revenue cycle management healthcare pdf

revenue cycle management healthcare pdf is an essential resource for healthcare providers aiming to streamline financial processes and optimize cash flow. This document typically offers a comprehensive overview of the revenue cycle management (RCM) process, including patient registration, insurance verification, coding, billing, and collections. Understanding the components and best practices outlined in a revenue cycle management healthcare pdf can help organizations reduce claim denials, improve revenue capture, and ensure compliance with healthcare regulations. Moreover, such PDFs often include detailed workflows, key performance indicators (KPIs), and technology recommendations for effective RCM. This article explores the core aspects of revenue cycle management in healthcare, the benefits of utilizing a healthcare PDF guide, and practical steps for implementation. The following sections will provide a detailed examination of these topics.

Understanding Revenue Cycle Management in Healthcare

Revenue cycle management (RCM) in healthcare refers to the financial process that healthcare providers use to track patient care episodes from registration and appointment scheduling to the final payment of a balance. It encompasses the entire lifecycle of a patient's account, ensuring that providers are reimbursed for the services rendered efficiently and accurately. A revenue cycle management healthcare pdf serves as a valuable guide to understanding this complex process, breaking down each phase to help healthcare professionals optimize their financial operations.

Definition and Scope of RCM

RCM includes all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue. This process spans several departments and involves multiple stakeholders such as front-office staff, medical coders, billing specialists, and accounts receivable teams. The scope of RCM extends from verifying patient insurance eligibility to managing claims submission and handling denials or appeals.

Importance of Revenue Cycle Management

Effective revenue cycle management is critical for maintaining the financial health of healthcare organizations. It directly impacts cash flow, reduces outstanding accounts receivable, and improves patient satisfaction by reducing billing errors. The use of revenue cycle management healthcare pdf documents provides structured approaches and best practices to enhance these outcomes.

Key Components of Revenue Cycle Management Healthcare PDF

A comprehensive revenue cycle management healthcare pdf typically covers the essential components involved in the revenue cycle process. These components are crucial for understanding how to

efficiently manage healthcare billing and collections.

Patient Registration and Insurance Verification

This initial phase involves collecting accurate patient information and verifying insurance coverage before services are provided. Ensuring correct data entry reduces the chances of claim denials and delays. The healthcare pdf usually details the necessary data fields and verification workflows.

Coding and Documentation

Proper medical coding is vital for accurate claim submission. The document explains coding standards such as ICD-10, CPT, and HCPCS, and emphasizes the importance of thorough clinical documentation to support billing claims.

Claim Submission and Follow-up

After coding, claims are submitted to payers for reimbursement. The pdf outlines best practices for electronic claim submission, tracking claim status, and managing denied or rejected claims through timely follow-ups.

Payment Posting and Patient Collections

Accurate posting of insurance and patient payments is necessary for maintaining clean accounts. The pdf also addresses strategies for patient billing, payment plans, and collection policies to ensure outstanding balances are resolved promptly.

- Patient Registration

- Insurance Verification
- Medical Coding
- Claim Submission
- Denial Management
- Payment Posting
- Patient Collections

Benefits of Using a Revenue Cycle Management Healthcare PDF

Utilizing a revenue cycle management healthcare pdf offers multiple advantages for healthcare organizations seeking to enhance their financial processes. These documents consolidate essential knowledge, workflows, and strategies in a readily accessible format.

Standardization of Processes

The pdf provides standardized procedures that ensure consistency across departments, reducing errors and improving efficiency in billing and collections.

Training and Onboarding Tool

New staff members can use the document as a training resource to quickly understand the complexities of RCM, accelerating their integration and performance.

Reference for Compliance and Auditing

Healthcare regulations and payer requirements frequently change. A well-maintained pdf helps organizations stay compliant by documenting policies and procedures that can be referenced during audits.

Best Practices for Revenue Cycle Management

Implementing best practices as outlined in revenue cycle management healthcare pdfs is essential to maximizing revenue and minimizing financial risks.

Accurate Data Entry and Verification

Ensuring that patient and insurance information is correct at the point of entry prevents costly claim denials and delays.

Regular Training and Updates

Keeping staff informed about coding updates, payer policies, and regulatory changes helps maintain compliance and accuracy.

Proactive Denial Management

Establishing processes to quickly identify, analyze, and appeal denied claims improves cash flow and reduces write-offs.

Utilizing Analytics and KPIs

Tracking key performance indicators such as days in accounts receivable, clean claim rate, and denial rate enables continuous process improvement.

1. Verify patient information accurately
2. Maintain up-to-date coding knowledge
3. Submit clean claims promptly
4. Monitor and manage denials effectively
5. Leverage data analytics for decision-making

Technology and Tools in Revenue Cycle Management

Modern revenue cycle management relies heavily on technology to automate and optimize various processes. A revenue cycle management healthcare pdf often highlights these tools and their benefits.

Electronic Health Records (EHR) Integration

Integrating RCM systems with EHRs ensures seamless data flow between clinical and billing departments, reducing manual entry and errors.

Automated Billing Software

Automated billing platforms facilitate claim submission, payment posting, and patient billing, increasing efficiency and accuracy.

Analytics and Reporting Platforms

Advanced analytics tools provide real-time insights into revenue cycle performance, enabling proactive management and strategic planning.

Challenges and Solutions in Revenue Cycle Management

Despite best efforts, healthcare organizations face challenges in revenue cycle management. The revenue cycle management healthcare pdf addresses common issues and proposes practical solutions.

Claim Denials and Rejections

Denials are a major obstacle that delays reimbursement. The pdf suggests root cause analysis, staff training, and process refinement to reduce denials.

Regulatory Compliance

Constantly changing regulations require ongoing education and system updates to avoid penalties and ensure proper billing practices.

Patient Payment Collection

With increasing patient financial responsibility, transparent billing and flexible payment options are recommended to improve collections.

Data Security and Privacy

Protecting patient information is crucial. The document typically emphasizes adherence to HIPAA guidelines and secure data management practices.

Frequently Asked Questions

What is Revenue Cycle Management (RCM) in healthcare?

Revenue Cycle Management (RCM) in healthcare refers to the process of managing the financial transactions that result from the medical services provided to patients, from scheduling and registration to billing and final payment.

Why are PDFs commonly used for Revenue Cycle Management healthcare documents?

PDFs are commonly used because they preserve the formatting and can be easily shared and accessed across different devices and platforms, making them ideal for distributing standardized revenue cycle management documents and resources.

Where can I find a comprehensive PDF guide on healthcare Revenue Cycle Management?

Comprehensive PDF guides on healthcare Revenue Cycle Management can often be found on healthcare consulting firms' websites, industry associations like HFMA, and educational platforms

offering healthcare administration resources.

What key topics are typically covered in a Revenue Cycle Management healthcare PDF?

Key topics usually include patient registration, insurance verification, coding and billing processes, claims submission, payment posting, denial management, and compliance requirements.

How can a Revenue Cycle Management PDF help healthcare providers improve their processes?

A detailed RCM PDF can provide healthcare providers with best practices, regulatory updates, workflow optimization techniques, and tools for reducing errors and denials, thereby improving cash flow and operational efficiency.

Are there any free Revenue Cycle Management healthcare PDFs available for download?

Yes, many organizations offer free downloadable PDFs on RCM, including whitepapers, industry reports, and educational materials from sites like HFMA, healthcare consulting groups, and government health departments.

What role does technology play in Revenue Cycle Management according to healthcare PDFs?

Healthcare PDFs often highlight the role of technology such as electronic health records (EHRs), billing software, and automation tools in streamlining the RCM process, improving accuracy, and reducing claim denials.

How often should healthcare providers update their Revenue Cycle Management practices based on PDF resources?

Providers are advised to regularly update their RCM practices, typically annually or whenever there are significant regulatory changes, to stay compliant and optimize revenue, as recommended in most healthcare RCM PDFs.

Additional Resources

1. *Revenue Cycle Management in Healthcare: Strategies for Success*
This book offers a comprehensive overview of the revenue cycle process in healthcare settings, focusing on optimizing billing, coding, and collections. It provides practical strategies to improve cash flow and reduce denials. Readers will find case studies and best practices aimed at enhancing financial performance in hospitals and clinics.

2. *Healthcare Revenue Cycle Management: A Complete Guide*
Designed for healthcare administrators and finance professionals, this guide covers all aspects of revenue cycle management from patient registration to final payment. It explains key concepts such as insurance verification, claims processing, and reimbursement methodologies. The book includes downloadable PDF resources for workflow templates and compliance checklists.

3. *Mastering Revenue Cycle Management: Tools and Techniques for Healthcare Providers*
This resource delves into advanced tools and technologies that streamline revenue cycle operations. It discusses the impact of electronic health records (EHR) integration, automated billing systems, and data analytics. Healthcare providers will learn how to leverage these tools to reduce errors and accelerate revenue collection.

4. *Revenue Cycle Management Best Practices in Healthcare*
Focusing on industry best practices, this book highlights methods to minimize denials, improve coding accuracy, and enhance patient financial experience. It features interviews with revenue cycle experts

and provides actionable tips to implement process improvements. The content is supported by real-world examples and downloadable PDF templates.

5. *Healthcare Finance and Revenue Cycle Management Essentials*
This text serves as an introduction to both healthcare finance principles and revenue cycle management. It bridges the gap between financial theory and practical application in clinical settings. Readers will gain insight into budgeting, financial reporting, and revenue optimization techniques.

6. *Optimizing Revenue Cycle Management in Healthcare Organizations*
Aimed at healthcare executives, this book explores strategic approaches to improve revenue cycle efficiency. Topics include workforce training, compliance with regulatory requirements, and leveraging business intelligence. The book offers step-by-step guides and includes downloadable PDFs to assist with implementation.

7. *Revenue Cycle Management for Healthcare Professionals: A Practical Approach*
This practical guide breaks down complex revenue cycle concepts into easy-to-understand modules. It covers topics such as patient access services, coding and billing, and denial management. The book is enriched with charts, flow diagrams, and downloadable PDFs to support learning.

8. *Revenue Cycle Management Compliance in Healthcare*
Focusing on regulatory and legal aspects, this book addresses compliance challenges in revenue cycle management. It covers HIPAA, billing fraud prevention, and audit readiness. Healthcare organizations will benefit from checklists and compliance tools available in PDF format.

9. *Innovations in Healthcare Revenue Cycle Management*
This book highlights recent innovations and emerging trends in revenue cycle management, including AI, machine learning, and blockchain applications. It examines how these technologies can transform revenue cycle workflows and improve financial outcomes. The text includes case studies and supplementary PDF resources for further exploration.

Revenue Cycle Management Healthcare Pdf

Revenue Cycle Management in Healthcare: A Comprehensive Guide (PDF)

Ebook Title: Mastering Healthcare Revenue Cycle Management: Strategies for Optimized Financial Performance

Ebook Outline:

Introduction: Defining Revenue Cycle Management (RCM) in healthcare, its importance, and the challenges faced.
Chapter 1: The Healthcare Revenue Cycle – A Detailed Breakdown: Stages of the revenue cycle, key players involved, and common pain points at each stage.
Chapter 2: Optimizing Patient Registration and Scheduling: Best practices for efficient patient registration, appointment scheduling, and pre-authorization processes.
Chapter 3: Enhancing Claims Processing and Denial Management: Strategies for accurate claims submission, timely payment, and effective denial management techniques.
Chapter 4: Improving Payment Posting and Reconciliation: Streamlining the payment posting process, reconciling accounts, and minimizing discrepancies.
Chapter 5: Leveraging Technology for RCM Efficiency: Exploring the role of electronic health records (EHRs), revenue cycle management software, and analytics in improving RCM performance.
Chapter 6: Key Performance Indicators (KPIs) and Reporting: Identifying and tracking critical KPIs, analyzing performance data, and using insights to drive improvements.
Chapter 7: Compliance and Regulatory Requirements: Understanding HIPAA, other relevant regulations, and strategies for maintaining compliance.
Chapter 8: Building a High-Performing RCM Team: Strategies for recruiting, training, and motivating a skilled RCM team.
Conclusion: Summary of key takeaways, future trends in healthcare RCM, and resources for continued learning.

Revenue Cycle Management in Healthcare: A Comprehensive Guide

Revenue cycle management (RCM) in healthcare is the process of managing all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue. It's a complex, multifaceted process that encompasses everything from patient registration and scheduling to claims submission, payment posting, and denial management. Effective RCM is crucial for the financial health of any healthcare provider, impacting profitability, operational efficiency, and ultimately, the ability to deliver high-quality patient care. In today's challenging healthcare landscape, characterized by increasing regulatory burdens, declining reimbursements, and rising patient expectations, mastering RCM is more critical than ever. This comprehensive guide will delve into the intricacies of healthcare RCM, providing practical strategies and insights to optimize financial performance and enhance operational efficiency.

Chapter 1: The Healthcare Revenue Cycle – A Detailed Breakdown

The healthcare revenue cycle is a series of interconnected processes that begin with patient registration and end with the final payment collection. Understanding each stage is crucial for identifying bottlenecks and improving efficiency. The typical stages include:

Pre-service: This stage involves patient registration and scheduling, pre-authorization of services, and insurance verification. Inefficiencies here can lead to delays in treatment and denials later in the cycle.
Service: This encompasses the actual provision of healthcare services to the patient. Accurate documentation during this phase is critical for successful claims submission. Using the correct medical codes and ensuring complete and accurate documentation minimizes the risk of denials and claim rejections.
Post-service: This is the most complex phase and involves claims submission, payment posting, denial management, and accounts receivable follow-up. This stage necessitates diligent follow-up to ensure timely reimbursements and minimize revenue leakage.

Key players involved in the revenue cycle include physicians, nurses, billing staff, coders, insurance companies, and patients. Collaboration and clear communication between these stakeholders are crucial for a smooth and efficient process. Common pain points include:

High claim denial rates: Incorrect coding, missing documentation, and lack of pre-authorization are common reasons for denials.
Slow payment turnaround times: Inefficient billing processes and inadequate follow-up can lead to delays in receiving payments.
High accounts receivable: Unpaid invoices and delayed payments can significantly impact cash flow.
Lack of visibility into revenue cycle performance: Without effective tracking and reporting, it's difficult to identify areas for improvement.

Chapter 2: Optimizing Patient Registration and Scheduling

A streamlined patient registration process is the foundation of an efficient RCM. Key strategies include:

Implementing a user-friendly registration system: This can include online registration portals, electronic forms, and automated data capture to minimize manual data entry and errors.
Verifying insurance coverage upfront: This prevents delays and denials later in the cycle by ensuring that the patient's insurance is valid and covers the necessary services.
Using appointment scheduling software: This helps optimize appointment scheduling, reduces no-shows, and improves patient flow.
Pre-registration: Gathering patient information before their appointment reduces wait times and improves efficiency on the day of the visit.

Chapter 3: Enhancing Claims Processing and Denial Management

Accurate and timely claims submission is crucial for prompt payment. Strategies for optimizing this process include:

Implementing robust coding practices: Accurate and consistent coding ensures that claims are submitted with the correct codes, minimizing the risk of denials.
Utilizing claim scrubbing software: This software identifies errors and inconsistencies in claims before submission, reducing denials and improving efficiency.
Establishing a proactive denial management process: This involves actively tracking denials, analyzing the reasons for denials, and implementing corrective actions to prevent future denials. Appealing denied claims efficiently is a crucial aspect of this process.

Chapter 4: Improving Payment Posting and Reconciliation

Accurate and timely payment posting is essential for maintaining accurate financial records. Strategies include:

Automating payment posting: Using automated systems reduces manual data entry, minimizes errors, and improves efficiency.
Reconciling accounts regularly: Regular reconciliation helps identify discrepancies and ensures the accuracy of financial records.
Implementing a robust accounts receivable management process: This includes actively following up on outstanding payments and addressing any discrepancies.

Chapter 5: Leveraging Technology for RCM Efficiency

Technology plays a crucial role in optimizing RCM. This includes:

Electronic Health Records (EHRs): EHRs integrate patient data, improve documentation accuracy, and streamline the entire process.
Revenue Cycle Management (RCM) software: Dedicated RCM software automates many aspects of the revenue cycle, improving efficiency and reducing errors.
Business intelligence and analytics: Data analytics tools provide insights into RCM performance, enabling data-driven decision-making and improvement.

Chapter 6: Key Performance Indicators (KPIs) and Reporting

Monitoring key performance indicators (KPIs) is crucial for evaluating RCM performance and identifying areas for improvement. Important KPIs include:

Days in accounts receivable (AR): Indicates the average time it takes to collect payments.
Claim denial rate: Measures the percentage of claims denied by payers.
Net collection rate: Measures the percentage of charges collected after adjustments.
Clean claim rate: Measures the percentage of claims submitted without errors.
Patient satisfaction scores: Measures patient satisfaction with the billing and payment process.

Regular reporting and analysis of these KPIs provide valuable insights into RCM performance and guide improvement strategies.

Chapter 7: Compliance and Regulatory Requirements

Healthcare providers must comply with various regulations, including HIPAA. Maintaining compliance is crucial for avoiding penalties and maintaining patient trust. Strategies for ensuring compliance include:

Implementing robust security measures: Protecting patient data is paramount.
Staying updated on regulatory changes: Healthcare regulations evolve constantly.
Conducting regular compliance audits: Regular audits help identify and address compliance gaps.

Chapter 8: Building a High-Performing RCM Team

A skilled and motivated RCM team is essential for success. Strategies for building a high-performing team include:

Recruiting and retaining skilled professionals: Attracting and retaining top talent is critical.
Providing comprehensive training and development: Investing in training ensures that staff has the necessary skills and knowledge.
Fostering a positive and collaborative work environment: A positive work environment boosts morale and productivity.

Conclusion:

Effective RCM is essential for the financial sustainability and operational success of healthcare providers. By implementing the strategies outlined in this guide, healthcare organizations can optimize their revenue cycle, improve financial performance, and ultimately, enhance their ability to deliver high-quality patient care. The healthcare landscape is continually evolving, so continuous learning and adaptation are crucial for staying ahead of the curve.

FAQs

1. What is the difference between revenue cycle management and medical billing? Medical billing is a component of RCM, focusing specifically on claims submission and payment collection. RCM encompasses the entire process, from patient registration to payment posting.

2. How can I improve my claim acceptance rate? Implement robust coding practices, utilize claim scrubbing software, ensure complete and accurate documentation, and focus on pre-authorization.

3. What are the key performance indicators (KPIs) for RCM? Key KPIs include days in AR, claim denial rate, net collection rate, clean claim rate, and patient satisfaction scores.

4. How can technology improve my RCM process? EHRs, RCM software, and business intelligence tools can automate tasks, reduce errors, and provide valuable insights.

5. What is the role of a revenue cycle manager? A revenue cycle manager oversees the entire RCM process, ensuring efficiency, accuracy, and compliance.

6. How can I reduce my accounts receivable days? Implement proactive follow-up procedures, improve claim processing, and use technology to automate payment posting.

7. What are the legal and compliance aspects of RCM? HIPAA compliance is crucial; understand and adhere to all relevant regulations to avoid penalties and maintain patient trust.

8. How can I improve patient experience with billing? Provide clear and concise billing statements, offer multiple payment options, and establish clear communication channels.

9. What is the future of revenue cycle management? The future involves increased automation, AI-powered solutions, and a greater focus on data analytics and predictive modeling.

Related Articles:

1. Healthcare Revenue Cycle Management Software: A review of popular RCM software options and their key features.
2. HIPAA Compliance in Revenue Cycle Management: A detailed guide to HIPAA regulations and

their implications for RCM.
3. Medical Billing and Coding Best Practices: Tips for accurate medical coding and efficient billing processes.
4. Improving Patient Satisfaction in Healthcare Billing: Strategies for enhancing the patient experience with billing.
5. Revenue Cycle Management KPIs and Reporting: A comprehensive guide to key performance indicators and reporting techniques.
6. Denial Management Strategies in Healthcare: Effective strategies for minimizing claim denials and maximizing reimbursement.
7. The Impact of EHRs on Revenue Cycle Management: How electronic health records are transforming RCM.
8. Outsourcing Revenue Cycle Management: The pros and cons of outsourcing your RCM functions.
9. Revenue Cycle Management in Different Healthcare Settings: A comparison of RCM in hospitals, physician practices, and other healthcare settings.

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corporations, tele-medicine and e-health, medical errors and the culture of safety, regulatory compliance, the regulation of clinical laboratories, the law of insurance, and a practical overview of claims management and billing. Authored by experts in the field, The Medical-Legal Aspects of Acute Care Medicine: A Resource for Clinicians, Administrators, and Risk Managers is a valuable resource for all clinical and non-clinical healthcare professionals.

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From A to Z is a comprehensive, user-friendly guide to hospital billing requirements, with particular emphasis on Medicare. This valuable resource will help hospital billers understand how compliance, external audits, and cost-cutting initiatives affect the billing process. Beginning with Advance Beneficiary Notice and ending with Zone Program Integrity Contractors, this book addresses 88 topics in alphabetical order, including the following: 2-Midnight Rule and Inpatient Admission Criteria Correct Coding Initiative CPT(R), HCPCS, Condition Codes, Occurrence Codes, Occurrence Span Codes, Revenue Codes, and Value Codes Critical Access Hospitals Deductibles, Copayments, and Coinsurance Denials, Appeals, and Reconsideration Requirements Dialysis and DME Billing in Hospitals Hospital-Issued Notice of Noncoverage Laboratory Billing and Fee Schedule Local and National Coverage Determinations Medically Unlikely Edits and Outpatient Code Editor Medicare Advantage Plans Medicare Beneficiary Numbers and National Provider Identifier Medicare Part A and Part B No-Pay Claims Observation Services Outlier Payments Present on Admission Rejected and Returned Claims UB-04 Form Definitions Who should read this book? Finance and reimbursement staff Chargemaster staff Billers and coders HIM staff Clinical department staff Revenue managers Compliance officers and auditors Registration staff Fiscal intermediary staff Healthcare attorneys, consultants, and CPAs Legal department staff

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The agency is proposing to pay the nonfacility or office Medicare Physician Fee Schedule (MPFS) amount to the performing/supervising physician and preclude hospitals from billing on a UB-04 form or receiving OPPS payment for services performed at these locations for 2017, but plans to explore other options for 2018 and beyond. Physicians would be paid at the higher nonfacility rate of the MPFS, but only hospitals that have employed or contracted physicians that reassign their billing to the hospital would get paid under the MPFS for these services. Hospitals would be able to bill claims on CMS-1500 forms for physicians who have already reassigned their billing to the hospital, as in the case of employed physicians. Otherwise, hospitals would have the option of enrolling the location as the type of provider or supplier it wishes to bill to meet the requirements of that payment system (e.g., ambulatory surgery center or group practice).

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conventions and instructions provided within the ICD-10-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings.

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in government-managed health systems in the developing world. In view of common constraints on time and resources, the book concentrates on strategies that do not require large resources, highly trained staff, or complex equipment. Throughout the book, case studies and numerous practical examples are used to explore problems and illustrate solutions. Details range from a list of weaknesses that plague most existing systems, through advice on when to introduce computers and how to choose appropriate software and hardware, to the hotly debated question of whether patient records should be kept by the patient or filed at the health unit. The book has fourteen chapters presented in four parts. Chapters in the first part, on information for decision-making, explain the potential role of health information as a managerial tool, consider the reasons why this potential is rarely realized, and propose general approaches for reform which have proved successful in several developing countries. Presentation of a six-step procedure for restructuring information systems, closely linked to an organizational model of health services, is followed by a practical discussion of the decision-making process. Reasons for the failure of most health information to influence decisions are also critically assessed. Against this background, the second and most extensive part provides a step-by-step guide to the restructuring of information systems aimed at improving the quality and relevance of data and ensuring their better use in planning and management. Steps covered include the identification of information needs and indicators, assessment of the existing system, and the collection of both routine and non-routine data using recommended procedures and instruments. Chapters also offer advice on procedures for data transmission and processing, and discuss the requirements of systems designed to collect population-based community information. Resource needs and technical tools are addressed in part three. A comprehensive overview of the resource base - from staff and training to the purchase and maintenance of equipment - is followed by chapters offering advice on the introduction of computerized systems in developing countries, and explaining the many applications of geographic information systems. Practical advice on how to restructure a health information system is provided in the final part, which considers how different interest groups can influence the design and implementation of a new system, and proposes various design options for overcoming specific problems. Experiences from several developing countries are used to illustrate strategies and designs in terms of those almost certain to fail and those that have the greatest chances of success

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