

E-HIM: Our Commitment to Lead

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by Linda Kloss, RHIA, CAE, chief executive officer

For the past two years, AHIMA's report "Vision of the e-HIM[®] Future" has served as a touchstone in our rapidly adapting field. When published in 2003, the report painted a picture of evolving HIM roles and practice in a healthcare industry moving from paper to an electronic information infrastructure. This vision, which has motivated and guided the efforts of HIM professionals across the US, in Canada, and other countries, has been a key priority for AHIMA since 2003 and will remain so for 2006.

E-HIM Accelerates

With the pace of change accelerating, the Journal's editor asked Meryl Bloomrosen to examine the e-HIM vision two years later. Bloomrosen facilitated the task force in 2003, and her article "E-HIM: From Vision to Reality" describes the many organizations, programs, and projects that are making e-HIM more important and more relevant as time goes on.

In "Short-term Forecast: Experts Speak up on ONC's RFI, RFPs, and the Year Ahead," David Brailer, national coordinator for health information technology, summarizes the remarkable new federal efforts to advance the health IT agenda. These include the recently published summary of responses to the request for information about how the national health information network should be built and the targeted requests for proposals from the Department of Health and Human Services. Both of these initiatives, plus the appointment of the American Health Information Community, will further accelerate the pace of change.

New Solutions and New Learning

Of course, implementing new technologies means that questions about how best to adapt practice are out ahead of applied research, model practices, and the law. We learn as we go. Many hospitals are now planning or implementing order entry systems, and there is wide agreement that this is a particularly challenging transition for most organizations. Elizabeth Curtis reports in "Physician Order Entry Goes Online" how The Ohio State University has succeeded by all reports, with HIM leadership a contributing factor.

"Spoliation of Medical Evidence" by Jonathan Tomes also brings the point home that e-HIM means solving real operational challenges. We need new ways of protecting electronic health records from spoliation, but there is no standard or accepted way of doing this yet. In 10 years this will be standard practice, but today we must use best judgment and share what we are learning so practice standards can emerge.

To codify our best understanding of the evolving standards of practice, AHIMA's Foundation of Research and Education has been supporting the development of e-HIM practice guidelines. To date, more than a dozen guidelines have been prepared by volunteer work groups and are available [in AHIMA's HIM Body of Knowledge]. Others are in the works. And did you know that the online FORE Library: HIM Body of Knowledge today includes more than 300 articles, practice briefs, and other reports on various aspects of e-HIM? No one in the HIM community should feel they are out on that limb alone.

On October 15, AHIMA's 77th Convention and Exhibit will begin in San Diego. This is an opportunity to hear from many of the national leaders shaping health information policy and from many of our professional colleagues finding new solutions for old and new problems. I hope you will join us.

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