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The Future State of HIM: A Bold New Vision

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Leslie: Transforming the HIM profession is a challenge not just for our leaders at the American Health Information Management Association (AHIMA). It is a challenge for every member of the profession who wants to continue contributing to the health of our nation. The progress toward electronic health records (EHRs) continues to gain momentum, and health care industry leaders, the federal government and the public continue to favor the change to EHRs as part of transforming the nation's health care system.

Patty: It seems easier for us to think about other transformations than it does our own transformation to e-HIM™. When was the last time you actually dialed a phone for example, or went to the bank and wrote a check out to "cash?" We now punch numbers when we make a call (we still call it dialing, ironically) and use ATM machines to withdraw cash as part of our everyday lives.

This morning I left for San Diego and printed my boarding pass from the comfort of my home. It wasn't that long ago that travel agents and airlines were the only ones that could access travel information and provide you with your tickets and a boarding pass. Today as consumers, we have access to travel information empowering us to look for the best rates, book our own flights, select our seats and print our boarding pass without ever needing to interact with a travel or airline agent. Now that is transformation!

Leslie: We adapted pretty easily as consumers to the changes in the travel industry. But it's not so easy to adapt to our own industry transformation.

Patty: Why do you think that is, Leslie?

Leslie: I think it's harder because it requires us to let go of long held beliefs about the medical record. Developing new beliefs is difficult because it challenges everything you have ever known to be true and changes that truth to a new truth. It requires letting go of the past and creating a new picture in your mind. Our new beliefs about the medical record and interacting with it must reflect the needs of new consumers and clinical providers—our children and grandchildren who expect nanosecond service and information at their fingertips.

These young consumers and clinical providers have never actually dialed a phone, and may not know what it means to write a check out to cash. They are growing up in a time when the norm is to download music for \$.99 a song, create play lists and customize CDs to their liking, send thousands of instant messages in a month's time, play complex video games and use their cell phones to send text messages and pictures to their friends and family.

Patty: The baby-boomers also are going to be demanding health care consumers. That's you and me, Leslie. Unlike our parents who ask few questions of their physicians and believe that physicians are responsible for

their health, we are growing older in a time where consumers are taking responsibility for their health in partnership with their physician. In some ways, it's easier for me to think about how I as a consumer would like to see the health care system maintain and use my health information and that of my family.

I know that I also will want to have access to physician profiles and hospital report cards so that I can pick the best physician and hospital to care for me and my family. Thinking of HIM from the consumer perspective helps me to think about the medical record and HIM functions differently.

Leslie: Changing your perspective to that of a consumer is an excellent way to create new beliefs about medical records, how clinical providers use the information in our records and how to provide easy access to the information in our records for those with a need to know, including the individual consumer. With the new user perspective in mind, let's turn our conversation to AHIMA's vision for our profession and how you and I think about the HIM transformation.

Patty: In AHIMA's "Report of the 2005 Strategic Work Session: Writing the Next Chapter for AHIMA," the board of directors describes a strategic framework for the transformation of AHIMA over the next decade. They describe the association's dual responsibilities of playing an active role in removing the obstacles to the adoption of digital technology while also moving the role of HIM professionals from a "post care, compliance-oriented and archival position to a central role in the development of treatment plans, the informed management of personal health and the design of health system modifications based on real data."

Leslie: Wow! Those are big, hairy, audacious goals!

Patty: Yes they are, Leslie. The AHIMA board acknowledges in the report that "these are big ideas with big consequences," and they asked for all members to "join them in elaborating their meaning and achieving their promise."

These big ideas were explored at Team Talks throughout the country during the past 6 months. Six strategy plans were discussed at Team Talks. They are posted on AHIMA's Communities of Practice, and they will be updated with the input obtained from participants in the Team Talks.

Leslie: Patty, as I understand the e-HIM vision, HIM of the future does a 180-degree turn and goes from being a back-office function to being on the front lines of health care delivery. Moving to the front end of the process means we will be an integral part of a key health information team. We will need to collaborate with medical and nursing informatics and information systems professionals so that organizations use health information in a way that results in the implementation of evidence-based medicine.

Patty: HIM professionals can contribute to developing evidence-based medicine by playing our role as health record content experts and advising our organizations on documentation improvement strategies, data standards, data management and principles of applied informatics.

Leslie: The development of EHRs also changes our role as nosologists, experts in vocabulary and classification systems. We will go from coding diagnosis and procedures after the fact, to enabling EHR systems to assign codes concurrently through the design of structured data and the mapping of vocabularies such as SNOMED-CT to ICD-10 classification systems, for example.

Patty: This critical role will improve the reliability of data that is needed real time for treatment and for secondary uses such as reimbursement, quality management or research.

The shift in generating coded data retrospectively to concurrently also changes HIM's role in compliance.

Compliance activities can change from fraud detection to fraud prevention.

Leslie: As I think about the repositioning of HIM from an after the fact function to an upfront function, I realize that our paradigm shift is as dramatic as the one law enforcement is experiencing. Since 9/11, law enforcement agencies have had to change their mindset to focus on preventing terrorism instead of just catching the perpetrators after the fact.

The whole health care industry is experiencing this time frame shift with more and more resources being dedicated to preventive medicine and improved patient safety and quality of care. Perhaps the new mantra in health care will be: It's better to prevent disease or injury than to have to cure it!

Patty: That's great. I like that. Who wants to get sick? I am glad you brought up the concept of paradigm shift, because to succeed we first must recognize that the transformation of health care will lead to a new and dramatically different paradigm for HIM. Letting go of the old mental models of HIM and embracing a redefined perception of our profession's role and the work we perform must come before true change is accomplished.

Leslie: In Luc De Brabandere's new book, [The Forgotten Half of Change: Achieving Greater Creativity through Changes in Perception](#), he makes a very important point about change. He states, "not only do we have to change things, we have to change the way we see things." In essence we have to change twice. This is important because we have been changing and improving the tools we use to perform our jobs for many years. However, the EHR is more than a new tool set for us. Now we must change our perception of the purpose of HIM. We have to start imagining a future without paper records and without the walls of an HIM department. The question we must answer is: What will the health care system need from HIM experts for it to be successful?

Patty: A paradigm shift is exciting because it invites us, no forces us to be creative or become extinct. We must invent the new models that will enhance the value of health information to a new transformed health care system.

Leslie: I think that that the AHIMA strategic framework and the maps that are evolving will help HIM professionals and others begin to change their perception of HIM.

Patty: We can't think of this challenge as how do we save our old jobs, but rather how do we reinvent and create new jobs that bring value to our organizations and our communities?

Leslie: I see the old production oriented or repetitive processes being automated while the jobs that increase in demand will be those that require our expertise in terminologies, classifications, data analysis, data mining, public reporting, coding validation, transcription validation, data integrity and registries.

Patty: Another important paradigm shift is that because EHRs are paperless, authorized users will be able to access records instantly from any location in the world, instead of having the constraint of calling or going to HIM departments. HIM functions and services will no longer need to be centralized, and may, when appropriate, become decentralized. HIM experts will provide services directly to each department that generates, maintains or uses primary data sources or creates secondary data.

Leslie: Patty, can you give us an example of this shift?

Patty: Take the sleep laboratory for example. Videos and polysomnographic tracings are created in these labs. The video and waveform data is interpreted and reports are created and placed in the health record. Video

and tracings must also be maintained for legal purposes. HIM professionals will help ancillary areas such as the sleep lab establish policies and procedures for storage and release of information. Every provider organization has ancillary departments that will benefit from HIM expertise and the organization will benefit from uniform policies for e-HIM. We touched upon this topic last fall when we discussed "Transforming Health Record Management: A Strategic Role for HIM Professionals."

Leslie: So in other words, HIM professionals, using their content knowledge and technical expertise, will assume within their organizations more of a consultative or advisory role.

Patty: But it is also a leadership role. HIM professionals will need to educate users and facilitate for every department and user group in the organization the best ways to manage and use electronic health information.

Leslie: HIM leaders must lead their own department and the entire organization to the new paradigm. Collaborating with informatics and information systems professionals, we can move our organizations forward toward the creation of consumer-centric health information systems. The EHR is an essential tool that will help to improve health care treatment and patient safety in our communities now. In the long run, our vision of e-HIM must include enabling consumers to generate, access and manage their data with their clinical provider to create healthy longer lives.

Patty: It's a magnificent vision for individuals to be the center of their health information, to be in control of their data, to partner with their providers in maintaining or improving their health and for the health care system to be using data in aggregate to modify treatment plans "just-in-time."

Leslie: Isn't it inspiring to know that HIM professionals can help make the vision you just described a reality for all of us, our children, grandchildren and future generations?

Patty: Now, I call that leaving a legacy!

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