

NETWORK DESCRIPTION INCONCERT CARE (INCC)

HISTORY

INConcert Care, Inc. (INCC) is a 501(c)(3) organization created as a collective effort of the Iowa/Nebraska Primary Care Association (IA/NE PCA) members to integrate and reengineer administrative and delivery systems that will ensure access to care for the medically underserved. It is the only federally-funded, bi-state network.

In the early 1990s, Primary Health Care, Inc., the CHC in Des Moines, Iowa successfully obtained a Bureau of Primary Health Care (BPHC) sponsored Early Intervention HIV award which initiated the collaborative effort among Iowa's health centers. They have also developed a Primary Care Association / Primary Care Offices (PCA/PCO) health professional education project, the National Health Service Corp Fellowship.

In October of 1998, they received funding under BPHC's Integrated Services Development Initiative (ISDI) for a bi-state practice management network. This last award pushed eight health centers in Iowa and Nebraska to develop a centralized practice management network.

Centralized functions to date include a contract with American Express of New York for financial consulting services, a joint purchasing arrangement by IA/NE PCA with McKesson, plans for a shared Chief Dental Officer, and most importantly, a centralized MIS. As part of the integration, the participating health centers have agreed to operate with centralized functions, common definitions, and the ability for conducting centralized financial processes.

MOTIVATION FOR FORMING

INCC states that its principal motivation for forming was the realization by IA/NE PCA that in order to ensure their viability in the health care marketplace they had to become more cost competitive. This realization came about as a direct reaction to financial, competition, and legislative changes in the health care industry.

ORGANIZATION

INCC is the business arm of eight community health centers and the two statewide migrant health programs in the IA/NE PCA. Its Governing Board is composed of the centers' executive directors or their designees, plus a representative of the Indian/Chicano Center in Omaha (an FQHC "look-alike").

MEMBERS

INCC is composed of the following members:

- Community Health Care, Inc.
- Charles Drew Health Center
- Peoples Community Health Centers
- Primary Health Care, Inc.
- Panhandle Community Services

- Siouxland Community Health Center
- Proteus Migrant Health Project
- Council Bluffs Community Health Center

DEGREE OF SHARING

INCC, through the use of centralized practice management software, shares some of the most common MIS functions between its health centers. For a complete picture of this integration, please refer to Appendix A - Integration Matrix.

BENEFITS

- Increased collaboration between health centers through improved information sharing
- More efficient utilization of resources and economies of scale
- Cost savings through elimination of duplicate fiscal, information, administrative and clinical systems
- Improvement in systems quality through INCC’s ability to attract, employ and retain high-level information technology staff
- Improved negotiating position with payers, providers of secondary, tertiary and ancillary care and suppliers through increase in size and market position
- Improved negotiating position with suppliers
- Improvement in management reporting and decision support
- Improved clinical services from sharing of best practices, joint clinical projects, and leadership

INFRASTRUCTURE

Practice Management System:	HealthPro
Accounting:	MAS 90
Payroll:	Varies
Electronic Mail:	Will be on central server
Office Automation:	Varies, long range plan for Microsoft Office
Network Topology:	Wide Area Network, 256K frame relay, internet access, telehealth and video capabilities
Centralized Hardware:	File/Application Server – HealthPro – Citrix Server

For additional information please refer to Appendix B - MIS Integration.

CRITICAL SUCCESS FACTORS

- High degree of trust developed among sites
- Importance of communications established as an operating principle
- Executive Support- continuous involvement by CHC boards and their CEOs from the beginning
- Information Systems Steering Committee- inclusion of technical staff and users at all meetings; varied composition results in having input of users in choosing system
- Project plan must be established and followed closely to ensure successful implementation
- Standard data sets in all aspects of MIS- common data sets should be determined before project implementation begins
- Recognition of MIS skills requirements
- Realistic expectation setting
- Negotiated unlimited licensing for vendor
- Choice of central site- considered geography, space availability and the economic feasibility of the communication network
- Ongoing internal training- staff members at health centers were trained as HealthPro-certified trainers
- Sharing of technical staff across network eased financial strain

**APPENDIX A
INTEGRATION MATRIX**

FUNCTION	None	Collaborative	Shared	Integrated
CLINICAL				
Clinical Services / Programs			.	
Treatment Protocols				.
Staffing	.			
Documentation:		.		
Medical Records		.		
Common Forms		.	Some	
Policies & Procedures		.	Some	
Ancillary Services	.			
Research / Studies				.
CQI				.
Outcomes Measures			.	
Immunization/Morbidity Registries				Immunization AIC
Pharmaceutical Formulary	.			
ADMINISTRATIVE	.			
Human Resources	.			
Education:				
Community	.			
Patient/Customer	.			
Staff				Some
Board				.
Credentialing	.			
Purchasing				Some
Program / Services Development.				.
Resource Development		.		
Communications:				
Public Relations		.		
Advocacy		.		
Marketing				.
Strategic Planning				.
Quality Improvement			Some	
Member Services - Managed Care				.
Contract Administration				.
Master Person/Patient Index			.	
Internal Audit				
Staff	•			
Patients				

**APPENDIX A
INTEGRATION MATRIX (CONCLUDED)**

FUNCTION	None	Collaborative	Shared	Integrated
FISCAL				
Grants Management				.
Managed Care Contracting				.
Accounting: GL A/R A/P Payroll	
Policies and Procedures				.
External Auditing				.
Regulatory Compliance: Medicare Medicaid			.	.
Billing and Collections				. (will be)

**APPENDIX B
MIS INTEGRATION MATRIX**

MIS	None	Data Center	Partial Integration	Full Integration
Practice Management System: Data Elements / Data Dictionary Data Sharing Data Administration Management Reporting			
Communications				.
Central Data Center				.
Internet/Email Services				Will be
Accounting	.			
Office Automation	.			
Information Systems/Information Technology Administrative Clinical Fiscal			.	. .