The Urgency to Clean Data in Patient Registration Systems Fueled By Impending Incentives for Implementing An Electronic Health Record

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The summer of 2003 will surely be known as the turning point in the evolution of the electronic health record (EHR) in the United States. The tide began to turn in June when the Markle Foundation, announced the results of its efforts to bring electronic connectivity to healthcare through the work of their project, Connecting for Health, a collaborative of more than 100 public and private stakeholders representing every part of the healthcare system. As reported in the Wall Street Journal on July 1st, agreement was reached on a single set of standards that could transform how information moves through all segments of the healthcare system. A lack of data standards has long plagued the healthcare IT world, but in addition to removing that obstacle, The Wall Street Journal also reported that the Bush administration has vowed to seek a 53% increase in funding to help hospitals use IT to keep better records. If success in providing financial incentives is achieved, the combination of standards and money will be the knockout punch for paper medical records.

The same day, July 1st, HHS Secretary Tommy G. Thompson announced that the Department had signed an agreement with the College of American Pathologists (CAP) to license the College's standardized medical vocabulary system and make it available without charge throughout the U.S., opening the door to establishing a common medical language, a key element in building a unified electronic medical record system. The Secretary also announced that HHS has commissioned the Institute of Medicine to design a standardized model of the electronic health record. Health Level 7 (HL7) a healthcare standards development organization was asked to evaluate the model once it has been designed.

HIM professionals have a wonderful opportunity to be involved in this groundbreaking work. The EHR Collaborative, of which AHIMA is one of the participating organizations, is sponsoring open forum meetings in August that will allow HIM professionals and others to provide input into these fast-moving advances toward the development of a functional model and standards for the EHR. The government's urgency is evidenced by the September 1st deadline they have given to the Institute of Medicine and HL7 to design a standard for an EHR.

Further evidence of the federal government's sense of urgency came on July 23rd when Rep. Nancy Johnson, chair of the House Ways and Means Subcommittee introduced the "National Healthcare Information Infrastructure and Interoperability Act of 2003". This proposed legislation requires HHS to adopt or develop national data and communication standards for the interoperability of healthcare information technology systems.

Moving quickly, on July 31, 2003, the IOM released a report identifying 8 core functions that EHRs should be capable of performing in order to promote greater safety, quality, and efficiency in health care delivery. The list of key capabilities will be used by HL7 to devise the common industry standard for EHRs that will guide the efforts of software developers.

This high level commitment to enable the implementation of EHRs sends a strong message to hospital executives: the long-term quality of care and cost reducing benefits of EHRs to the U.S. healthcare system far outweigh the expense to purchase and implement them. However, even with the adoption of standards and an influx of capital to accelerate the implementation process, healthcare executives face substantial challenges.

One of the first challenges that many of our clients have is to assure the accuracy of the patient identifiers in existing patient registration systems. Cleaning hospital databases of duplicate medical record numbers is a common practice when hospitals upgrade or introduce new information systems. Accurate patient identifiers are crucial to assure that every individual's medical record is complete and accessible to authorized users.

Removing the obstacles related to data and communications standards supports the desire not only for individual provider-based electronic records but also for creating the infrastructure that will ultimately eliminate the fragmentation of patients' health information. Most exciting of all, results of the actions being taken this summer pave the way for the development of a patient-centered personal health record (PHR). The PHR will enable consumers to take a more active role in their own care and to manage their own health information over the course of a lifetime. This development alone will be a giant leap forward for the health and satisfaction of our citizens.