

NHIN Comes into Focus

[Save to myBoK](#)

by Linda Kloss, RHIA, CAE, executive vice president/CEO

The Office of the National Coordinator for Health Information Technology issued a request for information (RFI) to gather broad input about how the US national health information network (NHIN) should be designed. In just six short weeks, hundreds of organizations and thousands of stakeholders set forth their ideas for transforming healthcare.

AHIMA responded as part of a collaborative of 13 major healthcare and IT organizations. Our response was based on the premise that general adoption of a small set of critical tools can achieve an interoperable information environment that supports modern healthcare practice. These tools include precisely defined and uniform technical standards and common policies and methods, which we called the Common Framework.

A Network of Networks

The NHIN will be comprised of a “network of networks” that will be built incrementally using secure and advanced Internet technology. The environment is private, secure, and built on patient control and authorization. The collaborative advised that the NHIN should not be a central data repository. Personal health information should remain with healthcare providers and other trusted partners and accessed and exchanged only when needed, with proper authorizations and security.

In many communities across the country regional health information organizations (RHIOs) are in early development. Dianne Koval describes one in upstate New York in “Real-World RHIO.” It is imperative that health information managers get involved in developing RHIOs in their areas. As Koval observes, HIM background has been especially helpful in engaging physicians in adopting EHR technology in their offices.

RHIOs will also function to exchange information as authorized. To that end, our RFI response calls for accurate patient identification based on uniform and standardized methods but without a new, national health identifier. This can be accomplished through record locator services. These services will be created and controlled regionally or within other subnetworks to help authorized parties learn where needed information is housed.

Security and Privacy

Our RFI response set out stringent privacy and security requirements for the NHIN that will build on work we have done in complying with HIPAA regulations. In April the HIPAA security rule goes into effect. This has been a long time coming, and Tom Walsh provides a final checklist in “The 26.2-mile Security Rule.”

As tough as it has been at times to achieve compliance with HIPAA (and we will likely never be finished), the NHIN would be an even greater challenge if we had not accomplished as much as we have in recent years. In “HIPAA Audit and System Activity Review,” Linda Hofler, Joy Hardee, and colleagues at a multi-facility healthcare system offer techniques for auditing compliance and mapping out remedial or next steps.

Our collaborative RFI response called for the creation of a national public interest standards and policy entity to recommend the standards and policies that comprise the Common Framework and the ongoing requirements for interoperability. It also called for continuing investments in health information technology by public and private sources.

The RFI was an unprecedented process; it would have taken a year of testimony and hearings to gather the breadth of input secured through this six-week effort. Now it remains to be seen how the responses will be vetted and used. Stay tuned!

Article citation:

Kloss, Linda. "The NHIN Comes into Focus." *Journal of AHIMA* 76, no.3 (March 2005): 23.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.