



*Strengthening Oklahoma's Safety Net,
One Community At A Time*

Board Bulletin

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Health Information Technology Basics

As a current TV commercial explains so aptly, most of us are “digital immigrants” when compared with our “digital native” children. While we are trying to “wrap our arms” around the latest technology and all the many ways it can efficiently improve operations, the younger generation was born into a world of the “information superhighway” – a term introduced to TV viewers of the 1992 Olympic games and used routinely thereafter. A few years back, then Health and Human Services Secretary Tommy Thompson told community health center (CHC) advocates attending a national meeting that convenience stores were using more technology in their operations than most health care providers – something had to change. CHCs have struggled to implement health information technology (HIT). While HIT has become a CHC-world acronym, many still do not know exactly what it means. To effectively govern CHCs, board members must have a working knowledge of HIT.

HIT and CHCs

- **Definition** – HIT is multi-faceted and brings together a diverse set of technologies to manage information that can be used by a variety of people – consumers, providers, payers, insurers, health care advocates including CHC board members. HIT is ever-changing as new technologies emerge.
- **Components** – Diverse technologies in the CHC world include Patient Registries, Accounting and Practice Management Systems (PMS), Computerized Physician Order Entry with Clinical Decision Support (CPOE/CDS), ePrescribing, Electronic Medical Health Records (EMRs/EHRs), Patient Health Records (PHRs), Uniform System Data (UDS), Appointment Scheduling, Telemedicine and the list goes on. CHCs also have to consider the platform on which HIT will be used. Consideration must be given to hardware devices required (servers, desktop PCs, laptops), appropriate high-speed data transmission (broadband capacity), delivery system standards (messaging and coding standards such as ICD-9 codes), networks with other health care providers, and regulations that impact HIT use (e.g., HIPAA laws relative to patient security and privacy). HIT applications are useless if the CHC has not built a platform that will support them and dedicated resources necessary for successful implementation (e.g., securing technical assistance expertise).
- **Importance** – While no one can diminish the value of basic health care delivery grounded in the clinician/patient relationship, CHCs will be left behind if they do not embrace HIT to improve quality of care and operational efficiency. The Health Resources and Services Administration (HRSA) has directed CHCs to focus on patient outcomes through required clinical performance measures (see July 2008 *Board Bulletin*) and to achieve fiscal stability through required financial performance measures (see June 2008 *Board Bulletin*). The purpose of HIT is to reduce fragmentation of care by improving communication not only within the CHC but with other health providers necessary to create a seamless system of care within the community. Young clinicians, as digital natives, will demand HIT tools for provision of patient care.
- **Desired Outcomes** – By using HIT, CHCs can work internally to improve patient care and also externally with other providers in the health care system to reduce duplicative testing, prevent medication errors, and ensure patient safety. CHC providers can track patient compliance to know if health care instructions and prescribed medication therapies are being followed. Effective HIT can improve medical record accuracy – critical to Federal Tort Claims Act (FTCA) deeming to ensure malpractice coverage for CHCs. The financial benefits of a strong HIT system are realized by having mechanisms to quickly identify billing and claim filing issues. HIT can improve operational efficiency and position CHCs to participate in “Pay For Performance” initiatives that tie reimbursement to the quality of care provided.

CHCs must incorporate HIT strategies into their business plans. OKPCA offers HIT strategic planning assistance and OKPCA members are working to develop a network to better address HIT needs. NACHC offers excellent HIT learning opportunities for CHC advocates. The American Recovery and Reinvestment Act (ARRA) provided much-needed resources to CHCs to secure HIT. The time for effective HIT implementation is here – let no CHC be left behind. To review OKPCA’s entire *Board Bulletin* series, visit the ‘Programs’ section of www.okpca.org.

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