

## **Patient Centered Practices: The Next HIM Imperative** **March, 2010**

*Leslie Ann Fox, MA, RHIA, Patty Thierry Sheridan, MBA, RHIA*

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LESLIE: I see HIM Professionals making tremendous strides in streamlining HIM practices - implementing greater privacy protections and developing new processes to ensure the accessibility, reliability and security of electronic health information. However, as a consumer, I think it is fair to say that there is much work to do yet to achieve truly patient centered HIM practices. There are many opportunities to advance new practices that put the patient at the center of HIM workflow.

PATTY: I think as a profession, we have always championed the information rights of patients. We are concerned with patient privacy, maintaining a legal record, and ensuring that patients can access their records according to state and federal laws for example. But times are different - we face the challenges of new regulations, an aging population and savvy consumers.

LESLIE: Consumers are more informed and have a significantly greater role in determining to whom and under what circumstances their information can be disclosed. The original HIPAA legislation and now ARRA have had a profound impact on the way HIM professionals support consumers' health information needs.

PATTY: I think both of these regulatory changes are for the most part very positive but they are operationally challenging.

LESLIE: What makes them operationally challenging?

PATTY: We have had to redesign just about everything related to patients accessing their health information - such as developing processes that support access to health information while a patient is still in the hospital receiving treatment, accounting for disclosures, managing re-disclosures to referral providers and making amendments. Add to those changes the complexity of providing real-time on demand access either by printing from the EHR or copying documents to a CD or flash drive - and you have a labor intensive set of processes. In most departments, there is not enough staff to support these new changes and increased interactions with consumers.

LESLIE: I can appreciate that we are talking about a lot of changes, complicated by the fact that today's EHR functionality does not easily support on-demand access. For example, a consumer can't easily walk into a hospital HIM department, hand over a flash drive, and walk away minutes later with their health information from a recent inpatient visit fully loaded on their flash drive ready to be uploaded to their PHR.

PATTY: It's not as easy as pressing a print or save key is it? Yet that is what patient-centered means to me - convenient, prompt, anywhere, anytime access to our own information.

LESLIE: It's a good vision to have when we are thinking about what it looks like to have patient centered HIM

practices. It should be as easy as pressing a key on the key board.

PATTY: As a profession we have been an advocate for consumer's rights to information but we have also been very protective of that information and sometimes that has been incongruent with patient access.

LESLIE: Interesting point. In reading more about patient-centered HIM practices in the February 2010 Journal of AHIMA -- it made me reflect upon the fact that today's informed consumer is simply challenging the medical model whereby the patient is not really part of the healthcare process other than to receive treatment. Today, the patient is an integral part of the treatment process. They are responsible for being a good historian, an efficient communicator and coordinator across providers and for maintaining a thorough understanding of their financial responsibilities. This requires up to date health information and knowledge of reimbursement systems. This also requires that consumers be at the center of HIM practices and considered in the daily flow of information and associated HIM workflow processes.

PATTY: To me, all of this means HIM professionals will need to interact with consumers as we have with physicians in the past. Physicians are a significant customer and we built many of our workflow practices around their needs. We have to expand that significant customer base to more fully include consumers and the workflow that supports their needs.

LESLIE: I think the profession took one huge step in that direction with the development of the American Health Information Bill of Rights (HIBOR). (See the video interview of HIM leaders Linda Kloss and Wendy Mangin on this topic.)

PATTY: The seven principles included in the bill of rights build upon HIPAA which really does not go far enough. I think the HIBOR takes patient information rights to the next level and sets the stage for creating release of HIM practices that center on the patient.

LESLIE: While the HIBOR is not a law, it is a good set of principles that we can all embrace. Some are more operationally difficult to implement than others but they each speak to advocating for the rights of patients to access their information and to expect that information to be accurate, complete, private and secure. That makes sense to me.

PATTY: It's a new way of interacting with consumers that is more personal, and meaningful.

LESLIE: One can't really appreciate the importance of our work in this area until a loved one or even oneself needs access to their health information.

PATTY: I think you are right. Until we are on the receiving end of our own HIM services it's hard to appreciate how HIM contributes to the elation or frustration of navigating today's healthcare system of which access to information is a critical part. It is our role to make interacting with HIM personnel an extraordinary experience-to ease the burden of those who are sick and simply trying to access what is rightfully theirs.

LESLIE: Next month we cover this topic in greater detail interviewing HIM professionals who are implementing the HIBOR in their organization and redesigning HIM services to put the patient at the center. Stay tuned and Happy Spring!

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*Leslie Ann Fox is chief executive officer and Patty Thierry Sheridan is president of Care Communications Inc., a national HIM consulting and staffing company headquartered in Chicago. They invite readers to send their thoughts and opinions on this column to [lfox@care-communications.com](mailto:lfox@care-communications.com) or [ptsheridan@care-communications.com](mailto:ptsheridan@care-communications.com).*