

HR - Yes There is an App for that!

By Carol Wagar, CPA
Chief Financial Officer
EmSpring



For human resource (HR) professionals and people in the business of benefits, the influence of mobile apps on employee communications, retention and morale is becoming as significant as the internet has become on consumer purchasing behavior. Many employers already use mobile apps to simplify functions such as payroll, time tracking, recruiting, talent management, and training. Newfound mobility and each new advance in human resource management systems (HRMS) are quickly making

outsourcing these functions a thing of the past.

This dramatic market change has been going on for a few years now, and some of our own clients are using mobile apps for scheduling purposes, allowing their employees to request time off or search and sign up for open shifts using their personal phones. So, employee self-service and online management approvals are nothing new. “The technology from the major HR and payroll vendors has been around for a while,” states Jennifer Reed of the ProSential Group in Dallas, TX, “but many Americans don’t log into a computer at work every day. However, they do carry mobile phones and tablets and know how to use them.” I believe the ubiquitous smartphone and the increasingly common use of mobile apps in HR functions make it clear that it's time to go mobile. Our experience at EmSpring has shown me that it’s far easier to adopt and deploy than one might think.

Mobile HR apps benefit employers and employees. Common HR recruitment functions that can be accomplished on your phone, iPad or other tablet computer include

approving job requisitions, reviewing resumes, scheduling interviews, even evaluating candidates as you conduct the interview. You have access to all the information regarding the job requirements at your fingertips. You can review the applicant’s resume, see other manager’s notes regarding the candidate and post your hiring decision immediately. In short, mobile ap-

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plications accelerate the onboarding workflow.

Employee management wins as well. For instance, performance reviews, instead of a static, once annual event, becomes an ongoing, year round process with managers providing feedback in real time. Functions often stuck in managers' email boxes gain fluidity. Time off requests can be reviewed and time cards can be edited and approved from anywhere. Goal tracking is easier with mobile applications that measure progress against stated HR goals and objectives. Promotions, hires, transfers and evaluations are tracked. Workforce trends can be graphed and reported on your tablet. Even management

meetings become more manageable, held remotely with no one actually at the office logging on to their computer, yet with all information accessible to attendees.

For employees, the benefits are just as real. In addition to simplifying schedule adjustment requests and reviews, they can view W-2s, benefit elections, Summary Plan Descriptions and even required HR training videos from any location. For businesses with a dispersed work force, this kind of flexibility is essential. Imagine receiving employee expense reimbursement requests in real time, with receipts attached (via picture taken with their phone). Your sales force uploads reports and records immediately. All activities that help assure that man-

agement and employees are "on the same page."

Mobile HR improves HR self-service. Much like consumers use apps for retail and banking transactions, they also increasingly use them in their daily work life. Employees can use mobile HR apps to check health benefit balances, review claims, monitor 401(k) transactions and balances – all without being tied to a desktop computer. Employees already expect relevant information about their compensation packages and benefits to be readily available. It's natural to assume they'll look to their mobile devices first – managing schedules and making benefit compar-

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son and enrollment decisions just as they do when shopping online. We've found they appreciate that convenience, plus, studies show that mobility engages employees. Read-only employee portals are no longer viable solutions. To prove the point, consultants often advise taking down static benefit websites and intranets as relics of the past that reflect poorly on organizations attempting to attract a younger and increasingly tech savvy workforce.

Look for flexibility in mobile HR. Mobile HR is like putting your HR department handily in your employee's pocket, easily accessible. It provides an excellent point of engagement and the convenience is astonishing. "The mobile HR tipping point came when technology vendors began removing compatibility barriers by developing simple, single-purpose apps with cross-browser and cross-device compatibility," states Joe Markland of HRT Advisors, Boston, MA. Markland, whose firm provides consulting advice and technology services for human resource departments across the country goes on to say that "employees are faced with too much information from which to make benefits decisions. Mobile apps that are focused, secure, branded to the employer and user-friendly make life easier for everyone. And they are now readily available."

There are many proprietary apps developed and distributed by insurers, administration firms and even brokers and advisors who assist HR professionals and employees using their services. From Assurant Benefits to AFLAC – they

all have apps for their own policies. Yet the SaaS (software as a service) vendors take the prize for truly integrated platforms that allow the employer to own the environment for their workforce, and the capabilities appear endless. ADP, bswift, Paychex, StrateX, Xtensia, Ultimate, and other excellent vendors offer mobile apps as part of their platforms. Recently, a CFO for a 600 employee organization asked on LinkedIn for HRMS vendor recommendations and received 103 unique responses. The trick is to find the right one to meet your objectives while at the same time gaining future flexibility and immediate return on investment. Fortunately, we are finding matches for clients from small CPA firms to large manufacturers and agricultural employers with widely varied workforces. Although, ADP still rules this market space with their latest real time payroll service combined with Workforce Now features, there really are many viable vendors. For our own employee benefits advisory and employer services firm, we selected Xtensia HR from Stratex and find it meets our needs perfectly.

Choose a solution vs. a system.

In going mobile, the first concern has to be security. Employee information must be protected. The second factor is flexibility. If your workforce is not equipped with iPads, tablets or smart phones, or is technology shy, the benefit may not be apparent. However, your HR department will still benefit from mobile technology regardless of workforce buy-in. One goal of going mobile with HR is to drive costs down, and management's use of mobile HR will certainly do

that. The other achievable goals of going mobile include improved decision making with better and timelier information and increased employee retention and productivity. So, before you start down the path of mobile HR, consider two things:

1. Don't buy a system; buy a solution to a problem. Staying ahead of the technology wars isn't feasible, so go with your budget and buy a platform you can grow into.
2. Assure the service behind the solution is more than a salesperson and a toll free number. Nothing is more frustrating than having a bike built for you that you and your employees don't know how to ride and can't get hands-on help to learn.

We're helping clients every day determine the best technology for their employees and organization. Mobile HR is here and is a valuable tool. It's convenient, it's here and it works.

Carol Wagar, CPA, CCPS is Chief Financial Officer of EmSpring Corporation, an employee benefits firm with emphasis on health insurance and self-funded medical plans, employee benefits, HRIS and payroll technology. Carol frequently works with clients on their payroll implementations, bringing over 25 years of business, controller, payroll and consulting experience to help optimize EmSpring's employer service solutions. A certified public accountant since 1983, she is also a financial literacy presenter for the Washington State Society of Certified Public Accountants.

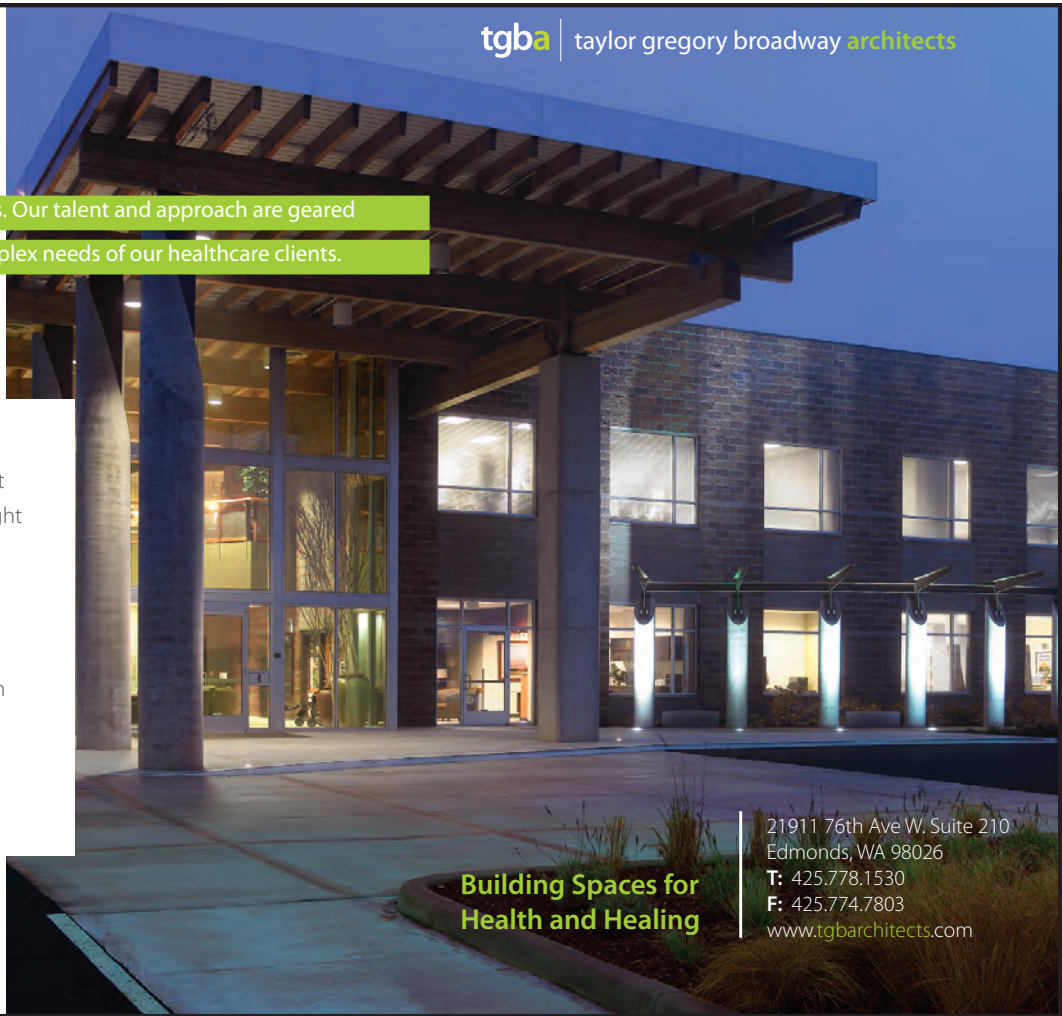
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Rush Expands Meridian Professional Center with New Oncology Suite

By Nora Haile
Contributing Editor
Washington Healthcare News

Puyallup area residents have enjoyed the convenience of quality medical and dental care in one location since 2009. When Rush completed the design/build project that is Meridian Professional Center, they were answering a community need for more medical and dental office space, specifically in the South Hill area. The highly visible location was strategically placed to allow for easy access to Good Samaritan Hospital. The initial contemporary three-story brick and stucco structure featured medical, dental and professional offices, with ample parking for patients and staff. In July 2012, Rainier Hematology and Oncology opened; a warm, comfortable environment for cancer and blood disorder patients that has broadened the healthcare service offerings available in the Center and to South Sound residents.

The new commercial building housing Rainier Hematology and Oncology (RHO)

at 2920 South Meridian has added a 6,959 sf clinic to the Center. Mike Desmarteau, a Principal Architect with Rush Companies, says the boost to the Meridian Professional Center is substantial, enhancing the number of healthcare industry facilities in the Center. The clinic, affiliated with Northwest Medical Specialties, houses 17 infusion chairs, 11 exam rooms, triage facilities, labs and consultation areas. Desmarteau talked about the design process for the tenant improvement project, “The primary objective was for RHO to examine exactly what they needed in the space, including how much room they needed to function optimally while giving patients space as well. A good patient flow was essential, particularly with a treatment area

involved, so we worked with them to determine the best positioning of each functional area.”

Using bubble diagrams, the team was able to look at the space as a whole, with sections sized according to purpose. They settled on a flow that provided a separate staff area, had patient exam rooms accessible from the patient infusion area, and made sense for staff and provider workflow movement. Desmarteau explained, “Space needed to allow patient privacy and support multiple connections that let staff work smoothly without going out into the waiting area.” As the design process unfolded and called for adjustments, the design and construction team could readily address the changes. “Because

of how Rush is structured, the client didn’t have to worry about coordinating between design and construction teams. We’re everything in one package, so we can be more flexible and responsive.” That responsiveness was essential as the RHO team had an aggressive schedule. “We



Rainier Hematology and Oncology Reception Area

bulldozed in January and they got the keys in June – it’s kind of amazing,” he acknowledged.

In the Rainier Hematology and Oncology project, the Rush team used leading edge construction practices, including advanced water and weatherproofing finishes (Exterior Insulation Finish Systems) that have proven so necessary in the Pacific Northwest’s climate. The interior designer that RHO and Rush involved brought the outside in with warm, natural finishes such as wood, stonework and smoothly curved aspects. Said Desmarteau, “The palette that the interior designer chose was very soothing, friendly colors and earth tones.” He went on to describe the open bay with bright light from skylights as well as a wall-inset “fireplace” that provides ambient, flickering light in the lobby area, complimenting the stone surrounds. Interspersed in the solid surfaces, glass tile reflects light, mimicking the daylight that pours in from skylights placed to guide sunlight into windowless staff and patient areas. Green features include automatic photocells that dim or turn off lights when the natural light is particularly bright, saving energy dollars and use. The use of rain gardens that send storm water run off from the roof to plants and soil that function as filters prevent water waste while providing a lush natural landscape.

The Meridian Professional Center’s build-to-suit-to-lease options have provided medical, dental and professional organizations the opportunity to not only obtain space that fits their specific service needs, but also to work with a single source for the project.

Rush Companies’ organizational structure has meant that design, construction and property management work easily hand in hand to address client requirements. The team approach has consistently demonstrated streamlined material selections and no-stress building modifications – making an often-painful process, painless.

As Desmarteau explained, the buildings and office suites of the

Meridian Professional Center are just one example of how the design / developer / property management company has been able to give its clients and partners good value. “We’ve taken this area from raw land to finished product, then we also manage the property,” he said. For Rainier Hematology and Oncology, the result of that integrated process and teamwork has been epitomized in a beautiful clinic completed ahead of schedule.

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First Choice Health Introduces New *Care System* Product

By Ken Hamm
President and CEO
First Choice Health



One of the big challenges that we continually hear about in healthcare is that the current fee-for-service (FFS) payment system leads to unnecessary and over utilization of services. There is a lot of discussion about Accountable Care Organizations and more integrated approaches, but not much has been done in the commercial self insured market. This is likely because claims are paid by the self insured employer and there are no premium dollars left over with which to reward efficient providers.

First Choice Health's Approach

First Choice Health is a Seattle

based provider owned company that operates a PPO network in the Pacific Northwest and Northern Rocky Mountain states with over 60,000 contracted providers. First Choice Health also provides Third Party Administration (TPA) services to self insured employers. We decided to develop a TPA product that begins to move the payment system away from FFS by contracting with a select group of organized Care Systems that are prepared to offer a more integrated and efficient model of care. Six systems are currently under contract: The Everett Clinic, EvergreenHealth, MultiCare Health System, The Polyclinic, Overlake Hospital Medical Center and Rockwood Health System in Spokane. Discussions continue with several other systems and more will be contracted soon.

One of our goals in introducing this product is to pro-actively address the pitfalls of the FFS system. Our goal is to start to change the current system. This is a starting point on that journey and not the end point. Many of us have the scars from global capitation in the 90's and are not ready to start there. A critical principle is to keep this as simple as possible and leverage existing work already performed when at all possible.

The Care System product is a

point-of-service product in which the member selects the Care System at the point of enrollment. If the member receives their care within the Care System, they receive the highest benefit level. The broad First Choice Health PPO network is available, but if the provider is outside of the Care System, there is a lower benefit level. The nice thing about this design is the Provider knows the member is assigned to them at the point of enrollment. We believe this is a superior approach than incentives structured through a PPO with retrospective member attribution.

Requirements to Participate

The Care Systems must have additional service capability beyond what is normally reimbursed in the FFS system such as expanded access through phone, e-mail and/or expanded hours of access. There is a quality baseline to participate as a Care System that is based on the Puget Sound Health Alliance Community Checkup reports. This is part of the commitment to not re-invent the wheel but to use existing resources. Groups outside of the Puget Sound area can provide their existing quality reports. There is also a minimum membership level to be eligible for performance bonuses.

How it Works for Providers

Providers continue to be paid on the standard FFS basis but also receive an additional per member per month fee to provide non-visit based and expanded services that are required to participate. The performance bonus is calculated based upon only two criteria: hospital emergency room use and medical/surgical admissions. The actual utilization is compared to benchmarks from the Milliman Health Cost Guidelines™. Savings from utilization better than benchmark targets are split between the provider and employer. The benchmark targets are currently quite a bit lower than current utilization levels and a stretch target. So the goal is to reduce unnecessary ER use and hospital admissions and to reward the Care Systems for doing this.

How it Works for Self Insured Employers

For a self insured employer this product works similar to the existing FFS system with the addition of the per member per month management fee. The final utilization is compared to the targets after a 90-day run out period and if a Care System has earned a performance bonus, it is paid by the employer group. Keep in mind a bonus is only paid after hitting the utilization targets and the savings are split 50/50 between the employer and Care System.

Advantages for Providers

The primary advantage of the Care System product for providers is that the member selects the Care System, allowing the system to know the members they are responsible for. This starts to reward providers for

reduced utilization in the self insured market. To our knowledge, this is a new concept. Obviously providers want to be rewarded for good performance, whether the employers are fully insured or self insured.

Advantages for Employers

Employers are able to offer to their employees a product featuring integrated Care Systems that are working very hard to alter their

practices to bend the cost trend. The performance bonus is only paid if the stretch targets are achieved and the savings are shared 50/50 between the employer and Care System. We think it is a win-win and are rolling it out as an option for our employees this year.

For more information about the Care System product, please contact First Choice Health at (800) 257-1185 Ext. 2.



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Newly Released Protocols Provide Guidance for HIPAA Audit Program

By Casey Moriarty
Attorney
Miller Nash LLP



The 2009 HITECH Act mandated many changes to the HIPAA regulations. One such change requires the Office of Civil Rights (“OCR”) of the Department of Health and Human Services to conduct “periodic audits” on covered entities and business associates to ensure HIPAA compliance. OCR’s stated goal for the audits is to help covered entities and business associates improve compliance with the HIPAA Privacy and Security Rules. In furtherance of this goal, OCR plans to share best practices for HIPAA compliance that are learned through the Audit Program. No fines will directly result

from the HIPAA audits, but OCR could initiate a separate investigation based on the audit findings.

OCR is currently conducting a pilot audit of 150 randomly selected covered entities throughout the country, which OCR anticipates completing by the end of the year. Although the Audit Program is starting with a limited number of entities, the Program is expected to grow in the coming years.

In order to shed light on what covered entities and business associates can expect from a HIPAA audit, OCR released the official Audit Protocols on July 3, 2012. You can view the Protocols at: <http://ocrnotifications.hhs.gov/hipaa.html>.

The Audit Protocols are divided into two sections: one section for the HIPAA Privacy Rule and one section for the HIPAA Security Rule. There are 88 different protocols for the Privacy Rule and 77 different protocols for the Security Rule. Each protocol is taken directly from the text of the HIPAA regulations. In analyzing the Audit Protocols, covered entities and business associates should focus on the “Audit Procedures” part of each protocol. The Audit Procedures set forth the specific ques-

tions, requests, and other inquiries that OCR audit contractors must direct to audited entities. For example, in the “risk assessment” protocol for the HIPAA Security Rule, the Audit Procedures require contractors to “Inquire of management as to whether formal or informal policies or practices exist to conduct an accurate assessment of potential risks and vulnerabilities to the confidentiality, integrity, and availability of [electronic protected health information].”

Covered entities and business associates should feel prepared for a HIPAA audit if they have policies, procedures, and answers for each of the inquiries and requests in the Audit Procedures. It is, of course, understandable if entities do not have the time and resources to analyze and prepare responses to the 165 different protocols. But here are a few compliance steps that will help covered entities and business associates to prepare for a HIPAA audit.

Privacy Rule:

- Prepare policies for the proper use or disclosure of health information, including disclosures for treatment, payment, healthcare operations, disclosures under a valid patient authorization, and disclosures

under other HIPAA exceptions (disclosures to law enforcement, as required by law, etc.);

- Prepare policies for responding to patient requests for access, amendment, and accounting of disclosures of protected health information;
- Prepare policies for compliance with the Breach Notification Rule of the HITECH Act;
- Review and evaluate compliance with the business associate agreement requirements;
- Ensure that staff members who interact with health information receive adequate training for HIPAA compliance;
- Prepare policies and procedures for ensuring that the “minimum necessary” amount of protected health information is disclosed to accomplish an intended purpose;
- Prepare a “sanction” policy for staff members who violate HIPAA;
- If applicable, ensure that the covered entity’s Notice of Privacy Practices is updated.

Security Rule:

- Perform annual risk assessments, preferably with the assistance of a third party, to detect HIPAA compliance vulnerabilities;
- Actively monitor access and use of systems containing protected health information;
- Develop a process to create a unique user name and password when granting access to a workforce member;
- Encrypt protected health infor-

mation whenever possible;

- Implement “role-based” access to protected health information based on individual roles or job duties, and actively monitor and modify such access;
- When possible, de-identify protected health information before sending it to third parties;
- Implement procedures to properly dispose of health information;

- Create a contingency plan to respond to an emergency that damages systems containing electronic protected health information;
- Back up computer systems off-site to ensure that retrievable exact copies of electronic protected health information are available;

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Desktop Virtualization at Seattle Children's

By Wes Wright
SVP, Chief Information Officer
Seattle Children's



So, what's all this talk about virtual desktops, the cloud, and something called BYOD? Let me de-tech some of the talk you may have heard from your IT folks.

Desktop virtualization is simply running a desktop operating system (either Windows or Linux; Apple won't let you) on a device other than the device it's physically running on. Essentially, think about it as a super long keyboard, mouse, and video monitor hooked up to a computer. Why would you want to do that? Let me explain the whys and hows that lead us to virtual desktops at Seattle Children's.

The number one reason Children's

started using virtual desktop interface, or VDI, (that's what we call it here) is/was for speed. A couple of years ago, Children's held a "patient safety day" during which staff reviewed policies, practices and procedures to identify ways to improve patient safety throughout the hospital. Surprisingly, one of the issues that came out of that day was the speed of log on to a computer system, along with the ubiquity of devices. Our answer to this speed and ubiquity challenge was VDI. With VDI, we were able to reduce initial log on times to a reliable 43 seconds; previously, initial log on took anywhere from two to ten minutes. And with VDI, reconnecting throughout the day now takes only 6 to 23 seconds. Because the hardware cost of VDI is so low (approximately \$400), and maintenance almost non-existent, we were able to place a VDI device wherever a clinician thought they might need access. Although we solved the initial problem of speed, we continue to work on shaving seconds off the time. Our clinicians have become what we call "hyper-mobile," with some folks moving to fifty or more different devices during one shift. With that many moves, saving a couple of seconds each time — in addition to the estimated 45 minutes a day we're saving in shorter log on times — allows our clinicians to spend more time caring

for our patients and families.

But, it turns out that VDI is a gift that keeps on giving. Because everything is in the "cloud" — which in my mind means anywhere not on the physical device you're using — we're able to provide the exact same desktop to our staff and clinicians anywhere in the world on any device that's capable of installing Java — which is almost all devices. Think about that a second: any device, anywhere, at any time — perfect conditions for a "bring your own device" (BYOD) strategy. If someone in your organization has a favorite type of device they use 90% of the time and only accesses corporate assets 10% of the time, we now have the freedom to let them use whatever they'd like as their primary computing device and just use VDI to access Seattle Children's data. We've found this to be extremely helpful at Seattle Children's Research Institute where a good number of our researchers need particular devices for specialized research-type programs, but still need access to corporate data.

You're probably thinking that your "security folks" would never let you access corporate data using your own personal device. And, they absolutely shouldn't let you do that, unless you're us-

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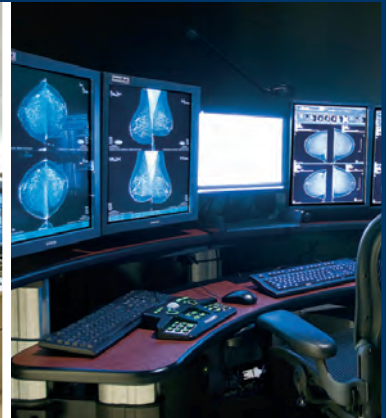


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Back to the Future: New Plan Administrator Requirements Under Health Care Reform

By Jessica Rothe, MBA

*Supervisor, Compliance Services
Healthcare Management Administrators*

The Patient Protection and Affordable Care Act (“PPACA”) has created new obligations regarding the information a Plan must provide to its enrollees, mandated the timing of notices to Plan participants of changes, and stipulated that Plan changes cannot be retroactive. One new obligation enacted as part of PPACA is the Summary of Benefits and Coverage (“SBCs”) document that Plans must provide to help educate their participants on the benefits available to them. Plans are expected to provide a SBC(s) to all participants at specific times in the enrollment cycle and also annually with Plan renewal beginning with open enrollment periods that start on or after September 23, 2012.

The SBC is intended to provide a standardized, easy to understand document that consumers can utilize to compare the benefits and coverage available under a Plan, and to provide them with generalized illustrations of the out-of-pocket costs that they might expect to pay under their coverage. While the SBC is intended to help employees make the most informed decision as possible on which Plan is right for them and their fami-

lies, the behind the scenes work and additional lead time required to prepare these documents is substantial.

In theory, all a Plan needs to do is fill in the pertinent coverage and limitations “slots” on the SBC template provided by the Department of Labor, determine how their Plan cost sharing requirements would be applied to the two specified coverage examples, and provide the SBC to participants when required by law. However, in reality Plans will find that significant lead-time is now required for design decisions and substantial document management is now necessary.

The regulations have a variety of timeframe requirements for distribution of the SBCs (initial eligibility, special enrollments, open enrollment, at the start of a new Plan year and at any time upon request.) Each one of the required distribution points has its own unique timeframe for providing the SBC. Plan administrators will need to review and update their processes to ensure that the Plan can issue an accurate SBC within the required timeframe. Tracking which version of a SBC each participant receives is critical as there will be

times when an SBC may need to be re-issued due to a change.

Additionally, for employers who are located in areas with a high percentage of non-English speaking residents, the Plan will have to maintain SBCs in languages other than English, requiring additional time and expense for document translation. Comprehensive tracking mechanisms and document management processes are essential to maintaining compliance with the distribution requirements.

Included in this new law is perhaps the biggest impact item of all - the new requirement that participants be provided sixty day advance notice of any material modifications to the Plan before the change can take effect. A material modification is defined as a benefit enhancement, a benefit reduction, or a more stringent requirement for receipt of benefits, such as imposing a pre-authorization requirement; anything that is deemed to be a material modification must be implemented prospectively sixty days from the date notification was provided to participants.

Furthermore, Plans are prohibited from implementing a benefit change that is retroactive under

this law. Corrections to Plan provisions must be implemented prospectively with sixty days advance notice, and cannot be retroactively applied. This means that proactive planning is critical, as is ensuring that all changes or modifications are made and finalized well in advance of the sixty day notice requirement. Accordingly, administrators will need to be diligent in reviewing their Plan designs for accuracy and ensuring that all changes are fully and accurately addressed in the documents as well as making sure that

the SBCs are updated accordingly.

If Plan administrators embrace a proactive approach to Plan design modifications, and ensure that they have robust document management processes in place that will now include the maintenance of the SBC(s), compliance with this part of the law will be easy. Many TPAs are offering preparation of SBCs as a service to their clients, and Plan administrators will want to work closely with their consultants or TPA to ensure successful implementation and maintenance

of the new required documents. Meeting the timing and notice requirements for material modifications may be more of a challenge. The days of reactionary Plan management are becoming a thing of the past, and dynamic proactive Plan management is the future. The time to plan is now!

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- Ensure that a “Privacy Officer” has been designated for the organization.

This list is not all-inclusive, but acting on these recommendations will help assist entities in responding to a HIPAA audit. Even if

OCR does not select your organization for an audit, focusing on HIPAA compliance will reduce the risk of a costly breach of protected health information.

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Miller Nash is a multispecialty law firm with over 110 attorneys in offices in Seattle and Vancouver, Washington, and Portland and central Oregon. To learn more about Miller Nash, visit www.millernash.com. To read about new or proposed healthcare legal developments, visit our blog at www.healthlawinsights.com.

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ing VDI or some type of virtualization. With virtualization that is configured properly, your corporate data never actually leaves your corporate data center. Remember, with VDI you’re using a super long keyboard and mouse to access a desktop that’s running somewhere else from which it accesses data that’s stored in your corporate “cloud.” This means, you don’t have to worry about a device getting lost or a potential data breach if a device is lost. All that data never even got onto that device; it stayed in the cloud in your corporation. I’d like to be able to take credit for thinking

through things and developing this strategy, but we just stumbled upon it. Remember, our primary driver was speed of access for our clinicians. This BYOD strategy was just a bonus.

We discovered additional bonuses using the VDI hardware. As I said earlier, VDI devices are virtually maintenance free: they’re solid state; that is, they don’t have any moving parts whatsoever like a PC does. Given that, they only use about a tenth of the power a PC uses. So, with every PC we replace with a VDI, we save nine tenths of the power cost. With more than 3,500 VDI deployed, we’re starting to save some real money that

can be reinvested back into caring for our patients and their families. Because the VDI are solid state, they don’t make any noise either. When we deployed a VDI device to each bedside last winter it really made a difference. I can’t imagine a PC whirring and clicking throughout the evening as our patients and families tried to sleep. That may seem like a mundane feature, but it affects a critical factor in a patient’s recovery.

That’s what VDI is and how and why Seattle Children’s is using it. So, the next time your IT folks start talking about this stuff, you may just want to consider it. We’re glad we did.

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