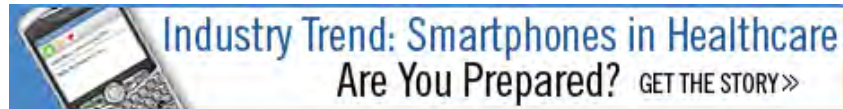


MEDICAL CALL CENTER NEWS

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Telemedicine Pilot Program Improves Geriatric Depression

By Molly Merrill

Early findings from a pilot study of telemedicine-based care indicate that the technology could be used to improve geriatric depression, according to a presentation at the National Association of Home Care and Hospice (NAHC) 29th Annual Meeting & Exposition in Dallas on October 3. Thomas Sheeran, PhD, ME, a clinical psychologist in the department of psychiatry at Rhode Island Hospital, led the study and presented the findings. The study began at the Cornell Homecare Research Project at Weill Cornell Medical College and was completed at Rhode Island Hospital, in collaboration with the University of Vermont's Telemedicine Program. In addition to these three academic centers, the project collaborated with three home health agencies in New York, Vermont, and Florida to integrate and pilot evidence-based depression care into existing telehealth programs.

The Time Is Right: "Using telemedicine in home care to provide disease management for geriatric depression is timely for several reasons," said Sheeran. "The home care industry is already using telemedicine to provide chronic disease management for many medical illnesses, such as heart disease. However, guideline-based depression care often is not included in these monitoring programs.

"Also, research suggests that telemedicine can be successfully used to address the mental health needs of the elderly in community settings. Finally, work by the Cornell Homecare Research Partnership and others has shown that community health nurses – who typically are the telehealth disease managers in home care – can identify and successfully provide this service for their elderly home care patients."

Through the pilot study, Sheeran reported that, overall, feasibility, and patient satisfaction ratings were very high. He noted that a majority of the elderly participants reported that they were satisfied or very satisfied with the protocol, they quickly became comfortable using the telehealth equipment, and there were few technical problems. More importantly, the participants felt that it improved their care and said they would be willing to use it again.

Positive Feedback from Telehealth Nurses: The researchers also found that telehealth nurses reported that the Depression TeleCare Protocol was easy to implement with the majority of their patients, there were few technical problems, and it improved care as well as depression outcomes. Both patients and nurses believed that confidentiality was maintained. "At the start of the study, nineteen of these patients met full diagnostic criteria for major depression, with a mean depression severity score in the 'markedly severe' range. We were very pleased to find that at follow-up, the average depression severity scores were in the 'mild' range, indicating significant improvement in depression severity through the use of this protocol," Dr. Sheeran said.

"While these findings need to be replicated in a more rigorously controlled randomized trial, we believe these results offer great encouragement for reaching this population who can experience a better quality of life from this program," he concluded.

Molly Merrill is the associate editor of Healthcare IT News (<http://www.healthcareitnews.com>). Her article appeared on October 4, 2010.



The Recession Is Over

By Peter DeHaan

It's official: last week it was announced that the recession is finally over in the United States. In fact, it's been over for more than a year! It seems that the people who track such things wanted to be sure that we weren't going to experience a double-dip recession, so they delayed making any pronouncements until they were sure.

The strange thing is that the recession doesn't seem to be over from my perspective. In fact, I've noticed the effects of it more during the last twelve months – when there has technically not been a recession – than before that, when there was a recession.

Even so, I have seen some positive signs in the last week since this announcement was made. Perhaps we just needed someone to tell us it was over, and then we would begin acting that way, making it a self-fulfilling prophecy. If that's the case, they should have proclaimed it to be over a long time ago. Then we would have begun acting differently last year, and things could be in full swing now.

While we're on the subject of recession, how many times have you heard something along the lines of, "These are the worst economic times since the Great Depression"? Although this may be true (I do, however, recall that things weren't too hot in the early 80s either), it has the subtle effect of allowing us to infer that today's situation is as bad as the Great Depression. By framing these two events together, the conclusion can be all too easily drawn that the two are equal in scope and magnitude. That is not so – not by a long shot.

So, in summary, things weren't that bad in this recession, the worst is over, and now we need to act like it to make it so. The economy needs us – don't let it down!

Expanding Telephone Care-Management Cuts Costs

The New England Journal of Medicine recently stated that studies indicate the telephone can be used to promote patients' self-management skills and improve patient-physician communication. This results in increased patient satisfaction and the greater use of preventive services. Even so, using a telephone care strategy has remained controversial as a means to lower healthcare costs – but this may be changing.

In a recent study, a stratified random sample of 174,000 subjects was tapped to evaluate the effectiveness of employing the telephone as a care-management tool. Using health coaches to work with patients with targeted health concerns, the subjects received phone instruction about making decisions, implementing self-care, and changing negative behaviors.

After one year, the researchers looked at the participants' overall healthcare costs, as well as the number of hospital admissions. Their findings demonstrate the cost-effectiveness of the telephone health coaching, with a monthly decrease in healthcare costs of about eight dollars and a 10 percent decrease in hospital admissions. The cost of the intervention program was less than two dollars per person per month.

The full report, issued September 23, 2010, is available to *The New England Journal of Medicine* subscribers.

Emory University Selects Amcom Software

Emory University has selected Amcom Software, Inc's smartphone messaging and pager replacement solution to provide improved opportunities for staff communication at Emory. Amcom Mobile Connect simplifies the process of sending messages and tracking responses among smartphone-carrying staff for code alerts, patient updates, lab results, and consult requests. Half of Emory's 4,000 pager users also carry smartphones, making it possible for many of them to consolidate into a single device.

Emory's centralized computing division, the Office of Information Technology (OIT), chose the smartphone messaging solution to integrate with its existing Amcom contact center solutions, which are the backbone for a number of mission-critical communications throughout the organization. These include applications for operator consoles, Web-based employee directory and on-call scheduling, emergency notifications, and automated speech-based call processing. Currently, Emory's contact center operators transmit about 8,000 messages per week using the operator consoles and 40,000 per week with the online directory. With Mobile Connect, these messages can now go to smartphones and pagers, using a single database across all solutions. This greatly simplifies the administration involved with communications and speeds interaction, keeping patient safety goals as Emory's top priority.

For more information, call 800-852-8935 or go to www.amcomsoftware.com.

New Book Urges Nurses to Get Healthy

Your Care Plan: A Nurse's Guide to Healthy Living by Julia Buss, RN, MS, addresses the three million registered nurses in the United States, encouraging them to lead a healthier lifestyle. "I found a 2008 study in the *Journal of the American Academy of Nurse Practitioners* showing 54 percent of nurses are overweight or obese. Moreover, 18 percent of nurses smoke – the highest percentage among all healthcare providers," said Buss. "Nurses, despite their expertise, are affected by the same issues that the rest of Americans are facing when it comes to a healthy lifestyle." Bass advises nurses to care for themselves just as much as they care for their patients.

In *Your Care Plan*, Buss offers nurses a self-assessment; discusses the risk factors for problems such as obesity, inactivity, smoking, and alcohol overconsumption; reveals the specific dangers of sugar, high-fructose corn syrup, and high-calorie processed foods in the diet; and suggests ways to change through a quality improvement program.

"The key tips for health are: eat more fresh foods, avoid added sugar, stop drinking sugar-sweetened sodas and juice drinks, add more fiber to your diet, exercise for an hour a day, limit your alcohol intake, do not smoke, and avoid secondhand smoke," said Buss.

CPR Turns Fifty

The lifesaving skill for victims of sudden cardiac arrest that is now known collectively as Cardio Pulmonary Resuscitation, or CPR, turns fifty years old this year. Before September 16, 1960, different methods were used to attempt to resuscitate individuals whose hearts had suddenly stopped, including lifting one's arms above the head for inhalation or shifting the body from side to side. One of the earliest recorded attempts of resuscitation is from 1530 when Swiss physician Paracelsus introduced the use of fireplace bellows to force air back into the lungs.

In 1960, experiments using chest compressions with two hands showed that the technique could keep a victim alive until an external defibrillator could arrive on the scene. Techniques for artificial ventilation were eventually combined with those for artificial circulation, creating the tenets for the practice of CPR that we use today.

"EMS treats nearly 300,000 victims of out-of-hospital cardiac arrest each year in the US, and less than 8 percent of people who suffer cardiac arrest outside the hospital survive," said Stacy Sawyer, director of communications for the American Heart Association. "Effective bystander CPR, provided immediately after sudden cardiac arrest, can double or triple a victim's chance of survival. Imagine a day in the future where everyone knows the effective CPR techniques – what a boost that would be to survival rates in this country!"

Medication Dosing Cups May Overdose Children

Parents may be giving their children more medicine than they should, according to research presented at Research Forum during Scientific Assembly, the annual meeting of the American College of Emergency Physicians.

Measuring the actual doses delivered by liquid pediatric dosing cups in multiple over-the-counter medications, researchers found that most are inaccurate, which may lead parents to give their children a larger dose of medication than intended. "Parents may be unintentionally overdosing their children," said lead study author Alison Tadros, MD, of West Virginia University in Morgantown, West Virginia. "When parents use a medication cup that delivers extra medication and then – as has been found in prior studies – overfill the cup, a child may get more medicine than recommended. Multiply that by multiple doses over multiple days, and a child may receive an amount that is not healthy."

Another study found that the majority of parents are not aware of a 2007 FDA recommendation that children under two not be given over-the-counter cough and cold medications.

The two studies are "Liquid Pediatric Medication Dosing Cups Are Inaccurate" and "Do Parents in the Emergency Department Understand the Food and Drug Administration's Recommendation on Cough and Cold Medication Use in Children under Two Years of Age? A Survey."

Top Ten Health Concerns for Kids in 2010

Recent national statistics on obesity show the prevalence of childhood obesity leveling off. However, according to a report released today by the University of Michigan C.S. Mott Children's Hospital National Poll on Children's Health, public concern about childhood obesity remains high. For the third straight year, childhood obesity is rated the biggest health problem for kids by adults in the United States.

In May 2010, the Poll asked 2,064 adults to rate twenty different health concerns for children living in their communities. The top ten overall health concerns for US children in 2010 and the percentage of adults who rate each as a "big problem" include:

1. Childhood obesity, 38 percent
2. Drug abuse, 30 percent
3. Smoking, 29 percent
4. Internet safety, 25 percent
5. Stress, 24 percent
6. Bullying, 23 percent
7. Teen pregnancy, 23 percent
8. Child abuse and neglect, 2 percent
9. Alcohol abuse, 20 percent
10. Not enough opportunities for physical activity, 20 percent