

The Business Value of True Software Integration

Sometimes change comes upon us so slowly that we can miss something very important. The provider world seems to be approaching one of those pivotal times. One facet of the electronic health record explosion will present a critical need to produce a complete and portable resident record quickly when a resident is transferred to a hospital or other provider in the continuum of care.

Historically this has meant that we just crank up the copy machine and hope that all the pages have been filed in the right chart. It will be different in the coming electronic world – and more standardized too. Rapid access to a complete and up to date resident health record will become the de facto standard for exchanging health information among providers.

So, what's this slowly evolving change that we don't want to miss?

For decades, many providers have interfaced a patchwork of what are usually called “best of breed” information systems to run their organizations. This approach of clustering disparate software together was able to deliver somewhat reasonable results in the days when business functions like nursing and the front office were able to function more independently of one another. However, the progressive melding of long term care reimbursement directly with the patient care behind it has blurred these functional boundaries in recent years. Now, much more serious implications begin to plague the provider, like claims that are denied because clinical documentation is lacking or like surveyors (worse yet, plaintiff attorneys) who uncover large documentation gaps between the disparate systems. But even with these more costly challenges, we haven't seen anything yet compared to the increasing demands of the interoperable health record that will soon be upon us all.

What is the answer to this growing problem?

Simply put, it is adopting systems that fully integrate core functionality from the front office to clinical all the way through the back office.

It's clearly time to learn the valuable difference an “integrated” software system can make for an organization over an “interfaced” one. Unfortunately, some software companies have interchanged these two terms over time, so let's start with some factual core definitions.

Integration. In its purest form, this represents the highest level of connecting software components. It is the most transparent and efficient method for software functions to work together. This approach costs the software developer more to create but saves the provider the ongoing cost of maintaining interfaces for these components themselves. In the case of only a handful of long term care product suites, this means individual modules that were designed from the ground up to run in concert with each other. These products stand out in that they use the same user interface concepts so the user only has to learn one system, they eliminate redundant keying to avoid disparate results that must later be

reconciled, and they share a single unified database design structure. And finally, because all the parts are designed to work together, the results are available to all other users as soon as input is captured.

Interface. An interface is a lower level of connecting software components. An interface is called for when disparate software components are bolted together. As the name implies, there is an additional required piece of software between the two products to link them together. This approach costs the software developer much less to create, but in return it creates an ongoing maintenance issue for the provider to manage with their own scarce resources. While there is a legitimate place for interfaced software, the closer one gets to core business processes, the more effort and risk it takes to produce reliable decision making information using an interfaced approach.

Why is the difference so critical to your operations?

Whatever name a software company uses to call its connection strategy, you need to be equipped to ask the right questions. When you obtain your answers, you'll be able to understand the ongoing cost of running that software.

Truly integrated software components are marked by these major characteristics:

- They can literally plug in and share common information with no further intervention,
- They carry a very similar look and feel for the user experience,
- They require no extra logins to move from one to the other, and
- They produce real-time outcome information that is always in synch.

Interfaced software components are marked by the following major characteristics:

- They share specified data through a specialized software bridge (the interface). And that bridge can be threatened at any time when one of the software companies updates its software – almost always with NO regard for the impact on the software product at the other end of the bridge. And when this occurs, the provider must assume the responsibility to reconnect the bridge before any operational damage is done.
- The actual exchange of common data requires a deliberate action to occur – either the press of a button, running an automated script or an update initiated by the provider's network administrator. And if these actions occur in the wrong order, they can create data corruption problems leaving the provider with unreliable business information - sometimes for weeks.
- Because of the above characteristics, even the best interfaces leave data in one software component out of synch with the other between data exchanges. That means that management decisions can be made without all the information being current. A classic example in the long term care world occurs when an organization uses separate billing and clinical software. Almost always, there's a resulting disparity in current census that creates an extra reconciliation step for already-busy staff to determine 'whose count is right - nursing or the front office?' However, in the coming EHR era things will get even more complicated – and right at the point of care.
- And finally, since the software components were not designed by the same development companies, the user experience (screen designs, navigation strategy, etc.) changes when the user moves back and forth from one component to another. This produces not only a day to day hassle, but a much larger ongoing training requirement for this high-turnover industry.

What is American HealthTech's approach?

Since the terms are getting blurred by software company marketing efforts, we call our approach "Organic Integration". What this means is that we deploy the best modern methods of designing our software from the ground up to work seamlessly together with all the business functions related to it. That's why our products have always been single-entry in design. If someone keys in information, it's shared by all others who use that same information – no rekeying, no reconciling.

But there's more value than ease and reliability of input. The data is stored in a single database so that results are immediately available too, whether you are a nurse on the floor, a front office biller or a remote corporate operations person. Each user at each level in the organization has the privilege of seeing real time, mission-critical information to do their job confidently.

And with this fully integrated design approach, the I.T. staff is then freed up to help their organization solve real business problems rather than trying to keep disparate software bolted together and managing multiple vendor relations.

There's a difference in functionality too. Because we have focused our entire 30-year history on a single market, we have a unique view of the many ways our products can talk to each other to further assist the entire provider team. The result is a very intuitive, well thought out solution. That means that our customers don't have to shop for their own best-of-breed clusters. With American HealthTech, they have a "best-of-both" solution!

That's the fruit of "organic integration". Sure it costs us more to develop our software this way. But we're in this industry for the long haul, and our customers tell us that they wouldn't have it any other way.

And, oh yes, we did say that there is a legitimate place for interface connections. At American HealthTech, we recognize that system interfaces are sometimes needed to add further value to our fully integrated core system. For example, we support interfaces to and from systems that do not run within the long term care facility like an external pharmacy or hospital system. We also support interfaces to highly specialized third party applications that are important but not mission-critical to the core functions we serve. AHT is committed to developing interfaces that meet these value-added criteria.

And where really solid partners exist who have products with a wide customer reach, we go the extra mile to build what we call "Smart Interfaces". These interfaces are designed to go beyond the scope of traditional simple bridges between two detached systems. Instead, we find creative ways to embed the interface process within the routine workflow of our core system to make the crossover to the other software as seamless for the user as possible.

Trusted solutions. Clockwork precision.

To learn more about American HealthTech's commitment to both the current and future needs of the long term care industry, [contact us](#) or call 1-800-489-2648, ext 1051 today, and let us show you how we can help.