

Connecting Interoperability to HIM

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by Linda Kloss, RHIA, CAE, chief executive officer

This year the vision of connected health information will come into sharper focus. Federally funded initiatives for sharing health information are taking place in a dozen communities across the country. Four consortiums are under contract with the Department of Health and Human Services to develop and demonstrate architecture prototypes for a nationwide health information network.

In our cover story Kevin Heubusch, the Journal's managing editor, frames the benefits and challenges of an interoperable system by reporting on the Commission on Systemic Interoperability's study "Ending the Document Game." In plain language, the commission sorts out the challenges and sets goals, such as swift resolution to the debates on a patient-specific health identifier and a national privacy standard, controversial yet essential policy issues.

The commission's most important contribution may be the way in which it transforms interoperability from a geeky technical concept into an urgent need by telling the stories of people who have battled through our disconnected healthcare system to get care for themselves and their loved ones.

Interoperability Challenges, HIM Roles

Improving healthcare by connecting information faces challenges in four key areas: technology, information integrity, confidentiality and security, and utility. As HIM professionals, we can contribute to each area. We have a role in ensuring that technology is standards-based and reliable.

We also have a central role in ensuring that the information passed between organizations and consumers is accurate and complete. Of course, confidentiality and privacy is a core HIM focus. And working with end users to ensure that they derive full benefits of health IT characterizes the bridge role of HIM.

In "Beyond Data Sharing," LeRoy Jones provides insight into interoperability from the clinician's perspective, citing real examples of how access to patient data aids clinical decision making. But as Jones concludes, most results to date are from closed health systems, not from data sharing among unconnected or competitive entities. He points out that the model for financing sustainable data sharing is not yet in place, nor are the confidentiality, legal, or data integrity enablers.

In "The Future of Patient Identification" Lorraine Fernandes and Michele O'Connor take up a core function of interoperable data exchange. The authors describe how technology and probabilistic algorithms enable matching for data exchange, and they contrast this approach to use of a unique identifier.

Rose Dunn offers practice advice for organizations moving from paper documents to electronic records in "A Quick Scan of Bar Codes." As organizations struggle to manage hybrid records, bar coding adds safety and efficiency to document imaging programs.

A Preview of 2006

In 2004 the vision for a connected health system was set forth. Last year saw the benefits of EHRs solidly demonstrated through research and the building-block projects for nationwide transformation set in place. In 2006 we will see accelerated adoption of EHRs, particularly in physician practices. We will also learn important lessons about information portability from the nationwide network projects.

As consumers, we are eager for safer care and easy access to our information. As HIM professionals, we face unprecedented career challenges. Roles are expanding as never before, and new roles require new competencies and the

ability to abandon paper-based practices and embrace e-HIM[®]. In this time of great change, AHIMA, your community of professional colleagues, is more relevant and essential than ever before.

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