you like to spend your spare time?

I volunteer a great deal at my church and my children's schools during my free time. Currently I am serving as PTA president at the elementary school. I also enjoy watching movies with my family. My favorite movie is "The Sound of Music," but I also like movies that are historically based or based on true events. ■

Published quarterly by TriageLogic Management and Consulting, LLC

50 Cemetery Street
Winston Salem, NC 27101
(877) 514-0392
www.triagelogic.com

CEO: Ravi K. Raheja, MD
Founder and Chair: Charu G. Raheja, PhD
Editor: Garry Carneal, JD, MA
info@triagelogic.com

To subscribe, send email to
info@triagelogic.com.

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

contact