

# Integration and Support Provides the Key to Selecting a Second Generation Point of Care System for Bethel VNA

Rather than live with a sub-optimal solution with vendors not communicating, management chose to survey the market and see whether better solutions were now available. The answer was yes, there is a better solution. "HealthWyse will help us catch things sooner. We will be able to track the success of our new services." It seems to be a "win-win-win" – for the patients, for the agency and for HealthWyse.

## Background

Bethel VNA is a small, dedicated home care agency, based in Connecticut, serving approximately 600 patients with a core team of care providers (nurses, physical therapists, occupational therapists, speech therapists, social workers and aides). Founded over 75 years ago, the agency has stayed true to its mission which CEO Judy Malin describes as delivering, "kinder, gentler, skilled care". It may come as a surprise then to some that this traditional New England agency with its almost exclusive focus on the human aspects of care delivery, decided in the year 2000, that technology was needed to streamline operations and to assist nurses with the intensive demands of charting and documentation. "The handwriting was at times illegible, and billing and reporting were growing more complex," says Joyce Daly, Bethel business manager.

## First Time Around (Pre-HealthWyse)

While the Bethel VNA team knew that it was time to automate charting and billing, they didn't appreciate that they were ahead of the times. This was evidenced by few point-of-care (POC) solutions from which to select, and none that came integrated with billing as part of the package. Checking references or gaining the wisdom of their colleagues was also difficult because few had gone through a similar conversion.

Despite this, Bethel VNA forged ahead, armed with the motivation to make their nurses' lives simpler, and be more in control of billing and administration. Management chose three separate vendors – one for nurse charting, one for clinician scheduling, and one for billing. "We couldn't wait. The pressures of OASIS were big and only getting bigger. We needed an electronic system for efficiency and reporting" Ms. Malin comments as she looks back at that time.

## First-Generation Solution Solves Some Problems but Creates Others

After the initial shock of converting to a computerized system that included notepads and drop down menus to record patient status, Bethel nurses eventually found charting with a point-of-care system to be much easier. As Jennifer St. Jean, a nurse at Bethel, comments, "After the initial learning curve, the use of a computer allowed me to go home at the end of the day with my work completely finished." In addition to newfound efficiencies in the charting process, Bethel was also experiencing fewer billing delays, and easier-to-read notes.

However, as management was soon to find out, new problems were beginning to emerge. The three separate systems in use – billing, scheduling and clinical – did not talk to each other. "This meant we had an additional job of getting information from one system into another, and we had to reconcile any discrepancies between systems," remembers Joyce Daly. To make matters worse, Bethel's chosen vendors didn't work well together. "Each viewed the other as a threat, trying to migrate into their space," says Daly. "We knew it wouldn't be seamless, but I think we expected better. There was supposed to be an interface, but it never really worked."

Once again, Bethel was at a cross road, faced with a difficult decision. Rather than live with a sub-optimal solution with vendors not communicating, and a certain amount of work redundancy as information is re-entered or reconciled between solutions, management chose to survey the market and see whether, four years later, better solutions were now available. As CEO Judy Malin recalls, "This was not an easy decision. We had a certain investment in the current systems. Starting over is never fun. Still, we felt it was the right thing to do."

**Second Time Around: Enter HealthWyse**

The second time around, the Bethel team had a more sophisticated view of what they needed. First and foremost, an integrated solution was sought that combined nurse charting, billing and reporting. As Joyce remembers, "We wanted one seamless product, not piecemeal systems."

Looking ahead, management saw a growing need for outcome analysis tools that would allow Bethel VNA to thrive in a pay-for-performance environment. Timely OBQI (outcomes based quality indicators) data needed to become the norm. Any vendor they selected would need to be able to manage the challenge.

After the disappointments in the past, the new vendor would be expected to offer top-notch support, and have an organization in place that could deliver on its promises. As Ms. Malin recalls, "One of the things we like about HealthWyse is that they provide strong support. We are a small company, which is why we gravitated to them. We are like a speck, an annoyance to bigger companies." Between checking out references, and having numerous discussions with HealthWyse, management was convinced that HealthWyse support would be stellar.

Finally, the new system would need to be easy to learn. While the nurses had grown technologically savvy with automated POC, any new vendor would have to provide intuitive software that made navigation easy. Their users' sophistication would necessitate a somewhat modified implementation where the pace could be much faster. Foreseeing this, Ms. Daly requested an expedited training process: "When HealthWyse first came here, we said, 'been there. Done that. Just show us how it works on your system. And they did."

**Meeting Expectations**

Has the system been as advertised -- easy to use and completely integrated by a vendor that is committed to high quality support? Nurse Jennifer St. Jean has found that HealthWyse's system offers many advantages with only a small learning curve. In particular, Jennifer enjoys being able to email her colleagues and glance at the schedule for patient visits across care providers. Jennifer believes this ability to communicate electronically and coordinate visits, "Allows us to collaborate and exchange ideas. You don't have to deal with the phone problems of who can call back who when. You don't hear, 'Do you have cell reception?'" Dispensing with the paper calendar has also meant that Jennifer can plan her day better because, "I can see all the practitioners in a given day and can organize my schedule around it." The first-generation systems did not allow Jennifer to view schedules or collaborate so easily.

If Jennifer St. Jean's experience is any indication of how nurses feel who have learned how to evolve their nursing skills to include automated point of care, there is no going back. Jennifer says that she would not work at an agency that didn't use electronic charting. "It is more efficient, more professional." She counsels nurses who resist the leap towards technology, "Do not be intimidated. It will make your life easier. The allure of having your day finished when you go home is strong. It will pay off."

Regarding the HealthWyse promise for integrated applications between point of care, and billing, "It is as advertised," comments Daly. Whereas Ms. Daly's staff used to spend significant time reconciling reports between systems, Ms Daly finds, "The current system allows me to trust them. The accounts receivable is ten times easier to understand and read. Plus there are a few new features such as transferring payments from one vendor to another that we really appreciate."

There was one potential negative impact with the HealthWyse implementation. The billing clerk found work so much simpler that she feared for her job. "Not a problem," commented Ms. Malin. The newfound efficiency means that bills that are outstanding can be researched and pursued. Also, with health education on their minds, Bethel VNA management has just rolled out a new program for patients with congestive heart failure (CHF) who are no longer eligible for insurance coverage. Again embracing technology, they have adopted a telehealth-monitoring program. They believe this program enhances patient care and will be more easily managed because of the HealthWyse solution. As Steve Booth, VP of HealthWyse, comments, "Bethel VNA could easily grow their business, and not add any administrative people for medical records, scheduling or billing."

That is the promise and the beauty of Bethel VNA's second-generation selection. As Judy Malin, CEO, sees it, "We are still giving kinder, gentler skilled patient care. Technology is a tool for us to enhance care, not a barrier to our patients." As a tool that guides management, Ms. Malin believes, "HealthWyse will help us catch things sooner. We will be able to track the success of our new services." It seems to be a "win-win-win" – for the patients, for the agency and for HealthWyse.

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