

Finding RHIOs: HIM Professionals Seek, Fill Roles in Emerging Health Data Networks

[Save to myBoK](#)

by Gina Rollins

HIM issues abound in health information exchange, but often it's up to HIM professionals to find the network and get in on the ground floor.

HIM professionals have an unprecedented opportunity to participate in the formation of state and regional initiatives to exchange health data. This constellation of networks has the potential to eventually form a national health information network, enabling providers across the country to share crucial patient clinical information at the point of care.

Most state and regional networks—often called regional health information organizations (RHIOs), and more recently referred to under the broader concept of health information exchange (HIE)—are in the very early stages of development. Many are establishing goals, creating governance structures, and beginning to explore implementation issues. A smaller number—those with longer histories—have begun exchanging limited data. From privacy and security to data quality, HIM issues abound.

Much organizing work is being facilitated at a national level through the Department of Health and Human Services and its Office of the National Coordinator for Health Information Technology. But the pioneering work of building community networks of local providers is happening on the spot, at the state and regional levels, and it is here that many opportunities exist for HIM professionals.

The landscape changes quickly, and HIM professionals may not be aware of HIE efforts taking shape in their own states. Colleagues involved in such networks say that HIM professionals must be active in identifying emerging networks and getting in on the ground floor of this momentous healthcare transformation.

Missing Ingredient: HIM

“The whole idea of RHIOs and the sharing of patient information is our future, and HIM needs to be involved,” says LaVonne LaMoureaux, RHIA, CAE, executive director of the California Health Information Association in Fresno. LaMoureaux is participating in the newly launched California Regional Health Information Organization (CalRHIO). She is a member of the clinical working group, which has been charged with setting priorities and articulating benefits of data exchange, especially for physician practice, patient care, and patient safety. LaMoureaux is one of the few nonphysicians on the panel, whose members include medical directors and chief information officers for health plans and health systems throughout the state.

Initial discussions on community networks often start in C-suites and IT departments, and HIM input can thus be overlooked as RHIOs form. LaMoureaux did not attend CalRHIO's kickoff summit meeting in San Francisco in April 2005, where David Brailer, national health information technology coordinator, was the guest speaker. It was at this meeting that CalRHIO working groups were first established. However, CalRHIO leaders soon recognized the need for HIM representation in the groups and subsequently contacted LaMoureaux through AHIMA.

Charter participants in IT positions may not be aware of the contribution HIM can make, agrees Jean T. Foster, RHIA, administrator of HIM services at Pitt County Memorial Hospital in Greenville, NC. “Many people picture us as only good at paper records, and they may be going at it only from a technical perspective.” For example, Foster says, “Some people don't know the legal implications of sharing data.”

Foster has been a participant in the North Carolina Healthcare Information and Communications Alliance (NCHICA) since shortly after it was formed in 1994. She is currently a member of the board of directors and is serving as the cochair of the

nominating committee. She has also served as cochair of the privacy work group. “We learned of NCHICA because someone in a nontraditional role found out about it,” she explains. An HIM professional working for a research company in Research Triangle Park, NC, learned about NCHICA and encouraged colleagues to participate.

Then-governor James Hunt created NCHICA to improve healthcare in the state by accelerating IT adoption. The organization has implemented data exchange products such as an immunization registry and emergency department database and is poised to become the state’s RHIO.

How to Find RHIOs

HIM professionals can identify and join state and regional HIE networks in several ways. Foster recommends “environmental scanning”—networking with colleagues in HIM and IT and staying abreast of legislative initiatives at both the state and national levels.

Senior financial and IT leaders at hospitals and health plans also make good sources. “When you’re meeting with the chief information officer or chief financial officer, instead of just telling them what you’re involved in, spend 10 minutes and ask what they’re working on. They may say, ‘I’m working on a huge initiative involving connecting data,’ and that is when HIM professionals have the opportunity to get involved,” explains Karen Grant, RHIA, CHP. Grant is corporate director of health information services and chief privacy officer at Partners HealthCare in Boston, which is involved in several initiatives that collectively will become the state exchange network in Massachusetts. The primary organization, the Massachusetts Health Data Consortium, was founded in 1978. An off-shoot, MA-SHARE, recently launched a patient safety initiative to automate the transmission and communication of medication history to emergency departments, while the Massachusetts eHealth Collaborative is piloting electronic health information networks in three demonstration communities.

By virtue of her position, Grant is a member of the Massachusetts Health Data Consortium privacy officers forum, which enables members to share practical experience about meeting HIPAA requirements. The group is also considering privacy issues surrounding clinical data exchange projects of MA-SHARE and the Massachusetts eHealth Collaborative. Grant also gets regular updates from the Partners CIO, who is on overall steering and policy committees for all three organizations.

Participation in state and national professional associations and special interest forums is another way to learn about networks under development. Dianne Koval, RHIA, CPEHR, recommends attending the eHealth Initiative annual conference, Connecting Communities for Better Health. “It puts you in contact with people from across the country and will get you into projects in your community,” she says. Koval is project manager for a firm that assists medical offices in using technology to improve patient care, reimbursement, and practice efficiency. Through her work, she is helping implement the Taconic Health Information Network and Community (THINC), a data exchange network between more than 150 physician practices, four hospitals, and two referral laboratories in Upstate New York.

Networks on the Net

Learn more about the initiatives and organizations discussed here at the following Web sites:

Alliance of Chicago Community Health Services,
www.alliancechicago.org

California Regional Health Information Organization,
www.calrhio.org

Colorado Health Information Exchange,
<http://ccbh.ehealthinitiative.org/profiles/COHIE.msp>

eHealth Initiative, www.ehealthinitiative.org

Massachusetts eHealth Collaborative, www.maehc.org

Massachusetts Health Data Consortium,
www.mahealthdata.org

MA-SHARE, www.mahealthdata.org

North Carolina Healthcare Information and Communication Alliance, www.nchica.org

Office of the National Coordinator for Health Information Technology, www.hhs.gov/healthit

Taconic Health Information Network and Community,
http://ccbh.ehealthinitiative.org/Awardee_Taconic.msp

What HIM Brings to HIE

Once involved in HIE efforts, HIM professionals quickly demonstrate knowledge and skills vital to project implementation. “Sometimes people without day-to-day operational experience with medical records don’t know what documents like a discharge summary are and what constitutes a medical record,” explains Nancy Prade, RHIA, MBA, director of health information and privacy officer for the University of Colorado Hospital (UCH) in Denver. Prade is a member of the legal committee of the Colorado Health Information Exchange (COHIE), a consortium of UCH, University of Colorado Health Sciences Center, Denver Health, Kaiser Permanente of Colorado, and Children’s Hospital in Denver that is developing a data exchange network among participants. The legal committee is drafting participation agreements that define how member organizations will work together on the project, and it is evaluating how the COHIE master patient index will function.

Koval has also found that HIM professionals have a unique ability to “communicate with any level and type of staff.” They also have experience working with multiple types of technologies and software systems, two skill sets of particular value in RHIO implementation. In addition, Koval’s HIM background has been invaluable in finding and correcting glitches, she says. “The ability to troubleshoot depends on understanding how administrative systems at a hospital work and even knowing where to look when a problem occurs,” she notes.

That type of operational understanding really comes into play as RHIO implementation proceeds, says Kathleen Lanik, RHIT, CPHQ, chief HIM officer at Winona Health in Winona, MN. “I’d see inside the medical record process,” she recalls. “They’d start to go down a path, and I’d say, ‘Do you know what that would do?’”

Winona Health is part of a pioneering communitywide electronic health record (EHR) and data exchange project involving the hospital and all major physician practices in Winona. Since 2004 participants have been able to access clinical information such as laboratory and radiology test results and physician and nurse documentation. The project also includes personal health profiles, prescription refill requests, and test result notification for Winona Health patients. Lanik serves on the overall IT steering committee for the project, which includes representatives from all participating organizations.

A New Frontier

HIM professionals can bring clarity to a multitude of other issues, including balancing access and privacy concerns, helping providers define data sets, and understanding interoperability standards and data integrity issues.

Still, RHIOs are a new frontier to all participants, and a review of current literature on data exchange, interoperability standards, information networks, and related topics comes in handy. LaMoureaux received a number of helpful background Web links from CalRHIO, and she explored such issues as the ASTM Continuity of Care Record standard and AHIMA’s HL7 EHR Functional Model Community of Practice. Theresa Wisdom, MBA, RHIA, read up on EHRs, attended a seminar on e-HIMTM, and pursued Web resources on integration and interoperability.

Wisdom is director of HIM and privacy officer for Erie Family Health Center in Chicago, a group of eight primary care clinics. Erie is part of the Alliance of Chicago Community Health Services, a consortium of similar organizations that is implementing Health Center Controlled Networks Initiative, a network that will enable members to share clinical information and create quality outcome studies.

HIM professionals should learn as much as possible about issues surrounding data exchange, even if an HIE initiative is not yet under way in their communities, advises Liz Bechtle, MA, RHIA, CPHIT, CPEHR. “When you see articles on RHIOs, don’t flip by and think it will never hit you. There is a lot of information out about what people are doing, but peruse it all, and forward articles to the CIO and CFO so they don’t just think of IT and not HIM.”

Bechtle, director of HIM and privacy official for St. Elizabeth Regional Medical Center in Lincoln, NE, is part of a nascent statewide HIE effort. “We’re in the throes of talking with facilities and clinics and asking if we do ‘this’—and ‘this’ is not defined yet—will you participate?” she reports.

HIM professionals can take comfort in knowing that RHIOs are a new concept to all participants. “In our initial meetings, while there has been discussion of guiding principles, a lot of agenda items relate to educating members,” says LaMoureaux. “We’re on a real learning curve.” As discussions proceed, HIM professionals can be a good counterbalance to their IT colleagues, notes Koval. “Technology people make it seem like no one else can understand, so you have to be persistent and make them put things in simple terms,” she says.

Both Foster and Koval have found it helpful to reach out to colleagues in other disciplines, particularly IT. “I’ve learned a tremendous amount being around other people in the industry. They bring white papers and the like to the table, and because of that interaction I know more about IT than otherwise I wouldn’t,” Foster says. Before THINC kicked off, Koval volunteered to help train nurses to use a new computer system. By taking on something that was not part of her usual responsibilities, she learned how the nurses performed their work, how they interfaced with the system, and what data elements were most important to them. This knowledge came in handy later when she helped implement THINC.

Koval also recommends transcending one’s own organization and considering how various issues will affect other network participants. Equally important, she says, is to be an advocate for patients. “Patient care will be improved by the community efforts to share data,” she notes.

Above all, Foster says, now is the time to become involved with RHIOs. “We have to carve out a niche for ourselves and be part of it. We have to prepare for the change or we’ll be left behind.”

Involved in a RHIO, Also?

Are you involved in a RHIO or other state or regional health information exchange initiative? AHIMA would like to hear about it. Please e-mail us at journal@ahima.org.

Gina Rollins (rollinswrites@worldnet.att.net) is a freelance writer specializing in healthcare.

Article citation:

Rollins, Gina. "Finding RHIOs: HIM Professionals Seek, Fill Roles in Emerging Health Data Networks." *Journal of AHIMA* 76, no.8 (September 2005): 32-36.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.