

Out of the Basement and Up to the Table

Save to myBoK

By Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, chief executive officer

It's time for HIM to come out of the basement. I'm not talking about relocating our offices. I'm talking about coming out of the mental bunkers where many of us have hunkered down, hoping the onslaught of changes will blow over.

A Call to Action

I am inspired to say this by the latest publication from the Institute of Medicine (IOM), *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, released in September. Like its ground-breaking predecessors *To Err is Human* and *Crossing the Quality Chasm*, this publication is a call to action to improve our healthcare system.

Chief among the report's recommendations is better use of data. "The anticipated growth in the adoption of digital records presents an unprecedented opportunity to improve the supply of data available for learning, particularly as data sources are designed to capture information generated during the delivery of care," the report says.¹ Providers play a critical role in supplying clinical data and ensuring the quality of data, but "to achieve strong provider participation in the learning enterprise, data capture must be seamlessly integrated into providers' daily workflow and must not disrupt the clinical routine."²

Best Care at Lower Cost states clearly that healthcare systems need to capture and use clinical data in a meaningful way. Our knowledge of e-HIM, clinical data management, and data governance are the right foundation. We must partner with physicians to make this change.

Steps for a Successful Partnership

This month's *Journal* is full of ideas on how HIM professionals can work meaningfully with physician practices to solve some of today's most difficult problems.

In "[Anatomy of a Physician Coder](#)," Lisa Eramo examines how the role of the physician coder is changing rapidly due to new technology, new regulations, and the changing dynamic of healthcare. Doris Gemmell takes on seven common ICD-10 myths in "[ICD-10 Debunked and Confirmed](#)," drawing on experience gained from the Canadian implementation.

While the debate over ICD-10 implementation dates found some parts of the industry at odds, the Tennessee Health Information Management Association (THIMA) has a different story to tell. THIMA has worked closely with the Tennessee Medical Association (TMA) to foster the HIM and physician relationship-encompassing issues such as HIPAA. THIMA was ready to provide in-depth ICD-10 education on the new system and assist TMA members with training. Read the whole story in "[Working Together: HIM Collaborating with Physicians on ICD-10](#)" by Wanda McKnight and Angie Madden.

Finally, Blair Butterfield explains how traditional EHRs have been a poor fit for most practices in "[What Physicians Want in an EHR](#)," and how progress is being made to bring better systems to market.

By partnering with physicians and helping them feel prepared for major changes, HIM can help fulfill the IOM vision of applying knowledge and using the right tools to improve the healthcare system.

Let's get out of the basement-and put our knowledge and our tools to work!

Notes

1. National Research Council. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC: The National Academies Press, 2012. http://books.nap.edu/catalog.php?record_id=13444.

2. Ibid.

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Driving the Power of Knowledge

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