

## **A Call to Action for 2010**

### **HIM professionals must focus on three priority issues: e-records management, standards advocacy and practice research**

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*LESLIE: The buzz of the 81st American Health Information Management Association (AHIMA) Convention and Exhibit is now becoming another great memory of excellent programming and memorable speeches. What stands out for you Patty?*

*PATTY: There are a number of presentations that stand out. I enjoyed the panel on secondary data use and data strategies because of the range of issues covered and diversity in stakeholder perspectives. I also liked the inspiring speech by our incoming President Rita Bowen, MA, RHIA, CHPS, SSGB, who shared her belief that leadership is every HIM professional's responsibility, and that one can lead from any seat they are in. I thought the key messages communicated by Linda Kloss, RHIA, CAE, FAHIMA, in her presentation "HIM Unplugged" were on point. Linda described the critical issues in HIM while taking the opportunity to introduce HIM professionals to David Blumenthal, MD, MPP, national coordinator for HIT, who provided a comprehensive update on the activities of the office of the national coordinator following Linda's presentation.*

*LESLIE: I liked Linda's presentation also. She really hit it on the head when she identified for the audience and Dr. Blumenthal three critical issues that concern HIM professionals.*

*PATTY: Let's talk about them because I think they should be top of mind for our readers.*

*LESLIE: The first critical issue Linda communicated is that "many organizations are stuck in a hybrid state of implementation." As we know all too well, working in an organization that exists in a hybrid state creates significant challenges in managing data and EHRs.*

*PATTY: Linda referred to this as the "worst case state" for managing data and documentation. She went on to talk about how current products don't support the optimal management of data nor ensure documentation and data integrity. And that this state is very costly.*

*LESLIE: There is little industry acknowledgement that current EHR products still fall short of being able to facilitate data exchange and electronic record management. Of particular interest to me is the need for EHRs to better support documentation integrity. For example, few EHRs limit automatic creation of health information. Instead, templates are often auto populated by default data and copy and paste is used to pull data forward from a previous visit or to borrow documentation from someone else's visit. This results in inaccurate documentation and/or inclusion of documentation that was created by others, which now becomes an authorship integrity issue. An excellent summary of data and documentation management issues is included in the AHIMA practice brief "Guidelines for EHR Documentation to Prevent Fraud."*

*PATTY: Back office functions such as HIM workflow or release of information are often missing from an EHR's functionality. I believe many of these issues will be addressed over time but in the mean time, HIM professionals have to make the best of this worst case state, protecting health care consumers, providers and their organizations from unintended consequences such as fraud, or worse, an adverse patient safety event.*

*LESLIE: The immediate challenge for HIM professionals is to raise awareness in their organizations and in the vendor community of the costs of the hybrid state and advocate for the functionality needed in EHR systems to efficiently manage the collection, reporting, storage and use of health information. I believe that overtime, EHR certification and the mandated demonstration of "meaningful use" will enable the transition from a hybrid state to a digital one. But in the mean time, HIM professionals will have their hands full managing this complex state.*

*PATTY: The second issue Linda discussed is that "too little attention and too little infrastructure is available to support the development, maintenance and deployment of clinical terminologies and classifications."*

*LESLIE: Linda describes that the way to improve the quality of health data is through the use of industry agreed upon content standards and terminologies and classification systems. ICD-10-CM and ICD-10-PCS is a good start. She goes on to state improving the quality of health data is a "core tenet" of the HIM discipline and urges HIM professionals to advocate for standards within their communities and in the context of the broader health care system.*

*PATTY: HIM professionals have been strong advocates for classification standards but that isn't enough. I think it's also critical to be advocating the importance of reference terminology like SNOMED, for example, and agreeing upon electronic record content standards. Ultimately reference terminology and content standards will improve interoperability of EHRs.*

*LESLIE: An equally important aspect of quality data advocacy includes AHIMA's goal to advance the vision of "collect once and repurpose many times." This mantra is the modern day version of "touch the record once" only now the vision is to collect the data once.*

*PATTY: I like that Leslie. I guess you could say that. To achieve the vision of "collect once and repurpose many," much work must be done to harmonize data content standards among the various stakeholders. There is a lot to watch on this front including the definition of meaningful use and national quality data initiatives.*

*LESLIE: The third issue Linda described is related to the importance of conducting evidenced-based research on administrative and EHR work processes. Studying the ways technology is used to improve quality data, for example, will lead to new knowledge and best practices in data collection, data and documentation integrity, quality reporting and administrative simplification to name a few. The profession needs to step up its research activities to develop health care industry accepted best practices and health information policy.*

*PATTY: I think that as HIM professionals we have a responsibility to do our part in reducing administrative complexity and improving data quality. Linda noted that administrative complexity is about 15 percent of the health care spending. That is a lot. Moreover, she went on to say that fraud is another 3 percent to 10 percent. It's really a call to action for the profession to contribute to health care reform by achieving efficiencies and being a steward for quality data.*

*PATTY: I think you're right, Leslie. We have a responsibility to find ways to practice HIM more efficiently. Linda pointedly said, "our feet will be held to the fire to reduce costs under any health reform plan and reducing administrative complexity is surely an important early focus."*

*LESLIE: What I like about our discussion today is how focused it is around three top HIM industry issues. If we focus on nothing else as a profession in 2010 but the three issues we discussed, we can significantly move our organizations toward developing policy and practices that improve quality data and patient safety-and in the process we will contribute to advancing an important part of health care reform*

*PATTY: It would be nice to only have to focus on three issues wouldn't it!*

*LESLIE: It would, and I appreciate that this is likely unrealistic given our current regulatory environment and pressing need for other aspects of health care reform. But I have to think if we make these three issues a priority during 2010, HIM professionals will make a significant contribution in the use and adoption of EHRs and e-HIM practices as well as administrative simplification.*

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