



Founded in 1973, Balboa Nephrology Medical Group is a 35-physician practice that provides comprehensive nephrology services for patients with kidney disorders in the San Diego area. In addition to managing dialysis for about 2,400 patients at 35 dialysis centers, the group provides ambulatory services at 17 clinical offices and inpatient nephrology services, such as consultation and interventional nephrology procedures, at 13 area hospitals.

SUCCESS STORY

Balboa Nephrology Medical Group: Streamlining secure communications across the continuum of care

Administrators at Balboa Nephrology Medical Group (BNMG) were aware that the organization's clinical communications processes were in need of updating. First, they were concerned about the possibility that staff were sometimes sending text messages with protected health information (PHI) via unsecure personal mobile devices. Ensuring compliance with HITECH and HIPAA regulations and reducing the risk of security breaches were top priorities for the group.

Second, both administrators and care providers wanted to move from using older technology, such as pagers for clinical communication, to using the mobile devices that the providers were already relying on for other communication.

Third, they wanted a more reliable communications process, as the systems used for the pager and answering services occasionally failed to transmit messages correctly or to the right person.

A comprehensive solution to meet complex needs

According to Patrick Hoz, director of practice operations, the communication needs of the group are especially complex because of the number and types of different facilities in which the physicians care for patients: 17 office practice sites organized into 6 distinct pods, 35 different dialysis units and 13 separate hospitals.

The needs at the facilities vary, including a means of identifying and contacting a physician rounding for the day or an on-call physician; coverage for office staff during lunch breaks; call triaging, call routing and message-taking during

holidays, nights and weekends; and a rapid, accurate process for staff to contact physicians and for physicians to contact each other.

“What kept me up at night was the thought of implementing a new service in a large, complex practice,” says Hoz. He realized that solutions focused solely on the inpatient setting would not function well in an ambulatory care environment and vice versa. The solution had to take into account the whole care continuum, as the group served patients with kidney conditions across the entire spectrum of care.

Hoz learned about PerfectServe from a physician who rounded at a hospital at which the hospitalist group relied on PerfectServe for clinical communications. Terry L. Behrend, MD, medical informatics officer, had tested a number of different communications applications, but found they offered only partial solutions. He green-lighted PerfectServe, the board approved the choice and PerfectServe was implemented in September 2013.

A secure, comprehensive platform

PerfectServe is a comprehensive and secure communications platform that routes voice, text and web- and system-generated communications based on clinician workflow and personalized algorithms, allowing physicians, clinical teams and practice groups to selectively filter and control when and how they are contacted. PerfectServe’s rules engine filters communications events based on multiple variables unique to each clinician, which can be updated easily via a phone or mobile device.

To contact a physician using PerfectServe, the individual calls a single extension or uses the web-based texting function. By indicating either the physician’s name or specialty, the caller is automatically connected to the physician via the mode of communication preferred by the physician at the time. If the physician prefers not to take the call or text at the time, a message is sent. Either way, the contact is tracked and documented. The caller does not need to know the physician’s call schedule or office hours beforehand—PerfectServe stores this information and routes calls and messages accordingly. Data are housed securely in the PerfectServe server rather than on the recipient’s device, ensuring compliance with HIPAA regulations.

PerfectServe removes the variability often present in clinical communications and speeds the cycle time for contact between clinicians, optimizing communication among care providers across the care continuum and supporting improved care coordination. Because PerfectServe is a



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Patrick Hoz,
Director of Practice Operations

cloud-based service, no special hardware is needed; staff and clinicians can access the platform via a landline, smartphone, mobile phone, standard pager or web interface. The rules engine was designed to recognize whether PHI is included in a message; a message with PHI can be sent in its entirety to a secure device. A notification can be sent if the receiving device is not secure.

A carefully planned implementation spells success

The group’s leadership was concerned about implementing a large-scale change all at once given the differing needs and workflows for the different office practice sites, hospitals and dialysis units. Leaders decided to implement PerfectServe first at a single location with a pilot group of five physicians, including Behrend.

After working with the physicians to input their contact preferences into the rules engine, the pilot group went live with PerfectServe. An implementation specialist from PerfectServe provided on-site support and training to help the physicians and staff of the pilot group optimize the features of PerfectServe based on their workflows and preferences for being contacted. Behrend became the project champion, educating other physicians about specific features. The pilot group provided feedback on preferences in regard to features and various configurations to help the PerfectServe implementation team customize features to the specific needs of the group.

A month later, the group implemented PerfectServe at all remaining locations with all physicians.

“We implemented PerfectServe really quickly,” says Hoz. “And we were able to roll out the new technology without significant problems. Initially we were concerned that patients would dislike the lack of live interaction that they had previously with answering services, but I’ve received no complaints.”

A wide array of benefits

With PerfectServe, the group replaced pagers and answering services with a secure, comprehensive platform that enables an efficient and streamlined clinical communications process. One of the benefits most immediate to Hoz was ensuring secure communication. “Now I have peace of mind knowing that our staff are HIPAA compliant. I am no longer worried about the possibility of

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Clinic Manager

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Hoz appreciates the flexibility of the PerfectServe platform; the practice was able to customize features to match the specific needs of different care team members. For example, a nurse in the hospital dialysis unit often needs to contact the covering physician to let him or her know when a patient concludes a dialysis session. PerfectServe created a customized menu that routes callers to an interactive menu that allows them to key in the time and patient room number; this information is automatically sent as a secure text to the appropriate physician, streamlining a key piece of clinical communications.

Hoz also appreciates the analytic capabilities of PerfectServe. Before PerfectServe, he had no efficient way to track the number of calls physicians received or the turnaround time for their response calls. Now Hoz receives a daily report via email that shows the number of calls, the originating site, the receiving physician and the time until response. “It gives the physicians some accountability,” he says. The reports also help Hoz assess staffing and physician coverage needs. Hoz believes that the data on response time has made the group improve in providing timely consultations.

Hoz has been gratified to see several unexpected workflow efficiencies with PerfectServe. The office supervisors can easily access the on-call list for all six pods through a secure portal and, if needed, can change the physician call schedule. Because the data are cloud-based, the schedules are immediately updated and subsequent calls are automatically routed to the covering physician. With the ability to create distribution groups, supervisors can easily send a message to all the physicians and staff within a pod at once.

Sue Seberg, one of three clinic managers at the practice, has also seen improved workflow efficiencies with PerfectServe. In the past, messages left with the answering service when the offices were closed for lunch were faxed to each setting. Now, staff log in to PerfectServe to start their day, and when returning from lunch, to retrieve all messages, which they can then address or forward as appropriate. They can also copy messages into the electronic medical record if needed.

In addition, according to Seberg, the office receives fewer calls now, freeing up personnel for other tasks: “We continue to receive calls from patients, but not

from staff in the hospitals or dialysis units. Our medical assistants have more time for patient care.”

Conclusion

Balboa Nephrology Medical Group, the PerfectServe client and subject of this story, is a 35-physician practice that provides comprehensive nephrology services for patients with kidney disorders in the San Diego area.

In addition to managing dialysis for about 2,400 patients at 35 dialysis centers, the group provides ambulatory services at 17 clinical offices and inpatient nephrology services, such as consultation and interventional nephrology procedures, at 13 area hospitals.

BNMG implemented PerfectServe in 2013 to ensure secure, efficient communication across the continuum of care. With PerfectServe, the physician group has streamlined clinical communications and replaced older technology with a comprehensive communications platform. The flexible design of PerfectServe has allowed BNMG to customize features to best meet the complex needs of the group across the inpatient and ambulatory settings.