

Standardized Inpatient Child Psychiatry Initiative

iHUB*CARE ROI SUMMARY

JUSTIFICATION

Child psychiatry has been identified as one of the gaps in the effort to achieve a reliable and valid integrated information system, upon which an integrated delivery model across the continuum of mental health service provision could be built. The iHUB*CARE offers the conceptual development of a standardized inpatient child psychiatry initiative that addresses the needs of children and adolescents in mental care hospitals.

The problem, it seems, is money. Installing a typical system in an average sized hospital costs about \$8 million, and maintenance can run about \$1.3 million a year. Is that a lot? Not if you compare it to the combined salaries of a couple of popular cosmetic surgeons operating in the right zip code. But from a hospital's perspective, even cosmetic surgeons earn their keep. Technology may or may not do that, and hospital CFOs are persuaded that computerized patient care systems will not. A recent study conducted for the American Hospital Association found that none of the hospitals that had installed systems expected to see cost savings sufficient to pay for the computerization.

A simple Cost Benefit Analysis - track costs of litigation to defend against resultant suits + cost of awards...vs. ...upgrading softwr/hdwr every 3 yrs... and decreasing insurance premiums each yr. - One to 2 suits per year will pay the freight! Yes, system goals are needed. There must be an entrepreneur in a garage somewhere...but one foot forward starts a journey. Measure legal costs year to year; measure insurance premium costs year to year...\$8 million should be easy to beat. Throw in a good analyst, consult the "users", build a base system that does day-to-day stuff for added benefit, and then find a business manager...afraid to spend the \$\$\$? Apparently the present managers are.

All projects have a return on investment (ROI). The simple statement that health technology products have "no ROI" is testimony to the waste and inefficiency that characterizes the healthcare delivery systems that are in use today. The fact that it might be DIFFICULT to calculate a ROI is a more accurate description of this situation, but "NO ROI" is too simplistic a description. A solution? Government mandates that all of these newly profitable health management organizations (WellPoint Health Networks - WLP - comes to mind) should be mandated to assist in funding the improvements in the hospitals that they manage for their customers' healthcare administration. Rather than paying out outrageous executive salaries and bonuses in excess of 25% of annual salaries, a contribution to the healthcare IT systems, and their OWN internal systems would go a long way towards solving this conundrum.

DECREASED TRANSCRIPTION COST

Hospitals transcribing the emergency physicians' records typically spend \$8-10 per visit in transcription costs - some spend twice as much. With iHUB*CARE a hospital would eliminate these costs.

Nurses typically spend 25% to 40% of their time charting. iHUB*CARE can reduce nurse charting time by as much as 50%, dramatically improving staff efficiency.

The iHUB*CARE approach supports documentation at the point of care. Physicians can capture information directly from the patient during the visit, resulting in a real-time, credible record. Moreover, because iHUB*CARE is so fast and easy to use, physicians find they can spend more time with their patients, enhancing the physician-patient relationship.

Reasons:

IMPROVE CPT AND ICD-9 CODES

iHUB*CARE makes it easy for physicians to document completely and provides real-time feedback about the documentation elements required by CMS (HIPAA). Because of these features a hospital using iHUB*CARE would experience up to a 30% increase in billings compared to manual claim submission and patient billing.

The diagnostic coding scheme of iHUB*CARE incorporate the hierarchy described in the ICD9 Coding Manual. Physicians will therefore provide more complete and accurate diagnostic descriptions. This allows faster assignment of more accurate codes, resulting in improved coder efficiency and higher reimbursement.

ENHANCED MORE ACCURATE PROGRESS NOTES – IMPROVE CARE

The iHUB*CARE supports the capture of nursing and physician procedures by providing a structured documentation approach resulting in documentation that is more complete, organized, and legible. The EPR S-O-A-P component provides a means to standardize the patient care and treatment sensitive data. Physicians and nurses will then be able to record or 'chart', communicate, and assess the status of all patients in the ward/nursing more quickly and thoroughly from shift to shift thus eliminating time on the 'handover' notes.

It has been five years now since the National Academies' Institute of Medicine published its report stating that each year at least 44,000 hospital patients are killed by medical errors that could have been prevented. At the high end, the Institute suggested, the number of lives lost to error is probably 98,000. Those estimates make medical mistakes in hospitals the leading cause of death in the United States, more deadly even than car accidents, breast cancer and AIDS.

MODULAR COTS IMPLEMENTATION

iHUB*CARE is a modular, component-based COTS solution system, so that only the components needed can be implemented. Facilities may implement patient tracking, physician charting or nurse charting separately or together as a seamlessly integrated HIS. The modular design gives you the flexibility to add additional components later.

DECREASED CHART HANDLING AND ELIMINATION OF LOST CHARTS

iHUB*CARE eliminates the need for hospital staff to physically search for "lost" charts, thereby saving time and preventing lost billings. In one study, such lost billings equaled about \$7 per visit when averaged out over all visits (Annals of Emergency Medicine 33:5, pages 500-509). Consider the following savings with iHUB*CARE vs. paper records:

- Cost of designing, ordering, printing of paper forms
- Cost of producing multi-page forms
- Cost of document storage
- Cost of personnel time spent in accessing previous charts
- Cost of personnel time spent in copying and distributing charts
- Cost of photocopy machines, supplies, maintenance, etc.
- Cost of lost charts
- Cost of storing of paper files, sometimes up to 15 years (psychiatric institutions).

IMPROVED EFFICIENCY

In addition to providing a fast method of documenting patient encounters, iHUB*CARE improves efficiency in many other ways:

- ✓ Online computerized Intake Form fully integrated with the patient's registration and hospitalization
- ✓ Fast and convenient patient registration and admission
- ✓ Continuous access to all data - no searching for lost charts
- ✓ Electronic flags instantly alert all providers
- ✓ Efficient discharge
- ✓ Powerful statistical reporting
- ✓ Optimized staffing and scheduling

iHUB*CARE includes a superb Oracle 9i interface engine to establish connectivity with all hospital information systems. The interface receives demographics and orders the resulting information from the hospital registration system. It can also export electronically signed reports, in a variety of formats, to multiple destinations, such as the hospital repository or a billing company; thereby eliminating the need to sign paper charts. Additionally, the exportation and storage of electronic medical records sharply reduces the number of lost charts and the costs associated with paper records.

With a single click, users can switch between nursing and physician documentation, greatly reducing the need to "search" for charts. Physicians can easily view nurses' documentation of allergies, medications, medical history and other information, and can quickly incorporate this information into their own records. iHUB*CARE not only allows access to other providers' documentation for the current hospitalization, but also provides easy access to information regarding prior hospital stays.

SAVE UP TO 2 HOURS PER SHIFT

The speed and efficiency of iHUB*CARE EPR and electronic orders saves hours over other charting methods. Physicians, who previously spent nights and weekends finishing dictation, tell us they now have more time to spend with their families.

IMMEDIATE CHART AVAILABILITY

Charting with iHUB*CARE allows physicians immediate access to completed patient records without the long turn-around times associated with dictation. Access to a patient's chart is easy and immediate with iHUB*CARE.

INCREASED REIMBURSEMENT – HIPAA COMPLIANT

iHUB*CARE billing minimizes lost data through elimination of the time delay inherent in dictation. Through a combination of education and iHUB*CARE's unique design, physicians can easily capture the elements required for CMS compliance.

The iHUB*CARE coding schemes helps hospitals and physicians optimize coding and billing through more complete documentation. By providing real-time feedback, the system helps clinician's correct deficiencies immediately. As already stated, iHUB*CARE stores and exports the medical records electronically, thereby greatly reducing the cost of lost charts and paper flow errors.

ILLEGIBLE HANDWRITING ELIMINATED

Charting with iHUB*CARE greatly reduces the amount of handwriting necessary to document a patient encounter. This eliminates illegibility and improves the quality of the medical record.

The results of years of development, the architect of iHUB*CARE are pioneering advance in electronic charting for physicians and nurses. Gone are the long pick lists, multiple menus and scroll bars that make other programs slow and inefficient. LOVs – pull-down list-of-values provide fast and efficient retrieval of standard procedures and terminology, easily adjusted for each hospital and specialty.

SHORT LEARNING CURVE

iHUB*CARE is highly intuitive so physicians learn the system quickly. As part of the iHUB*CARE implementation, we provide a variety of training experiences, including on-line training, self-paced computerized training, and on-site training with experienced instructors.

MULTI-SITE IMPLEMENTATION

iHUB*CARE is designed for integrated multi-site implementations, and it supports multiple, separate hospitals on a single server. The patient's electronic record resides centrally, providing a repository for hospital electronic medical records from different sites within the system. Providers can conveniently access and rapidly view all available hospital electronic medical records for any patient. Additionally, managers can query the multi-site database and produce integrated statistical reports that cross all sites.

ROI OF POWER REPORTING – AD HOC

iHUB*CARE stores all data in a highly sophisticated Oracle 9i database, giving hospital staff access to an array of statistical reports and ad-hoc queries.



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