

The need: Managing the continuum of care

There is overwhelming pressure on healthcare organizations everywhere to improve quality whilst containing costs. Although the rewards for successfully achieving quality improvement and cost management are enormous, achieving them is seriously inhibited by the reliance, still, on paper driven systems and the fragmented nature of “legacy” healthcare computer systems resulting in the lack of clinical data at the point of care. There is universal recognition that paper systems cannot meet the demands of today’s healthcare challenges.

For effective disease management of chronic illnesses, these limitations are even more difficult. Cost effective, quality care of such patients involves the coordination of providers and healthcare professionals throughout the community. Information must be captured from and available to a variety of people at different locations each with a different role in the care of the patient. Significantly improved healthcare information management is needed to deliver patient-centered, seamless, integrated care with information shared between healthcare professionals.

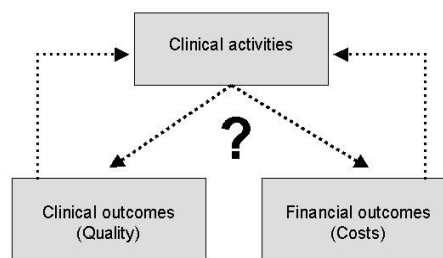
Additionally, when reviewing its performance, a healthcare organization must be able to measure the effectiveness of the clinical activities carried out (process), the clinical outcomes (quality) and the financial outcomes (costs) achieved.

The solution:

Electronic care pathways which link the continuum of events that occur as a patient moves through the health care system associating patient care activities directly with clinical and financial outcomes.

The benefit:

Ability to optimize clinical activities to achieve the clinical and financial outcomes desired.



The problem:

Existing clinical software systems are exclusive. They meet the needs of one group of healthcare professionals e.g. pathologists, radiologists, physicians, nurses, etc. and they deliver patient-centered care only within their organization. This works for the organization, but creates fragmentation and inhibits seamless care within the community. Fragmented care is **always** more expensive and less effective than seamless, integrated care.

Our approach:

BHG provides browser based software to capture electronic clinical data within any specialty on a range of devices (PC, notebook, handhelds, palmtops, mobile phones) and data capture methods (keyboard, touch screen, voice). The clinical data, whatever the device or data capture method, is integrated into a standards based, comprehensive, patient centered, community based electronic health record. This data base can optionally be integrated directly with our comprehensive electronic medical record system, BETTERHEALTH *record*™

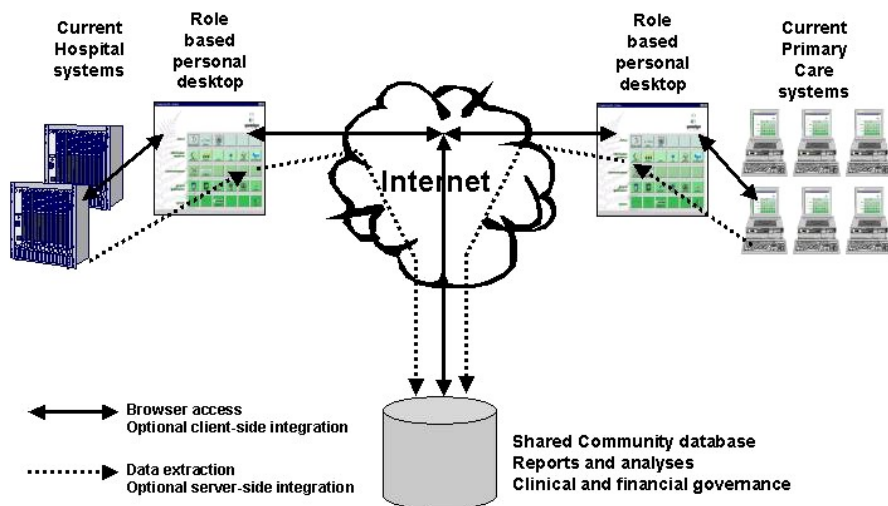
Our powerful care pathway software permits any healthcare community to create best practice pathways, for any condition, procedure or chronic disease and deliver the pathway to the all appropriate healthcare professionals at the point of care regardless of location.

Our clinical governance engine compares the pathway with the clinical data captured and delivers real time variance reports. Our software has full activity based costing built-in. Therefore, from the clinical data capture, we can also deliver financial governance.

Through the clinical and financial governance and powerful variance reports and analyses, we enable the community to deliver the most clinically effective and the most-cost-effective care to achieve its agreed outcomes.

Architecture

Much of the clinical data is already captured and stored in existing systems and every community needs to preserve its investment in them. *Integrated Care Manager* exists alongside and utilizes existing system's data. Users are able to access data in their legacy systems and the shared community database simultaneously through the BHG Personal Desktop.



Our architecture provides world class, **role-based** access that enables individuals to have multiple roles with different access rights from different locations at different times with emergency override and full audit.

To deliver seamless care within a community requires data to be shared consistently yet different healthcare professionals and specialties have variable data and functional needs. *Integrated Care Manager* solves this by providing a consistent enabling software architecture that includes:

- Comprehensive, standards based, patient-centric electronic health record
- Care pathways and a range of completely tailored applications to meet the needs of any healthcare professional down to the level of their individual role and location.
- Highly configurable assuring applications stay in line with changing requirements.

Our enabling software architecture is based on emerging international standards for open source electronic health records and we welcome other software suppliers integrating their applications.

Our solution can be hosted locally on web servers within an organization or hosted remotely hosted as a web based ASP. The ASP model is particularly suitable for the community providing the lowest infrastructure costs and maximum scalability. We have current examples in diabetes, coronary heart disease, cancer, mental health and asthma.