The company behind Epic has developed two new mobile apps for phones and tablets. With these apps, you'll be able to quickly look up patient information, including imaging results, labs, and medications without having to find a dedicated work station or go through a lengthy Citrix log-in.

“You’ll have everything you need to know as you’re walking down the hall, right in your hand,” said Maia Hightower, MD, MBA, MPH, Chief Medical Information Officer for UI Health Care.

Haiku is EpicCare’s mobile app for the iPhone® and Droid®. Canto is the mobile app for the iPad®. Both apps offer basic Epic functionality, with the added benefit of a simpler, more streamlined interface. The apps are also HIPAA compliant: you can take a clinical photo through the app, and it will load straight into the patient’s chart without ever being housed on your device.

Haiku and Canto are just part of an institutional effort to ensure that UI physicians have a variety of tools that meet their needs, allowing a diverse workforce to personalize their own solutions.

“These apps make it so convenient to look up information when you’re on call, and to stay connected while you’re doing non-clinical duties,” said Hightower. “Ultimately, it’s about saving doctors’ time.”

Learn more at https://hcis.healthcare.uiowa.edu/documents/Haiku_Canto_tipsheet_final.pdf

To Get Haiku or Canto On Your Mobile Device

1. Go to service.healthcare.uiowa.edu and choose “Mobile Device Web Request”
2. Follow the AirWatch enrollment instructions for Apple or Android
3. Download Haiku or Canto from the app catalog
4. Launch the app through epicmobile.healthcare.uiowa.edu on your device
5. In the app, go to Epic Production→Configurations→Identifier→Email
6. Send your request to HCISCustFacilitators@healthcare.uiowa.edu
7. Click the link in the email you receive when your device is activated
8. Log in with your healthcare I.D. and password.

If you have questions or problems with the process, contact Megan G. Kane, MD, Informatics Specialist with the Epic Clinical Support Team.

Haiku and Canto mobile apps bring Epic to you, no matter where you are.

MAIA HIGHTOWER, MD, MBA, MPH
Chief Medical Information Officer, UI Health Care
Alleviating Physician Burnout: Finding Causes and Solutions

Physician burnout is a complex issue, made more complicated by ever-increasing demands of insurers and regulatory agencies, and a constant stream of new initiatives. It’s not surprising that more than half of physicians surveyed in 2014 reported at least one symptom of burnout, but it has profound implications on the quality of care provided by those physicians.

At UI Hospitals and Clinics, we are working to understand the root causes of burnout, and create interventions that can help restore physician engagement and satisfaction. The Quality and Safety Committee, Professional Practice Committee, and Wellbeing Subcommittee are studying these issues.

Marta VanBeek, MD, MPH, Clinical Associate Professor of Dermatology, and Chief of Staff pointed out that the type of work has changed dramatically since 2011, with increased demands (e.g., EMR, quality indicators, and patient satisfaction scores) and decreasing autonomy (e.g., centralized scheduling, multiple measurements, and compliances).

“For example, no one goes into medicine because they love to type,” VanBeek said, “yet we’re spending more and more time with documentation.” VanBeek foresees alleviating or reconfiguring some less essential tasks to allow physicians to focus on their passion, be it patient care or research. Possible solutions for the overload of non-specialized tasks include utilizing scribes and streamlining compliances.

Improving physician communication is an integral part of the effort. Sharing the ‘why’ behind new decisions, procedures, and actions, and making communication more bi-directional is one of many keys to improved engagement.

“We want everyone to be working at the top of their license,” said VanBeek. “The bottom line is, we have fantastic people who work here. Re-centering what we do reminds you why you love your job, and results in added value to the patient.”

UI Cystic Fibrosis Center Helps Patients Breathe Easier with Multidisciplinary Approach

At the University of Iowa Cystic Fibrosis Center, patients receive care from a multidisciplinary team of clinicians and ancillary services. Patients also have access to clinical trials, which are leading to improved survival rates.

Cystic Fibrosis (CF) is caused by a mutation leading to an abnormal protein that leads to the production of thick mucus secretions throughout the body. While CF is most often associated with lung complications, like bacterial infections and difficulty clearing airways, it can also cause gastrointestinal issues and diabetes. Most patients are diagnosed by newborn screening within the first month of life.

At the UI Cystic Fibrosis Center, physicians, dietitians, social workers, gastroenterologists, and endocrinologists work collaboratively to treat the many organ systems affected by CF—enzymes for digestive issues, chest pounding techniques and cough-assist devices to clear airways, and CF-specific medications.

Known as a world-class leader in CF research, the UI Cystic Fibrosis Center is consistently one of the top recruiting centers in the nation for clinical trials, participating in 10 to 12 trials at any time and bringing new interventional medications and therapy options to its patients.

“The treatment burden with CF is high,” said Starner. “We strive to partner with patients to help them balance their many medications and therapies with living as normal a life as they can. Having CF should not define who they are, and we want them to lead fulfilling and productive lives despite their CF.”

To refer patients, contact Laura Ramsey, UI Cystic Fibrosis Center coordinator, at laura-ramsey@uiowa.edu.
UI Health System Collaborating with Wellmark Blue Cross and Blue Shield to form Wellmark Synergy Health, Inc.

This new company is offering health insurance plans with a January 1, 2017, effective date. University of Iowa Health Alliance-aligned providers form the core network for health care services in Johnson, Linn, Des Moines and Scott counties.

The new insurance plans are designed for individuals and small employer groups both on and off the exchange. Through this partnership, providers and insurers work together in innovating more effective and efficient care delivery. Improved communication and cooperation between provider and carrier is intended to result in both higher patient satisfaction and a reduction in the total cost of care.

Welcome New UI Physicians!

ALISON BOZUNG, OD
Clinical Assistant Professor of Ophthalmology
Specialties or specific procedures: Optometry

TIMOTHY FOWLER, MD
Clinical Assistant Professor of Orthopedic Surgery
Specialties or specific procedures: Hand and Upper Extremity, Xiaflex (Collagenase) Therapy

ROBERT HARRIS, MD
Clinical Professor of Radiology
Specialties or specific procedures: Abdominal Imaging, Emphasis in Ultrasound
Quality Payment Program: Understanding the Final Rule

CMS has released the final rule that will implement the Quality Payment Program (QPP). The QPP is an integral part of Medicare Access and CHIP Reauthorization ACT (MACRA), and is intended to move health care further down the path toward a value-based payment model.

Though there is a “ramp-up” program that allows partial participation through the first year, UI Hospitals and Clinics, as part of the UI Health Alliance, will begin full compliance with QPP on January 1, 2017. This level of participation will make our group eligible for a moderate positive payment adjustment in 2019. With a $48 million base, that “moderate adjustment” could impact our bottom line by nearly $2 million.

The UI Health Alliance team examining the rule and developing compliance strategies has determined that of the two different payment models available – the Merit-based Incentive Payment System (MIPS) and Advanced Alternate Payment Models (APMs) – our organization is qualified to start with MIPS.

MIPS combines several legacy programs into a single reporting program: The Physician Quality Reporting System (PQRS), Value-Based Modifier (VM), and Meaningful Use categories have been remodeled and combined with a new category called Clinical Practice Improvement Activities (CPIA) to create this new program.

The progress that the UI Health Care has made as part of a Medicare Shared Savings Plan (MSSP), in addition to the work our HCIS team has done with Meaningful Use, has given us a solid foundation for effective compliance and easier reporting. Because the bulk of reporting requirements are similar to our existing requirements, UI Physicians will see little change in workflow, especially in the early years of QPP.

The QPP Communications Team will be visiting multiple departments to further explain the changes and what they mean to the hospital, our physicians and clinicians, and ultimately our patients.

Learn more about QPP, and UI Health Care’s response to it, at our Quality Payment Program SharePoint site, and at https://qpp.cms.gov.