



Texas Agency Slashes \$80,000 from Paper Budget

Sometimes, when you simply cannot find the software system you want, it pays to find somebody to build one to your specifications. Dean Holland did, and it paid him well. **Hallmark Homecare** in San Antonio and **Lifeway Home Health** down the road in Austin used to purchase \$20,000 worth of customized double and triple NCR carbonless forms every quarter. Today, that budget category stands near zero.

"I was looking for a point-of-care system that could integrate clinical pathways and business information," Holland explains. "I saw PPS coming and wanted my two agencies to be able to tie financial information to clinical data. I wanted them to be able to compare successful clinical outcomes with successful financial scenarios so they could make necessary adjustments from both ends." After a fairly thorough search, he didn't find exactly what he wanted on the market. His billing software vendor's point-of-care project was still on the drawing board, so he set out on a quest.

Eventually, Holland learned of **Homecare Homebase**, a startup software company that was just emerging from longtime friend Mark O'Brien's Dallas-based **Texas Senior Care**. O'Brien was ready to take on a second beta site for the Compaq *Ipaq*-based handheld application his own agency was developing. He thought Holland's ten years of home care experience put him in a position to help guide his development team while he tested the new product. It turned out to be the stereotypical marriage made in heaven, complete with offspring, a wireless point-of-care product aptly named *Homecare Homebase*.

Holland and O'Brien had three goals for the project when it began in May 2000: reduce forms costs, increase communication and extend automation from back office to patient home. Looking beyond immediate testing concerns, Holland says he also wanted to ensure that OASIS and HIPAA requirements would be met. To simplify interface creation during product development and testing, Holland converted his two agencies to the billing system Texas Senior Care was using, *VividCare* from Atlanta-based **CareKeeper, Inc.**

Early results have pleased both Holland and O'Brien. Twelve nurses within Holland's operations began an initial test in Spring 2001 and enthusiastically put their stamp of approval on the product. Though small, the *Ipaq* seems to have a sufficiently bright, readable screen, even for users who normally require reading glasses. Lifeway nurses also report that the application uses its screen real estate efficiently, minimizing the need to

scroll from screen to screen, the most common complaint about handheld devices. Lifeway office staffers appreciate the wireless capability built into *Homecare Homebase* for the *Ipaq*. Field nurses use an interface cable to connect the device to their cell phone, enabling them to transmit visit data to the office several times a day, typically while driving from one visit to another. Nursing supervisors, scheduling managers and other nurses and therapists have access to a continuous flow of information as the workday unfolds. No nurse need ever conduct an afternoon visit with a diabetic patient not knowing his insulin dosage was changed that morning.

Policy and procedure changes adding additional efficiencies in the office have been made possible by the *Homecare Homebase* system. In a Central Intake Center, four nurse coordinators used to oversee every admission to make sure patients met Medicare eligibility requirements and the company's own standards. The new system allows that function to be easily handled by each location's field office nurse during the initial referral phone call. The system prompts her through all questions to determine eligibility, allowing Holland to eliminate the entire Central Intake Center. "We have cut down substantially on non-billable initial visits," Holland adds, "by screening referrals to see how their likely diagnosis fits with our critical pathway system. Are they truly homebound? Can the admission be approved?" By accelerating the flow of patient information from referral to first visit, Holland says his people have enabled a more efficient treatment planning process. "The key," he continues, "is to anticipate outliers upfront. Then we can have ready in advance the resources we might need to care for that patient, whether that might be wound care supplies or specialists such as podiatrists."

Holland is anxious to include mention of *Homecare Homebase's* Contact Management feature. Sales and Marketing personnel also carry an *Ipaq* and use it to track physician clinic activity and other handy information such as staff names and dates of recent calls and visits. Since sales people began receiving updates on referrals from each clinic or physician, they have noticed referral volume increase by 15%. The bottom line is Holland's bottom line. Increasing referrals and reducing forms costs by over 60% has freed up revenue to invest in the very software systems that brought about the savings. With testing proceeding well, he plans a complete rollout to all clinicians in both agencies by the end of 2002.