

# Moving Closer to an NHII Reality

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by Dan Rode, MBA, FHFMA

In May 2002 the AHIMA Board of Directors declared a position on what, for most professionals in the industry, is only a dream: a national health information infrastructure. The statement read, “AHIMA believes that for the United States’ healthcare industry to meet the current and future needs of the nation, a properly funded and maintained national healthcare information infrastructure (NHII) should be established. This infrastructure should advance the delivery of patient care and improve the health of the population, while protecting the rights of patients and providers. The focus of the infrastructure should be to provide accurate and timely information to support decision making at all levels. It must provide access to and exchange of health information that can be used by patients, providers, payers, research entities, public health, oversight, and policy makers.”<sup>1</sup>

The AHIMA statement described why such an infrastructure was needed and provided a vision of some of its attributes. Since this issue was originally proposed by the National Committee on Vital and Health Statistics in late 2001, the NHII has become a concept that is setting the agenda for the industry for the next 10 years.<sup>2</sup> AHIMA’s advocating for this initiative calls attention to many of the issues that will affect much of our profession’s development.

## No Association Is an Island

AHIMA is not alone in its quest for the NHII, and this has allowed us to leverage involvement with a variety of organizations to ensure that the NHII is addressed by consumers, the healthcare industry, and government circles in a manner that reflects the HIM perspective.

Among the groups that AHIMA has been closely involved with is the eHealth Initiative (eHI). EHI has joined a variety of industry associations, vendors, and government healthcare leaders to educate Congress about the need for the NHII and how the US government can facilitate interoperability, patient safety, and other concerns with support and funding for the adoption of information standards and information technology.

EHI also convinced the Centers for Disease Control and Prevention (CDC) of the need to use industry standards as it completed the building of its National Electronic Disease Surveillance System (NEDSS). This model greatly enhances the idea that all healthcare entities must use the same standards to make a truly effective industry.

Building on eHI’s initiatives, the Markle Foundation’s Connecting for Health projects produced recommendations last summer related to the use of information standards, privacy and security, and consumer health records. Connecting for Health then implemented a project to demonstrate how standards can facilitate the exchange of health information between healthcare providers as well as federal agencies such as the Centers for Medicare and Medicaid Services (CMS) and the CDC.

Starting in its second year, Markle has joined with the Robert Wood Johnson Foundation to continue additional projects such as identifying healthcare activities that help advance the NHII. Specifically, the newest ventures include developing electronic and personal health records, accurately linking health information for safety and quality, developing organizational models and means to sustain community-based health information exchange, and identifying the data exchange standards that will best provide the network needed in an NHII. AHIMA has provided HIM technical knowledge to these projects and will continue to do so.

Similar to eHI, the National Alliance for Health Information Technology (NAHIT) advocates for information technology, EHRs, and an NHII from the provider perspective. NAHIT first actively addressed the bar-coding standards recently released by the Food and Drug Administration after years of inaction. NAHIT has also started a series of community projects focusing on EHRs and organization practices that are resulting in the adoption and use of new technology. AHIMA has lent its technical skills to this effort and AHIMA CEO Linda Kloss, MA, RHIA, was recently elected to the NAHIT board of directors.

AHIMA has also offered leadership and technical skills to a variety of collaborations with long-term allies such as the American Medical Informatics Association, the College of Health Information Management Executives, and the Health Information and Management Systems Society. Over the course of the past year this collaboration, joined by other professional and trade associations, worked closely to support work on the HL7 standard for an EHR. AHIMA quickly took a leading role within HL7 to develop the standard itself—called for by the Department of Health and Human Services secretary. The collaborative also worked to ensure that members of the industry, including HIM professionals, had an opportunity to lend their expertise and input to the standard.

The collaborative efforts have not stopped with the HL7 effort, and we look forward to more opportunities to further the NHII. AHIMA's efforts, alone and with these industry partners, permit us to highlight the importance of information and information standards as well as the role of the HIM professional of today and the e-HIMTM professional of tomorrow. Working together has resulted in focusing federal government attention on the path that the industry wants to forge.

## The Local Effort and LHII

In the last two years private groups such as eHI and Markle and government groups like the Agency for Health Research and Quality, HHS, and CMS have provided grants for the development of local health information infrastructure (LHII) projects. LHII allow a microcosm to test information infrastructure aspects. Projects have been undertaken in Indianapolis, Boston, and Santa Barbara (see "Santa Barbara Blueprint", *Journal of AHIMA*, May 2004). More work is needed, with the exchange of information expanded to cover more areas of clinical information and more entities across the spectrum of providers, health plans, other healthcare suppliers, government agencies, and consumers.

It is this combination of national and local effort that is expected to result in the national infrastructure and electronic health record. Local efforts require HIM involvement just as much as national efforts do. HIM involvement is as crucial to a well-functioning EHR within a healthcare entity as it is to the exchange of data externally. AHIMA members are encouraged to be on the lookout for LHII projects that can provide new opportunities for their organizations as well as their careers.

HIM involvement also highlights other needs as well, such as the need for consistency of coding; modern classification systems (ICD-10-CM); privacy, confidentiality, and security; a legal record; and a trained and certified HIM work force to develop, use, and promote electronic health data and the ongoing maintenance of an infrastructure.

Given the complexity of the project, it will be years before we see a functioning NHII in the United States—one that facilitates a patient-centric record model and active patient participation in health data use and collection. A comprehensive NHII would include public health monitoring and prevention, research, and, most important of all, easy access to a full individual health record whenever and wherever a patient needs care.

The potential for involvement and change is substantial. AHIMA is joining public health and health data organizations and the healthcare community to envision and build the NHII. Join us! The Communities of Practice and the AHIMA Web page ([www.ahima.org](http://www.ahima.org)) offer opportunities for involvement and loads of information. And don't forget that members of Congress need to hear from you about the NHII. These efforts will not succeed unless your representative believes that an investment in the NHII is supported back home.

## Notes

1. The full AHIMA statement can be viewed at [www.AHIMA.org/dc/positions](http://www.AHIMA.org/dc/positions).
2. The full NCVHS report on a national health information infrastructure, November 2001, can be viewed at the NCVHS Web site at <http://ncvhs.hhs.gov>.

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