Our Message: The Power of Data

By Dan Rode, MBA, CHPS, FAHIMA

Lately, there have been constant reminders of the importance of health information in the current US healthcare landscape, as health information and data is a driving force behind most, if not all, of our current endeavors. A decade ago, I argued that healthcare data would become our new bottom line, and the industry has continued to evolve to the current point where that prediction appears to have come true. While the importance of data grows, the necessity of understanding how this data is generated and maintained, as well as the data's primary and secondary purposes, increases as well. Unfortunately, the road to achieving this full understanding-and the related benefits-is still rough.

Data Management in the Spotlight

Last month I highlighted the impact of AHIMA members' letters on the Centers for Medicare and Medicaid Services' proposed rule on the ICD-10 delay. This month, I want to suggest that HIM professionals embrace another role ready and waiting for them-educating their healthcare colleagues on the importance of healthcare data and why they should join HIM professionals in working for data integrity development. Here in Washington, DC, we must constantly remind legislators and policymakers of the part that healthcare data plays in healthcare system reform and the improvements that have been anticipated in this decade.

Over the last two months I have spoken to Washington groups on Capitol Hill, at the National Institute of Science and Technology, and at the Office for Civil Rights, iterating that healthcare leaders and professionals must be concerned not only with the integrity of the information, but with its management as well-from source to end-use stage. The primary and secondary uses for data are each important, and one affects the other. For instance, the Department of Health and Human Services has now instituted several programs where healthcare providers and systems are evaluated and listed for their performance, quality of care and outcomes, and so forth. Evaluations occur in both acute and non-acute settings, and while the programs are relatively new, their impact is already being felt.

Data Begins at Home

The federal programs of Medicare and Medicaid are not alone in this use of healthcare information, and the amount of information being collected continues to grow. AHIMA, of course, is advocating for uniform data and evaluation measures, so that data does not have to be manipulated to fit the third party's measurements. The association is working with many other groups in a public-private partnership toward this goal, especially with the National Quality Forum and other quality-oriented groups.

But data begins at home, and the documentation and collection of data generated by a visit, admission, or other encounter (even electronic encounters) is the key. HIM professionals in all provider settings must have C-suite support from both administrators and clinical leaders to improve initial documentation as well as the process of collection from paper to hybrid and fully electronic systems. Nothing can replace the clinicians' documentation, which includes notes, orders, and other forms of information that all gather into a record. If HIM professionals fail to educate all the affected professionals or to ensure that documentation and collection of data is accurate, the information loses value-regardless of the medium or system. The process to ensure appropriate and accurate documents must begin now. Not only will it be much harder in the future, but the damage from incorrect data could have disastrous results for patient care as well as for secondary data users.

Unfortunately, the US healthcare system has often considered healthcare data as a function of the reimbursement system over the last 30 years. In some cases, the system has failed altogether to recognize the value of such data for internal and external purposes beyond claims processing and payment. In recent years we have discovered and developed data's value in decision making, quality monitoring, patient safety, public health, healthcare registries, research, and a host of other uses well beyond reimbursement. The value of processes and systems that provide comprehensive documentation as well as storage, collection, and transfer functions that maintain the integrity of that data have not been fully explained or accepted.

HIM professionals are in a unique position to influence local decision makers regarding health information technology and the expanded use of health data. Employers, clinicians, and other allied health professionals are a perfect place to begin. The flow of information begins with documentation, and HIM professionals must step forward and explain the impact of documentation-from internal (patient safety, quality, decision support) to external (quality measurement, public health, research) uses. Though it is true that documentation will affect reimbursement, even the reimbursement process is changing to be based on quality and outcomes.

Don't Forget Integrity

Once the data is documented and entered into the system correctly we must also ensure that all data is collected and accurately matched, and that it is available for internal and external uses. Too often, EHRs are manipulated to provide data for external uses when the system should act more as a data warehouse of information.

Security must also be implemented to protect the integrity of data and to guard against improper use. This is a task that will be facing HIM professionals and their information technology colleagues, as data sequestering is required due to concerns raised by consumers. From this arises another area where HIM professionals must be engaged: consumers.

I have discussed in past columns the need to work with consumers, and AHIMA's Consumer Engagement Practice Council is also hard at work to determine how we can address issues of access, portals, personal health records, and sequestering, among other topics. HIM professionals, however, are on the front line and must have knowledge of not only the changing relationship between patients and their health information, but also of the need to improve patient literacy regarding the information that is being given to them.

A Logical Approach

What does this have to do with advocacy and influence in Washington? If our policymakers in Washington and the leaders of various healthcare professional associations are going to make informed decisions, then their information must come from the grassroots. If healthcare administrators, clinicians, and consumers understand the value and the power of the information documented, collected, stored, analyzed, secured, and used in the various functions that I have described above, then the laws and regulations developed regarding that information will reflect a more logical approach than the current situation-where requirements for documentation and data seem repressive and hold little value beyond the reimbursement process.

I also want to note that the members of the Tennessee HIMA have taken this role to heart, working closely with their state medical society to educate physicians on multiple subjects. Their ongoing efforts have had grand results and I hope their work will be duplicated across the country.

As HIM professionals, we all need to ensure that our colleagues and patients understand the value of the health data and information that we pledge to manage. It all begins at home, so I hope you will take advantage of AHIMA's resources this summer and fall to begin your personal advocacy and influence campaign. This will ensure we have accurate and comprehensive information available where and when it is needed to improve the healthcare of our patients and our nation. This is our role. When we see the stars and stripes this Fourth of July, we should take confidence that we are here to serve our nation by managing its health information.

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