

Consumers Moving to the Center of NHIN Planning

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Quality of Care Must Be the Reason behind HIE, Panelists Say

Experts offered their insights and predictions on health information exchange (HIE) and privacy, consumer involvement, and the HIM role during the October 18 general session, “Building Blocks Issues in the National Health Information Network.”

Panelists Mark Frisse, MD, MBA, MsC, director of regional initiatives at the Vanderbilt Center for Better Health; Scott Wallace, president and CEO of the National Alliance for Health Information Technology; Emily Stewart, policy analyst at the Health Privacy Project; and Carol Diamond, MD, MPH, managing director of the Markle Foundation, took questions that ranged from the political to the practical. The panel was moderated by AHIMA president-elect Jill Callahan Dennis, JD, RHIA.

What about Consumer Concerns?

When consumers ask questions about health information exchange, HIM professionals will need to represent them, the panelists said. The voice of consumers needs to be a part of all the processes that lead to the nationwide health information network (NHIN), said Diamond, and HIM professionals are often aware of patients’ most common concerns. “You each have a role to play in conveying that message,” she said. One way to ensure that consumer concerns will be reflected, she said, is for HIM professionals to get involved with a regional health information organization, or RHIO.

Stewart pointed out that consumers are concerned with how their information is protected in both paper and electronic records. “Patients do see the benefits of [electronic healthcare data], but they see the risks at the same time,” she said. Construction of a nationwide network will require policies that help patients understand its benefits. Diamond pointed out that though patients will likely continue to have concerns, they will need to understand that they will not have to sacrifice their privacy for quality healthcare. As HIM professionals implement EHRs and participate in health information exchange, they will need to convey that message, she said.

To Use or Not to Use...Data

How data will be used and kept secure was a question as well. One audience member wondered if data shared in the NHIN will be used for purposes other than treatment, such as public health data collection and research needs. While the answers aren’t quite clear, Frisse said that these are important questions for HIM professionals to ask. The ways clinicians use data are different from the way public health and quality reporting use data, he said, and everyone has a different use of data in mind when they talk about the NHIN.

Diamond pointed out that recent highly publicized security breaches in other industries have raised awareness of the risks of third-party collection of data. The public is realizing that identity theft is a real risk, she said. Stewart agreed, saying that “there needs to be a serious, meaningful discussion that weighs both the benefits and risks” of such uses of data. She emphasized that any network should put privacy and security policies and controls in place to protect patients.

The use of sensitive patient information, such as that related to substance abuse treatment, is also a concern. Diamond expects that to some degree, the kinds of information that are shared will be based on determinations made by providers and patients. “We can allow for that and still make good use of IT,” she said. The system will need to be flexible enough to accommodate these situations and not rely on a one-size-fits-all approach, she said.

The panelists noted that some care settings have more funding and manpower to implement electronic records and participate in health data exchange than others. Long-term care and public health, they said, face significant challenges that are only now beginning to be discussed.

Predicting the Future

One audience member asked how the industry can anticipate the kinds of systems that will be required as a nationwide network evolves. Wallace said that IT product certification developed by the Certification Commission on Healthcare Information Technology will help by instituting a process that defines a product, identifies applicable standards, then develops a mechanism to test how the product meets those standards. But it's important, he said, to have realistic expectations. "You're not going to have one ultimate system that will never be replaced," he said.

Frisse said that it may be possible to predict the future to some degree. Clinical information systems will need to be linked to other systems and charges will need to be captured efficiently, and there is also a need for better infrastructure for ambulatory care, he said. The final driver is that CEOs must lead their organizations' implementation efforts with an emphasis on quality.

Quality should also be considered when weighing the costs of investment, the panelists said. Wallace cautioned that the industry should not expect to see significant economic return on IT investments right away. "The expectations of IT are ridiculous, and there is no way people are going to meet them. You can't expect 40 percent ROI in year one," he said. Other industries that have implemented IT, even banking, have not seen economic returns immediately, he said, and technology's value should be linked to better health outcomes.

Frisse added that the best returns may be seen in terms of efficiency. "I'd say the greatest threat to healthcare in the last decade is unnecessary complexity... We have had a war of mutually assured destruction between camps adding layer upon layer of complexity," he said. "I hope we change to a simpler, more efficient system." He added that the country has seen great public frustration with the lack of cooperation in the response to recent national disasters. He expects there will be public frustration with healthcare, too. Sometimes, he said, "the argument about quality care is drowned out."

What HIM Can Do

Many challenges to building the NHIN remain, and HIM professionals can make a difference, the panelists agreed, in preparing themselves and the next generation. Diamond suggested that HIM professionals "think about managing information across the continuum of care, outside our organizations and silos. We will break out of that silo, and the role for managing information becomes more complex," she said. Wallace urged the audience to help identify problems and to find solutions for them. HIM professionals, he said, are "the only bridge we have between the economic and clinical systems... You are the core people who really know what happens to information."

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