

New, Informed Public

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The healthcare consumer is emerging as a strong force in today's healthcare industry. On a national level, current efforts for new and improved patients' rights legislation in the wake of complaints about access and rising costs, is placing the patient in a position of strength unlike any we have seen before. Emerging consumer-driven health models challenge the healthcare enterprise to meet patients' needs effectively while maintaining a reasonable financial bottom line. The government is calling on Medicare beneficiaries to fight fraud, waste, and abuse. Providing quality patient care and services to the consumer public and promoting patient loyalty are new challenges. Use of the Internet not only as a communication tool for operational efficiency, but as a source of education and information for patients to make informed decisions, poses an even greater question for health information professionals to ponder.

On a tour of Web sites for healthcare consumers, you can view and link to endless resources, such as the recently hyped WEBMD.com, America's Doctor Online, and adoctorinyourhouse.com. The attempted video recordings of a celebrity's abdominal surgery and a mother giving birth, give us new reason to sit up and take notice. Does this medium become a "medical record"? Where does confidentiality begin and end? Where does provider liability and public right-to-know extend to new media coverage? The discussions are only beginning.

There are many benefits to the technology, such as consumers' ability to link with others with similar medical problems through specialty chat rooms. Anyone with a computer and modem has the chance to communicate with physicians and patients. The Internet is making experts out of the average healthcare consumer. Patients approach their physicians with copies of downloaded articles and demand to know what treatment options are available to them.

Today, we see the results of a combination of the implementation of prospective payment and patients frustrated by too-brief visits with their physician (six minutes on average). It is nearly impossible for physicians to have answers readily available on the hundreds of conditions they typically encounter. Some physicians are actually setting up Web sites and e-mail accounts to communicate with patients. And many hospitals offer Web sites with links to consumer medical libraries on a variety of topics. It won't be long before we are able to complete our health profile online while we sit in a waiting room or e-mail our pre-admission forms from home.

As a health information professional, you need to know that the use of Internet technology is here and growing. Recent studies on improving communication with patients focuses on the use of technology and new categories of professionals. Some hospitals utilize "hospitalists"—a dedicated group of specialists in inpatient medicine—in place of a patient's outpatient or primary care physician in order to manage inpatient hospitalizations. Hospitalists strive to communicate more clearly and completely with patients during the course of hospitalized care—on issues such as the meaning of test results, daily living activities, changing health risk habits, home care, and health outcomes. And the trend has been met as an improvement over the rushed and all too routine "patient education" currently delivered during the flurry of activity and confusion at discharge. Interactive patient education using large-screen monitors and interactive programs has also helped generate questions and avoid patient embarrassment in asking "too many" or "too basic" questions.

Futurists are predicting technology applications in the 21st century that will revolutionize medical communications. Microchips and other molecular-sized tools that are already available will capture and monitor our daily vital signs while we carry on normal activities at work or home. Neural networks, a form of artificial intelligence, will extract patterns out of routine patient data, providing a first-alert monitoring system that contains new sources of rich data for outcomes analysis and clinical and pharmaceutical research. Devices with access to databases of medical knowledge will interact with our own personal medical history, signs, and symptoms to provide clinicians with various differential diagnoses and advice to expedite interventions.

Soon we will have our own personal, patient-maintained, computer-based medical record. We will release data as appropriate, using templates we authorize to submit information for immediate treatment, monitoring, bill payment, or medical research. The

skills of the physician, nurse, and therapist of the next century will refocus to interface and utilize technology as never before. More important is the question HIM professionals face in the technically advanced world of the 21st century: As managers of health information, where will we stand as "the medical record" morphs into a realm in which we cannot exercise direct control?

Will there be a new category of health information professionals? AHIMA has delivered on Vision 2006 roles, which are quickly being overshadowed by the rapid advancements in communication and technology. As a recognized profession with a unique domain and skill set that has served us well in the past, we face immediate and challenging demands on our knowledge, resourcefulness, and abilities. Today, more than ever before, we must keep pace by a personal commitment to advance our knowledge. Making an effort to learn on a daily basis is an important component of this commitment. To organize our approach to this rapidly changing fabric of processes and technologies, we must realize that the medical record, upon which our career framework is built, is evolving into a much broader definition than we ever imagined. AHIMA is poised to be ready to help you meet these challenges of career redefinition. But it's up to you to actually take charge and fill that new category of health information professional.

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