

Enabling a Patient-Centered System: Roles Expand as More Information Flows to and from Patients

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Recently, while speaking with patients' family members about their perception that healthcare is too fragmented, I was reminded of my earlier experiential research findings: that the proper scope for analyzing or designing work processes is macroergonomics-the integration of mission-based processes, the people who carry out those processes, and the technologies that people use to accomplish the processes. It is often referred to as "people-process-technology."

But what does macroergonomics have to do with patients and their families? Just this: if we are to improve healthcare delivery, we must not ignore the people component of the healthcare system. The effectiveness of healthcare processes depends heavily on the decisions and actions of the people involved-not only the clinicians providing care, but the people receiving it, too.

As a result the patient, and the patient's family, must be recognized as key partners in healthcare delivery. And, as partners in care, they have rights and responsibilities, including providing and receiving pertinent health information and acting on that information.

Enabling Patient Involvement

A patient's ability to act is enhanced if his or her health information is understood, and that depends on the quality of the information and a person's health literacy. Health literacy is the "degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions," according to a definition from the Institute of Medicine.

Hence, in the near future, the information that a patient receives may need to be coupled with semantic metadata, the information that explains the medical information to ensure correct interpretation by the patient. A logical corollary is that the role of the health information manager may need to extend to patient education.

This possibility is increasingly likely as more attention turns to the information needs of patients. There is an increasing push for clinical systems that provide patients with information that can help them manage their health, delivered in forms that are meaningful and useful to them. In "Health IT for the People," federal and industry experts offer a look at this emerging movement.

"Access and Understanding" reminds us that improving an individual's ability to understand and use health information is a goal closely related to designing IT systems that deliver it, a basic macroergonomic tenet. An estimated 77 million adults struggle with health literacy, according to the 2003 National Assessment of Adult Literacy. Research has established a strong link between health literacy, improved outcomes, and reduced health disparities.

Simultaneous with the increasing flow of information from providers to patients is the increasing flow of information patients are sending to providers.

More and more patients are recording and transmitting data about themselves from home monitoring devices. The benefits of remote monitoring are real, but managing the data presents new challenges. "Personal Medical Devices" offers a look at the trend and offers considerations that will help facilities manage this unique source of patient data.

The result of these trends is that the future of health information is its bidirectional transfer and interpretation by clinician and patients. In this model, the health information manager should serve as the arbiter of the data's capture, maintenance, transfer, and quality in a new and expanding role.

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