

# Cultivating Healthcare Information Governance: How to Grow Your Program Maturity

Save to myBoK

By Mary Butler

Buying tomatoes at the grocery store or farmer's market will suffice for most cooks. For others, particularly those with a green thumb, growing their own is the only way to fulfill all their salsa and marinara sauce fantasies.

These devotees understand that a garden can't be grown overnight—or even in one growing season—and so they must settle in for the long haul. A garden is created through steps. First, gardeners have to acquire and stage the land, then till the soil, water it regularly, and fertilize it generously. After a gardener finally plants the seeds, breathless waiting can follow to see if the seeds germinate or get hit by a late- or early-season frost. Then there's some wrangling with tomato cages and protecting the early bloomers from squirrels and other pests. The work isn't over when the plant bears fruit, of course. There's picking, cooking, and canning to be done—and then the cycle starts anew next season.

Cultivating a rich information governance (IG) program is a similar long-term endeavor that requires a lengthy prep and planting season before any blooms are realized. And like tomatoes (which are categorized as “tender perennials”), an IG program requires ongoing maintenance and care to reach its full potential.

AHIMA has been cultivating an understanding of IG in the healthcare industry for several years now, but 2016 will be a year in which the seeds hit the soil and AHIMA hopes its members begin practicing what has been preached. To help move the industry from learning to doing, this year AHIMA will launch the Information Governance Adoption Model (IGAM), currently being built and tested by a group of pilot healthcare organizations, as well as launch IG HealthRate™, a subscription-based tool that gives healthcare organizations a comprehensive view into their IG maturity. IG HealthRate, the next generation of AHIMA's IG PulseRate™ released during the 2015 AHIMA Annual Convention and Exhibit, is expected to launch in February.

AHIMA has also launched IG Advisors™, a consulting service aimed at helping healthcare organizations assess current state, analyze deficiencies, and develop enterprise-wide IG strategy. IG Advisors is currently engaged and consulting with IG pilot sites during their IG implementation.

As AHIMA members and pilot project participants start to plant their IG gardens, it's important to find out what is and isn't working for them and to check in with health information management (HIM) professionals who have been at this for a while and can share some best practices.

## IG Pilot Sites Start to Sprout

An intrepid group of 11 healthcare organizations (which encompass more than 40 individual healthcare entities) have volunteered to pilot the IGAM, which creates a framework for adopting IG based on an established body of standards, best practices, as well as legal and regulatory requirements specific to IG in healthcare. The IGAM consists of 10 core competencies—including strategic alignment, data governance, and privacy and security safeguards—which are then further enumerated by performance-driven markers. Healthcare organizations will use the IGAM to measure their level of IG adoption. It can also serve as a guide to help organizations increase their program's complexity and maturity.

Each pilot site conducts an initial assessment of where it stands on a scale from one to five in each of the core competencies, and then sets goals for each area. The structure of the IGAM allows it to be used by any type of healthcare organization and can be adapted to allow each site to decide which competency they wish to start with, based on their own priorities.

Katherine Lusk, MHSM, RHIA, chief HIM and exchange officer at Children's Health System of Texas, says she signed on as a pilot site because even though her organization has a good grasp on how to handle resource and data management, it was happening in silos.

"I knew that by being a pilot site it would instill the rigor across the organization, and AHIMA [IG Advisors] would help us. The driving influence for us was treating information as a strategic asset, and we've not been governing it with the rigor of IT projects and capital investments. Being part of the pilot provided us the opportunity to instill that kind of rigor," Lusk says, adding that the cultural change brought about by IG will be "everlasting."

Sally Beahan, MHA, RHIA, director of HIM strategic planning and projects at University of Washington Medicine (UW Medicine), is leading another IG pilot at UW Medicine. She said she became interested in becoming a pilot site when she heard about it at one of AHIMA's Leadership Symposiums. Beahan had been concerned for a while that since implementing an electronic health record (EHR) system in her facility, management of certain EHR tasks have gone to IT services rather than HIM. "I thought, at that point, what a great opportunity to become a pilot and launch us into getting some infrastructure in place," Beahan says.

Christine Taylor, UW Medicine's records manager and Beahan's partner in starting IG at the facility, says that prior to starting IG she realized she'd have to collaborate with departments such as risk management, IT, HIM, and compliance in order to effectively manage the hybrid environment of having both electronic and paper records on-site. Additionally, since UW Medicine is such a big organization, with a research arm, medical school, hospitals, clinics, and other acquisitions underway, there are multiple EHRs to manage and coordinate. One of UW Medicine's goals is to integrate these systems into one enterprise-wide system.

"I was attracted to IG because I wanted to find a framework or a structure that would allow me to not only invite myself to the table but be invited to the table—and start working in a collaborative fashion around the disposition of records, around lifecycle management of records," Taylor says. "I think IG gives you a framework to help affect change in an organization."

Beahan and Taylor acknowledge they took a bold move in deciding to tackle seven of the IGAM's 10 core competencies (pilots are encouraged to start with one or two, or whatever number they are most comfortable with). They chose their competencies by brainstorming and listing all of the IG-centric initiatives and tasks that were already in progress in their organization, and then mapped those to each competency.

Though they are very early in the pilot process, Beahan and Taylor are enthusiastic about their work so far. "As we start the work to go with an enterprise system, this is going to give us an amazing framework on the questions to ask and which committees and workgroups and sessions we're going to need to be involved in," Beahan says.

## Leveraging ICD-10 Lessons for IG

Organizations shouldn't wait for opportunities such as AHIMA's pilot program to get started with IG. Many healthcare organizations already have good models in place that can be leveraged to start an IG initiative. For example, organizations that have just completed the transition to ICD-10 are closer to starting an IG program than they realize, says Mary Beth Haugen, MS, RHIA, president and CEO of Haugen Consulting Group. Organizations that want to do IG don't have to start with a blank slate.

Haugen says that ICD-10 oversight committees in many hospitals included an organization's CIO, CFO, representatives from revenue cycle, IT, clinicians, and researchers who used ICD-9 codes for a variety of reasons. They all worked together on tasks such as identifying the applications and ensuring they were upgraded, data flow mapping, and creating application inventories and report inventories. "You might have to take some of the players in or out or shift them around, but the core structure, in my opinion, could be used really successfully for your IG program," Haugen says.

Much of Haugen's consulting work involves helping hospitals and health systems define and maintain the legal health record, which at its core are information governance activities. Her strategy for engaging with and educating the workforce about IG should sound familiar to anyone who worked to implement ICD-10.

“Instead of going to a big department head meeting and trying to do education on IG, we found it more effective to meet in a smaller group setting,” Haugen notes. “So when we go in and meet with the lab or radiology or the pharmacy, we tweak every presentation to be specific to their needs, and I think that’s really helped us. I think [IG] can be a hard concept to understand and I think it’s even harder for people not dealing in the HIM world.”

One of the best examples for the types of problems that IG can help prevent is the series of events that can be triggered by the use of an incorrect ICD-9 or ICD-10 code. Haugen recounts how one organization she consulted with, prior to ICD-10, had an issue with how their clinical system manipulated an ICD-9 code. In this one particular hospital, a diagnosis code for a very minor illness was somehow altered by the system into a code for cancer.

“Not only did it impact the organization’s data, but it greatly impacted the patients’, such as their life insurance applications. Until that point, the organization didn’t really understand that one code could truly impact all of the downstream systems and data,” Haugen says. “Now all this incorrect data has been sent out, how do I ensure that I’ve notified everyone that has ever seen this data that it’s incorrect?”

One of the goals of information governance is to help improve data governance—which deals with how data is created, managed, and used by its owners, creators, and end users. Having strong data and information governance in this case would’ve helped the hospital identify that it was using the wrong code earlier on and eliminate the downstream impact.

## Selling IG to the C-suite

To effectively launch IG in a healthcare organization there must be support from the C-suite—the individuals who must ultimately be convinced that IG can deliver a solid return on investment. That means that IG proponents must be ready to demonstrate how IG can help lower costs and align with the business strategy of the organization.

Prior to becoming AHIMA’s CEO, Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, FAHIMA, worked in C-suite roles in hospitals. This has given her insight on how HIM can pitch IG to the folks on top of the totem pole. “As a COO you’re sitting there thinking ‘We don’t have time for this.’ So if HIM does this [presents an IG plan], it has to be a problem solver,” Gordon says.

C-suite officers these days are concerned about the transition from fee-for-service to value-based care, as well as issues such as measuring the quality of care and reducing hospital-acquired infections, which are now linked to reimbursement. If someone comes in with a plan for IG, they’d better be prepared to show how better data and information can address these headaches.

Minnesota-based Allina Health’s IG program came about during the company’s consolidation of HIM activities. Stephanie Luthi-Terry, MA, RHIA, CHPS, FAHIMA, Allina’s director of enterprise HIM integration and eHIM business solutions, was charged with, and succeeded in, getting senior executives on board with transitioning the management of pre-EHR records that were in off-site storage to internal management by the HIM team. That team was eventually able to save the organization \$3.5 million over four years by consolidating its medical records storage on-site and in online databases—a great return on investment for the time spent on an IG task.

About two years ago when Luthi-Terry says her organization formally started growing its IG program, she framed the conversation with the C-suite differently, referring to information governance as “enterprise content management.” She chose this term because, she says, people reacted more warily when they heard the word “governance.” Proving IG’s value to an organization, unfortunately, means dispelling some myths. As in Luthi-Terry’s case, some people interpret the word “governance” to mean “something I have to give up.”

“So we try to avoid saying that in our earliest discussions so we could engage people in a conversation... I think that has helped us in the process in how we manage those [IG] conversations,” Luthi-Terry says.

That said, others have seen the term governance start to take root. Pilot site organizers are beginning to hear the word “governance” in a number of different meetings, according to Lydia Washington, MS, RHIA, a director of HIM practice excellence at AHIMA. That means there’s an awareness of the need for governance in a number of different levels and different places. “People are more aware of the need for governance, whether that’s IG or data governance, which is similar

but not the same,” Washington says. “That recognition and awareness will only help us get our message out, and hopefully we even have an impact on that.”

Elizabeth Delahoussaye, RHIA, CHPS, privacy officer and senior vice president of compliance at HealthPort-IOD, says another strategy concerning IG is undertaking a smaller scale IG-centric project without necessarily requiring C-suite involvement. That task could be anything from a master patient index cleanup to instituting a disposition and retention policy.

“I think it’s a great idea to show you’re taking initiative and owning it. In today’s world, whether in healthcare or business, that’s what the C-suite wants to see,” Delahoussaye says.

Delahoussaye says she’s heard organization leaders say IG is something that the individual departments, such as compliance, IT, privacy and security, or HIM departments, should be responsible for. Unfortunately, this way of thinking results in information being siloed in healthcare organizations, she says.

“Over time, and with many discussions, the ultimate objective is to ensure each department has a piece of IG ownership, but overall information is governed in a concise and consistent way—hence the need for strong IG leadership and a unified IG directive,” Delahoussaye says.

Joe Ponder, vice president of information governance at LifePoint Health, says that if he asked 10 different people for a definition of IG, he’d get 10 different opinions and definitions—and they would all be right to some degree. With healthcare IG still in its infancy, it can mean different things to different people. “I think that the most challenging piece for me is to ensure that I’m articulating it in a way that makes sense to everyone—that really resonates with other departments,” Ponder says.

The scope of IG is another thing people have trouble wrapping their arms around, Ponder says. When that is the case, it is best to look for easy, first wins to launch an IG program—an initiative that solves a prevalent information-based issue in a healthcare organization. Instead of trying to grow an entire farm filled with tomatoes, one can start with just a few plants.

“The term ‘information’ is so ambiguous, where do you focus? And if you don’t have that core focus it’s easy to see how this can seem like it’s something that’s unattainable because it’s so big or it’s usually looked at as ‘something we’re already doing,’” Ponder says.

## Read More

[www.ahima.org/topics/infogovernance](https://www.ahima.org/topics/infogovernance)

For more information on AHIMA’s information governance education, initiatives, and products, visit the above web page.

Mary Butler ([mary.butler@ahima.org](mailto:mary.butler@ahima.org)) is associate editor at the *Journal of AHIMA*.

### Article citation:

Butler, Mary. "Cultivating Healthcare Information Governance: How to Grow Your Program Maturity" *Journal of AHIMA* 87, no.2 (February 2016): 16-19.

