

Acting Locally, Thinking Nationally: Election, State and Regional Efforts Offer Many Opportunities for Involvement in 2008

Save to myBoK

by **Dan Rode**, MBA, FHFMA

Late speaker of the House Tip O'Neill was often quoted as saying "all politics is local." This year AHIMA members will be crucial in spearheading local advocacy efforts to advance HIM issues on the national level.

Election Year Opportunities

As you may have noticed, 2008 is an election year. As tired as we may get of the TV commercials and mailings, this election cycle allows us a wonderful opportunity to make our case for the issues we believe the candidates should support.

Consider meeting with the candidates running for office and make a pitch for HIM issues. This is not something you have to jump up and do right away (unless you are already active in a campaign). Many of the caucuses and primaries are being held early in the year, so there will be plenty of time to approach candidates for federal and state offices after March, when the field will be significantly narrowed.

AHIMA staff and a variety of volunteers will prepare materials on HIM issues that candidates may encounter if they are elected. These include privacy, public health, biosurveillance, quality, identity theft, medical research, transparency reports, healthcare costs, electronic health records (EHRs), and health information exchange (HIE).

Some of the HIM issues that candidates might pursue once elected include:

- Support for standards development, coordination, and harmonization in the areas of transactions, security, and terminologies and classifications. This would include support for making the Office of the National Coordinator for Health Information Technology (ONC) a permanent entity, as well as a public-private authority to replace the current American Health Information Community.
- Coordinated state and federal activities to ensure barriers are removed for the electronic exchange of clinical data. This would include collaborative laws and regulations that ensure confidentiality and security that the public could trust.
- Support for adoption of standard EHRs through grants, loans, or other incentive processes that provide money up front.
- Coordination and standards for quality measurement reporting, as well as other secondary reporting in areas such as public health, healthcare research, biosurveillance, and reimbursement.
- Support for the development of HIE that benefits and includes consumers and all healthcare entities and players.

As we get closer to April, AHIMA will clarify these issues in talking points that will identify the problems as well as the solutions.

Are candidates going to get elected on the basis of HIM issues? Probably not, although issues like healthcare privacy could become a campaign issue in some states. But introducing candidates to important HIM issues will offer many follow-up opportunities with those that are elected.

Other Local Opportunities

While the election will take up a significant amount of our media and our time in the next 11 months, there are a number of other activities going on across the states that you should be aware of and, if possible, involved in.

The Health Information Security and Privacy Collaboration (HISPC) project is now in its second phase. The first phase was completed last year and included a study of 34 states and territories to determine the laws, regulations, and business practices that might act as barriers to HIEs. It was quite a learning process in each of the states and across the country.

In the next phase, the project will identify the laws and regulations that must change or be adopted to decrease the barriers for EHR and HIE adoption. Each state's approach and understanding varies. While some have a good understanding of privacy, access, and release of information, others do not.

Several states are already enacting new laws or trying to unravel old ones. Some new laws and regulations have the potential to raise new barriers if HIM professionals don't lend their expertise on issues such as release of information and HIPAA. HIM professionals must be involved in these projects in order to ensure that solutions allow for the conversion to standard electronic records and the decrease of functional barriers. Check with your state HIM association, as many are already deeply involved in these privacy and security projects.

Most states have HIE projects under way, although they may not be coordinated with HISPC efforts. Some are statewide, and some are regional. Several groups are involved, including the State RHIO Consensus Project, run by FORE under an ONC grant. The Agency for Healthcare Research and Quality, eHealth Initiative, and AHIMA offer information on their Web sites that can direct you to projects in your area or state.

While several HIE or RHIO projects have been around for several years, most are in their infancy and far from the full-service model that many envision for the future. HIM professionals are needed for their expertise on the flow of healthcare information, the content of information, the variance in rules concerning what can and cannot be shared, the integrity of data as it moves through systems, terminologies and classifications, and other aspects of privacy and interoperability.

Not all projects will comprise entire networks. Other grants and programs focus on EHR adoption in physician practices and other clinics. Many of these efforts will also need HIM involvement, perhaps through joint programs with local medical societies, such as the Medical Group Management Association and the Healthcare Information and Management Systems Society.

The HIM work force remains a vital topic. The need for an expanded work force to plan, implement, and manage this new network of EHRs and data exchanges is slowly being recognized nationally. However, it is not as well known in local circles, where there is a need to boost support for educational programs at the associate, bachelor, and master's levels.

Behind all of these projects is the networking originally called for in the nationwide health information infrastructure, and like all infrastructure, the building has to be from the bottom up. Check out the opportunities to get involved in the construction of this new era in healthcare.

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