Moving into Mapping

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by Anne Zender, vice president of communications

For all the promise of the electronic health record (EHR), Pat Wilson, RT(R), CPC, PMP, knows that the systems alone can't turn information into knowledge. For Wilson, the most important part of the EHR are the data that go into them.

"The information is there, but is it correct?" asks Wilson. "Can the systems talk to each other, and are they truly speaking the same language?"

In her work as a data analyst and team lead for the 3M Healthcare Data Dictionary at 3M Health Information Systems, Wilson is doing her part to make sure EHRs do speak the same language. Her team maps the data of 3M clients to its own data dictionary. Wilson makes sure all client assignments are done and performs quality assurance checks for the data mapping process. She also ensures that the database--which includes coding systems like ICD-9, CPT, and HCPCS and terminologies like SNOMED CT--is up to date.

"A Different Mindset"

Wilson, who began her career as an x-ray technologist, realized she was interested in mapping when she was a project manager for a code editing product at a previous job. A good understanding of coding and relational databases made it easier to move into data mapping. She enjoys both coding and mapping, she says, but believes the two activities are very different.

"In coding, you look at a medical record to verify that the codes meet the documentation for reimbursement," she says. "In mapping you're doing an equivalence map, but there's no context or medical record to verify. You have a medical term, and you compare it to another to see if this is a meaningful, synonymous comparison. It's a different mindset."

Her interest in mapping was well timed as the EHR proliferated. "Very few organizations were moving to electronic health records 10 years ago... In four years there has been more government recognition that data standardization is needed," she says. As a result, Wilson says, there has been an increased demand for mapping.

Sharing Her Knowledge

As interest in mapping grows, Wilson is happy to share her knowledge. She was a speaker during AHIMA's day-long meeting on vocabularies and terminologies during the 2005 convention, and she also participated in a recent e-HIM® work group on data standards.

> "I got a wealth of information from it; hearing so many perspectives from different people made it a good endeavor."
> —*Pat Wilson, on participating in an AHIMA e-HIM Work Group*

She's passionate about the issue because she believes data content will affect the work of HIM professionals in many ways. Patient safety is often cited as a reason for using EHRs, but EHRs do not automatically eliminate causes of error like lack of information or incorrect information.

If bad information goes into an EHR, the principle of "garbage in, garbage out" will apply. "It's possible to map data incorrectly, and it will be stored incorrectly in every patient record, so errors would multiply," Wilson says. In addition, as data are combined from disparate systems, there will need to be standards to map from one system to the other.

With such a challenge, it's easy to see why quality is a top priority for Wilson and her colleagues. "We strive for perfection," she says. And she'll keep working toward perfection one map at a time.

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