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E-HIM: It's Crunch Time on the Front Line

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Leslie: The health care industry is on the brink of realizing the dream of widespread implementation of electronic health records (EHR). Momentum is building for health care organizations to make the EHR a key strategy to achieve essential quality and productivity gains. Thus, for health information management (HIM) professionals it's "crunch time" as we heard from Linda Kloss at the 2002 American Health Information Management Association (AHIMA) convention.

Patty: Crunch time is a good phrase because national attention to health care information technology (IT) is unprecedented, making business as usual a thing of the past.

Leslie: Private and public initiatives are driving health care and health care IT to improve and advance. This includes initiatives like the Leapfrog Group, which collects and reports data to consumers on the safety practices of health care organizations. Their focus is on reducing medical errors, which includes the implementation of computerized physician order entry (CPOE).

Patty: Another example is the creation of the first draft of a blueprint for a national health information infrastructure (NHII) developed by the National Committee on Vital and Health Statistics. The blueprint lays out a vision of what is needed to support the U.S. health care system.

Leslie: And a new project funded by the Markle foundation, which I am participating in representing AHIMA, seeks to be a catalyst at a national level to identify the actions required for an interoperable electronic health information infrastructure.

Patty: Because of these and other public and private external drivers, real change is finally happening in health care IT focusing squarely on advancing the EHR. AHIMA is urging HIM professionals to ask for a seat at the table if they are not already there. Decisions such as implementing autocoding and voice recognition and planning for the storage of electronic data are being made daily without the HIM perspective. This means that other professionals play consultative and/or lead roles in the critical matters related to HIM and the electronic record.

Leslie: This is why it's crunch time for HIM professionals. The push to advance health care IT requires HIM perspectives in the design and implementation of electronic records and also calls for the migration of HIM practice to e-HIM, the practice of HIM in an electronic environment or more literally, electronic health information management. We discussed the concept of e-HIM last year in our column titled "E-HIM: A New Vision of HIM Practice."

Patty: At the 2002 convention, AHIMA formally introduced e-HIM as a new multiyear initiative. The initiative includes three major objectives:

1. Reinvent professional practice, roles and functions as we migrate from paper to electronic practice.
2. Assert leadership and contribute to the realization of the national information infrastructure.
3. Deliver the measurable cost and quality results that consumers and our organizations need to achieve our profession's mission is to improve health care through better information.

Leslie: AHIMA plans to develop e-HIM tools in the coming year to assist HIM practitioners with preparing for and leading HIM practice change—tools such as transition plans, best practice resources and skills assessments. In the mean time, HIM professionals can network and learn from each other by joining communities of practice and visiting the digital library containing the HIM body of knowledge. Several communities are discussing topics related to implementing components of the EHR and processes they changed or are changing to support it.

Patty: When all is said and done, AHIMA can't make change happen in each individual health care organization. AHIMA can provide tools and ensure a seat at the table at a national level, but it's the front line HIM professionals, the coders, directors and managers who provide the necessary leadership into the next frontier of HIM practice. The advancement of the HIM profession gets played out everyday in health care organizations around the country by practicing certified coding specialists (CCS), CCS-Ps (physician-based), registered health information technicians (RHITs), and RHIAs (administrators).

Leslie: HIM practioners bring a tremendous amount of value to health care and the HIM perspective is paramount in the selection and implementation of EHR components. The paper based medical record has been around for hundreds of years while the technologies used to create and maintain electronic data by comparison are in their infancy. The EHR design must include the attributes and standards that have defined the paper record and the management of health data. Who knows these attributes better than an HIM professional?

Patty: The HIM profession has a strong understanding of how to deliver HIM functions to ensure data integrity, patient/member privacy and compliance with state and federal regulations. HIM functions performed with an electronic record must have these attributes also.

Leslie: The EHR is not a pipe dream, it is a reality. There is evidence in the marketplace that components of the EHR are being implemented successfully, enabling health care providers to focus more on health care delivery and less on administrative processing. In organizations with a medical record document imaging system, physicians no longer need to visit the HIM department to complete their medical records. They can do this from their office or from a computer in the organization. Even without a document imaging component, electronic signature functionality streamlines the process of signing and countersigning key documents (orders, dictated reports such as operative, consultation, H&P). Records no longer need to be retrieved for readmissions, as key data is available online to authorized users.

Patty: Other examples include the use of documentation templates replacing dictation in some organizations while voice recognition is doing so in other environments. Clinics, physician offices and emergency department settings are prime for these technologies, which often includes an autocoding component.

Leslie: In all of this exciting use of technology, we find that most systems are implemented without the HIM perspective. When the HIM perspective is lacking in the implementation of the EHR, more work is created for an HIM department and in some cases requires additional HIM staff. Sometimes the outcome of EHR implementations is the expectation of reduced file space and storage expense and a reduction in HIM headcount. These expectations are often without consideration of the uses of medical records post encounter or discharge.

Patty: EHR components are typically implemented one component at a time. An order entry system, then e-signatures, followed by online nursing documentation, a data repository, document imaging, voice recognition, picture archiving systems and so on. Responsible health care executives want a return on investment, thus these systems are purchased and installed with the expectation to streamline and reduce costs.

Leslie: These systems integrate to create the “real time” medical record (EHR) but they often do not meet legal requirements of a medical record because they are incomplete. For example, if 60 percent of the record is available online as a result of implementing an online nursing documentation module, transcription interfaces, and order entry and results reporting modules, this helps the provider access data to facilitate patient treatment. However, the fact is that 40 percent of the record is still in paper format and therefore an archival solution is needed to support post discharge uses and legal requirements. This may require printing online documents at the time of discharge or on demand.

Patty: An organization with an imaging system or a complete EHR located in a state that does not yet recognize the electronic record as the legal record will find the cost reductions limited. In these instances, a paper version of the record will need to be kept.

Leslie: These issues can get very complicated so it helps when we can dialogue with one another and share experiences and solutions. I notice that several topics in the AHIMA’s Communities of Practice deal with challenging e-HIM decisions such as printing online nursing documentation at discharge vs. on demand, or managing online viewing of data vs. printing reports at nursing stations or remote locations. Other topics included e-signatures, implementation of document imaging systems and the use of templates in the emergency department.

Patty: These are examples of why e-HIM practices need to be defined and why HIM practice as we know it is changing. Many people in an organization hold a vision of changing from a paper to an electronic record, but only HIM professionals have a vision of the future HIM department.

Leslie: The profession has been at a crossroads before but this time it is significantly different than the past because transitioning HIM practices to an electronic environment is radically different.

HIM professionals have been dealing with changes in HIM processes in an incremental way. It’s time to step back from incremental problem solving and proactively create and implement new HIM practices. As HIM professionals we all have a responsibility to develop the future vision of HIM for their organization and put together the plans to achieve the vision.

Patty: Next month we will meet HIM professionals who have been moving toward e-HIM and contributing to the implementation of an EHR in their organizations. We will focus on their vision of e-HIM for their organization, how they are communicating their vision and their 2003 priorities.

Leslie: Great, in the mean time, I would like to leave our readers with a call to action for 2003. January is always a good time to create goals, and goals related to e-HIM must be on every HIM professional’s list. For some suggestions... please see “The e-HIM Call to Action” below. Happy New Year!

The e-HIM Call to Action

1. Develop a Vision of e-HIM for your organization

- Develop a vision of e-HIM and sell it to your boss. This includes describing the benefits of the vision and the advantages to the organization in achieving the vision. Describe what resources you are going to

need to make this vision happen. CEOs will be interested in the vision of HIM practice in an electronic environment because it will provide better cash flow, reduce costs over time as a result of productivity gains and give the organization a competitive advantage.

- Refine the vision with HIM colleagues and other key departments and develop action plans

2. Continuously educate yourself

- Must Reads: JAHIMA, industry magazines such as ADVANCE and books such *The Role of Health Information Managers in CPR Projects, A Practical Guide* by Margaret Amatayakul, MBA, RHIA, FHIMSS.
- Assess your technology skills and work on the gaps! Consider taking AHIMA's e-learning course, *Healthcare Information Management: Beyond the Basics*.

3. Network

- Join a community of practice, share your experience with others, ask questions.
- Seek out others who are involved in the implementation of HIM practice changing technologies such as autocoding, voice recognition, document imaging, electronic signatures etc.

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