



>REAL-TIME HELP. Chad Eckes is chief information officer for Schaumburg, Ill.-based Cancer Treatment Centers of America. He says that providing clinicians with clinically trained help desk personnel solves problems faster and reinforces clinician training with complex EHR systems.

Expanding Help Desk Services

Clinical IT service desk staff members are playing an increasingly crucial role in assisting providers. **BY SCOTT MACE**

Healthcare being a round-the-clock, up-to-your-elbows business, CIOs have recognized that the IT help desk must change—and at a few institutions, that change has already occurred.

“Typical service desk analysts are not skilled in clinical applications, which are very unique to this industry, probably more so than any other industry,” says Chad Eckes, CIO of Schaumburg, Ill.-based Cancer Treatment Centers of America. “The minute a [clinical] topic comes up on an electronic health record, for example, the call is shut down, and the ticket then

is passed on to your clinical applications team to provide that support, and amongst all that, you end up with this delay in providing an answer to that user, who probably has a patient in front of them.”

Subsets of help desk personnel must know and understand the EHR being used in that facility, Eckes says. Those specially trained personnel “need to be able to look through the lens of either the nurse or the physician and say, ‘You’re trying to do X in the system, and here’s how you would go about doing that.’”

Rather than generate these personnel in-house, a number of providers have opted to outsource clinical IT

help desk services. One such company formed in 1998 as a joint venture among the Detroit Medical Center, Oakwood Healthcare, and Compuware Corp. The company, CareTech Solutions, charges for help desk calls on a per-call basis and recruits help desk personnel with clinical experience.

“A clinician like a physician who is in the hospital only one day a week doesn’t remember everything he should be doing as he logs on to the system, and so there will be a time where he doesn’t have a colleague around him, or he has an issue—‘I can’t figure out why my patient list is not as complete as I thought it was going to be,’” says Joe Francis, interim CIO of Detroit Medical Center. “He needs to have someplace that he can get an answer quickly.”

In the support model DMC pioneered, physicians receive a special phone number to call for clinical IT help desk issues, Eckes says. The help desk staffers “are held to a different service level agreement in terms of time to answer the phone, the ability to respond to their issues, and when

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somebody follows the physician path, they immediately get somebody who is going to be a clinical person by nature, because you know the person is probably calling about the EHR.”

Through the normal channel, the phone will be answered by a live person within 30 seconds, Eckes says. Through the clinical channel, the response is cut to no more than 21 seconds.

“Nine seconds doesn’t sound like a lot, but when you’re sitting on hold, and if you watch a stopwatch, nine seconds feels like ages,” Eckes says.

A typical IT help desk query might be a case where someone is having difficulty logging in to his or her personal computer. A typical clinical IT help desk query would be where the physician needs help building a prioritized list of patients within the EHR. Another typical request would be a physician trying to display clinical summaries—snapshots of a dozen different measures on a specific patient—to look and feel a certain way.

As with typical IT help desk setups, clinicians can share viewing and control of their PC screen with personnel on the other end of the phone to get faster help.

“I was personally with one of our physicians the other day, and the physician says, ‘Every single time I’m in this clinical documentation note, all of these cells are grayed out, and I can’t do the documentation. Is there a bug in the system?’” Eckes recalls. “And immediately the help desk would use PC Anywhere into the physician’s machine and see that the reason that the cells are grayed out is that they needed to click on one of the radio buttons at the top of the screen that says ‘Enter Allergies.’ And that would open up all of the boxes.”

Such a session also serves to reinforce the clinician’s previous training on the EHR. “These systems are so complex and there are so many different options that if a physician is only using one of those options every month or two, they’ll forget about how to do it, so that clinical help desk will be a real-time training option for them,” Eckes says.

Eckes says the setup fees for CareTech’s clinical IT help desk were recovered within three months, and that the system has been saving money for Cancer Centers of America ever since. “They were taking on more calls and solving more issues in terms of first-call resolution, versus my internal team having to step in and address those same calls.”

At Englewood (N.J.) Hospital and Medical Center, the clinical IT service desk arrived as part of a service desk improvement initiative that saw the establishment of the hospital’s first service-level agreements (SLAs), says Ron Fuschillo, CIO of Englewood Hospital, an affiliate of the Mount Sinai

3 is for problems that require involvement by the EHR vendor.

Resolving calls in higher tiers is more costly, Fuschillo says. The challenge of bringing a clinical service desk online is to demonstrate to leadership that calls are being resolved at a lower tier.

To help implement the service desk, Englewood Hospital retained an outside consulting company, which created organizationwide SLAs on 300 different items and helped the hospital select the actual provider of service desk services, weighing the capability of in-house staff to deliver these services, as well as issuing an RFP for an IT service desk that garnered 12 responses from service desk service providers.

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School of Medicine that is licensed for 550 beds and operates 328 beds.

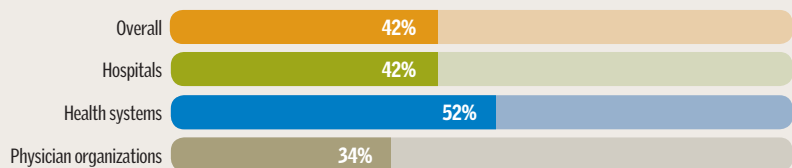
Prior to the improvements, “about 60% of our calls would end up either in voice mail or some type of a queue, or people would just hang up, and that was due to the staffing ratio,” Fuschillo says.

Service desks typically are organized in three tiers, Fuschillo says. Tier 1 is where calls get resolved by the service desk itself. Tier 2 represents calls that need to be resolved by more experienced analysts in a subsequent call. Tier

From those dozen responses, Englewood Hospital narrowed the competition to four or five vendors. “We brought them in for four hours each to present what they had to offer, went through a very managed process with questionnaires from all the senior-level managers as well as directors who sat through those presentations to help us select the right service desk company, and we narrowed it down to CareTech, and that started the contract negotiations,” Fuschillo says.

PHYSICIAN DOCUMENTATION CHALLENGE, BY SETTING

Here is a look at the percent of leaders who say physician documentation represents a major IT challenge for their organization over the next three years.



NOTE: This chart includes data segmentation from the Premium edition of the report.

SOURCE: HealthLeaders Media Intelligence Report, *Healthcare IT: Tackling Regulatory, Clinical, and Business Needs*, February 2013; www.healthleadersmedia.com/intelligence/detail.cfm?content_id=288680&year=2013.

TECHNOLOGY

Another key to deploying a clinical IT service desk is understanding the personalities of physicians, he says.

"I say that with a smile," Fuschillo says. "You need training to recognize that and appreciate that. They may have just had a patient pass away under their care, and now they're moving to another patient, and if the systems aren't working, you can appreciate that the emotions of that individual are a little different than the rest of us. What they experience when they go through the course of the day is incredible."

Clinical IT service desk personnel are "trained to respond to those calls, and be able to calm somebody down, or at least expect that level of disruption," he says. "Some of the IT service desk vendors we looked at did not have that healthcare niche, and you can tell during the questioning—they failed to provide the adequate responses that we were hoping for."

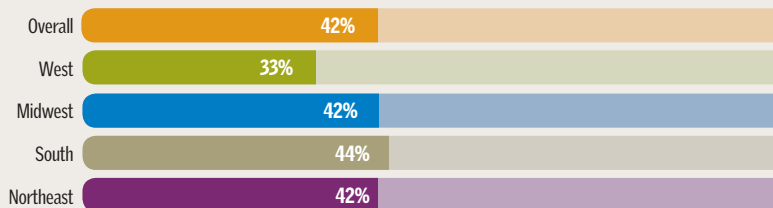
Physician satisfaction with the in-house service desk system had been in the 20%–30% range; that jumped to about 95% with the outsourced CareTech service, Fuschillo says.

Hospitals are realizing that they need to continue to centralize IT service desk features and not disperse them through different service lines, Fuschillo says. Decentralized IT service desks are "costly, inefficient, ineffective, and no one owns it," he says. "The more centralized the similar skill sets, the more accountability. Who's responsible for passwords? Who's responsible for change control? Who's responsible for the production environment, the data that's housed in there, and on and on? You're going to see a more centralized model, taking direction from key business owners who are leaders across the organization" such as CMIOs and CNOs, he says.

Fuschillo finds the return on investment of implementing an improved IT service desk to be difficult to summarize for a CFO, but he says when properly implemented, "patient care is not disrupted. Clinicians remain on the floor, treating the patient with minimal workflow interruptions."

PHYSICIAN DOCUMENTATION CHALLENGE, BY REGION

Here is a look at the percent of leaders who say physician documentation represents a major IT challenge for their organization over the next three years.



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Detroit Medical Center's extensive automation at its seven hospitals, all certified for meaningful use Stage 1, means its systems must perform well. Just making sure the software itself is up and running isn't sufficient, Francis says.

"We spent a lot of time with our help desk and with the help desk personnel in putting together the documentation, the questioning that they should be doing, and identifying the things that they can resolve at that first call," Francis says. "It's really important that as soon as that call

very critical, and the mechanisms that they put into place, where they start getting two or three calls that are in the same area, where there's either a slowdown or some sort of process issue, even before it becomes a fire drill, they immediately alert not only the second-level support, but they also will alert the vendors that might be involved with that, so that's another thing that reduces the cycle time to resolving these issues. We've caught some things early on that prevented a much wider spread of issues."

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comes in, again, the quicker you can do it, the faster that that clinician moves on to continuing his care for the patient and goes on to his next adventure.

"So what we've done is that at this first line of support, they can do the simple things: How can I find an order? How do I fix my patient list? I seem to be hung up here; what did I do wrong? Help desk automation helps out a lot with this, because you can build a tree structure of questions and answers, and how to get to the point real quick and resolve issues, so that helped out."

The clinical IT help desk can also help management spot trends early. "We have close to 20,000 personnel who can get at our clinical systems," Francis says. "Being able to recognize when you're starting to have a trend of calls in a certain area is also

Fuschillo cautions that "if you're already having issues with your service desk, it's going to be very hard to rectify those at the same time as an EHR implementation."

Eckes notes that the next step on clinical help desks may be to deploy "free-floating" personnel to be on the hospital floors helping out, not just at the other end of a phone line or a browser. "I think we are bleeding edge in terms of clinical service desk—to my knowledge in the top 5%—and I also believe it's only getting better, and we're continually trying to trump ourselves," Eckes says.



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