Healthcare Workplace Economy
October 2011

Jobs Report Summary for the Healthcare Industry Based on the BLS Report with September 2011 data

Throughout the first half of 2011, President Barack Obama maintained his confidence in the nation's economic recovery, promising millions of Americans that, although job growth had been slower than he had hoped for, the nation was still well on its way to eventual economic reclamation. But, after the Bureau of Labor Statistics (BLS) released the jobs report showing that zero net jobs had been created in August, President Obama and his administration realized that a different job creation solution would need to be developed – and soon.
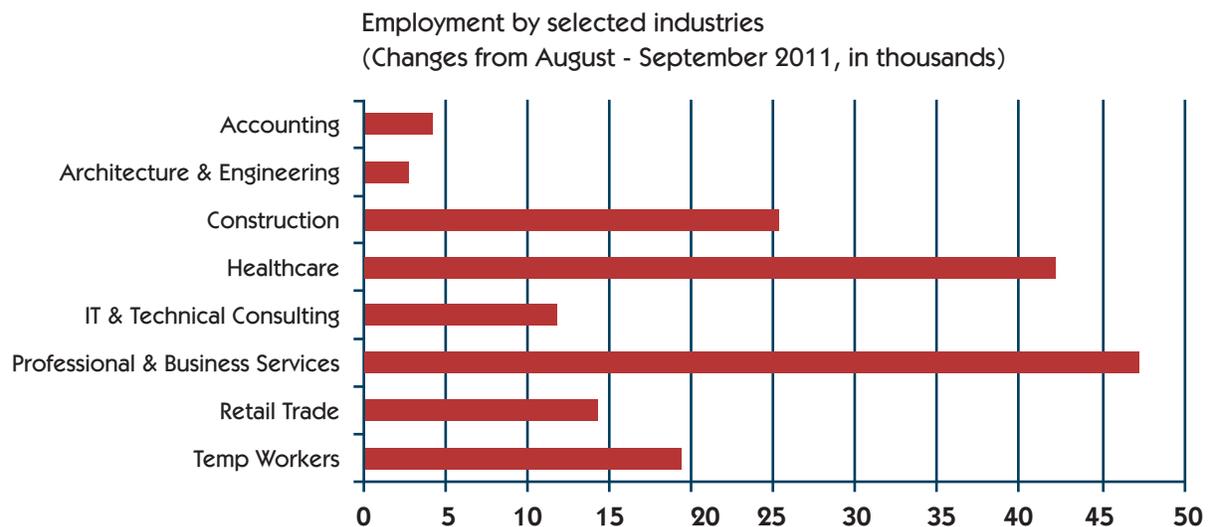
Hence, the conception of the American Jobs Act, a bill proposed by President Obama on September 8th. The bill, which is believed to ultimately cost the nation $447 billion, will utilize a variety of

measures, including tax relief, infrastructure spending, and an extension of unemployment benefits, to stimulate the nation's economy, further job growth, and ultimately lower the nation's unemployment rate.

But what exactly has occurred in the United States, in terms of job development and economic progress, since President Obama's bill proposal? According to the BLS's recently released "The Employment Situation – September 2011," 103,000 Americans were hired for full-time positions during the last few weeks, as employment within an assortment of industries, including construction, healthcare, and information, increased quite noticeably.

Still, some facts are impossible to ignore. First, according to a majority of economists, national employers must hire at least 150,000 employees per month – just to maintain the nation's current unemployment rate. In order to begin to notice

Sector changes observed in September

Employment by selected industries
(Changes from August - September 2011, in thousands)

Industry	Change (thousands)
Accounting	4
Architecture & Engineering	2.5
Construction	25
Healthcare	42
IT & Technical Consulting	12
Professional & Business Services	47
Retail Trade	14
Temp Workers	19

Source: BLS

considerable economic growth, roughly 200,000 to 250,000 jobs would need to be created on a monthly basis, according to projections. Also, the nation's unemployment rate remained at 9.1 percent for the third consecutive month and has not been lower than eight percent since January 2009.

Moreover, nearly 14 million Americans were unemployed in September as the civilian labor force participation rate -- the percentage of the population's working age individuals who are currently employed -- was 64.2 percent. Finally, the United States' comprehensive gauge of labor underutilization, which includes individuals who have stopped looking for work or are unable to find full-time positions, was 16.5 percent in September – the highest it has been in 2011.

Since the proposal of President Obama's American Jobs Act, the nation has indeed reported job growth. But as the president, his administration, and all fellow Americans look ahead to the future, one fact remains clear – economic progress, across all industries, will require patience, resolve, and, perhaps, the implementation of job creation tactics that have not been fully utilized before. Will the president's proposed act turnaround an economy that is currently near recessionary figures? Unfortunately, only time will tell.

As the nation began to recover from August's lack of job growth, employment increased in September within a variety of industries, including construction, healthcare, and IT.

The BLS recently released employment statistics regarding the following industries:

- **Construction:** Hiring remained low as 17,000 workers within the industry lost their jobs in July. Although 22,000 professionals returned to work in Minnesota, following the state's partial government shutdown, state governmental employment did not improve significantly, as the industry only added 5,000 new jobs and both federal and local government positions faced losses.

- **Government:** Governmental employment decreased by 34,000 in September, as local governments especially took a hit – employment decreased by 35,000 throughout the month and has steadily declined during the last three years, by roughly 535,000. The United States Postal Service also eliminated approximately 5,000 positions.

- **Healthcare:** Hiring continued to increase within the healthcare industry as nearly 44,000 professionals were lately employed. Ambulatory healthcare services and hospitals especially enjoyed job growth while adding 26,000 and 13,000 new positions, respectively.

- **IT:** Over 11,000 professionals were hired within the IT industry throughout the month of September.

- **Manufacturing:** For the second consecutive month, employment decreased within the industry; hiring plummeted by approximately 13,000 positions.

- **Mining:** The mining industry continued to enjoy job growth while creating 5,000 new positions in August.

- **Professional and technical services:** Employment increased by 48,000 in September, as the temporary help services added nearly 20,000 jobs.

Soliant insights:

For the third consecutive month, the national unemployment rate remained unchanged. Although some industries have recently hired thousands of new employees, the 103,000 positions that were added in September are not nearly enough to lower the unemployment rate, as at least 150,000 positions need to be added on a monthly basis to do so.

Meanwhile, almost 14 million Americans are still unemployed – and 6.2 million of these individuals have been unemployed for at least 27 weeks. At the same time, national unemployment benefit extensions are currently projected to expire at the end of 2011.

Also, 2.5 million Americans were marginally attached to the labor force in September, while one million citizens were discouraged workers as they had completely given up on their job searches. Another 9.3 million employees worked on a part-time basis since they were unable to find full-time work.

In regards to the national economy, the facts are not very positive. Yet, President Obama, Congress, and the Senate are currently implementing plans to increase hiring and, ultimately, national morale for the remainder of the fourth quarter. As millions of Americans continue to look for jobs, they can only hope economic progress will be steady – and will occur earlier than many economists presently anticipate.

Of interest

10 IT initiatives your hospital should undertake in 2012
Source: www.healthcareitnews.com

As 2012 creeps closer, it's time to think about making a fresh start with a new IT approach. Even though the reform may mandate certain IT practices be implemented in your hospital, other non-required initiatives will help to streamline workflows, save money and improve care in the new year.

Fred Pennic, senior advisor with Aspen Advisors and author of the blog Healthcare IT Consultant, suggested 10 initiatives hospitals should undertake in 2012.

1. **Meeting Stages 1 and 2 of meaningful use**
    According to Pennic, the top priority in health IT during the years to come should be meaningful use compliance. Many providers are already attesting to Stage 1 and it's still unclear if Stage 2 will be delayed until 2014. A study conducted online by Health Affairs recommended that hospitals be prepared for a higher standard associated with Stage 2 in order to produce improved patient outcomes. They also believe that Stages 2 and 3 will require providers to use electronic orders for 60 to 80 percent of patients and will have a significant impact on both patient mortality rates and care.

2. **Health information exchange (HIE)**
    Meaningful use and HIE go hand in hand, said Pennic. "Interoperability is key as it relates to meaningful use's objectives of electronically exchanging clinical information and summaries of care, along with submitting lab results to public health agencies, et cetera," he said. He suggested visiting the HIMSS HIE Toolkit or the HIMSS HIE Wiki online for more information regarding HIE, including important national and state level initiatives.

3. **Virtualization and cloud computing**
    "As healthcare organizations deal with competing priorities from HITECH/ARRA, Meaningful Use, HIPAA 5010, ICD-10 and ACA, hospitals are constantly trying to reduce costs while providing accessible health information," said Pennic. Many in the healthcare industry believe that virtualization and cloud computing can streamline workflows, save time and reduce costs.

4. **Disaster recovery/business continuity**
    As healthcare providers begin to adopt and implement EMR systems, it's imperative to have a disaster recovery solution in place to handle potential downtime occurrences. With recent weather events impacting hospitals across the country, developing and uploading a disaster recovery plan to a web-based inventory tool is imperative and a smart way to access your plan offsite.

5. **ICD-10**
    According to Pennic, since providers must meet CMS regulations for the transition from ICD-9 to ICD-10, they should be performing ICD-10 assessments that provide a readiness assessment, impact assessment and implementation plan to prepare for the deadline. He recommends sending surveys to all vendors that are impacted by ICD-10 so they can specifically state what their upgrade efforts are and what they aim to have in place to comply with ICD-10 regulations.

6. **Mobile applications**

   With the increase of mobile applications made available on smartphones and tablets, Pennic said hospitals will have to support these devices used by physicians, nurses and other clinicians. "This will present many challenges, as organizations will have to determine which devices and/or platforms are suitable for use and will be fully supported by the organization."

7. **Business intelligence**

   As hospitals deal with an increased volume of data produced by technology, business intelligence can help increase their revenue and reduce costs utilizing dashboards, analytics, etc. Applying a business intelligence platform to a healthcare organization can have positive impacts on quality and performance, as well as helping providers and payers determine the biggest risk areas and determine the most effective rate structure.

8. **SSO (single sign-on)**

   "SSO technology improves physician access times to EMRs, increases time and cost savings for clinicians and increases PHI compliance," said Pennic. Furthermore, by implementing SSO technology, it can help increase security measures since user credentials can't be cached by the service the user is trying to access. SSO limits the possibility of phishing and allows IT administrators to save time and resources by utilizing the central Web access management service.

9. **Picture archiving and communication system (PACS)/data storage**

   Pennic believes that increasing amounts of data being stored may present data storage concerns for some hospitals and they may not be able to handle the increasing 'digitization' of documents, including medical imaging. Providers should be critical of what should be saved and should greatly consider cloud computing to increase security by creating private clouds.

10. **Security**

    "All e-PHI created, received, maintained or transmitted by an organization is subject to the HIPAA Security Rule," said Pennic. "It is also one of the core meaningful use measures for entities to conduct or review a risk analysis." Conducting an annual risk analysis to identify security risks and vulnerability is not only smart, but can also come into play if a privacy breach occurs within an organization.

Medicine on the Move
Source: www.wsj.com

Dr. Eric Topol, a cardiologist in San Diego, felt a twinge of nostalgia when he stopped carrying around his trusty stethoscope; however, it didn't last long. Dr. Topol now carries with him instead a portable ultrasound device roughly the size of a cell phone. When he puts it to a patient's chest, the device allows him to peer directly into the heart. The patient looks, too; together, they check out the muscles, the valves, the rhythm, the blood flow. "Why would I listen to 'lub dub' when I can see everything?" Dr. Topol says.

The $8,000 device – called the Vscan, made by GE Healthcare, a unit of General Electric Co. – is just one entry into the booming field of mobile-health technology. In an era where many medical schools hand out iPods along with dissection kits, smartphone apps, wireless sensors and other innovative tools hold transformative potential.

Dr. Topol and other physicians believe that technology can not only improve diagnoses and treatment, but can also revolutionize how doctors and patients think about healthcare. Similar mobile tools like the Vscan allow physicians to monitor vital signs, note changes in activity levels and verify that medications have been taken, without ever seeing a patient face to face. That means fewer office visits and fewer hospitalizations, since even very ill patients can be monitored from afar. For their part, patients can monitor their health in real time, gaining access to an unprecedented amount of data that will allow them to take charge of their own healthcare.

There is potential in other similar devices such as the "invisible bracelet," developed by Docvia LLC of Tulsa, Okla. The company sells plastic tags that clip to a shirt, key fobs and stickers to place on ID cards that instruct responders to text a unique PIN to a listed number to receive a text offering detailed instructions for that person's care. Another feature of the $10-a-year service allows trained medics, who are given special access codes, to pull up a preprogrammed list of the patient's emergency contacts. The medic can quickly notify them all by automated text, email or phone call that the patient is being taken to a specific hospital.

There is also a wireless ambulance-monitoring system developed by GlobalMedia Group LLC, based in Scottsdale, Ariz. The TransportAV system, which costs about $30,000, uses a small video camera, digital stethoscope and microphone mounted on a stretcher to transmit live images of the patient to the treatment team waiting in the hospital emergency room. Paramedics and nurses in the ambulance can send close-up images of wounds, real-time video of the patient's response to various treatments and audio of heartbeats and respiration.

While these are few devices currently being implemented in the healthcare field, there are also numerous other devices currently being developed. But so much information, so readily available, can also have a downside. The once prominent face-to-face visits with patients are replaced by wireless exchange of data. But Dr. Topol says in his own practice, he's found that many patients are more willing to make lifestyle changes that keep them healthy when they can monitor the consequences of their actions in real time. He believes that a doctor can talk until he's blue in the face, but it sometimes takes cold, hard data to motivate a patient. Technology "can create anxiety," Dr. Topol says, "but it's also empowering."

Professional medicine officially embraces IT
Source: www.modernhealthcare.com

The big news in healthcare information technology is that in late September, the American Medical Informatics Association made the announcement that "official medicine" is finally climbing aboard the IT train. By late 2012, for the first time, physician informaticists will be able to sit for exam and gain board certification in the subspecialty of clinical informatics.

The American Board of Preventive Medicine will administer the exam, which the American Board of Medical Specialties has voted to recognize. Certificates should be issued by early 2013. The examination will cover "general competency" in the field of clinical informatics. There will be no optional questions for specific medical subspecialties, but there will be input that will reflect a variety of different specialties.

AMIA has been working toward certification in clinical informatics since 2005. The AMIA board received a 2007 grant from the Robert Wood Johnson Foundation to develop the content and requirements.