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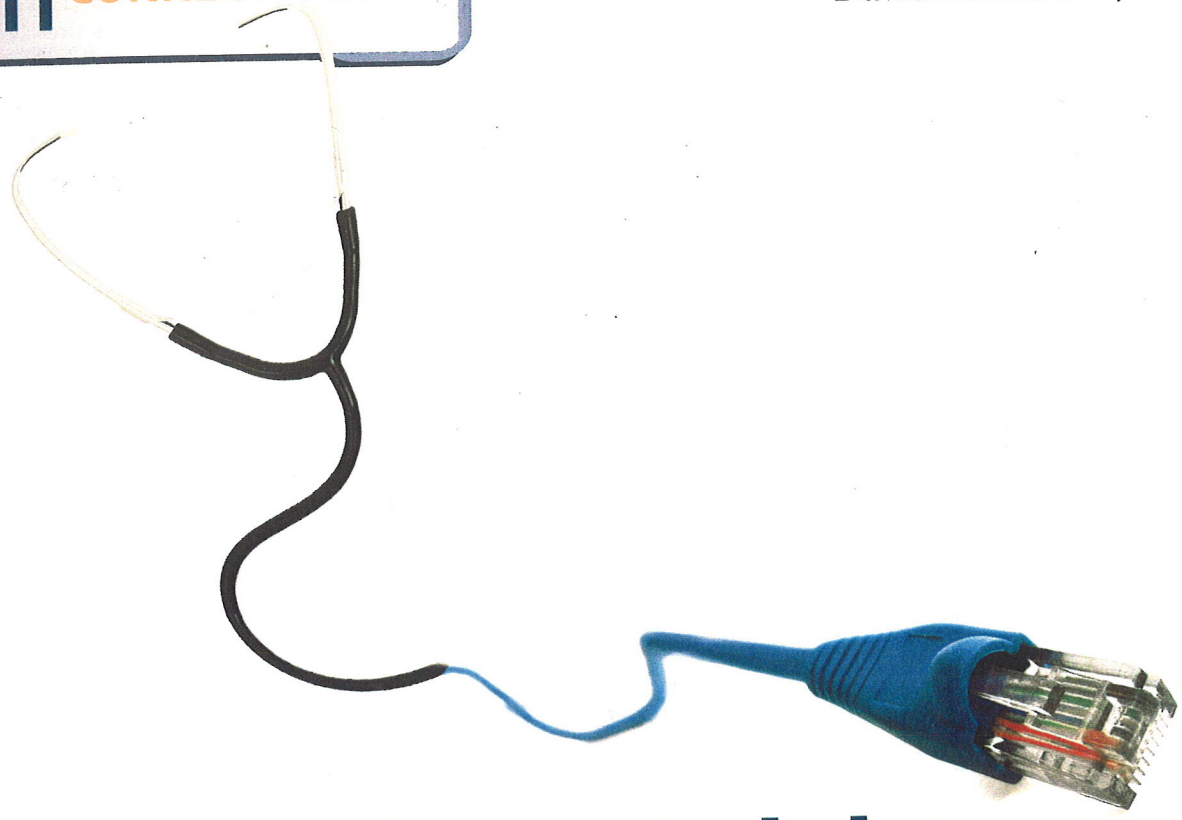

Health Reform and the Effective Use of HIT

The new Administration in Washington has declared health care a core focus of its domestic policy, with a commitment to reforming the health care system, and an understanding that community health centers can be an effective centerpiece for a new and improved primary care delivery system.

A lot of attention also has been given to expanding the reach and use of information technology to improve health care outcomes and lower costs. At the time I wrote this column, Congress was in the process of considering an economic stimulus plan that will provide billions of dollars for health information technology (HIT), with some of the funds specified for health centers. This will open up opportunities that otherwise might not have been possible. All of this means that in the upcoming year, we will see increasing attention paid to the conjunction of health centers and information technology.

But before we move ahead, it's important to understand what has occurred up to this point. In the past several years, acquisition of health care technology has become widespread, and health centers as a group have acquired considerable hardware and a range of software applications. Simply acquiring technology, however, is not enough to have an impact on patient care and delivery systems. Most health centers are at the stage where they have deployed information technology, including hardware infrastructure and practice management software. In many cases, they are also deploying electronic health record (EHR) software. Health centers must plan for deployment, for the effective and efficient use of their applications and systems, and for maintenance and upgrades, and must, of course, carry out these plans.

With systems now in place in many settings, and the availability of funds to enable the acquisition of HIT across the delivery system, the emphasis is shifting. In the next few years, there will be an increased emphasis on the effective *use* of information technology to improve the delivery of health care. The two most important areas are likely to be: (1) the use of information to improve outcomes, and (2) health information exchange (HIE).

Using Information to Improve Access and Outcomes
Health centers currently generate a large amount of information from a number of different sources. Practice management systems produce patient demographic, billing and payment information. EHRs produce diagnosis, pharmaceutical and clinical outcome information. Other applications such as general ledgers produce financial information related to health center operations. Sometimes it's easy to get caught up in the production of information and the details of all the software that generates it.

Technology, though, is not an end in itself, but a means to an end. That end or objective is to obtain information that is essential to better manage core operations and patient care. This can be done by combining the information from different applications (like practice management and EHR systems) to create reports that allow information to be viewed in a different way. It can involve looking critically at when information is generated and modifying workflows to make serving patients more efficient and effective. It might even mean cooperating in creating a local or regional data warehouse to improve operational decisions or cooperate in quality or clinical improvement efforts. The goal is to both increase the efficiency of health center business operations, and more importantly, to improve clinical outcomes for patients. Aligning technology with the needs of the health center, looking for new combinations and new uses of data, and evaluating potential new sources of data, will be essential to helping health centers meet their goals.

Successful Health Information Exchange (HIE)
Local and regional exchange of health information is a current focus of organizations from the federal and state levels all the way down to individual health centers. The reason for this focus is not, as it sometimes appears, technology for its own sake, but the very real possibility that such information sharing will greatly improve access to health care and clinical outcomes for a broad range of people – especially for medically underserved and at-risk populations. However, implementing HIE can pose technical difficulties. Information technology infrastructure must be deployed and integrated so that clinical and patient demographic information can be shared across the network of participating entities. Cost is, of course, an important factor, but membership in an HIE may provide health centers with the incentive and the resources, through vendor participation and local and state support, to create and use this sophisticated infrastructure.

Further, social and cultural issues, such as legal liability, privacy and security, and concerns about data sharing have historically proven difficult but not insurmountable. The collaborative resolution of these issues will enable HIEs to become viable, and viable exchanges will help health centers deploy technology and use it more effectively.

Ultimately, in the year ahead, the creative and effective use of the information that a health center *already has* will be one of the things that influences how well it can carry out its mission. The participation in HIE presents health centers with an opportunity to greatly improve both their information technology infrastructure, and their ability to provide better care to their patients.

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Board Q&A

Q. How much detail should we include in our board minutes?

A. The primary purpose of board minutes is to create the "official" record of the events at a board meeting. At a minimum, the minutes should indicate the date, time, and place of a meeting, the names of persons attending, the presence of a quorum, and the official actions taken. While it is not necessary to routinely record the mover or seconder of a motion, nor the persons who voted in favor or against a motion, a board member always has the right to have his or her dissenting vote recorded. Thus, if requested, a member's negative vote should be recorded in the minutes.

However, it usually is not a good idea to include comments about which board member said what about a particular matter. Note that Robert's Rules of Order, which frequently is used by health centers as a procedural guide for board meetings, states that minutes should contain "mainly a record of what was done by the members, not what was said by the members." In short, the minutes should not be the equivalent of a transcript of board proceedings.

Email your question for Board Q & A to communityhealthforum@nachc.com