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**E-HIM: A New Vision of HIM Practice**

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**Leslie:** As the American Health Information Management Association (AHIMA) e-Health Task Force explored the new world of e-health during the past few years, our view of e-health broadened. We began our work in 1999 concerned about consumers who were putting their personal health information on the Internet without sufficient safeguards for security and confidentiality. However, as we researched the growing number of e-health Web sites, we found that personally identifiable health information was traveling the Internet not only from patients to consumer Web sites but also between patients and traditional providers, and between health care vendors and providers as well as between providers.

**Patty:** The use of the Internet and Internet derivative technologies in health care was, and still is, taking off far more quickly than anyone imagined. One of the impacts is the acceleration of the transition from paper-based medical records to electronic medical records (EMRs) for all types of health care providers. Thus, not only are the skills and expertise of health information management (HIM) professionals needed in the new e-health organizations, but also they are needed to transform HIM to e-HIM in our traditional settings.

**Leslie:** E-HIM is an exciting vision in which HIM professionals fulfill their mission to the health care industry in an electronic practice environment. In the "Report on the Roles and Functions of e-Health Information Management" available on the AHIMA e-Health Community of Practice Web site, the task force defined e-HIM as "any and all transactions in which health care information is accessed, processed, stored and transferred using electronic technologies to facilitate the business of health care. Such technologies include but are not limited to the Internet, facsimile, direct dial-up, document management systems and electronic databases."

**Patty:** As a major user of patient records, progressive HIM departments are already reinventing HIM processes to optimize the value of electronic patient information. For example, in some hospitals parts of the coding function are accomplished using electronic patient information that is accessed online by onsite or remote coders. As more patient information is put into electronic form, more HIM processes can be streamlined. Little by little the Internet and related technology, such as Intranets, use of Web browsers and virtual private networks (VPNs) are becoming part of the technology infrastructure in most health care organizations. Thus we will soon be able to realize the full impact of the Internet.

**Leslie:** And what is the full impact of the Internet?

**Patty:** Peter Drucker said in a recent interview with Business 2.0 (October 2001, Volume 2, No. 8, p. 68) that "The Internet eliminates distance. That is its impact." When health care professionals who need to access patient information to perform their duties don't have to be in the same place as the record, we eliminate a huge obstacle to efficiency in health care, and we can streamline a multitude of clinical and administrative processes.

**Leslie:** So the combination of electronic patient information and the Internet creates a whole new environment for the practice of HIM, the “electronic practice environment.”

**Patty:** The concept of an electronic practice environment applies to more than just HIM. It has important implications for all health care organizations. For example, an e-health organization delivering diagnostic or treatment services via the Internet is also operating in an electronic practice environment. As in any health care setting, patient information is part of the care process. HIM skills and services will be necessary to meet the varied needs of users of medical information in those settings as well. As you may recall, in the task force report you referred to above we also coined a new term “cyber-health record professional.” We defined it as “any HIM professional whose principle responsibility encompasses health information management over the Internet.”

**Leslie:** OK. HIM practices in traditional health care organizations and in e-health organizations benefit from the creation of the electronic practice environment.

**Patty:** That remains to be seen. The critical success factor for any new technology is does it improve the outcomes of the work performed over the old technology? For electronic patient record systems we will have to ask how the systems support and/or improve quality and productivity for all health care professionals who use the record to perform their duties. Does it help treat people better, faster and safer? Does it help prevent more illness? Does it improve medical education and public health? Does it help providers get paid faster and more accurately? Does it help us to respond more quickly to requests from authorized individuals who need information from patient records for patient follow-up, claims review, licensing, accreditation, legal purposes, auditing, etc.?

**Leslie:** Your point is well taken. HIM is a core competency in all health care provider organizations. The degree to which an organization can produce and use quality health information is a driver of its success. New technology has to enable us to improve the ability to produce and use health information. Documented patient information didn’t always play such a central role. As medical records evolved over the past century they came to serve many masters. Sometimes we forget that patient records were first created to record the practice of medicine so that physicians could study and learn from the experiences of their patients and colleagues. The medical record was primarily a research and education tool.

**Patty:** As medical practice evolved in the 1900s, the record also evolved. Today, as we all know, it is used for many purposes in addition to research and education. It facilitates the daily delivery of health care services and the payment for those services. We use it for evaluating the quality of care and for reporting data important for public health. It is a legal document used in a wide variety of legal proceedings. And the list goes on. It will be important for the HIM professionals to make sure that information technology professionals realize the full scope of the use of patient information so that the systems being implemented are robust enough to meet the needs of all users.

**Leslie:** After direct delivery of patient care, almost all uses of medical records are within the realm of HIM. Although HIM services have been fragmented in some health care organizations, I think it is accurate to say that the HIM body of knowledge and the practice competencies that the HIM profession developed over the past 70+ years can and usually do serve all users of patient health care information and protect the security and confidentiality of patient information.

**Patty:** Thus, to reiterate, HIM professionals are among the primary users of medical records. To provide better HIM services we need for the EMR systems of the future to improve our workflow, to enable us to improve our productivity and to streamline our processes. That means we have to be directly involved in the selection, design and implementation of EMR systems. Whether we are working for provider organizations or the

vendors who are developing the systems, we bring the perspective of a mission-critical user.

**Leslie:** At this critical juncture in the evolution of the HIM profession, it also means we have to be keeping pace with the technology. We must understand the new technologies so that we can envision the ways in which we can use them to change HIM processes.

**Patty:** In Peter Drucker's book Management Challenges for the 21st Century (HarperCollins Publishers, NY, NY, 1999, pp. 102-107) he writes most eloquently about the last information revolution. He describes how when Gutenberg invented the printing press in the 1450s, the technology people (the mechanics and the pressmen) were the big stars for about the first 40 years. Once the technology was well launched and widely used, the pressmen became tradesmen. It was the people who create books who made the real impact of that information revolution. They changed the very concept of a book. Prior to the printing press, when monks handwrote books, books were all religious texts. Within 20 years after the invention of the press, William Caxton published a book on chess. It was the first non-religious book in history!

**Leslie:** That is a wonderful perspective for us to keep in mind in the days and years ahead. The real impact of electronic patient information is yet to be imagined. As new models of health care emerge, we must conceive of new ways to assure complete, accurate, timely and secure patient information, as well as new ways of reporting and using information. Thinking back just a few years (OK, maybe a few decades) to when I first worked in a medical record department, I remember how frustrating it was when physicians wanted to know more about patterns of care, but we couldn't retrieve all of the information they needed because very little information was coded, indexed or abstracted. All that great information was trapped in manila folders. Thankfully those days are gone, but we still have much to do.

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