Spotlight on our Customers — Optimization

“Optimization; the action of making best or most effective use of a resource”

You may have heard our Solutions Delivery team talk about optimizing your product. But what exactly is the optimization project? Optimization is a project to personalize Core Work Manager App™ and make its use even more powerful.

“Optimization is something we do after the organization has had an opportunity to use the product for three to six months,” said Casey Bateman, Lead Clinical Informaticist. “This allows the organization to use the standard product and identify areas where we can provide personalization to better meet their use.”

An optimization project is suggested after Core Work Manager App has been implemented for a period of time and the organization is ready for an upgrade, or after a new implementation when the organization has been able to use the standard product for at least three to six months.

A Solutions Delivery Clinical Informaticist will meet with key subject matter experts onsite at your organization. During this visit they will meet with key service line spoke persons to develop a list of recommendations and requests. These requests typically include things like small fixes, new or modifications to reports, adding service lines or modifying teams, adjusting views, and new functionality education. It is also a great opportunity to hear directly from users’ product feedback and provide that information to product management.

The process includes pre-work to gather information on the current system and make a list of recommendations. Information and requests are then gathered during the onsite visit. Depending on the size of the organization, the onsite visit will be 1-3 days with 60-minute visits with each service line spoke person(s).

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Meet the TransformativeMed Providers!

DR RODRIGO MARTINEZ, CHIEF GROWTH & CLINICAL OFFICER

Dr. Martinez has more than 20 years of healthcare experience as both a healthcare consultant in top tier firms and a practicing Otolaryngologist/Facial Plastic Surgeon. His passion is helping clinicians to optimize clinical workflows by leveraging the capabilities of available technology - maximizing clinical, financial and operational results. Cerner recognized his abilities and contracted him to serve as a physician executive for nearly one full year to assist with a complex series of implementations at a multistate organization. Dr. Martinez received his Doctor of Medicine from the University of South Florida College of Medicine, and his Bachelor of Arts with Honors in psychology from Dartmouth College. He continues to see patients on a part-time basis and serves on the board of a Healthcare Data Visualization company.

DR ERIK VAN EATON, CO-FOUNDER & CHIEF INNOVATION OFFICER

Dr. Erik Van Eaton serves in a dual capacity role, clinically Erik is a faculty member at the University of Washington in trauma surgery and surgical critical care. Leveraging his technical expertise, Erik has won accolades from colleagues and providers across the country as the innovator behind the CORES Smart Handoff App and invented the concept of role-based patient list relationships in 2003 as a surgical trainee. He continues to research and study broad sets of electronic tools that are likely to lend themselves to MPages development and actively brings the clinical perspective to the company by advising on clinical and business strategy, while maintaining his faculty role at the University of Washington.

Optimization Continued

Once the information is gathered, a project is developed with milestones and time frames and supplied back to the organizational contacts.

An optimization project was recently completed at a two-hospital organization. This project started with a product upgrade followed by the onsite visit and completion of the requested work. Over a timeframe of five months, the following work was completed:

- Six services were optimized to their specifications
- 12 Services were added to Core Work Manager App
- Four existing reports were modified
- Eight reports were requested and added

The goal to increase usage was achieved. Although *unique users increased by 12%, overall Core Work Manager App activity increased by 58%.*
Doug Cusick tried to relax and look professional as he closed his company’s largest deal ever in late April. He sat on the couch with papers sprawled on either side of him, his computer on a lap desk, reflecting a new normal. Cusick is the CEO of TransformativeMed, which creates software that adapts electronic health records for particular diseases or specialties to streamline patient care. After signing a six-year contract with a prominent Montana health system, Cusick and his team had much to celebrate. He texted the company’s executives in minutes, then emailed the rest of the staff within the hour. “It’s just wonderful, especially today when the news just isn’t so good. No matter what industry you’re in, to be able to have such good news and an organization that believes in you and your company and what you’re able to bring — it just feels good in the face of so much else that doesn’t right now,” Cusick said. “It certainly keeps us motivated.”

In early March, Cusick put usual business on hold to create a tool to help health systems manage Covid-19 patients. Based in the nation’s first hotspot, TransformativeMed was in a unique position to develop the Covid-19 tool in partnership with UW Medicine. In the weeks following its launch, TransformativeMed’s eight-person tech team updated the tool hourly. All of a sudden, they needed to complete updates overnight that would typically take weeks to build. “For Covid, everything is critical. You have to fix it now and make changes as necessary,” Cusick said. “Frontline clinicians were literally communicating on the fly with our technology and process experts. And in real time, they were getting changes made to the technology and moving them out right into production.”

Now 16 health systems across the country are using TransformativeMed’s Covid-19 tool, with more signing on each week. Dr. Chloe Bryson-Cahn, the associate medical director of infection prevention at Harborview Medical Center, said the tool transformed the way her team tracked Covid-19 patients in a matter of days. “(The list) shows us a snapshot of what’s happening currently in the hospital, but also … all the things that we need to do to track a patient’s trajectory throughout their hospital admission,” Bryson-Cahn said. “It’s been huge. When we had 30-plus patients in-house, I don’t think there’s any other way I could have kept track of it.”

“It’s a great way to continually assist our clients as they have come to expect, but also generate goodwill in the industry to say, ‘Here’s a company who really does care,’” Cusick said. “It doesn’t matter whether there’s any revenue — that’s the least of our concerns at this point. If you’re mission-driven, everything else follows in terms of success.” As a software subscription company, TransformativeMed’s revenue is fairly predictable. The startup was in scale-up mode when Covid-19 struck. Cusick said TransformativeMed is financially sound and will continue to grow, but he’s expecting a near-term slowdown as health care systems see significant blows to their budgets. But the company was approved for a Paycheck Protection Program loan during its second wave.

After putting some product updates on hold for nearly two months to work on the Covid-19 tool, TransformativeMed is largely back to business as usual — except now, Cusick can squeeze in a lunchtime walk around his neighborhood. “What we concluded is that we’re actually even more productive because there’s really nothing else to do,” Cusick said. “And we enjoy what we do so much — because we believe that we’re making a difference — that it’s OK to work 12- and 13-hour days and you feel good about it.” TransformativeMed still has some challenges ahead, including onboarding its new client virtually by July 1 and planning what returning to the office will look like. Since his days in military high school, Cusick has kept a spray bottle with equal parts alcohol and water on his desk to sanitize regularly. People used to joke about “how clean Doug is,” he said with a chuckle. “I hope now because I’m making it available to everyone that everybody picks up those kinds of habits — that they’re always sanitizing and disinfecting because even way before Covid, they’ve seen the CEO do it,” he said.
Congratulations to the new doctors, just starting their residency training! I recall those days, as many doctors do, with fondness and also relief that they are behind me. Many things have stayed the same in our healthcare systems, but many things have changed. I would say the most transformative change since I graduated from medical school is the Electronic Health Record. The most frustratingly slow thing to change has been … also the EHR. While the computerized systems I use for banking, communications, shopping, and many other parts of my life have improved their designs very quickly, the EHR has lagged way behind. We need better EHR design, but who will deliver it? What’s the incentive?

When I graduated from medical school, I was already fully trained to interact at an expert level with the health record: I could read, and I could write. The production of my daily progress notes and my order writing were a seamless part of my daily rounds. Without forms or templates, I was free to write my understanding or speculations about what was going on. I did not re-write yesterday’s note, or hand-copy multiple pages of medication lists and laboratory values. I only wrote the key issues with a few supporting data points or referred to where those data could be found. It was a very useful, and easily understood way to document progress and plans.¹ For me, the act of writing usually generated ideas, sharpened questions, and clarified understanding.² Writing my notes was fast, and I never had to do it late at night after I’d already gone home. The EHR changed all that, in some good ways, and some not so good ways.

In January’s newsletter, I wrote that EHR developers were required to focus on the Meaningful Use criteria and not on usability. It was a natural consequence of the incentives that were created. With the financial fallout of the HITECH Act now behind us, and facing mounting evidence that bad EHR design is contributing to physician burnout,³ what new incentives will compel health systems and EHR vendors to put more attention on better design? Many doctors point to well-designed technology they use in their daily lives, like their smartphone, email programs, and shopping websites and ask, “why can’t the EHR work like that?” Those systems work better because their builders are directly responsible to the end-users, who can reject bad design as individuals and go get the competitor’s system.

The incentives are vastly different in the EHR world. The builders of EHR systems are only responsible to health systems, which don’t usually place good design and usability at the top of the list of requirements. That’s not what the health system is responsible for; its goal is high-quality care, compliance, and proper billing. You get what you pay for. To fix this, the health systems must be motivated to seek solutions that put the clinician experience first. Those solutions need to be easy to embed inside the already installed EHR system in order to be affordable. Then the EHR will face the kind of incentives that push social media apps and mapping apps to focus every day on being the best user experience possible. That world is my Doctor’s Day wish for you. To see our examples of EHR-embedded applications that improve usability, enhance quality, and bring good design to the clinical user, visit www.transformativemed.com.

News & Announcements

Please Welcome to our TransformativeMed Family

King Faisal Specialist Hospital & Research Centre (KFSH&RC)

We are excited to announce our first international partner! KFSH&RC was the first specialist hospital in the Gulf Region when it opened in 1975. The 1,600-bed integrated healthcare organization is now comprised of three facilities in Riyadh, Jeddah and Madinah, offering the most-advanced tertiary, quaternary and referral medical services throughout the Kingdom of Saudi Arabia.

KFSH&RC will implement TransformativeMed’s full suite of embedded EHR apps: Core Work Manager App, Core Work Manager Mobile App, Core Messaging App, Core Notify App and Core Diabetes App. As the partnership expands, TransformativeMed will collaborate with KFSH&RC on developing new specialty apps for thrombolytics, oncology, congestive heart failure and others.

"We believe that the broad and effective use of health IT by our physicians and other providers is imperative to our patient care, research and financial success, a dedication we have demonstrated throughout our history," said KSFH&RC Chief Information Officer Osama Alswailem, MD, MA. "Our partnership with TransformativeMed will help us continue that legacy while also supporting other healthcare organizations throughout the Kingdom in achieving KSA Vision 2030 and their respective clinical objectives through these EHR optimization solutions."

Billings Clinic

The partnership with TransformativeMed includes implementing all applications within the Core Work Manager suite—including Core Work Manager Mobile, Core Messaging and Core Notify—as well as the Core COVID-19 App, all of which empower seamless communication across care teams. This technology makes it easier to understand who is assigned to different roles for each patient including primary physician, consulting physicians, care managers and nurses. Building on their reputation for designing to the needs of different provider specialties, TransformativeMed will also be designing and implementing a Nursing Handoff app configured to further improve communication between nurses and collaboration between shifts.

Billings Clinic is Montana’s largest healthcare organization and serves a vast region covering much of the state, northern Wyoming and the western Dakotas. Billings Clinic is a physician-led, integrated multi-specialty group practice with a 304-bed hospital and a Level II trauma center and approximately 4,500 staff including more than 450 physicians and advanced practitioners offering more than 50 specialties.

"We want all of our providers to have better visibility into workflows, handoffs and secure communication channels," said Randy Thompson, MD, chief health analytics officer and physician data scientist at Billings Clinic. "TransformativeMed makes assignments and responsibilities easier for our nurses and physicians while offering a clear and comprehensive visualization of all the care those patients have received and need to receive each shift. Not only will this new seamless workflow protect our patients, but we anticipate it will improve our physicians' and nurses' experience as well."