

Brailer: "We're Here to be Catalysts"

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Nation's First Health Information Technology Coordinator Delivers Monday Keynote

AHIMA members are “people who have stepped to the front lines, who live and breathe the question of how we make changes” in the healthcare system, David Brailer, MD, PhD, told a general session audience at the convention. The healthcare industry is on the road to the electronic health record, Brailer said, and HIM professionals can help it reach its destination.

Brailer, the nation’s first health information technology coordinator, was appointed in May by Department of Health and Human Services Secretary Tommy Thompson. His office was established in April 2004 by an executive order from President Bush.

In July Brailer released a report outlining a framework for a strategic plan to guide the nationwide implementation of health information technology in the public and private sectors. In Monday’s general session he discussed the four goals of the plan and his vision of an “information-rich” industry.

Building Blocks for an Industry in Demand

Brailer told the audience that one industry leader called his plan for implementing electronic health records (EHRs) “underwhelming.” In fact, he said, he agrees. “We set out to make it underwhelming,” he said. He said he wanted to reiterate the need for better information for all parts of the healthcare system, from clinicians to patients.

The strategic plan highlights four goals, or what Brailer called “building blocks,” for the future of healthcare. The first, he said, is informed clinical practice, which requires portable, complete medical information. Health data is increasingly in demand in multiple places in the system, and it originates from many different sources, including patient-maintained records. All of this presents information management challenges, Brailer said.

Given the complexity of healthcare, clinicians need information tools that help them make the best decisions about treatment. Studies have shown that factual, organized point-of-care information enables better decisions, lowers costs, and results in better healthcare quality, Brailer said.

Connected, Personalized, and Safer

The second building block is interconnecting care. While healthcare connectivity has been discussed for 30 years, Brailer said, in comparison, the idea of making systems interoperable is relatively new. One reason the fragmentation of information systems in healthcare needs to be overcome is the realization of the need for “symmetry of information” between buyers and sellers of healthcare services. Patients need good information to make decisions about their care, and interoperability of health information systems makes this possible.

The third building block is personalizing care. Interoperability alone is not enough, Brailer said; systems have to be usable. This is particularly true in the realm of chronic disease management, which can be a full-time job for many healthcare consumers, Brailer noted.

Finally, the system needs to be made smarter and safer, Brailer said. This is particularly true in light of the current emphasis on public health safety. There’s no overall architecture for public health, Brailer said, and the industry needs to ensure that realistic designs are built into systems that monitor it. He also believes better quality reporting is a necessity, but it, too, will require automation. “Imagine collecting 300 indicators about care,” Brailer said. “It’s essential that this be an automated feature of networks for sharing data.”

First Steps to the Goal

According to Brailer, the time for change is here. “We’re here to be a catalyst and to drive things forward,” he said. This includes working to overcome barriers to EHR adoption such as physician and organization reluctance to invest in the technology without guarantee of a return on investment. To this end, earlier this year Brailer recommended the creation of a certifying group for EHR products. In response, AHIMA and other industry groups took the lead in creating the Certification Commission for Healthcare Information Technology this summer.

To make it easier to implement and maintain interoperability, Brailer has recommended the creation of regional health information organizations (RHIOs). These are independent entities in a municipality or state that would support and oversee data and interoperability. A number have already been created, Brailer said, in states including Indiana, Rhode Island, Tennessee, Maryland, Oregon, and Washington.

A Challenge for HIM

The final challenge, Brailer said, is to “make things connect.” This encompasses changing work flows and business processes to accommodate electronic records. It also means connecting with users and helping them understand the significance of the change. Brailer noted that building physician acceptance of EHRs is critical. “You can’t leave people behind,” he said. “We need to make physicians see this as relevant to their careers.”

Brailer encouraged the audience to take an active role in putting the building blocks in place. “All of you will likely agree with some share of our plan,” he said. “If you do, take that piece and run with it. Make the case for the EHR and interoperability in your facility.” Developing the work force—building its skills and talents—is also key, according to Brailer. He also urged HIM professionals to get actively involved with RHIOs in their area or to start their own if none exist. “You don’t have to fill out an application,” Brailer said.

The time has come, Brailer said, to get things done. “We will support you every way we can,” he said, “and we won’t stop until we see results.”

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