

Information Therapy: A New Interest for HIM

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HIM professionals involved in patient advocacy and the personal health record will have an interest in information therapy: getting patients the information they need to better manage their health.

Information therapy (Ix) is of interest in health information management, particularly as it relates to the growing use of personal health records (PHRs). It is vitally important for any HIM professional interested in patient advocacy and the promotion of the PHR to understand Ix and how it can be used in the education and participation of individuals in their health and healthcare.

Ix is the “timely prescription and availability of evidence-based health information to meet individuals’ specific needs and support sound decision making. Ix prescriptions are specifically targeted to an individual’s needs at a particular moment in care and are delivered as part of the process of care.”¹

Someone who assists the physician in delivering this information might be called an information therapist or information therapy resource. HIM professionals are one group well-positioned to step into this role.

A Convergence of Patient Advocacy and Health IT

HIM professionals have long considered themselves and their profession patient advocates, particularly with regard to ensuring the privacy and quality of personal health information. More than 10 years ago an article in the *Journal of AHIMA* discussed the opportunities for HIM professionals to become patient advocates in working with insurance and claims data.²

The following year AHIMA identified and described the emerging HIM role of “patient information coordinator.”³ Two of the job functions included showing patients how to manage their personal health histories and showing patients how to access computer-based information resources.

These functions are evolving into two areas of interest to HIM professionals: the PHR and Ix. To be an effective patient advocate, HIM professionals must understand Ix and how it may be used by both the patient and the provider; they must understand how Ix complements the PHR.

Two keynote speakers at AHIMA’s 2008 Annual Convention and Exhibit discussed the role of information in today’s healthcare environment, pointing to a new age of personalized medicine. Alan Guttmacher, MD, acting director of the National Human Genome Research Institute, noted that the use of information about an individual’s genetic makeup would provide knowledge leading to more personalized screenings, behavioral changes, and medical therapy. Jonathan Perlin, MD, PhD, from Hospital Corporation of America, noted that as we move to patient-centric healthcare, finding and accessing knowledge is a necessary skill. Some patients will be able to access and interpret information, others will need assistance.

Further bolstering this trend, a report published by the California HealthCare Foundation found that “patient-centered health information technology is gaining a greater foothold in healthcare settings.”⁴ In repeated surveys, consumers consistently express an interest in PHRs that will give them access to clinical data linked to health information targeted to their needs. The PHR adoption curve in organizations that have taken this approach is steep.⁵

However, the conclusion is that information that is easily found and linked to specific needs (and specific uses) actually helps advance the use of the PHR. HIM professionals can take from this finding that their ability to assist with implementing a PHR can also be tied to their ability to help obtain and explain information for the patient’s use.

Using the PHR together with appropriate, accessible information can promote the efficient use of resources as well as improve health. According to Improving Chronic Illness Care, almost half of all Americans live with a chronic condition, and this share is increasing by more than one percent each year.⁶ One of the greatest influences in chronic care management is how greatly individuals use targeted health information to manage their conditions.⁷

If healthcare is moving from a doctor-centered to a patient-centered model, then patients must have access to the information that helps them make the good decisions and behavior changes that improve their health. Given the pressures of contemporary practice, many physicians lack the time for patient education of this nature.

In one study, family physicians were surveyed about the impact of patients bringing Internet information to their appointments.⁸ If the patients were perceived as confused or distressed by the information, they needed reassurance and further education, which consumed time not scheduled for the appointment. If the patient used the information for self-education regarding a previously diagnosed condition, the physician felt more favorably, as though the patient was confirming what they had learned.

Another group of patients in the study who used information to self-diagnose or test the physician were more difficult. They used their information to challenge the physician's treatment plan and were perceived as almost adversarial.

Some of the strategies physicians used included recommending reliable Web sites, suggesting a follow-up visit, charging the patient for extra time, and dropping the patient.

Sample Education That Supports Ix Involvement

Most HIM professionals will need to build skills in at least one aspect of helping patients with health information. Local and distance education offers many opportunities. The following are examples of distance education that AHIMA offers:

- Self-Assessment: Project Manager
- Conversational IT and Analysis of Case Studies
- Electronic Records Management
- The Legal Health Record: What You Need to Know
- Medical Identity Theft: Prevention in the EHR Environment

Other educational opportunities can be found locally. Community colleges offer continuing education curriculum that can boost project management, teaching, research, and communication skills. A few courses surveyed in several community college continuing education offerings include the following:

- Project Management (\$899 for three all-day sessions)
- Teaching and Facilitating—Level 1 (\$210 for 30 hours online)
- 5 Skills of Highly Effective Communicators (\$69 for three hours)
- Teaching Adults—With A+ Results (\$69 for six hours)
- Keys to Effective Communication (\$95 for online course)
- Introduction to the Internet (\$89, six-week online course)
- Research Methods for Writers (\$89, six-week online course)
- Fundamentals of Technical Writing (\$89, six-week online course)

New Skills Necessary

Where does HIM fit into this emerging area of healthcare?

HIM professionals are skilled in managing information. In order to extend their role to disseminating information to patients, HIM professionals must develop skills that go beyond their traditional comfort zone. These include the following.

Project management. Adapting an organization to Ix is much like planning a project. An HIM department that decides to offer some level of Ix support should treat the change as it would any new endeavor: it must plan it and manage it. Evaluating

and brushing up on project management skills should be an HIM professional's first action.

A deeper knowledge of electronic health records. Effective Ix will require that providers be able to successfully mine their EHR systems to locate and deliver complete and up-to-date patient information. HIM professionals—especially those part of organization teams that plan and roll out systems—will be well-positioned to help patients and healthcare professionals find what they need. The same skills apply to whatever might develop with health information exchanges.

The ability to locate reputable, quality information. An expert in information therapy will be able to find trustworthy resources online and in a medical library. Google will not be enough. A search on “diabetes diet” can produce 15 million links—an Ix expert must know which of the resources are reputable. Being able to sort through and cull the information that is dependable and valuable will be a skill that an HIM professional can bring to this role and help save time for both physicians and patients.

The ability to communicate effectively information both in person and in writing. Finally, being skilled in research and information management will not help HIM professionals in the final step: communicating with patients. Communication skills are a necessary part of this role. Communicating effectively with adults who may be anxious and upset will demand extremely good skills in both written and verbal communication.

Clearly, consumers already have access to a voluminous amount of healthcare information, and that amount will only grow. HIM professionals have been in the forefront of educating consumers about their PHRs, and by becoming experts in Ix, communication, and teaching they will enhance this skill and ultimately contribute to better-educated patients who through the use of their PHRs participate in their own disease management.

Notes

1. Center for Information Therapy. “An Introduction to Information Therapy.” Available online at www.informationtherapy.org
2. Lorence, Daniel P., and Harry Rhodes. “Best Practices in Patient Advocacy.” *Journal of AHIMA* 69, no. 8 (Sept. 1998): 56–60.
3. American Health Information Management Association. *Evolving HIM Careers: Seven Roles for the Future*. Chicago, IL: AHIMA, 1999. Available online at www.ahima.org.
4. Seidman, Joshua, and Ted Eytan. “Helping Patients Plug In: Lessons in the Adoption of Online Consumer Tools.” California HealthCare Foundation. June 2008. Available online at www.chcf.org/topics/view.cfm?itemID=133659.
5. Ibid.
6. Improving Chronic Illness Care. Chronic Care Model. Available online at www.improvingchroniccare.org.
7. Seidman, Joshua, and Paul Wallace. “Improving Population Care and Disease Management Using Ix Principles.” Center for Information Therapy. December 2004. Available online at www.ixcenter.org/publications/documents/e0192.pdf.
8. Ahmad, Farah, et al. “Are Physicians Ready for Patients with Internet-Based Health Information?” *Journal of Medical Internet Research* 8, no. 3 (2006). Available online at www.jmir.org/2006/3/e22.

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Article citation:

Burrington-Brown, Jill. "Information Therapy: A New Interest for HIM" *Journal of AHIMA* 80, no.6 (June 2009): 28-31.

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