Growing Influence

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by Jane Jeffries, MFA, managing editor

Implementing an electronic health (EHR) record doesn't happen overnight, Pamela Haines, RHIA, will tell you. In fact, it may take a few years. But Haines has made big progress in the five years since she started as the only HIM professional at Operation PAR, a multi-site behavioral healthcare organization in West Central Florida.

> "I bring a professionally focused type of ethics to the workplace."
> —*Pamela Haines, RHIA, HIM administrator and privacy officer,*
> *Operation PAR, St. Petersburg, FL*

Specific Expertise

As HIM administrator and privacy officer, Haines grew Operation PAR's record storage room into a fully functional, six-person HIM department. Today, the organization serves more than 13,000 substance abuse patients each year. Because of the nature of the clinical services, Haines faces unique challenges. "Our regular external customers are just about everyone under the sun," she says, including healthcare facilities, former patients, attorneys, and the family, civil, criminal, and juvenile justice courts.

While other facilities are struggling to implement and interpret the HIPAA privacy rule, Haines is weighing every action against another federal law, the Confidentiality of Alcohol and Drug Abuse Patient Records. "As far as disclosure goes, 42 CFR, Part 2, is much more protective than HIPAA."

Connecting the Clinics

With 14 major locations and 2,500 or more active patients on a given day, keeping track of patient records requires Operation PAR to move toward an EHR. But it's a slow process, Haines acknowledges.

"The financial part of our EHR system was initiated in 1999," Haines says. "It was modified and fully functioning by 2000, together with the master patient index." Because Operation PAR receives much of its funding from the state of Florida, the organization must account to the state for every service. Until 2002, the data for services was still completed on a paper form and entered into the state reporting database for monthly electronic transmission. "Now," Haines says, "most of the programs are inputting their own data."

Meanwhile, the HIM department was using two stand-alone databases with limited fields to keep track of the closed records. "I started prodding the IS department to work with me to develop the HIM screens in the new system, including chart locator, release of information, and chart analysis," Haines says. In 2001, the new interfaces were attached to the old HIM databases and all that data was migrated to the new information system's HIM screens. "We can now query each of the three databases and run reports—it's wonderful," Haines says.

The next step is to put together the EHR. Operation PAR has the clinical portion of the new system in which the financial information is housed. However, it needs to be modified to meet Operation PAR's specific needs, which will require additional staff time and expertise.

First Caution, Then Growth

While the EHR will be a great benefit to an organization that has more than 100 miles between some of its clinics, Haines recommends caution. "It's very important that the IS department, the clinical care committee, and non-clinical stakeholders all

work together in the development of the EHR," she advises. "The paper record has been the basis for many other required operations beyond clinical care and billing; most of those operations will not go away because the record is in electronic form."

This vigilance has helped Haines develop her HIM department and expand its influence. "Seeing the HIM perspective of the health record grow beyond the confines of the department is rewarding," she says.

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