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The Dawning of a New Era for HIM Part 2

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Leslie: Last month's article stimulated a lot of thinking for me related to data standards. And just in time too, as I prepare for the American Health Information Management Association's (AHIMA) Capitol Hill Day. One of the issues we will be discussing with congressional leaders is the need for coding standards so that the United States can achieve alignment of vocabularies, terminologies and classification systems to facilitate interoperability. Along with other HIM professionals, I also will be advocating for data standards and guidelines to support the collection of health care data in an electronic health record (EHR) format that can be shared amongst health care providers.

Patty: What a great opportunity to represent the HIM perspective. Data standards and the sharing of data among providers are such important HIM issues. Our conversation this month continues on these topics. We will be hearing from Laurie Peters, RHIT, CCS, HIM network director for Northland Healthcare Alliance (NHA). NHA is a Catholic-led integrated health care delivery network embarking on discussions to share data amongst its member provider organizations. Through its current service offerings, the alliance seeks to enhance the quality of and access to health care services in the Dakotas. NHA provides a variety of services to its member facilities, such as group pricing, HIM consulting, grant development, mobile imaging and management of biomedical services maintenance contracts.

Leslie: Over the past year, NHA began on a journey to create its own regional health information organization (RHIO) as a way for members to share data to facilitate care for patients that are often seen at multiple facilities within NHA. Let's give Laurie a call.

Patty: We will let our readers listen in on a call to Laurie. Hi Laurie, please share with our readers a little more about the complexity of NHA and your role.

Laurie: Our alliance comprises 16 hospitals, 13 long-term care facilities and eight clinics. Many health care consumers in our community receive health care from a number of providers within the alliance. As the network HIM director, my overall responsibilities include providing quarterly and/or annual state required HIM consulting services to those facilities that do not have an AHIMA credentialed HIM professional on staff; conducting coding audits as requested by the members; and providing staff and providers with education on coding, documentation, HIPAA compliance and other HIM areas as requested. For the past year, I have also been working closely with member senior leaders as well as HIM and information technology departments as we explore the RHIO concept.

Patty: When did NHA and its members begin the journey toward an RHIO?

Laurie: We began the process about a year ago with a kick-off meeting to discuss the overall concept of sharing health information amongst the membership. Many of the health care providers share patients and,

like the rest of the country, it's not always a timely process to obtain information from other facilities needed for patient treatment. The goal is to work with interested member organizations so that they can share health information with each other. Not all organizations feel they are ready but the majority of organizations are interested in pursing the concept. In time, we hope all members will want to participate in the RHIO.

Patty: Describe for us the focus of the RHIO taskforce and sub-taskforces.

Laurie: We have held a number of meetings outlining issues of concern to each member organization. We realized early on that it would be important to provide education and share information with members and their staff on industry momentum and best practices related to RHIOs and EHRs. I have delivered a number of educational programs that explore the concepts of data standards, e-HIM, data sharing and the EHR. The presentations include the rationale for sharing data, what seems reasonable to expect and what we most likely won't be able to do.

We haven't delved into legal issues yet, but we will be moving toward that shortly. I have come to understand that this will be a long process. It requires education and opportunities to discuss concerns and fears related to sharing data. For example, several of our member organizations are just starting to look at EHRs for their facilities. A large number of organizations are paper-based so to them it might feel like putting the cart before the horse to discuss data sharing. But the overall thought is that now is a good time to start data sharing discussions because it will take a while to work through barriers and lay the foundation for the future.

Patty: What role is technology playing in your early RHIO discussions?

Laurie: There are three different types of health information systems that support acute care, long-term care and clinics. And there is some variation within each of the provider settings. One would think that technology would be an obstacle, but it turns out that the systems issues really are minor in comparison to the need for data standards across the network and to reach agreement on those standards.

There are several key technology initiatives that lay the groundwork for future data sharing initiatives, such as creating a wireless infrastructure, EHRs, new state-of-the-art telemedicine technology and supply chain technology. In addition, interoperability is always on our mind with every IT initiative.

Leslie: What are some of the barriers you are bumping into?

Laurie: The most common barrier is the funding challenge. It impacts EHR, RHIO and related initiatives such as master person clean-ups, writing interfaces, performing risk analyses and inventorying data collection standards both internally and nationally. To address financial barriers, NHA has been active in seeking grants to fund aspects of the RHIO.

Another barrier is time. Staff resources are significant, as it takes a lot of time to sort through issues such as interoperability, privacy, security, technology strategy and data standards. Basically, we need to talk through various topics to reach a comfort level about the decisions we are collectively making. Provider facilities move cautiously and do not expend resources unless they feel comfortable that it will serve their community well into the future.

Another potential time barrier is the lack of time to become knowledgeable on RHIO and EHR related topics. This often leads to a lack of expertise available to work on these kinds of projects. People are very busy with their current job and find it challenging to obtain the knowledge they need to lead this process.

Leslie: What about the change aspects of the project? What have you found to be important related to

leading change? How do you create urgency around the RHIO concept?

Laurie: I think we are making great strides in building commitment with members, but we have more work to do to achieve full commitment. Leadership at NHA is unwavering, and I think that is critical to the overall success of this project. Creating urgency has been easier than one might think because much of it comes from physicians who see the value in being able to access health data such as allergy information, medication data, insurance information, etc. We have a few physician champions that see data sharing as improving the quality of care provided. Physicians care about how it will benefit their patients. It also helps that just about every health care journal is writing stories about how the EHR is improving patient satisfaction, quality of care and reducing time spent charting.

Patty: What are your current data standards related activities?

Laurie: As a starting point, we are looking at each national data standard that is currently being proposed or are works in progress. We look at each data standard to see if it makes sense for our members to collect from a practical, time, money and quality of care standpoint. Essentially, we evaluate each data standard or data sets, one at time, decide what's in and what's out and then move on to the next. When we get through all the national standards we will move on and then reconcile with each facility's own data dictionary and then look for gaps.

Patty: Do you have any concerns that the national standards are in a proposed status?

Laurie: We realize that final standards do not exist yet but also know that we can't sit and wait or we will be miles behind. Our philosophy is that it is better to tweak the data standards we develop once final standards are adopted across the industry. We believe our efforts will position us well to adopt whatever data standard is proposed.

Leslie: What is your role in bringing about data standards across facilities?

Laurie: My role has initially been to learn everything I can about data standards, the EHR and RHIOs. I have been working with key leaders in each facility to obtain buy-in for the need for data standards across member organizations. I have also been leading project groups for standards initiatives, coordinating activities related to data integration and interoperability and working with vendors. I also serve as EHR liaison with the clinical staff.

Patty: What are the most significant leadership issues you face?

Laurie: I would say it is building momentum and coordinating all of our different facilities within the various provider settings. I am also respectful of the different strategic philosophies and values each facility holds. Leading this kind of change takes time and a lot of consensus building activities.

Patty: You are a microcosm of the national landscape. It all comes down to reaching an agreement and building consensus as Leslie and I discussed last month.

Leslie: What advice do you have for HIM professionals in today's unprecedented HIM environment?

Laurie: The sky is the limit. I see the movement toward the EHR as another opportunity to expand our field and, more importantly, us professionally. I think building credibility and trust is very important. I also think being passionate about HIM helps. If there is an area I am unfamiliar with, I research the topic and learn as much as I can. I also think it's important not to sell yourself short and to be patient but persistent. It's unlikely

that anyone will approach you, so you have to go to your CIO, CFO or CEO or you may not make it to the table and be part of the decision making process.

Patty: Thank you Laurie for spending time with us in between your commitments to your exciting job and as the president-elect of North Dakota HIMA. Good luck to you and NHA and its members. We look forward to watching your progress.

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