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Millions of People Are Coming To the Party: The Decade of HIM

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Leslie: It's finally about to happen. Our friends and family are going to understand what it is we do! HIM is starting to become a household word.

Patty: A household word? Really?

Leslie: Yes! Let's take a look at what is happening around us to raise the level of awareness of HIM across America. First, let's start with the personal health record (PHR). This is one of my most favorite topics.

Patty: You are becoming quite the expert on this topic Leslie.

Leslie: If I am, it is thanks to my volunteer activities with the American Health Information Management Association's (AHIMA) PHR Practice Council and Save the Patient (www.savethepatient.org). There is no better way to immerse oneself in an HIM practice challenge than by participating in practice workgroups and community initiatives.

Patty: I couldn't agree more. So tell us more about the PHR and its relation to HIM becoming a household word. The PHR landscape has exploded this year hasn't it?

Leslie: It sure has. PHRs sponsored by health plans are mushroom-ing across the country. This is in part because America's Health Insurance Plans (AHIP) is encouraging the development of PHRs amongst its members, which are private insurers. The AHIP is also encouraging the development of interoperable PHRs, which would mean that the PHR could move, so to speak, with the enrollee from plan to plan.

Patty: That sounds like good news for us as consumers, but as an HIM professional, I am interested in how the content of the PHR is created and the quality of that content.

Leslie: It should come as no surprise that claims data makes up a large part of the PHR right now. However, it also includes or will include prescription data, laboratory results, dictations and immunization information. And enrollees can often enter their own health information.

Patty: I see the relationship to HIM. The enrollee/consumer really needs to have some basic HIM skills to understand and manage the content of their health-plan sponsored PHR. They need to understand the limitations of some of the content as it relates to claims data and have the wherewithal to use their data to inform their health decisions.

Leslie: That's right. That's the relationship.

Patty: Another important initiative to keep our eyes on is the PHR Feasibility Test, which is a 6-month study sponsored by the Centers for Medicare and Medicaid Services (CMS). Blue Cross Blue Shield of Tennessee and CIGNA Health were awarded contracts to study the transmission of Medicare claims data in a PHR.

Leslie: Speaking of claims data, I also heard that 20 Blue Cross Blue Shield plans have pooled their claims from 79 million insured and developed a database called Blue Health Intelligence. This database will be used to provide comparative information to employers and to consumers to provide comparative information on quality of care and costs.

Patty: It will be interesting to see how this all plays out in terms of consumer trust of health plan sponsored PHRs. AHIMA's consumer education program and MyPHR (www.myphr.com) are more important than ever.

We need to be visible in our communities teaching health information skills to every consumer. It is a part of our purpose, an important mission.

Leslie: Another very interesting result of the HIM transformation is what is happening in the home when a family member has a chronic disease or cancer. A new HIM role is emerging at home. Parents, spouses and adult children taking care of elderly parents have configured simple to complex health information filing and storage systems that are portable and aid in the coordination of their family members' health care.

Patty: I am sure it's common for HIM professionals within a household to assume this role but most households don't have an HIM family member so what do they do?

Leslie: In an article published by the American Medical Informatics Association (AMIA) titled "Health @ Home: The Work of Health Information Management in the Household (HIMH): Implications for Consumer Health Informatics (CHI) Innovations," the authors studied the HIM practices of 49 households in a rural Midwest community.

Patty: What an interesting study. They actually observed the tasks completed by the individuals who assumed the role of HIMH?

Leslie: That's right. They found that HIMH is usually the responsibility of one family member and that this person develops and deploys the HIM practices for the family. Their role is to acquire, manage and organize health information. Most of the information is paper-based and stored in a variety of methods such as in dedicated cupboards, drawers, boxes and portfolios.

Patty: Well we know from our earlier discussion that the PHR will change how consumers manage their health. But this concept of HIMH, while I understood it at some level, labeling it makes me think about it differently.

Leslie: For me it really brings home this notion that everyone has to have some basic life skills in HIM.

Patty: We have truly entered the decade of HIM as Linda Kloss, RHIA, CAE, CEO of AHIMA, points out in her article "Vision 2006 10 Years of Advancing Professional Success, Lessons for the Decade to Come," published in the October 2006 Journal of AHIMA (JAHIMA). She writes: "We have been through a decade of health IT [information technology]; now it is the time for the decade of health IMinformation management."

Leslie: I like that thought a lot. We have been very focused on technology.

Look how far we have come in the past decade. Use of the Internet within health care, remote access and

other technology such as document imaging, remote coding, more flexible abstracting and encoder systems, clinical documentation systems, order entry, etc.

Patty: This new decade must focus on helping consumers with HIMH. It also calls for collaborating with our colleagues who are advancing an aspect of HIM with and among providers and organizations. These collaborative efforts need to lead to the effective use and management of digitized data to facilitate information exchange, provide health care providers with real time data for which to base clinical decisions, support clinical research, public health reporting and health care finance reform just to name a few.

Leslie: We also have to keep in mind the financial service institutions. They are also a new player in the HIM era. Health savings accounts, health plans and banks are working more closely together. They are offering credit cards for health care services and are providing the health care industry with their wisdom on data exchange.

Patty: There are truly millions coming to the party. As Kloss stated in her presentation at the AHIMA Convention, "In the era of health information management, the battle for who controls information is on."

Leslie: Consumers, health plans, providers, financial organizations and other information management professionals that's a lot of people on the dance floor!

Patty: Kloss went on to say that, "while millions will have a stake in HIM, as the HIM profession, we have the obligation to have deeper and broader levels of competence." Kloss goes on to inspire HIM professionals to be the resources to whom others can turn.

Leslie: The October 2006 JAHIMA cover article discusses where we have been in the past decade and what lies ahead. It includes an information model that outlines the next decade's HIM building blocks of "information stewardship," "information integrity," "information value" and "information strategy."

Patty: Let's discuss the emerging information model with a couple of our colleagues in our next column.

It will be good to get their read on it and how this model is playing out in their work setting.

Leslie: That will be an important discussion on which to end the year.

Patty: Is the year ending already? Where did it go?

Leslie: You know what they say — time flies when you are having fun. On that note, let's wish our readers a very happy Thanksgiving.

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