

Health Information Proliferating in Non-Acute Settings

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By Wylecia Wiggs Harris, PhD, CAE, chief executive officer

Recently, the Network for Excellence in Health Innovation (NEHI) released a report on “Health Care Without Walls.” The authors describe “Health Care Without Walls” as “a system that came to people, meeting them where they are, in their homes, workplaces, or elsewhere in their communities—rather than expecting people to go to it.”¹

To move in a more distributed direction, the industry will need to make changes. To start, the report makes recommendations for changes in technology, payment and reimbursement, regulation, workforce development, and human factors. It also calls for “new competencies that some or all types of health care workers should have in the future to deliver more virtual care.”²

NEHI’s vision of a less centralized model of care is easy to imagine because healthcare has already been moving that way. For several years, healthcare has been moving outside of the hospital and into outpatient and non-acute settings. Telemedicine is becoming more common. And consumers are already seeking care outside of the usual physician office and hospital settings.

Growth in settings such as home health, long-term/post-acute care, rehab facilities, skilled nursing facilities, dialysis centers, ambulatory surgery centers, and other specialty areas has increased as patients seek more specific health services. Meanwhile, hospital systems have acquired non-acute facilities. As patients move their care to these settings, their health information moves with them—creating a need for non-acute care settings to manage it.

The articles in this month’s *Journal* offer a look into non-acute care and other areas where HIM can make a difference.

In “Tackling Non-Acute Care’s Unique Privacy and Security Challenges,” Mary Butler takes a look at how privacy and security are handled in several different settings, as well as challenges and successes HIM professionals have seen in these areas.

Organizations are increasingly looking to leverage their health data, work that HIM professionals can assist with. Stephanie Crabb, MA, and Leah Fullem, MHCDS, describe how the University of Vermont Health Network created a data management office, complete with director positions, and offer lessons learned in “Strong Data Fundamentals Critical to Maximizing Data Opportunity.” This is a role HIM professionals could move into if this model is duplicated in other facilities.

The new MACRA final rule update for 2019 went into effect on January 1. In “MACRA 2019 Update: What to Know,” Michael Marron-Stearns, MD, CPC, CFPC, dives into the 2,000-page final rule and highlights aspects important to HIM professionals.

Finally, in January’s issue, Ryan Sandefer, PhD, and Amy Watters, EdD, RHIA, FAHIMA, presented an argument for why HIM professionals need to make a concerted effort to share information and build the HIM Body of Knowledge. In “How to Write for Your Profession,” Sandefer and Watters go into more detail about publishing and how HIM professionals can get published and share best practices.

Whatever setting you work in, AHIMA would like to hear from you. Share your knowledge, expertise, and best practices from your work with us at journal@journal.ahima.org.

Notes

1. Dentzer, Susan, ed. “Health Care Without Walls: A Roadmap for Reinventing U.S. Health Care (Executive Summary).” Network for Excellence in Health Innovation. 2018. www.nehi.net/publications/81-health-care-without-walls-a-roadmap-for-reinventing-u-s-health-care/view.
2. Ibid.

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