Value-based care is bending the healthcare cost curve, reducing unnecessary medical costs while improving care quality and patient engagement. Yet providers worry value-based reimbursement will negatively impact patient care. According to a recent survey by Change Healthcare, over 61% of doctors still fear value-based reimbursement will damage their practice.

While physicians may feel uncertain about the impact value-based care will have on their practices, industry experts are sure that the transition away from fee-for-service payments and care delivery is here to stay.

What does that mean to you and your practice and what can you do to be successful in this new trend?

Moving from fee-for-service is an immense paradigm shift. Recognizing that physicians are on the front lines of healthcare, making these changes requires new processes, culture and infrastructure. Keeping patients engaged and ensuring their experiences are positive in every interaction is critical to success in the transition to value-based care.

Don’t Compromise on Security
By Dr. Ravi Raheja

The average cost of a data breach in the United States has hit an all-time high of $7.35 million. Just this year, there have been more than 100 hacker attacks on healthcare organizations, according to the U.S. Department of Health and Human Services. Despite better awareness among healthcare organizations, data breach costs average $408 per record. Cybercriminals use weaponized ransomware, misconfigured cloud storage buckets and phishing emails to attack.

Hidden costs in data breaches are difficult and expensive to manage resulting in customer turnover, reputation damage and increased operational costs. Knowing where the costs lie, and how to reduce them, can help companies invest their resources more strategically and lower the huge financial risks at stake.

While looking for cost saving solutions is important for any business, it is critical to make sure your vendor partners also meet the same stringent criteria. This extends to your outsourced, after-hours services as well. Not doing the proper due diligence, can lead to a significant risk in terms of data loss and security.
**Benefits of value-based care for providers**

- More personal time with health professionals and personalized care that is tailored to each person’s unique health situation
- Access to proactive health screenings and programs that are focused on preventing illness
- Improved care for chronic conditions with a focus on avoiding health complications
- Improved systems leveraging technology and data analytics, allowing physicians to coordinate care around the patient

**To support value-based care, physicians need the following tools, skills and goals to get started and be successful:**

1. **Engage your patients:** Encourage your patients to call your office when a symptom arises. More than ever, it is becoming crucial to have 24/7 access to a triage nurse to ensure that patients can connect with your office even when you are closed. That prevents patient leakage and ensures appropriate level of care. Your daytime office nurses should also be using the MyTriageChecklist to ensure that they are evaluating and documenting patient calls appropriately.

2. **Consider partnerships with local businesses:** Most companies over 500 employees are self-insured, meaning that they benefit when their employees save on health care expenses. As a result, companies are paying attention to value-based care. What does that mean to providers? As a provider and hospitals, companies are willing to partner with those who can provide their employees with health and wellness tips and give an easy access to a doctor when their employees are sick.

3. **Engagement platforms:** Some of our hospital clients are developing great wellness programs for their communities and local businesses. This is the new trend and we expect it to continue into the next decade. But with the service, it is important to have a mobile platform to engage the employees. Our newest platform: Continuwell is a great solution to add all of your resources, customize it to for each employer, and deliver it as part of your offering. This will increase loyalty and make it easy to demonstrate cost savings.

4. **Mobile application for your practice:** Patients are on their phones more than on their computers. As a doctor office, patients are looking for engagement from you on their phones and smart devices. Do you want to encourage patients to access their EMR portal? Talk to us about our upcoming my 24/7 healthcare mobile app, which will allow you to place your office information and message patients directly on a mobile app for your patients.

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**Staff Spotlight**

**Rose Moon**
Clinical Education and Call Center IT Support Manager

In this edition of Employee Spotlight, we would like to recognize Rose Moon for over 5 years of services as TriageLogic’s Clinical Education and Call Center IT Support Manager. She provides training and ongoing professional development for triage nurses and other telephone triage professionals.

Rose Moon earned her Bachelor’s Degree in Nursing from Duquesne University in Pittsburgh Pennsylvania and joined TriageLogic with 25 years of nursing experience; including inpatient and outpatient pediatric care, as well as 17 years of telephone triage call center development and management for both pediatric and adult populations. Rose was responsible for software evaluation, testing, training and implementation in her previous hospital nurse triage call center manager position.

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Visit us at www.triangelogic.com
Here are a few critical questions you should ask your partners in healthcare:

1. Do you have a Chief Information Officer who oversees the security program?
2. Do you have a formal security compliance program in place with yearly audits?
3. Is the vendor URAC accredited so there is a third party auditing the triage call center?
4. What is their data breach policy insurance policy limits?
5. Is the data center infrastructure set up to maximize data protection along with regular scanning of the software and servers?
6. Does the vendor have an intrusion detection system to alert potential threats?
7. Does the vendor have adequate IT resources to monitor all systems and to respond quickly to any potential threats?
8. Do the products meet HIPAA, HITECH, and other security requirements?
9. Do the security reports meet all auditing and HIPAA reporting needs?
10. Do you have a formal HIPAA training program for all staff members?
11. Does the data center where the data is being stored have proper security certifications?
12. Is the patient data secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion)?
13. Is the patient’s data secured when accessed via handheld devices (e.g., secured through SSL web sites, iPhone apps, etc).

If the answer is no to any of the questions above, then it may be an indication that you should look deeper and compare vendors before selecting one that will protect your patient data properly.

For more information, please contact us.

Staff Spotlight

Rose trains nurses to use the Schmitt-Thompson protocols and has trained over 1,000 triage nurses. She also has served as an expert witness in telephone triage litigation.

Rose explains why she is a big advocate for everyone talking to a patient by phone to be trained to use protocols. “Not using the protocols puts the patients at risk and the organization liability at risk. It is really the nurses’ safety net,” states Rose. She clarifies that the protocols are just tools that the nurses can use as a guide. Ultimately, it is the nurse’s judgment, based on experience, that will provide the quality patient outcome.

A good analogy she uses many times is “a stethoscope lets you listen to the sounds of your patient’s lungs, but it is not going to give you a print out that tells you the patient has pneumonia. Neither will the software system. Your ability to use the software and the protocols enables care providers to deliver the best quality of care for improving patient outcomes.” to be right; we can’t afford to be wrong. Always err on the side of caution

For the future, Rose is excited about the new implementation of the My 24/7 Healthcare App. She states, “Our app is the next step and essential because it provides immediate gratification of being “seen” by the triage nurse. “In about 50% of the cases, the caller just needs home care advice, which the triage nurse can provide over the phone.”

Rose currently lives in Pittsburgh with her husband Jim and their three children. She likes to travel. Her goal is to travel with her family both in North America and overseas.

We are delighted to have Rose Moon as part of the TriageLogic team!
Emergency Room (ER) overcrowding is widespread in hospitals, creating delays and diversion from those who need care the most. According to a recent article “Compounding the problem is the alarming trend of a decreasing number of ERs and an increasing numbers of ER visits.”

All too often, injury or illness appears without warning for patients. For hospitals trying to control overcrowding, the obvious solution is to redirect patients who do not need to be in the ER to more appropriate paths for care. Who then determines if it is necessary for a patient to go the ER? Most people are not trained medical professionals, and as a result, worry and end up in the ER for non-urgent symptoms.

Patients faced with uncertainty about where to go, all too often, end up calling the ER department and are given a standard response. “We are not allowed to give advice over the phone. If you think you have an emergency, please hang up and call 911. If you think you need to be seen, you can come to the emergency room or call your doctor.”

So, who do you call?

One of our hospital clients in Oklahoma, with a similar issue, wanted to change this process.

What if we provided a nurse triage line that would be available to receive calls from the patients calling the ER?

Having the reassurance of a triage nurse could help decrease the number of people in the ER for non-emergency reasons. This would provide patients with quick and easy access to a trained medical professional to assist in determining the appropriate next steps based on their symptoms and medical history. Also, since the nurses worked independently from the hospital system, the TriageLogic nurses would provide an objective opinion increasing patient trust.

The results were inspiring. The TriageLogic nurses significantly decreased unnecessary emergency room visits.

We conducted a random survey of about 520 patients about their plans before talking to a nurse to determine the effectiveness of the system. Out of 240 patients who were planning to go to the ER, 42% of them were diverted to a lower level of care including 17% that were given home care needing no additional follow up actions. This translated into a savings of at least $215,000 in unnecessary ER visits, not to mention peace of mind for patients being able to stay home and rest.

Better Health Outcomes

The benefits didn’t just stop at ER costs savings. Consider the patients who called into the nurse triage line and were not intending to go to the ER. There are a number of medical conditions considered emergencies because they require rapid or advanced treatments. Surprisingly, close to 20% of the patients who called into the nurse triage line had symptoms that were serious enough to warrant a visit to the ER. Without the TriageLogic nurse line, the outcomes for these patients could have been life threatening or fatal.

Conclusion

While nurse triage has shown significant effectiveness in an outpatient setting, this preliminary data shows even greater promise to expand this model to emergency rooms around the country. Providing local communities with a nurse triage program not only prevents unnecessary ER visits and save on healthcare costs, but also ensures patients get appropriate care when a serious symptom arises.

For the hospital, this increase goodwill in the community while addressing the overcrowding of the ER: a win-win all around.
Often times, patients calling a triage nurse are worried, tired and overwhelmed. This can create a situation where callers are difficult to triage. A key tip for triage nurses is to use compassion to effectively triage patients and focus on each callers’ unique issues even when the patient is having difficulty cooperating with the nurse.

At TriageLogic, our nurses use a simple three-step model to help build that bridge of communication: Listen, Relate, and Propose an Action Plan.

**Listen**
Since a triage nurse is working with patients over the phone, listening will be the most important step to understand and assist the caller. Truly listening requires focus and all of the nurse’s attention. They must have a quiet environment where ALL of their attention is dedicated to the caller and their situation. A triage nurse should never talk over the patient or even think of texting a friend. A skilled triage nurse does not just listen, but actively listens. When speaking with a difficult caller, the nurse should occasionally interject supportive words or short phrases, such as “I understand” or “Yes, I see.” If there is something that is not understood, ask the caller to clarify. Always let the patient fully explain their situation before moving to the next step.

**Relate and build trust**
Patient satisfaction and compliance will increase when trust is established between the caller and nurse. The best way a telephone triage nurse can relate to a difficult caller is to show empathy. The patient wants to know that they are not only listened to but also understood. Empathy also helps to build rapport, leading the caller to trust the nurse’s judgment. The nurse can start to build a rapport by apologizing in a general or broad sense. Nurses don’t want to admit to a mistake if they haven’t made one, but they can show understanding by saying, “I am sorry about the confusion,” or “I understand how you must feel.”

**Propose an action plan**
Once the triage nurse knows why the patient is calling and has built a level of trust, it is time to offer a course of action that will solve the problem. Hopefully, by this point, the distraught caller has relaxed and is able to listen to what the nurse has to say. Based on what the concerns are, the nurse can suggest a solution or at least steps to follow that will lead to a solution. The plan that is proposed will depend on the situation and where the nurse works. It could be home care treatment advice, a referral to the ER or urgent care, setting up an appointment with the caller’s primary care physician, or forwarding the call to a supervisor.

How they propose the plan is just as important as what it is. The triage nurse could say, “I would like to help you; how about if I…. ” or “I would like to help fix this for you; may I bring my supervisor in on this call to assist you?” Be sure to use comforting terminology and follow the correct protocols.

Difficult callers are inevitable. A telephone triage nurse must remind the patient that he/she is there to help them. However, the nurse must also keep perspective. People are at their worst when sick, scared, tired or hungry. Treating callers with compassion helps them feel comfortable, allowing nurses and care team to focus on assessing their situation.
Schmitt-Thompson Clinical Updates for Telephone Triage Nurse Call Centers

Barton Schmitt MD, one of the authors of the Schmitt-Thompson Protocols, has released a clinical update for the telephone triage nurses.

This update is focused on the call center metrics for meeting The Quadruple Aim framework for optimizing the performance of health care systems. The update goes over each aim and what to focus. It also provides the metrics to use to determine if the call center is meeting the four aims.

It is essential to review the benchmarks and create a strategy to improve your call center. With the Call Center Solution, TriageLogic helps their clients meet these four aims.

1st Aim: Improve Quality and Safety Health Quality
Use triage and advice guidelines to improve the standard of care. This can be achieved by:
- Test the triage protocols and review multiple times.
- Teach call center triage nurses how to use protocols to provide the appropriate level of care.
- Provide training for instances where a nurse wants to over-ride a decision, make sure they can justify it.
- Compare the call volumes, length, and outcomes with the benchmarks to promote a consistent level of care. Provide coaching if the criteria are not met.

Safety Using Risk Management and Call Reviews
The main goal is for zero ED under-referrals. This can be accomplished by:
- Teach the importance of not missing a serious disease to new nurses as it could have an adverse medical effect later on a patient’s life.
- Provide continuing education for severe diseases and how to effectively communicate this information over the phone.
- Document any feedback received from the emergency department (ED) for delayed referrals to set a strategy for coaching and improvement.
- As a call center, you should do the research on calls where the disposition chosen was for the patient to wait more than 24 hours and to make sure that the patient was not admitted to the ED for a serious condition (suggesting that a wrong disposition may have been selected by the nurse).
- Review over the Risk Management Checklist to ensure safety for all.

2nd Aim: Reduce Costs and ED Over-Referrals
Nurse Training and ongoing Professional Development
The benchmark for ED over-referrals is 10% or less of the patients triaged to the ED. This can be acquired by:
- Teach new nurses how to identify normal and safe symptoms that do not require ED after-hours.
- Continue their education by reviewing a symptom every quarter.
- Document any feedback received from the ED for over-referrals to set a strategy for coaching and improvement.
- Asses if everyone is meeting the benchmarks and not over-referring to the emergency department.

To asses quality assurance, pick a symptom with high call volume and review 100 reports for accuracy of the disposition based on the symptoms. With the Primary Care Physician (PCP) permission, put back “go to Emergency Department Now and See PCP within four-hour disposition calls are to on-call PCP for re-triage.” In addition, by asking the caller if they intended to go to the ER at the beginning of the call will help determine the cost saving.

3rd Aim: Improve Caller Satisfaction and Experience
Patients appreciate the nurse call centers because it saves them time and money. They value the easy 24/7 access to a nurse, saving time driving and waiting at an Emergency Department. Patients appreciate the individual attention addressing their concerns and the logical, detailed care advice that is provided.

To improve patient satisfaction, provide:
- A community service line for callers who do not have a medical home.
- Provide care handouts for parents to have as a guideline to follow for continual care after the call ends.
- Reduce the wait time for the callers by having nurses on call for high call volume times.
- If there are complaints, review the call and address their concerns punctually.

4th Aim: Improve Provider Satisfaction and Experience
In addition to providing peace of mind to the patients, a thriving call center needs to satisfy the practice and triage nurse needs as well.

A successful call center ensures:
- Members of the practice get uninterrupted family time, unless an absolute emergency.
- Nurses have a work/ life balance while empowering them to create a meaningful difference in patients’ lives.
- Provides satisfaction surveys, to measure success and provide opportunities for improvement within the call center.

Request a free consultation to set up a plan for your call center. View the full update with the metrics for each objective here.
As the health care model moves more towards value-based care, the role of health care entities in the community to improve health and wellness are changing. Hospitals used to be locations where ill patients went to get care that they could not get in an outpatient setting. Today, hospitals are expanding in to more comprehensive health care systems where they operate urgent care centers, diagnostic centers and primary care locations. Some hospitals are also offering wellness services in the community to improve the overall health of the population. There are many benefits for a hospital and the community. Hospitals and health systems are often a well-known and trusted resource. People see hospitals promoting wellness, and they associate high quality of life and good health with those who use those hospitals. To be successful however, hospitals need to consider how can they best engage their community with the wellness resources that they provide.

There are more reasons why hospitals should be considering a wellness program. Because of a policy that ties 30% of hospitals’ Medicare reimbursements to patient satisfaction scores, some hospitals are using wellness programs to attract local businesses and community organizations. In 2018, the U.S. Department of Health and Human Services allocated $169 million for community health programs associated with the Affordable Care Act.

Employee wellness programs are the best vehicle hospitals have to connect with patients and increase revenue. In fact, one of our clients estimates that their hospitals can make as much as $3,000 per patient by converting new patients from the wellness program into their hospital system. Providing a community wellness program allows the health system to develop a better relationship with the local residents.

**Building a Successful Program with Technology**

For hospitals, the fastest way to get started is by partnering with a robust wellness portal, like TriageLogic’s newest product, Continuwell. Hospitals employ health educators, doctors, nurses, psychologists, medical technicians, and a range of specialists to serve their community. Many health systems understand the clinical parts of employee wellness - such as screening events and onsite clinics but don’t have the tools and expertise to include mobile technology to help engage members.

Engagement technology partners can help close that gap without a high investment on the hospital part. A delivery platform such as Continuwell can assist in the success of a wellness program. Continuwell can be customized for each client (or multiple clients of the hospital) and it integrates with their existing systems and makes collaboration possible for all stakeholders.

**Benefits for the Health System and the Communities**

Hospitals are positioned better to make the most impact on community wellness. Unlike wellness vendors, hospitals can do healthcare. They can provide coordinated care for participants with multiple chronic conditions and provide clinics both onsite and/or conveniently located close to large employers.

Community partnerships with hospitals wellness programs partnerships not only treat diseases, but also provide a path to prevent disease from ever happening. Focusing on the wellbeing of the community, hospitals are able to apply their resources to provide wellness services such as community support, events, and education. This benefits the hospital by giving it the opportunity to develop a relationship with local businesses and become the preferred partner for any healthcare needs.

**Other Benefits for Hospital and Health System Partners**

- Convey Your Unique Culture of Caring to Your Community
- Provide Ease and Convenience of Access to Your Resources
- Expand Community Employer Group Partnerships
- Announce, Promote and Manage Events
- View and Measure Engagement Outcomes

In summary, health systems are in a unique position to improve the health of the communities they serve.
What a year! TriageLogic made some major headlines.

TriageLogic enjoyed a year of top rankings and executives making waves. Here are highlights capturing our team in the news.

TriageLogic’s CEO, Dr. Charu Raheja, was awarded the 2018 Gold Stevie Award for Female Entrepreneur of the Year in the Business Services category. TriageLogic Group and Continuwell were also awarded the 2018 Silver Stevie Award for the Most Innovative Company of the Year. Read more

TriageLogic Group was awarded one of Jacksonville’s Fastest Growing Companies in 2018 by the Jacksonville Business Journal. Read more

October 27, 2018: Medical Director and CIO, Dr. Ravi Raheja shares tips on News4Jax about staying healthy during game season and winter breaks and tips you can use by your office triage nurses to answer patient phone calls and offer advice. Read more

October 14, 2018: Dr. Charu Raheja, CEO of the TriageLogic Group, share information on News4Jax about her personal experience having a stroke and the importance of an independent triage nurse on evaluating symptoms. Read more

September 8, 2018: TriageLogic’s Medical Director and CEO, Dr. Ravi and Charu Raheja, talk about triage nurses treating high blood pressure among children on News4Jax. Read more