

# Software Expectations for Community Health Centers

**DEFINING IT GOALS IS THE FIRST STEP IN DETERMINING WHAT YOU NEED**

*In Adopting Health Technology Can Be a Complex Process (Issue 8 • Number 4), I outlined the expectations of technology before focusing on what it can do for health centers specifically. I emphasized that software technology should streamline our work, be well aligned with what we do, and make communication and information management easy without requiring technology expertise. This column addresses types of software technology and how they can meet those expectations.*

First, let's agree our goals for adopting and using software technology include:

- Improving health outcomes.
- Making business more efficient (and profitable).
- Evaluating and managing patient populations.

These goals are deeply interconnected. Making progress toward achieving one of these goals facilitates progress toward the others. If we make improvements in these areas, our use of technology will be effective and more than pay for itself.

Assume you have software and a practice management system (PM). Now, you are planning to acquire an electronic health records system (EHR). Your PM system is aimed primarily at business effectiveness, as it provides scheduling, patient information, and some accounting and billing functions (especially if it is integrated with a billing service that does claims scrubbing and submission). Similarly, the EHR system is aimed at clinical information and outcomes, as it contains provider workflows with note-

keeping and diagnosis capabilities. It may also be integrated with clinical data systems so that clinical, pharmaceutical and laboratory data can be available to the provider.

To determine what other software you will need, think about the business of your center and some of the areas that need to be addressed — patient accounting, for instance. You'll need a way to keep and resolve accounts: general ledger, accounts payable, accounts receivable, etc. — not just for patients, but for all financial data. This can be done with a general accounting system. In addition, you'll need to generate reports and analyses for both business and patient data. Many PM, EHR, and general accounting systems have reporting functions as well as databases, but unless the systems are integrated, the information they generate and manage is separate — and therefore unusable — by other systems.

To be most effective, various applications need to be integrated, or at least share information. The PM system needs to share patient

scheduling and demographic information with the EHR; the EHR must provide the clinical coding data to support functions in the PM system, and the PM system must readily share patient billing information with the accounting system.

All of this data sharing is made possible by integrating programs so they can exchange data. One of the best ways to deal with these separate databases is with a business intelligence (BI) system — independent software that can draw from the other systems. Again, think of patient accounting: The patient demographic information is managed in the PM system, as are appointments, patient financial information, and some billing information. Clinical information and provider notes are managed in the EHR, and coding information is generated in the EHR. The general accounting program maintains financial data. The BI system pulls data from each of the other applications to generate reports to help run the health center.

At this point you may be asking, "What about patient population

evaluation and management, which can affect improvements in long-term and larger-scale clinical outcomes?" I was talking recently with the Chief Medical Officer (CMO) of a large health center. When I asked what his highest priority for technology was, he said that after he had all of the clinical devices he needed for patient care, he wanted to be able to answer questions like: How many people over 45 have we seen this year who presented with a blood glucose level of over 200 or an HbA1c of over 10 and never came back? Or, how many people have we prescribed ACE inhibitors for, who never filled their prescription? Can we contact them? He had about 20 questions for which he wanted reports, but he didn't think it was possible with their software because they had not yet deployed their EHR.

Often, the use of business intelligence tools allows you to look at population data regardless of whether you have an EHR. While having an EHR deployed would offer the flexibility to analyze different aspects of your patient population, most of the information this CMO wanted was in his PM system (a combination of patient demographics and billing data) and could have been pulled and analyzed by a BI system. Using a BI system, along with other software deployed in the health center, can be an invaluable way to improve both individual and population outcomes. It's also useful for quality programs and grant preparation. Making full use of both your data and the software technology requires knowing what data you have, and analyzing and using it in ways that emphasize the connections among the data and the

underlying work that generates it. The bottom line: *Both business and outcome improvement goals are met by effective use of these systems.*

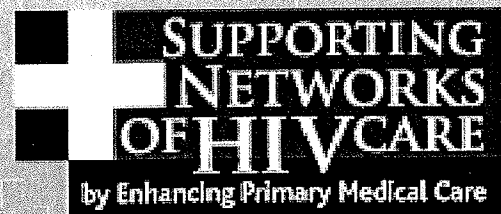
I wrote at the beginning of this column about expectations and goals. Each of the software products you use should not only simplify your work and be well aligned with tasks but provide a combined source of data that is integrated, or capable of being integrated. Your software technology should address not just the obvious business and clinical issues you face daily, but the deeper issues that allow you to improve the business and health outcomes for your patients.

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