Selecting the Right Healthcare Technology to Address the Needs of Community Health Centers

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Community Health Centers (CHCs) face unique billing, regulatory and reporting requirements that are substantially more complex and challenging than those encountered by their private practice colleagues. Although fulfilling these requirements is a vital component of the business, it consumes precious time that can divert clinicians from focusing on their care delivery missions. While technology can help CHCs address many of these issues, it must be designed to operate in this unique environment. With the right technology, however, CHCs have the potential to increase their efficiency and provide care for more patients in a shorter amount of time — further helping them accomplish their missions of serving their communities.

Finding the right technology can be in itself a challenge. Few healthcare technology vendors have experience working with Federally Qualified Health Centers (FQHCs). Not all systems provide the robust reporting technology to comply with Uniform Data System (UDS) requirements, sliding-fee scales, multiple clinic rates, or the ability to assign bills to multiple payers.

This white paper evaluates the technology requirements that CHCs should consider when they are evaluating technology to automate front office, back office and clinical processes.

Fundamental System Requirements

The starting point in evaluating a healthcare technology system for a CHC is finding a vendor with experience in this unique market. These solutions should include electronic health records (EHRs), practice management systems, and analytical tools to simplify and fulfill complex reporting needs. Since FQHC reporting requirements call for extracting data from both the EHR and practice management systems, integration between all of these systems is key. Having all of the technology working off of a single database is critical to insuring the most accurate data collection for reporting. When properly integrated, these systems can simplify reporting and reduce manual processes within a clinic.

When looking at EHR systems, there are several considerations, such as making sure that the EHR is certified. Currently, the Certification Commission for Healthcare Information Technology (CCHIT) provides annual certifications for EHRs to ensure that their functionality meets established guidelines. EHR vendors undergo rigorous testing to prove that their products comply with a strict set of guidelines. Although CCHIT is the industry's current certification organization, more certification bodies may emerge with the recent finalization of the "Meaningful Use" criteria under the Health Information Technology for Economic and Clinical Health (HITECH) Act — a component of the American Recovery & Reinvestment Act (ARRA).

Additional fundamental system requirements include:

- Task management and workflow capabilities
- Electronic data interchange (EDI) connectivity for electronic eligibility checking and the submission of claims
- Security and audit trail capabilities that prevent the disclosure of private health information and are compliant with the Health Insurance Portability and Accountability Act (HIPAA)

Front-Office Automation

A significant amount of time and operational costs are devoted to data collection and patient management. CHCs have unique front-office processes that go far beyond the basics of scheduling appointments and registering patients. These additional front-office data collection processes are vital for UDS reporting and grant funding, and include:

- Determining the patient's ability to pay for services, and if they are eligible for Medicare, Medicaid or any types of financial assistance
- Recording the patient's income and family size, and automatically calculating income levels based on poverty guidelines to determine eligibility for sliding fee scales
- Monitoring if the number of patient visits are within reimbursement guidelines, and if sliding fee scales have expired
- Accurately collecting patient minimum visit and co-pay amounts

Typical practice management solutions are often unable to accommodate these needs, as they lack the specific fields required to record and report on the information. As a result, practices must resort to manually tracking this data, which is an immensely cumbersome process. This manual method is especially ineffective when it's time to collect the information for UDS reporting, or when creating reports for the Family Planning Annual Report (FPAR), or statewide health planning and development reports.

Practice management systems that are designed for the CHC market have the fields to collect this data, and include features that require system users to enter UDS-required information before proceeding to another form or task. Additionally, CHC-specific systems include a variety of pre-configured reports to collect and submit the compiled information to various entities. These systems also include the capability to electronically manage and track referrals and authorizations to monitor the patient's continuity of care.

Clinical Data Capture and Workflow

EHRs that collect clinical information as structured documentation (codified clinical data) improve data indexing and searching, which assists CHCs with tracking and reporting requirements. This is accomplished because codified clinical data is captured and stored in a standardized format, making the reporting process easier and more efficient. Another benefit of this structure is that it allows practices to easily import a patient's pre-visit health information, reducing data input time and increasing accuracy, as well as enhancing continuity of care efforts.

EHR templates enable clinicians to work quickly and efficiently to record encounter data, including cutting and pasting routine data into the patient chart. For CHCs, it's important that these templates either come pre-configured for specialties, or allow users to customize them. For example, OB/GYNs require different fields than pediatricians or behavioral health specialists. The ability to provide templates that contain the proper fields — and match clinical workflow patterns — greatly improves the efficiency of the documentation process.

Electronic ordering capabilities is another feature that helps improve clinician workflow and documentation accuracy. Electronic prescribing (ePrescribing) allows clinicians to quickly order prescriptions, view if the patients filled the order, and expedite the refill process. Electronic lab orders improve accuracy and electronic results are received much quicker, enabling clinicians to expedite responses to patients' health needs. Some systems even use predictive order management features that create condition-specific orders and treatment options based on provider use patterns. This is an especially important feature set for managing chronic health conditions that have standard treatment protocols, such as diabetes.

The ability to electronically track and follow up on all tests and referrals is another key EHR function that helps CHCs fulfill reporting requirements. This includes the capability to track immunizations and electronically alert clinicians when patients are past-due for routine tests and screenings, such as PAP smears, colonoscopies, etc. These alerts allow practices to easily notify patients of needed tests or immunizations upon check-in or through other outreach methods. Increasing immunization rates helps practices comply with state-specific registry requirements. These alerts are also useful for tracking patients with chronic conditions, so that they can be notified about needed or past-due tests that help clinicians monitor their health and wellness.

Financial Management

Practice management systems that are designed for the CHC market help practices manage their revenue cycles with features to support sliding fee scales, advanced billing logic, automated clinic rate adjustments, and integrated UDS reporting. Three key capabilities of any CHC practice management system are:

1 **Automated Insurance Plan Assignment** — This capability helps practices bill multiple insurance plans for a single patient visit. User-defined business rules automatically assign charges to the correct insurance plan upon charge entry.

2 **Built-In Sliding Fee Scales** — Using patient income and family size data, this capability automatically adjusts charges in accordance with Federal Poverty Guidelines and user-defined clinic policies. This reduces manual calculations at a practice's busy check-in and checkout areas, and improves billing accuracy.

3 **Clinic Interim Rate Management** — Tracking Medicare and Medicaid clinic rates is difficult without technological support. These rate management capabilities allow practices to define multiple clinic rates by program and service center, and set minimum rate amounts by procedure or procedure class. This helps improve financial reporting.

Accounts receivable tracking for CHCs is unique as well, and a system that can track reimbursement from multiple payers for a single patient encounter, and accommodate clinic rate change adjustments is crucial. Additional useful features include the ability to:

- Reassign payers for a voided charge
- Electronically download remittance advice, and post payments, exceptions and denials

Patient Communications

An additional consideration for CHCs to evaluate is a portal solution to enhance patient communications. Internet usage is widespread across the country regardless of demographic or income. Patient portals are becoming an increasingly important part of healthcare delivery systems. Patients benefit from online access to their health records and are empowered to communicate with providers and staff via secure, HIPAA-compliant, emails and portal systems. Common portal capabilities include the ability to:

- Request prescription refills online
- View lab results
- Email inquiries to practices
- Schedule appointments
- Download pre-visit questionnaires and fill-out forms prior to office visits

Portals also serve as a secure way to handle patient recalls for tests or routine care. One of the most popular functions that portals often serve is being the communications vehicle for lab test results. Instead of having patients waiting days and weeks for test results, providers can send lab results to patients via secure email messaging from the portal immediately following result receipt and evaluation. Providers can send a personalized email stating the results that includes recommendations for follow-up. This leads to a more engaging experience for patients as they become an active part of their own healthcare.

Choosing the Right Technology

CHCs have the potential to realize substantial benefits by using technology to automate processes, improve their documentation and reporting, and decrease manual processes that escalate costs. By selecting an integrated solution that addresses the specific needs of the CHC market — and partnering with an experienced vendor — practices can streamline operations in their front office, back office and clinical settings. These resulting cost savings and increased efficiencies can enable CHCs to focus their efforts on providing exceptional care to the populations they serve as they work to fulfill their missions.

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