

## **A Leadership Role for HIM Professionals in Meaningful Use March, 2011**

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*LESLIE: As the Office of the National Coordinator (ONC) and the health information technology (HIT) Committees formulate their recommendations for Meaningful Use Stage 2 (Stage 2) requirements, their solicitation of comments from the industry has brought forward candid observations and recommendations from providers, consumers and HIM professionals. This collaborative approach to establishing the requirements is invaluable in surfacing different viewpoints that the stakeholders must work through together. However, it certainly creates a kind of creative tension in the industry.*

*PATTY: Yes, there is considerable debate around these issues. In a nut shell, consumer groups don't want the government to cave into providers who are asking for more relaxed Stage 2 requirements. Following these debates help us understand the obstacles and concerns being raised, which will help us determine where HIM professionals can help remove obstacles to meeting Stage 2 requirements in their organizations.*

*LESLIE: Absolutely! HIM professionals have a key role in leading their organizations to successful compliance with Stage 2. Many are already working on the Meaningful Use Steering Committees in their organizations for Stage 1 requirements. They are also working through the American Health Information Management Association (AHIMA) to contribute to the national debate. AHIMA responded to the Solicitation of Comments on Stage 2 addressing the deficiencies that must be resolved before compliance with requirements can take place. Can you tell our readers about the concerns expressed in that letter?*

*PATTY: According to the published comments, which can be found on AHIMA's website at <http://www.ahima.org/advocacy/comments.aspx>, AHIMA asked that ONC and the HIT Committees address the governance of standard vocabularies including terminologies and classifications that should be part of the Meaningful Use program. They even go beyond Stage 2 and point out that the need for standard vocabularies also applies to other Health and Human Services (HHS) regulations including HIPAA and various uses such as quality measurement, public health, research, reimbursement and policy making, all areas in which HIM professionals are actively engaged in their organizations.*

*LESLIE: That will be nirvana -- when we really have standard terminologies and classifications across the entire spectrum of health information usage. While commenting on all the challenges raised during the comment period is beyond the scope of this column, one issue that physicians are particularly concerned about with Stage 2 is very much impacted by the need for these standards. The proposed requirements that patients use the electronic health record (EHR) and the requirement for Personal Health Record data exchange are very much dependent on standards that are not yet in place. In their letter of response to The Office of the National Coordinator (ONC), as reported online in Health Data Management <http://tinyurl.com/4h6gxt4> the American Medical Association and 28 other medical societies recommended that "Measures that require adherence from a party other than*

*the physician should be removed. (e.g., patient's accessing a patient portal or labs reporting test results.)" The obstacles to meeting this requirement seem daunting at this time, however, the patients' use of the EHR is important and is an outcome we have long envisioned for EHRs. This is a goal of EHRs that HIM professionals can and should help lead.*

*PATTY: While the stakeholder organizations continue this debate and work through solutions, HIM professionals working with providers must continue their current leadership role in helping organizations achieve meaningful use. In many organizations they are helping organize, coordinate, identify and to the extent possible remove obstacles. It is similar to their role in meeting JCAHO standards over the years. They identified gaps and facilitated resolution of deficiencies in meeting health information management standards. Meaningful use takes HIM work to the next level. It is what people in the HIM profession have been working toward for all these decades -- patient access to data so consumers can be more informed and involved in their own healthcare, improving the timeliness, comprehensiveness of health information, accuracy and reliability of documentation/ data, leveraging the use of technology to really improve the quality of care and the efficiency of the care delivery process.*

*LESLIE: I do agree with you Patty, but I must add that for me the real excitement in Stage 2 is the final push toward the meeting of the personal health record (PHR) and the EHR. I understand this piece is a great concern to physicians because of the deficiencies in existing technology and infrastructure. However, when patients truly become active members of the care and documentation team, then I will be happy. When patients can enter data into their own records, when they can communicate electronically with their physicians as easily as they communicate with everyone else on the planet, then I will be happy.*

*PATTY: You sound very passionate about this issue, Leslie.*

*LESLIE: I am passionate about this. I first heard the concept of longitudinal records back in the 1970s. The idea that individuals needed to have a complete documented medical history available to them anywhere at anytime just made sense to me. I travelled a lot in those years and realized that in a strange place, there would be no access to my history unless I happened to carry it with me. I didn't have a copy of my complete medical history then, and as I have gotten older, it has become even more difficult to keep track of and to carry it with me. I keep a list of current medications and allergies in my wallet, but that was not enough during a recent medical emergency 1,000 miles from home. Other than the medications and allergies, the only medical and family history information the doctors had was what I could remember through the fog of painkillers.*

*PATTY: In the late 1990s and early 2000s, you worked with a number of industry task forces on defining the PHR and on the role of the HIM professional in implementing and helping users navigate PHRs. These groups helped lay out a vision of what patients want, what care givers want and what might be possible with a PHR. In November 2010, AHIMA published an updated practice brief, "The Role of The Personal Health Record in EHRs" that reiterates the importance of the PHR. It states "The continued use and integration of PHRs will play a pivotal role in the transformation of healthcare."*

*LESLIE: I have always seen the PHR as the next frontier for HIM professionals. We are eminently well qualified to help providers and vendors understand the information that patients need and want to access, the information they can realistically contribute to the record, and the information they need in order to understand their treatment and participate in managing their own health. (To learn more about how HIM professionals are influencing PHRs, go to [www.myphr.com](http://www.myphr.com).)*

*PATTY: So, do I understand that you are taking sides with the consumer groups to keep the pressure on providers to meet the PHR data exchange requirements?*

*LESLIE: No, I won't take sides, because neither the standards are in place, nor do the products currently available to support the PHR/EHR interface to the level we envision for the future. What I want to advocate is that HIM professionals take the lead in their organizations now to develop relationships with their patients and local consumer groups -- that they create and collaborate with provider-patient teams to design and implement the functionality of a PHR that represents the best of what people can expect from a 21st century health record system. When they accomplish that, they will have led the industry far beyond the minimum requirements of Stage 2.*

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