

Legislation to Establish a Hospital Quality Report Card Initiative Introduced

Senator Barack Obama (D-IL) introduced the Hospital Quality Report Card Act of 2006 (S.2359) to establish a Hospital Quality Report Card Initiative under Medicare that requires hospitals to report on healthcare quality.

This legislation would help patients make decisions on healthcare needs and help purchasers and insurers find the right information to improve quality, contain costs, and raise public awareness of hospital quality issues.

The legislation would require hospitals to report staffing levels, rates for infections, numbers on the various procedures performed, quality of care, availability of emergency rooms, plus the numbers on intensive care, obstetrical, and burn units. Health IT, telemedicine, electronic medical records, and patient safety initiatives would also be included in the report.

House Armed Services Committee Hears Testimony on DOD Health Affairs

William Winkenwerder Jr. MD, Assistant Secretary of Defense for Health Affairs told the Committee on March 29, 2006, that DOD successfully launched AHLTA in 2005, the Department of Defense's global electronic health record and clinical data repository. So far, AHLTA has been implemented at 87 of 140 planned Military Treatment Facilities along with the Clinical Data Repository that is operational, and contains electronic clinical records for over 7.50 million beneficiaries. To date AHLTA has processed 15,005,274 outpatient encounters and is currently processing over 75,400 patient encounters per workday. Worldwide deployment is expected to be completed by the end of 2006.

Dr. Winkenwerder continued to say that both the VA and DOD are committed to providing service members with a seamless transition from the Military Health System to the Veterans Health Administration. DOD began transmitting pertinent data to the VA in September 2005, and has since provided information on 5,177 active duty service members. He pointed out that the VA receives the data directly from DOD before service members separate, thereby eliminating potential delays when applying for benefits.

DOD collaborated with the Department of Veterans Affairs, to help the areas affected by the hurricanes in terms of health assessments, surveillance, supplies, patient evacuations, and delivering

emergency healthcare. After Hurricane Katrina's landfall, DOD deployed over 2,000 medical personnel to the area, moved more than 10,000 patients, and treated more than 5,500 people. The Department opened field hospitals and sailed the USNS Comfort to aid in the relief operation. DOD was able to coordinate medical personnel with HHS and CDC to monitor the public health situation.

Rural Georgia Residents Getting Help With Healthcare

The Medical College of Georgia (MCG) is participating in the Georgia Telemedicine Program a comprehensive network within the Georgia Rural Health Initiative. MCG is one of 40 healthcare facilities working to improve access to specialty healthcare in rural Georgia. The telemedicine equipment and training is provided through a grant from Blue Cross Blue Shield of Georgia as part of a three year \$11.5 million commitment to support the Georgia Rural Health Initiative.

"Our role in the network is to serve as a specialty center to provide diagnostic and treatment so that patients do not have to travel more than 30 miles from their homes," said Rich Bias, Senior Vice President of Ambulatory and Network Services at MCG Health System. "Our initial participation is limited to pediatrics, but we expect to expand into other clinical services."

In another initiative, the Governor and the One Georgia Authority Board has approved regulations for a new financing program that will bring high-speed broadband connectivity to rural Georgia. The program called the Broadband Rural Initiative to Develop Georgia's Economy (BRIDGE) fund will provide grants for publicly owned infrastructure based on the number of rural counties receiving new or enhanced high speed broadband services. The BRIDGE fund awards \$200,000 for single county projects and \$400,000 for projects impacting two counties.

Governor Perdue's FY 2007 budget proposal included five million as initial funding for the BRIDGE program. Applications for the funding will be available on <http://www.onegeorgia.org> beginning this month.

Partners Healthcare Finds Providing Care via Telemedicine Saves Lives, Cuts Costs

Following her diagnosis of congestive heart failure in 2004, a 68 year old patient was given her choice for treatment. She could wait at her suburban Boston home for twice-weekly medical readings taken by a visiting nurse, or do the medical readings herself. Her decision to take her own

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daily readings and transmit them to a cardiac nurse may have saved her life. When the nurse noticed a precipitous drop in blood pressure, she called the patient and urged her to seek medical attention.

Led by Massachusetts General Hospital, the hospitals of Partners Healthcare are able to monitor patients with hypertension in their homes. In the initial phase, several hundred patients will be tracked with chronic high blood pressure. Another project serving nearly 2,000 patients per year allows homebound patients to have virtual visits with specialists or have consultations for second opinions.

These telemedicine initiatives use modest network technology and cost just \$100 per month per patient for the heart-monitoring project, including all home and data center hardware, communications, and application development. The home-based monitoring uses a small tabletop that has various sensors plugged into the console. The equipment includes a blood-pressure cuff, a pulse oximeter for measuring pulse and blood oxygen saturation levels, and a scale for recording weight. The technology is rapidly moving to wireless measurement devices that can communicate with the console.

Dr. Joseph Kvedar, Director of Telemedicine at Partners Medical Group, said "we're talking about patients who often are not PC savvy and who rarely have a broadband connection in their home therefore the devices must be user-friendly."

The TeleStroke Center at MGH has a program that links subscribing community hospitals to MGH, allowing a stroke patient to receive immediate attention by stroke specialists. By using videoconferencing technology, stroke specialists at MGH can examine patients at remote hospitals to help diagnose ailments and recommend a plan of care. The system operates as a hub-and-spoke with MGH at the center surrounded by 13 smaller Massachusetts community hospitals as far away as Martha's Vineyard and Nantucket.

Dr. Lee Schwamm, Director of the TeleStroke Center, reports that he can determine stroke severity and the type of stroke by looking at the patient and at the brain image. Schwamm has found that hospitals with larger IT infrastructures that have not implemented videoconferencing must spend more time and manpower to configure firewalls and deal with security concerns. Hospitals with a modest IT infrastructure find implementation straightforward, because all it takes is a small server, an ISDN line, and a videoconferencing unit.

Source: Joel Shore, author of the article for the publication Network World, can be reached at <http://www.joelshore.com>. For more information on Network World, go to <http://www.networkworld.com>

DOD Awards Contract to Develop a Simulation-Based Intelligent Tutoring System

DOD awarded a \$750,000 contract to Stottler Henke, a software and consulting firm headquartered in San Mateo California to develop artificial intelligence technologies to make training systems more effective and eliminate the need for on-site instructors. The contract to be administered by TATRC at Ft. Detrick, Maryland will use simulators to train hospital medical teams on how to respond to terrorist attacks where chemical, biological, or radiological weapons are used.

Healthcare professionals will be trained on the Medical Emergency Team Tutored Learning Environment (METTLE), an intelligence technology system. The system will be used at military training sites, civilian medical schools, and for continuing education. The system trains high level decision makers on how to interact with each other in emergency situations.

The first exercise shows the covert release of anthrax spores in a civilian urban setting. The program simulates a hospital emergency department with arriving patients showing various symptoms to be diagnosed by the student using the simulator. The student communicating with team members using natural language, can check on patients, consult with other hospital officials, and then devise a course of action that is appropriate.

California's Northern Sierra Rural Health Network Looks to the Future

For one patient with Graves Hyperthyroidism, a trip to the endocrinologist takes only a few minutes despite the fact that 200 miles of mountainous terrain and two lane roads separate the patient from her doctor. The patient is able to drive just three miles to the hospital in Burney California, and use videoconferencing equipment to connect with the University of California at Davis.

In another situation, a six year old boy living in a remote town had difficulty breathing. Using the Northern Sierra Rural Health Network's telemedicine system, the boy was diagnosed with sleep apnea by an Ear, Nose, and Throat specialist at UC-Davis. The boy however did have to travel seven hours to Sacramento for surgery, but the pre and post surgery consults were handled over the wires.

The Northern Sierra Rural Health Network (NSRHN) serves a nine county region uses a telemedicine system to help patients, and provides continuing education. The Network focuses on nearly 50 members including clinics, hospitals, private practices, and other health care providers, and with 30 rural telemedicine sites has conducted more than 3,000 telemedicine consultations.

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In some recent activities, NSRHN and Stanford University used videoconferencing to help a breast cancer support group communicate with each other, and used telemedicine to help elderly patients with dementia so that they would not become victims of physical and financial abuse.

The NSRHN video bridge has been successfully upgraded and now has the ability to use cameras over the network using IP Video instead of dialing over ISDN. The upgrade increased the capacity of the bridge to be able to connect up to 24 sites simultaneously.

According to NSRHN Executive Director Speranza Avram, HRSA's Network Development Grant was used to build the physical and organizational infrastructure and now the goal is to look to the future. In December 2005, a strategic plan for 2006-2008 was developed with goals and objectives to:

- Establish information technology capacity and data sharing capabilities with multiple partners including but not limited to healthcare providers, public health, and consumers via a RHIO
- Expand access to quality integrated behavioral health systems within NSRHN membership and communities
- Partner with others to serve as a resource for support in recruitment and retention for professional and paraprofessional staff
- Increase self sufficiency and continue to provide benefits to members
- Provide a staff with expertise to ensure high quality service delivery and future network growth

For more information, go to <http://www.nsrhn.org> or email Speranza Avram at speranza@nsrhn.org or call (530) 4709-9091.

Studying Aviation Safety Practices May Improve Patient Safety

Researchers are looking at aviation safety methods to help develop safer healthcare for patients. Both the aviation and healthcare industries have some similarities such as both industries train professionals to use new technologies, both industries can have enormous risks, but in the healthcare field, risks vary from moment to moment. Both industries use highly trained professionals, but the healthcare industry has more of a variety of professionals, such as pharmacists, physicians, nurses, physical therapists, respiratory therapists, and others that provide care.

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Other differences include the fact that health professionals work and train in their own world and do not always communicate effectively with each other, work with more devices than in aviation, deal with the human body which is much more complex than a plane, and deal with healthcare industry regulations that are more fragmented and difficult to follow than the regulations in the aviation industry.

However, by studying the Aviation Safety Reporting System (ASRS) a voluntary, confidential incident reporting system used to identify, analyze, and report hazards, and the Aviation Safety Action Program (ASAP), researchers are looking at both systems to see how they can be used to improve patient safety.

Eric J. Thomas, MD, Associate Professor of Medicine at the University of Texas, Houston Medical School said "In the UT Center for Patient Safety, collaborative efforts have taken place with the Texas State Board of Medical Examiners and as a result, three hospitals have created a nursing reporting system modeled after ASAP."

According to Dr. Thomas, simulators used in healthcare were originally adapted from the aviation industry. It has been found that simulators are effective in environments that resemble in some respects a cockpit such as in operating rooms or in trauma settings.

In looking at the problem of developing safety interventions, Kaiser Permanente of California and Johns Hopkins Hospital in Baltimore have looked at the strategies used in the aviation industry such in crew resource management training, developing pre-flight checklists, and in crisis simulation, and have adapted some of these techniques to the healthcare setting.

Both Kaiser Permanente and Johns Hopkins have reported that using techniques from the aviation industry, has resulted in improvements in teamwork and communication among their surgical and labor and delivery teams, and within six months, the operating room staff became more willing to share their safety concerns and discuss their mistakes. Other major goals are to make more changes related to safety, and develop even more cooperation among physicians and other clinical care staff.

Electronic Health Information Legislation Introduced

Representative William Lacy Clay (D-MO) recently introduced the Electronic Health Information Technology Act (H.R.4832) to permanently establish the Office of the National Health Coordinator for health IT. The legislation provides for narrow exemptions for physicians and medical providers from certain anti-kickback laws.

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Other legislative provisions would:

- Implement an interoperable health IT strategic plan
- Require one year grant awards to go to eligible health IT entities
- Establish a health IT loan program to use to create a national interoperable health information infrastructure
- Establish a demonstration program to search for information on specific diseases by using patient's electronic health records without using personal identifying information

WHO Discusses Using Technology to Combat Counterfeit Drugs

Dr. Howard Zucker, Assistant Director-General for Health Technology and Pharmaceuticals, spoke at the recent World Health Organization meeting held in Rome Italy, to discuss how to stop the threat of counterfeit medicines to communities worldwide. The Conference was hosted by the Italian Pharmaceutical Agency and organized with the support of the International Federation of Pharmaceutical Manufacturers, associations, and the German government.

Dr. Zucker explained that the factors that favor the circulation of counterfeit medicine include the global trend towards free international commerce, legal systems that are not always equipped to deal with the serious consequences of counterfeit drugs, penalties are often inadequate, and if patients are forced to pay high prices for medicines, they naturally will look for cheaper products.

The World Health Organization proposes creating an International Medicinal Products Anti-Counterfeiting Taskforce (IMPACT) to work on the problem. Dr. Zucker said "The pharmaceutical industry and regulators who have already made progress in implementing technology solutions to the problem of counterfeiting and should probably spearhead this group." Given the disparities between the level of technological access in industrialized and developing countries, this group needs to look at ways to transfer technology to under resourced countries and work to adapt technologies to the local situation by looking at private-public partnerships.

In the area of enforcement, the task force needs to study how to best help customs, police, and the judiciary in different countries so that they will be able to cooperate. It will be necessary to have international IT based information systems to monitor the traffic of goods and alerts issued from country to country, and from region to region, and reach not only patients, dispensers, doctors in

urban areas but also poor and rural area. Experts from the World Customs Organization and Interpol would support and work together with the task force.

One system now in place includes the World Health Organization's web-based system for tracking illegal drug activities in the Western Pacific Region in use since 2005. The Rapid Alert system communications network transmits reports on the distribution of counterfeit medicine to the authorities and eventually, this system should be expanded to all regions. RFID tracks products within the supply chain management systems

For information, email Daniela Bagozzi at bagozzid@who.int or call +41 22 791 45 44.

TEPR Conference Extends the Conference Program for May 2006

The team at the Medical Records Institute has redesigned the Towards an Electronic Patient Record (TEPR) conference that will take place on May 20-24, 2006 at the Baltimore Convention Center. Linda McLaughlin, Medical Records Institute's new Director of Educational Programming has selectively invited clinicians representing nurses, hospitals, military, and government as well in specialty areas such as long term and home health care, behavioral health, surgery, oncology, pediatrics, and much more.

The conference will bring practical real world advice to its audience with programs such as the Clinical Documentation Challenge where EMR systems will be demonstrated, the Mock Trial which will put the need for the Continuity of Care Record on trial, and the Super EMR Road Show. Hot topics will be debated such as the usability of Clinical Document Architecture, EMR vs. EHR defined, and interoperability issues.

In addition to the educational programs, TEPR will have several new features such as:

- The Solution Seekers Club where attendees can link up with exhibiting EMR vendors
- A health IT Users Group where each group member will be available to answer questions and address concerns
- Experts available to enable attendees to meet with the speakers, other experts, and EMR users

For more information and agenda, go to <http://www.tepr.com> or call (617) 964-3923.