



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

Board Bulletin

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Data and Its Role in CHC Success

While data collection may seem like a computer-age phenomenon, humans have been gathering information since time began. Ancient writings (e.g. hieroglyphics, the Bible) all reveal an early understanding of the importance of knowing and documenting facts about the world around us. The *Farmers' Almanac*, in continuous publication since 1818, is still used by many to determine best times for animal husbandry activities and garden planting. Obviously, tracking information is nothing new under the sun. To thrive in an environment, it is critical to observe patterns, study successes and identify glitches to make adjustments as necessary. The challenging environment in which community health centers (CHCs) function demands purposeful data collection and evaluation. Data is used by 1) CHC boards to monitor organizational health, 2) administration to make effective operational decisions and 3) clinicians to improve patient outcomes.

Data-Driven Transformation

Since 1996, CHCs have completed the Uniform Data System (UDS) report annually which has evolved from collecting patient demographics to becoming an effective performance tool. In the Winter/Spring 2011 National Association of Community Health Centers' (NACHC) *Community Health Forum*, a feature entitled "Going From Good To Great," reports that, "The emphasis should be on outcomes rather than on activities or processes. Data is constantly used – **not just collected and stored** – to improve performance and patient health."

- **Financial & Clinical "Data" Sense** – Health care experts agree from both a clinical and a fiscal perspective that data is critical in transforming quality of both service delivery and financial management. Recent trainings reverberate with the message that decisions must be data-based – the days of making decisions based on instinct are long gone. In OKPCA's *Productivity and Efficiency Webinar* series, Michael Holton of RSM McGladrey stressed the importance of using data to build appointment schedules that will virtually assure adequate levels of productivity in meeting health center efficiency goals. By tracking unfilled appointments, 'no show' percentages, available appointment slots, and patient cycle time, CHCs can make adjustments to significantly enhance operational efficiency – which has a direct impact on the health center's bottom line. Improved patient outcomes, a key driver of health care reform, require providers to track clinical performance by using electronic health record data. At the provider level, Meaningful Use (MU) is the incentive-based foundational mechanism to make this happen and includes specific clinical measures. CHCs must approach MU as a component in the bigger picture of system transformation that includes the facility-level Patient-Centered Medical Home (PCMH) recognition and participation in the medical neighborhood-level Accountable Care Organizations (ACOs).

- **Team Approach Required** – In the Health2Resources *Better to Best* (March 2011), David K. Nace, MD, Vice President and Medical Director of McKesson Corporation, says health information (IT) technology "is not a transformer in and of itself. Rather, it is an enabler – it enables access, care coordination and payment reform. The use of IT on its own will not drive major transformative change in practice or outcomes. Instead, health IT must drive and support workflow, process and relationship changes; those changes will support the meaningful, and necessary, changes to practices and systems. Health IT requires new functional capabilities, such as **multiple team member access** and permissions, care management workflow support, integrated personal health records, registry functionalities, clinical decision support, measurement of quality and efficiency, and robust reporting." An organization-wide team approach, from front desk to clinician, is necessary for CHC success.

It has been said that "those who are not at the table should plan to be on the menu" in the current health provider environment. When approaching potential partners, CHCs must be equipped with performance data. Another speaker at NACHC's Policy & Issues Forum also reflected that "table manners worsen as the pie shrinks." Without comprehensive organizational data to substantiate performance, CHCs will not be in a position to negotiate when it comes to ACO development and will be 'eaten up.' Successful CHC boards will make data-driven continuous quality improvement a priority to demonstrate organizational value – both fiscally and clinically. To review the entire series, visit www.okpca.org and click on the home page *Board Bulletin* link.

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