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### The Decade of HIM Part II

Millions of people are interested in HIM like never before.

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**Leslie:** Last month we discussed entering the health information management decade and leaving behind the decade of health information technology (IT). We continue our dialogue this month on the topic of the information challenge of the next decade specifically for HIM professionals.

**Patty:** This is a critical conversation. We identified last month through examples that truly millions of people are interested in HIM like never before. Public health entities, pharmaceutical and medical device companies, insurance plans, health care provider organizations, and in general all caregivers must develop new awareness, understanding and skills in HIM to do their work. We also see business leaders, governors and other community leaders getting involved in their support for information-based pay for performance.

**Leslie:** And please let's not forget about the consumer. I am still thinking about the interesting article we discussed last month 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 Innovations." I keep thinking about the awesome challenges of the personal health record (PHR) and its importance in HIMH. We cannot fail to achieve the impact that a more informed and empowered consumer will have on the health of our nation. We have always lamented that no one understands HIM. Well that is all about to change, isn't it?

**Patty:** It sure is and thank goodness, because there is a lot to do! While having savvy stakeholders creates some competition and challenges, it also creates urgency to address the most pressing problems, which the HIM profession cannot tackle alone.

**Leslie:** We must work together with other disciplines on HIM issues, which requires HIM professionals to have deeper knowledge about HIM and to be more collaborative than in the past, or risk not having HIM practice standards and solutions in information management strategy and execution.

**Patty:** This brings us to where we left off last month in our column. Let's talk about the information model that was presented at the 78th American Health Information Management Association national convention and in the article "Vision 2006: 10 Years of Advancing Professional Success, Lessons for the Decade to Come," which appeared in the October 2006 Journal of AHIMA (JAHIMA). The underlying message of the presentation and article is critical: To fully realize the promise of electronic health records (EHRs) we must reframe the building blocks of HIM to achieve a truly interoperable data driven health care system.

**Leslie:** This model represents the information challenge of the next decade and specifies the HIM building blocks to meet those challenges. These building blocks are information strategy, information value, information integrity and information stewardship. I would like to hear how this model is starting to play out

in health care organizations.

**Patty:** OK, then let's continue our conversation about this information management model with one of our HIM colleagues, Chris Meyers, RHIA. She is administrative director, HIMS/PFS at Banner Estrella Medical Center, a 172 private-bed acute care facility and medical services such as cancer, orthopedics, women and children and cardiac care spread across a 50 acre medical campus. Banner Estrella is part of the Banner Health System. Chris, tell us a little bit about how HIM is organized, your responsibilities and that of your department.

**Chris:** HIMS reports to the chief financial officer. My responsibilities include patient financial services (PFS) so I have a matrixed reporting structure to the regional PFS administrator. Banner Estrella completes all HIMS functions electronically and concurrently. Banner Estrella opened in January 2005 with a chartless clinical environment, which is a hybrid electronic environment of scanned documents, clinical documentation collected through electronic documentation systems and computerized physician order entry.

**Leslie:** What do you mean by performing HIMS functions concurrently?

**Chris:** Distributed scanning, a patient-centric approach to document capture, was implemented to support electronic documentation at the patient's bedside. Health unit coordinators and ancillary technicians scan documents at the point of care and the point of service. HIM staff in turn process all scanned documents within 30 minutes of document capture. HIM staff reviews the integrity of the document, which includes its completeness, image quality and proper indexing prior to making the images available within the Banner Estrella EHR. This process enables us to concurrently analyze documents rather than performing analysis at discharge. We have also automated the deficiency analysis of history and physical reports as well as discharge summaries.

**Leslie:** What other aspects of HIMS is performed concurrently?

**Chris:** Banner Estrella's EHR enables us to perform remote concurrent coding, concurrent physician query/documentation improvement and remote cancer registry.

**Patty:** How many full time equivalents (FTEs) do you have and how many work remotely?

**Chris:** The HIMS department has 28 FTEs. Six coders work remotely and the remainder of HIMS work is performed onsite at Banner Estrella. However, 90 percent of all HIMS functions may be completed in a virtual HIMS environment.

**Patty:** With such an advanced e-HIM environment, we are interested in how the new information model that is noted in the October JAHIMA plays out for you.

**Chris:** It is very relevant and I especially key in on the importance of information strategy, which is the top of the model. For me it's all about collaboration and developing solid relationships so that HIM practice standards are represented during planning and implementation of the EHR. As a Renaissance alumni (a participant in the AHIMA leadership program: "Renaissance for the 21st Century," Leading the Way to e-HIM), I understand the value of creating collaborative relationships as an effective way to put my thinking out there and influence information strategy organization wide. Designing the information strategy map to get us from paper to electronic is hard work.

**Patty:** The work of creating a strategy map is made harder by the need to develop new HIM practice solutions, such as legal record standards, managing clinical vocabulary in the EHR, managing the quality of information contained within PHRs and managing record locator systems just to name a few.

**Leslie:** Other questions that come to mind are how should an organization manage requests for a printed version of the electronic record from providers, how is data within a health care system exchanged and integrated within provider EHRs? What is best practice in performing data integrity checks, and what is the best way to handle data that is electronically posted and in the wrong electronic patient record?

**Chris:** Many practice solutions need to be developed from a national standpoint, but we can do a lot locally. We have to provide leadership in our organizations today and be a resource in defining the information strategy and the map that will get us there. To the extent that HIM professionals can share lessons learned through articles, presentations and formal research, these solutions can emerge nationally as best HIM practices. I also think it's important to think broadly and to design HIM practice standards that transcend any setting. It's not only about acute care anymore and most of our current HIM standards are for acute care.

**Patty:** These are great points Chris. What else about the model resonates with you?

**Chris:** I have a great example about information value. Just this past week I noted that we are still doing some aspect of clinical pertinence manually. All of the data is available in our EHR but our reporting capabilities are limited. Information value includes data mining, analysis and reporting. Many organizations have the data, but to mine it, let alone have information management policies around it, is another story.

I believe whole heartily that our shift from information gathering to managing information is the most important competency to master for HIM professionals. We need to have the expertise to create information value wherever we work. Even those of us in electronic environments are just starting to realize the importance of this shift and the need to take strong leadership roles in managing data.

**Leslie:** We know from our earlier discussion that for you information integrity is already front and center in your document capture and concurrent processing, but is there anything you want to add about information integrity?

**Chris:** We found that it's important to design integrity into the data capture processes. To do this, we use data capture templates, which are built into our clinical documentation system for example. These forms have enabled us to define data elements that are part of sound down menus. We are currently at work on a physician documentation system, which incorporates lessons learned and best practices from implementing our nursing documentation system.

**Patty:** What about the last part of the model, information stewardship? How does that play out in your organization?

**Chris:** We are working on a project to define the disclosed record and the comprehensive record—everything in your EHR database.

**Leslie:** Do you mean defining the legal record?

**Chris:** First let me say that these labels are temporary as we sort out definitions. We have intentionally gotten away from saying the legal EHR at Banner Estrella and differentiate only between "disclosed," which is what a consumer, insurance company, attorney etc. is provided when requesting the EHR and "comprehensive," which includes everything in the EHR such as clinical data, alerts, reminders, order generation, etc.

**Patty:** That is really interesting. I am sure our readers will be interested in how your organization sorts this out. It will certainly be the year for figuring out our disclosure systems and processes.

**Chris:** Yes it will. In addition to sorting through our disclosure processes, we have worked hard on other aspects of information stewardship such as privacy and security, and retention strategies. As a large organization, establishing information management policies in this area were critical to opening Banner Estrella in January 2005 and are important as we deploy the EHR in Banner's 19 health care facilities.

**Patty:** I would like to wrap up our column this month by asking Chris what her top 5 strategic HIM priorities are for 2007:

**Chris:** The top strategic initiatives are:

1. Defining the role and organizational structure of HIMs within the EHR environment at Banner Health (beyond Banner Estrella Medical Center) (Information Strategy)
2. Data Management and Report Writing (Information Value)
3. Defining the disclosed record vs. comprehensive record (Information Stewardship)
4. Integration of IT systems (Information Strategy and Value)
5. Migration of 19 Banner Health Facilities to Banner Estrella's model (Information Strategy)

In addition, we will be monitoring the coding and classification landscape, computer-assisted coding and keeping our eyes on community information exchange initiatives.

**Leslie:** Thank you Chris for sharing your ideas about the information management model and your experiences. I appreciate how you were able to bring the information model to life for me, Patty and our readers. I would also like to take this opportunity to wish our readers great success in the coming year and a peaceful holiday season. Patty and I look forward to continuing our dialogue in 2007.

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