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HIM Professionals Discuss Goals for 2005

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Leslie: It looks like 2005 will be a year when HIM professionals really focus on e-HIM™ and electronic health records (EHR). At the 2004 American Health Information Management Association (AHIMA) Convention in Washington, DC, last October, we surveyed people from 190 hospitals about their challenges and priorities for the next 12 months. We learned that 48 percent believe implementation of EHR components is their biggest challenge, and 49 percent have decided their priority in the next 12 months is implementing EHR components. (For complete survey findings go to www.carecommunications.com.) These results make me wonder about the specific goals that people have for 2005.

Patty: The beginning of the New Year is usually a time when people announce their goals for the next 12 months. Wouldn't it be interesting as we start 2005 to share with our readers some of the specific goals their colleagues have for advancing e-HIM and EHR in their organizations this year?

Leslie: Yes Patty, I think it would be interesting, so I called some of the HIM leaders that we have met or worked with during the past year. The first person I spoke to is Susan Carey, RHIT, division director of HIM at Norton Health Care. Norton Health Care is Kentucky's largest health care provider with more than 40 locations throughout the region, including five hospitals in Louisville. I asked her about her goals. Here is some of our discussion.

Susan: My goal for 2005 is to develop and implement an e-HIM strategy. We currently have a robust document management system with some information coming from electronic databases and some from scanned paper documents. I want to begin to move away from scanning paper to achieve a true EHR. I have already begun the process by talking with my chief information officer (CIO) and other key individuals about the value that HIM can and must bring to the organization through its involvement in our EHR strategy. We all agree that it is the e-HIM components of the system that will enable our organization to realize the full impact of the technology we implement.

Leslie: Who will be involved in developing your e-HIM strategy?

Susan: The CIO and I will be co-leading an e-HIM Council. We want the e-HIM Council to include our associate vice president (VP) of clinical affairs, the VP of quality, the chief legal counsel and the chief medical informatics officer.

Leslie: How do you think you will approach the challenge of creating the e-HIM strategy?

Susan: I have already been making good use of the AHIMA e-HIM resources. I used the e-HIM Task Force Report, "A Vision of e-HIM Future" to educate the people with whom I am work-ing. Our next step is to take all of the e-HIM Practice Guidelines developed over the past year by the AHIMA Working Groups and compare

where our organization is to the standards in the practice briefs. Then we will develop a plan to move away from our current "hybrid" records and scanning solutions toward the true EHR. For example, we will assess where we are with e-signatures, provider to patient e-mail messaging, electronic health record management, etc.

Leslie: Are you starting to get a clearer vision of what HIM will look like in the future?

Susan: Yes, I see a vastly different HIM function emerging. And we must begin to transition to our new roles.

Leslie: What do you see as new roles in your organization?

Susan: I see the need for security auditors, data analysis people and patient advocates, to name just a few. For example, it is imperative that HIM professionals recognize the need to train staff how to sit down with patients and walk them through their records and to help the public become comfortable with EHRs. They are a very important user group that we mustn't overlook.

Leslie: It sounds like you have clear goals for 2005.

Susan: I just want to add that AHIMA has really been a tremendous partner for me in my journey. The leadership of that organization really stepped up to the plate and clearly expressed what HIM should be in the electronic environment. The member task forces have provided invaluable resources to help us move our facilities expeditiously toward our goal. AHIMA's outstanding work in this area has given me more credibility. Even our chief medical informatics officer looks to AHIMA for a lot of his information.

Patty: It is very gratifying to see how HIM professionals and their organizations are benefiting from the volunteer efforts supported by AHIMA these past several years.

Leslie: I couldn't agree with you more. I also spoke with Randy Smith, east manager, HIM, Mercy Hospital AndersonMercy Hospital Clermont in Ohio. Here is what we discussed.

Randy: We have just completed a year and a half of intense work implementing DOCView, our document management system. This was a regional project in which all five of the Mercy Hospitals in our region participated.

Leslie: How has it impacted the HIM department processes?

Randy: It has changed the department's processes drastically. Because we are almost paperless, we don't have any more storage issues. Our record processing staff has learned a whole new way to process discharges. Now they have procedures for prepping, scanning and indexing documents as they come into the department.

Leslie: What are your e-HIM goals for 2005?

Randy: All of the coders who want to work from home will transition to remote coding by the end of 2005. I am confident we will achieve this goal. We have been preparing for that transition for the past few years. We have had one coder working from home using an interim remote coding technology solution while waiting to implement our complete system. We scanned records that were ready for coding and transmitted them to the coding vendor's secure server via the Internet. Our coder accessed the documents on the server via the Internet, coded and entered the records into our billing system through our system's virtual private network (VPN). Thus we have an experienced remote coder to help orient and train other coders who will go home. We also have the policies and procedures we need for telecommuters all developed and tested.

Leslie: Are there other changes that you are considering?

Randy: Yes, another goal for 2005 is to map out our long-term strategy to centralize more of the HIM functions across the facilities. Currently we are floating staff from facilities 40 miles away to assist with analysis, chart completion and coding. Now that we have the document management system in place, we can start to pool our coding staff, allowing us to manage coding and allocate the organization's resources more efficiently. I want to work on a plan to achieve those benefits this coming year.

Leslie: It sounds like another really busy year for you.

Randy: Yes it does, which gives our whole team a great sense of accomplishment.

Patty: Well these organizations seem well along the way toward e-HIM. Did you speak with anyone who is at an earlier stage?

Leslie: Yes I did. Kathy Sauer, RHIA, director of HIM at Mount Sinai Hospital in Chicago. Mount Sinai Hospital is part of Sinai Health System, which provides a full continuum of care—acute, primary, specialty and rehabilitation—as well as social services to Chicago's neediest communities. Here is some of our conversation.

Kathy: My e-HIM goals for next year are to implement a document management system for the emergency department (ED). The go-live date should be achieved early in the year.

Leslie: How have you and your staff been involved?

Kathy: We have been involved in vendor selection, system design and preparing for the implementation. We have gone through form redesign and getting the new forms bar-coded.

Leslie: How will this system impact the HIM department?

Kathy: We will be scanning the records on the night shift, expanding the staffing of that shift. We are also working on redesigning the HIM procedures for processing the ED records, our first e-HIM function.

Leslie: It is gratifying for me to hear that you have made so much progress so quickly. When we first spoke about the project at the "Renaissance for the 21st Century: Leading the Change to e-HIM" program this past summer, you were in the earliest stage. Did you get ideas at that program that helped you move things along so well?

Kathy: Yes. Education is key to getting the skills and expertise that HIM professionals need to advance the EHR and e-HIM in their organizations. I also started an MBA program in July. It is a wonderful experience and my personal goal for 2005 is to continue taking classes. I hope to finish the program by July of 2006.

Leslie: Congratulations! It is quite a challenge and requires a significant commitment of time and energy to work on an advanced degree while you are engaged full time at the hospital.

Kathy: It is a challenge. However, taking the MBA classes at a time in my career when I believe professional development is critical to my success as an HIM professional is a very meaningful and gratifying experience. As we create the HIM profession of the future, advanced education will expand our capacity for leadership and innovation. It also enhances our credibility and it positions us better to make the contributions that the health care industry requires of us now and in the future. I am exhilarated by it.

Patty: Well Leslie, thank you for getting these terrific interviews. Our colleagues are certainly leading their organizations to the EHR and e-HIM. I was struck by the valuable lessons we can draw from the stories that they shared with you.

Leslie: Yes Patty, these stories are inspiring and energizing. HIM professionals are leading the way by setting and achieving important goals. It takes vision, courage and a lot of hard work to transform a whole industry, but that is what we are all working toward. It is a privilege to be part of it.

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