

3/4/02

IT Priorities Impact HIM Practices

Leslie Ann Fox, MA, RHIA and Patty Thierry, MBA, RHIA, CCS

Thank you to Advance Magazine for permission to use this article

Patty: Technology is changing the look and feel of the medical record as well as traditional record management practices. As we evolve to the e-HIM concept, which we introduced in our January column, the health information management (HIM) objectives of an organization do not fundamentally change. The essence of HIM, such as managing data quality, authorship and authentication, data collection, storage, retrieval and retention and patient privacy remain our top concerns. But how these responsibilities are carried out is changing.

Leslie: It sounds like the future has arrived. We shouldn't be surprised. The American Health Information Management Association (AHIMA) has provided us a glimpse of what HIM looks like in an e-HIM world over the years through their Vision 2006 work.

Patty: Additionally some of our peers have begun the transition to e-HIM by implementing imaging systems and components of computerized patient records. These projects have required close collaboration with our colleagues in information systems (IS).

Leslie: I know that you just got back from January's Healthcare Information and Management Systems Society (HIMSS) meeting. What would you say is on the mind of health care chief information officers (CIOs) today? How will HIM be affected?

Patty: Several of the information technology (IT) priorities require HIM expertise, and in most cases require HIM professionals to envision a new way of delivering services. Some of the hottest issues today are:

1. The Health Insurance Portability and Accountability Act (HIPAA) security-Upgrading security is a top IT priority. Proposed security regulations combined with privacy regulations will have a profound affect on health care systems throughout the country. These regulations raise the bar on today's traditional privacy and security practices making it difficult to meet regulations with paper records.
2. Clinical ApplicationsóImplementing a clinical system was noted as the most important health care application. These systems include the following components: multidisciplinary documentation, results reporting, rules based clinical decision support and computerized physician order entry (CPOE). Reducing medical errors is a key business objective for health care so we can expect that the planning for CPOE systems will be on the increase this year.
3. Implementing the Electronic Medical Record/Computer Based Record (EMR/CPR) Going paperless is closer than you might think. HIPAA regulations act as an enabler and many organizations are thinking about turning to one vendor (as opposed to best of breed) for a single solution. Other organizations are implementing user interfaces such as Web portals to provide access to data on disparate systems. Standalone imaging systems are not in vogue. However, imaging systems are being implemented as part of integrated clinical systems to achieve the paperless vision.

4. Storage and Retrieval Systems-We now are talking storage in terms of terabytes! There are several options available and networks are being updated to include modern storage and retrieval systems that support remote access and deliver data and images quickly.
5. Wireless and Mobile Technologies-CIOs continue to research and test wireless and mobile solutions that enable data to be captured from anywhere. Technologies that support patient safety such as bar coding and physician order entry systems show a lot of promise.

Leslie: The transition to these and other technologies such as voice recognition will change HIM practice in a sweeping manner. Incorporating these technologies into HIM practice may be somewhat disorienting for HIM practitioners. As we anticipate the transition to an EMR, many of the traditional HIM roles and practices will change while others will be eliminated. For example, if clinicians and other authorized users can obtain data from a clinical data repository (CDR) or a partial electronic medical record, the need for record retrieval and record tracking is drastically reduced and in some environments eliminated. It is replaced with audit trails and processes to examine the content of audit trails.

Patty: Another example of process change includes HIM departments that employ release of information services. These vendors have automated the release of information and in some cases serve as an archival solution, solving storage and retrieval problems for one or many patient types. For some, this is an interim solution until they achieve an EMR, for others, it is a long-term solution enabling them to move into the world of e-HIM.

Leslie: The value of HIM expertise is demonstrated in our ability to start planning today to operationalize tomorrow's technology projects. Defining the direction of the EMR in your organization requires analysis including how data will be collected, by whom, where it will be stored, how it will be accessed and what will constitute a legal record.

Patty: One essential HIM function is determining and assessing the content of patient records. We traditionally carried out this function by participating in forms design, educating others on regulatory documentation requirements, recommending policies to improve documentation and ensuring complete and reliable medical records through record completion activities. In an electronic environment, we need to initiate the same role and ownership of the quality of the electronic patient record content.

Leslie: HIM professionals must demonstrate leadership and initiative. If we don't step up to the plate now, we risk affecting the perception of what HIM professionals can offer, and losing fundamental HIM domains such as the content of patient records, which might be assumed by IT or other professions.

Patty: Evolving to e-HIM is a challenge because we have to change every HIM process and manage a transition with electronic and paper media co-existing. We will have to work with our IT counterparts to define the vision of the EMR and develop HIM policies and procedures to support HIM operations in an electronic medium.

Leslie: A challenge for HIM directors and consultants will be to educate individuals throughout a health care system as well as their staff about the value of HIM. In the past we have had the help of regulatory agencies, such as JCAHO, to drive home the importance of HIM practices and the role of the HIM practitioner. Today, we need to take responsibility for ourselves and help others recognize that HIM is a discrete body of knowledge, which delivers discrete services.

Patty: This education is critically important because future HIM practices as well as the HIM department will be organized quite differently. HIM functions are likely to be decentralized throughout a health care system and also many may be performed remotely. These functions may or may not be under the direction of a centralized HIM department or corporate office.

Leslie: Ultimately the challenge of e-HIM today is to use technology to maximize the productivity of HIM professionals, enhance the quality of patient records and improve HIM service to the stakeholders of patient information. What would that enhanced HIM role look like and what will it take for HIM professionals to move their organizations to this new place?

Patty: Good question. Let's tackle that next month. In the mean time, let's ask our readers to let us know what they are thinking on this month's topics. Please e-mail Leslie or myself with your thoughts and we will discuss them next month.

Leslie Ann Fox is president and chief executive officer and Patty Thierry is vice president and chief information officer of Care Communications Inc., a Chicago-based HIM services company. They invite their readers to send their thoughts and opinions to lfox@care-communications.com, or pthierry@care-communications.com.