National HIT Plan Sets Cornerstones for E-HIM

Save to myBoK

by Dan Rode, MBA, FHFMA

Without introduction, Department of Health and Human Services Secretary Tommy Thompson brought the room to a hush, announcing that the healthcare industry had reached its "tipping point" and now was the time to begin the industry's movement into the decade of electronic healthcare. To help it get there, Thompson, along with national coordinator for health information technology David Brailer, MD, PhD, had a plan—with four goals and 12 strategies.

The plan, detailed in Brailer's report, "The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care," was released at a secretarial summit on health information technology in Washington, DC, in July. This article describes the report and the immediate response.

The Report: Goals and Recommendations

Brailer's report reflected input from many groups to inform its strategy and suggest private actions that could complement the vision. The goal was to spur action toward a national health information infrastructure with an electronic health record (EHR) at its core.

The report outlines four goals:

- Inform clinical practice—Essentially, this goal is to bring EHRs directly into clinical practice, with the expectation that it will reduce medical errors and duplicative work as well as enable clinicians to "focus their efforts more directly on improved patient care."
- Interconnect clinicians—Interconnection allows health information to be portable and move with consumers from one point of care to another. This will require an "interoperable infrastructure" to help clinicians gain access to critical healthcare information when clinical or treatment decisions are being made.
- Personalize care—"Consumer-centric" information is considered central to allowing individuals to manage their own wellness and assist with their personal healthcare decisions.
- Improve population health—Improvement of population health centers on the "collection of timely, accurate, and detailed clinical information to allow for the evaluation of healthcare delivery and the reporting of critical findings to public health officials, clinical trials and other research, and feedback to clinicians."

Brailer announced that his office would move swiftly on 12 initial strategies, including:

- Provide incentives for EHR adoption—With the consensus that the EHR is at the core of any information system, adoption of a standard EHR will provide the ability to share information, reduce errors and duplication, and make healthcare service consumer friendly.
- Reduce the risk of EHR investment—Because of the cost and the reliability questions of EHRs, resources must be available to allow entities to address the risk of investment. Among the responses to this challenge will be the certification of EHR products to ensure the purchaser that such products meet the criteria to provide necessary information and link the buyer to the infrastructure. AHIMA, the Health Information and Management Systems Society, and the National Alliance for Health Information Technology are leading the effort to establish an oversight organization that will define such criteria and evaluate EHR products to lessen the risk and provide purchase information.
- Promote EHR diffusion in rural and underserved areas—Thompson noted that the Centers for Medicare and Medicaid Services (CMS) and the Veterans Health Administration (VA) are working to provide free software based on the VA's electronic health record system, VistA, which could be made available to small physician offices and providers.
- Foster regional collaboration for interconnection—Brailer and Thompson confirmed that health information infrastructures would be built on a regional basis, with regional stakeholders planning the process and making the decisions.

- Develop a national health information network—This is seen as a set of common intercommunications tools including Web services architecture, security technologies, and other standards necessary to exchange information between and among regional entities, to provide for all of the needs that go beyond such entities.
- Coordinate federal health information systems—Already under way, this strategy reflects the work of the Consolidated Health Informatics (CHI) project (see "Government Issue: CHI Lays the Groundwork for Federal Data Exchange", *Journal of AHIMA* 75, no. 8 (2004)). The standards adopted under CHI will probably also become the standards for all national interoperability.
- Encourage the use of personal health records (PHRs) —In a consumer-centric system, the use of PHRs is especially needed and valued. Some initiatives, such as AHIMA's myPHR.com site, already exist.
- Enhance informed consumer choice—This strategy includes providing consumers with more clinical, quality, and financial information in order to give them the ability to make informed healthcare decisions. Thompson announced that CMS would soon have a protected consumer site available for Medicare beneficiaries.
- Promote the use of telehealth systems—While telehealth is not a new strategy, the report identified it as a crucial one for improved national healthcare. Telehealth also includes the ability to access one's healthcare information anywhere.
- Unify public health surveillance architecture—The need for an interoperable public health surveillance system between providers and state and federal agencies was acknowledged. Standardizing the architecture would remove several roadblocks between providers and agencies, as well as between agencies.
- Streamline quality and health status monitoring—Currently, different agencies for public health and quality collect subsets of the same data for specific purposes and uses, in different ways, and with different definitions of the data. The strategy is to standardize such data definitions and build a "streamlined quality-monitoring infrastructure that will allow for a complete look at quality and other issues in real time and at the point of care."
- Accelerate research and dissemination of evidence—The report notes that there is a need to improve both the collection of information for research as well as the dissemination of the results in such a way as to share it with consumers, providers, and others in the healthcare community.

Setting the Stage for the Next Steps

Both Brailer and Thompson acknowledged that a massive amount of work is needed, as well as the cooperation of all stakeholders, to make the plan a reality. But some efforts are already under way, including the funding of community health information exchange demonstrations, new agreements and processes for sharing of clinical research data through a secure infrastructure, and Thompson's commitment to the use of standards.

During the summit, both Senate majority leader Bill Frist (R-TN) and House Ways and Means Health Subcommittee chairman Representative Nancy Johnson (R-CN) spoke. Simultaneously, on the Hill, additional bills were introduced in the Senate and the House calling for all or some of the activity expressed in the framework. These actions represented both a bipartisan affirmation of the plan as well as one that could provide seed money to support such activities.

From Plan to Action

The framework detailed in Brailer's report is a beginning. But for the plan to succeed locally and nationally requires the active involvement of HIM professionals across the country. No healthcare entity or associated entity will be untouched. Moreover, the move to a consumer-centric model suggests a whole new environment for health information. HIM professionals cannot allow this opportunity to pass by. We already have the advantage of having looked at the future and seeing how standards and technology can be used.

The vision shared by Thompson, Brailer, and others in Washington is similar to that which AHIMA members have shared as we worked for the EHR, data standards, ICD-10 and other vocabularies, coding consistency, confidentiality, security, data integrity, and the development of an e-HIM^{TM} work force. Now is the time to step forward and share the vision as well as our experience and knowledge.

AHIMA's Response

During the summit, AHIMA was designated as one of the groups to formally comment on the framework. AHIMA's executive vice president and CEO Linda Kloss, MA, RHIA, indicated the basic need to incorporate standardized data into the technology response. She noted that an educated

and trained healthcare work force was needed to provide the technical expertise necessary for moving toward the future. Kloss also mentioned the unique and central role HIM professionals can play in its implementation.

To Learn More

The report "The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care: Framework for Strategic Action" is available at www.hhs.gov/onchit/framework/hitframework.pdf.
The Connecting for Health preliminary report, "A Roadmap to Achieving Electronic Connection in Healthcare," is available at www.connectingforhealth.org/resources/cfh_aech_roadmap_072004.pdf.
A final report related to PHR, "Connecting Americans to Their Healthcare," is available at www.connectingforhealth.org/resources/phr_full_report_final_7_04.pdf.

Dan Rode (dan.rode@ahima.org) is AHIMA's vice president of policy and government relations.

Article citation:
Rode, Dan. "National HIT Plan Sets Cornerstones for E-HIM." *Journal of AHIMA* 75, no.8 (September 2004): 18,20.

Driving the Power of Knowledge