

Making the Shift from Disruptive to Value-Based EHRs

Save to myBoK

By Cassi Birnbaum, MS, RHIA, CPHQ, FAHIMA

Despite the fact that "strides have been made in the sharing of information across technology systems and information platforms," according to Karen DeSalvo, MD, MPH, MSc, national coordinator for health IT, I believe that our work has only just begun when it comes to developing a seamlessly interoperable, secure environment that ensures the integrity of our health information.

As HIM professionals we need to partner with providers and health systems to realize a true return on our collective investment. We need to drive out practices that rob the record of its value by diminishing the ability to ensure the patient's story is accurately, completely, and consistently represented.

The patient's clinical condition, past medical and surgical history, and medication history are all important elements to that story, and each must be accurately captured within the health record.

It isn't just physicians that are dissatisfied with electronic health records (EHRs), as detailed in a survey from the RAND corporation, available at www.rand.org/pubs/research_reports/RR439.html. Many large integrated delivery networks have ripped out and replaced systems that have not proven to meet muster with their requirements. I discussed such a situation with a physician recently—the functionality, usability, and interoperability issues with his organization's integrated delivery network compromised the ability to seamlessly share information within the EHR system, making necessary the costly decision to abandon their current EHR system.

I experienced the inherent issues of this situation firsthand when my father was hospitalized last year. The nursing team had to call three different physicians to perform his medication reconciliation.

Putting the emphasis on a solid governance model, disciplined project managers, understanding the current workflow, designing the ideal workflow state, involving HIM professionals in leading and supporting the entire process, and aligning with the physician champions are all ingredients of the recipe for success in EHR implementation and physician satisfaction.

Ensuring that the EHR teams are not working in silos, and that rigorous testing and training occurs prior to go-live, is equally essential. Now is the time to ensure the clinical content build can support the future state of the specificity needed for ICD-10, value-based purchasing, and research.

Although some of the physicians at my organization struggled in the very beginning with the transition from a paper to an electronic system, they did adapt over time. Appointed physician champions helped turn naysayers into believers.

AHIMA is your source for the tools that will help navigate the challenges and opportunities faced when working to advance an EHR system. I do not predict a slowdown this year as we continue to see rapid consolidation in the healthcare market, creating interoperability challenges as large integrated delivery networks acquire small organizations and medical groups with legacy systems.

Remediating the inherent challenges requires information governance, advanced technical methods to accurately identify the patient, and advanced standards that support interoperability between medical devices and EHRs.

Now is the time to realize our vision of an EHR system that truly advances—not detracts from—the practice of medicine.

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