

### Evidence-based Practice Research

Formal research is the path to developing deeper and broader levels of competence, and it's the next logical step in redefining HIM.

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**Leslie:** Patty, I've been thinking about something that you pointed out in our Nov. 6, 2006 column, "Millions of People Are Coming to the Party: The Decade of HIM." You quoted from the presentation by Linda Kloss, the American Health Information Management Association's (AHIMA) CEO at the 2006 national convention in which she said, "In the era of health information management, while millions will have a stake in HIM, as the HIM profession, we have the obligation to have deeper and broader levels of competence."

I was wondering how we will fulfill that obligation, and then I remembered a recent conversation I had with Susan Fenton, MBA, RHIA, an AHIMA practice manager. She had explained to me that it is critical for today's HIM professionals to become more engaged in formal research that will inform future HIM practice. I realize now that research is the answer to meeting our obligation; formal research is the path to developing deeper and broader levels of competence.

**Patty:** Yes Leslie, HIM practice research must be on our roadmap to the future. As paper records disappear and EHRs become the standard for medical records, the profession must redefine HIM practice based on an expanded and updated body of HIM knowledge. To have credibility comparable to other disciplines, we need to use formal research methods and tools to develop evidence-based HIM practice. HIM practitioners need results of research to support their efforts to reinvent and reposition HIM functions and practices in their organizations; HIM educators need valid research about emerging HIM practices to update or create new curricula, and to provide HIM students with relevant directed practice experiences.

**Leslie:** I am excited about the promise of formal HIM research. I also see that we need to develop a greater sense of urgency to expand HIM research immediately. People outside of HIM are too often unaware of the many HIM functions performed that go beyond managing and retrieving paper medical records. Some people think that when the paper records go away, HIM departments and functions will go away too. It is the HIM practitioners working in the trenches who need to help others see the future role of HIM and to recognize it as mission critical. If the HIM profession is to be recognized for the value we bring to the industry and research is the path we must follow, then there isn't a minute to lose.

**Patty:** Well, then let's call Susan Fenton to talk more about the current and future states of HIM research.

**Leslie:** Susan, thank you for agreeing to review with us and our readers the important topic of HIM practice research.

**Susan:** Thank you for giving me this opportunity to talk with you.

**Patty:** Can you give us some examples of potential areas of study for HIM research?

**Susan:** One area that I know your readers are concerned about is that we really don't know in a scientific way how medical record documentation practices impact coding methods, the efficiency or the resulting accuracy of coded data. For example, what is the difference in coding accuracy and efficiency in paper records when documentation is free form vs. template driven? What is the difference when templates are in a paper-based record vs. an EHR? What is the difference in structured documentation vs. free-form within an EHR? Right now we really can't tell if one way is better or worse for coding accuracy or for efficiency. We don't know if one way is really bad for coding accuracy or if one way costs us significantly more to get coding work done.

**Leslie:** That is actually pretty concerning when you think that coded data drives reimbursement, most clinical research, quality assurance and public policy research.

**Susan:** I agree. It is quite disturbing when you think that in the U.S. we spend billions of dollars every year to create coded data just for billing. Right now, that same coded data is also used for many other purposes such as quality of care studies. Interestingly, I was at a presentation recently where the majority of persons with access to very detailed clinical data began their research with coded diagnoses. The data that HIM works with every day is at the center of our health care system. We know and understand the accuracy rates; we know how to better evolve future coding systems. Everything is built on data and we need to know the state-of-the-art!

**Patty:** Are there any solid HIM practice research studies out there on other aspects of HIM practice?

**Susan:** Yes, of course some excellent studies have been done, many on HIM education and not quite as many on HIM practice. Last year at the Assembly on Education, Shannon Houser from Alabama presented research on the response time for getting medical record documentation for a research study. Studies like this one are excellent because they tell us where we are at right now.

My message to your readers is that to create the HIM best practices of the future we must examine the state of practice today, determine the best ways to leverage the EHR to improve practice and then measure the impact of the changed state of HIM, our e-HIM practices. Implementing such a process will lead to evidence-based HIM practice just as this approach to advancing medical practice is resulting in more evidence-based medicine. The point is that we no longer want the way we do things to be based on how the health care facility down the street is doing them. We want to be able to point to solid outcomes that say this is the best way to do our work.

**Patty:** Susan, who do you think should be taking the lead for setting a research agenda that will take us to evidence-based HIM practice?

**Susan:** AHIMA's Foundation of Research and Education (FORE) is positioned to begin setting the agenda. They have already made a significant commitment to building the capacity for applied research in HIM practice. In 2007, FORE established a director of research position and I am very happy to tell you that I have been selected for that position.

**Leslie:** Fantastic! Congratulations Susan. What are your immediate plans?

**Susan:** We are planning to build a research plan for HIM. An invitational summit of experienced HIM, HIT and others with an interest in HIM will be convened this year to determine where HIM research will have the most impact.

**Patty:** Let me also add my congratulations. What will FORE's role be in supporting the research agenda?

**Susan:** FORE will have a variety of initiatives to enable implementation of a research agenda. For example we envision developing a Research Institute to train people on activities such as writing proposals, doing literature reviews, developing research designs, how to read research papers, and how to interpret findings and carry them back into practice. We hope to offer these training opportunities at the Assembly on Education and at the national convention.

**Leslie:** Are there any downsides to HIM practice research?

**Susan:** The only downside I see is that to do research well takes time. You may start a project in 2007 and not have results until 2008 or even longer. We need to take a longer view. Change based on research is never a quick fix! And, it will take time just to build the knowledge, the appreciation and the capacity to do research.

**Patty:** It is important to manage expectations. However, the results are worth waiting for because the benefits are so enticing. Formal HIM practice research will help us to define HIM more clearly to the rest of the disciplines in health care, the industry and the public. When we can say that there were better outcomes when research was done, it will enhance the credibility and status of HIM in the industry.

**Leslie:** Let's paint us a picture of the future. What does the ideal future state of evidence-based HIM practice look like?

**Susan:** The HIM profession will have a robust knowledge base. We will have a range of knowledge from the best documentation methods for accurate coding to how to more effectively disseminate EHRs in rural health care settings. We will see fewer differences in documentation methods, and the Joint Commission health information standards will be based on research evidence.

**Patty:** How will this ideal future state help the health care industry? Why will others in the industry be interested?

**Susan:** For one thing, standardization of practices around producing quality data should reduce costs over time. For example, I would envision it reducing redundancies in the system. Assuming that we eventually get to interoperability, if we know the quality of data and what it takes to have quality data, physicians should begin to have more trust in the information they receive, and fewer duplicate tests may be done. If we can say to payers these are key data measures, they will know the reliability of the information for payment decisions. Patients can be confident that their data is correct. I believe that the health of the nation will benefit. Tracking population health and doing biosurveillance will be enhanced. With poor data, we can miss an outbreak. Our research can help avoid such a catastrophe.

**Leslie:** Susan, this has been such an interesting conversation and there are so many more questions. Can we continue this conversation next month?

**Susan:** I would love to continue this dialogue with you and Patty.

**Patty:** Leslie and I thank you for sharing this information with us and our readers. We look forward to our next conversation with you on what HIM professionals can do to participate in and advance HIM practice research.

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