

Partnering for Quality Healthcare

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by Vera Rulon, RHIT, CCS

HIM cannot claim an exclusive domain any more. No longer a “back end” function, HIM is part of a larger continuum. Author Daniele Bolelli writes: “The age of specialization is over. Mixing together aspects of life that have apparently little to do with each other will be the essential talent of the twenty-first century.”¹

If the HIM profession is to thrive, we must create partnerships with all who contribute to quality information. We must seek diversity within our own work force and build relationships with other health professionals.

Increasing Diversity

In 2003 the Institute of Medicine produced a report that identified disparities in the quality of medical treatment for minorities in the United States. The report, “Missing Persons,” concluded that the “nation’s health professions have not kept pace with changing demographics” and that “failure to reverse these trends could place the health of at least one-third of the nation’s citizens at risk.”²

HIM is important here, as our goals include improving consumer understanding of personal health information. We must ask ourselves if we meet the needs of the diverse population we serve.

The report expressed three principles that the commission considers essential to creating a diverse healthcare work force:

- To increase diversity in the health professions, the culture of health profession schools must change.
- New and nontraditional paths to health professions should be explored.
- Commitment must be at the highest levels of our government and in the private sector.³

These concepts are finding their way into HIM through practice and education. HIM professionals must continue to apply these principles in order to keep up with the rapid changes in healthcare.

Developing Partnerships

Consider the definition of diversity adopted by the American Society of Mechanical Engineers:

Diversity means all the ways we differ as individuals. It includes visible differences such as age, gender, ethnicity, and physical appearance as well as underlying differences such as thought styles, religion, nationality, socioeconomic status, belief systems, sexual orientation, and education. It means respecting, valuing, and harnessing the richness of ideas, backgrounds, and perspectives that are unique to each individual; i.e., a new worldwide source of creativity.⁴

Each individual has value, so we must partner and harness this value.

Partnerships can be described as relationships based on mutual cooperation and responsibility in pursuit of a specific goal. In healthcare, our goal for partnerships should be quality healthcare through quality information.

Three Categories of Partners

In healthcare, partners can be described in three categories. Documenters and clinicians include doctors, nurses, allied health professionals, and patients. Each collects information that is later used for care and research, whether it is a patient describing signs and symptoms or a nurse documenting temperature and blood pressure.

Doctors and nurses are also members of the processors and informaticians category, as are information specialists (such as coders), data managers, payers, employers, and IT professionals. These are partners that provide value to documented information—a clinician considering data to make a diagnosis, an IT professional providing technology to process information, the information specialist coding and classifying the information, or the employers and payers who process the information for payment via claims data.

Consumers and researchers form the third category. This group includes physicians; professionals in public health, clinical research, managed care; employers; and patients. Each studies aggregate data to understand aspects of care, either for themselves, patients, or the public good. For example, a patient might seek information to select a provider or learn more about their medical concern and its treatment. Clinical research might use this same information to understand effectiveness of new treatments and medicines.

Creating partnerships is critical to improving quality in healthcare. This can be done in many ways, such as joining clinicians in community forums to provide public education on personal health information. Or we can create processes within our organizations that leverage each and every partner in achieving quality information and quality care.

Partnership in Action

Consider Reid Hospital in Richmond, IN, where a documentation improvement program was developed by incorporating clinical personnel to ensure clear communication and buy-in. Valerie Abney, RHIT, CCS, the hospital's clinical financial reimbursement supervisor in the hospital's HIM department, hired two registered nurses (RNs) to support the program.

This allowed the hospital to build key alliances with both physicians and nursing staff on the units. The RNs were hired internally, so they brought existing relationships with them. Not only did the nurses have established ease of communication with physicians, they had worked with other RNs, thereby bringing an additional benefit: improving documentation and understanding of reimbursement mechanisms on the units.

In addition, the two nurses and coding staff built an excellent working relationship where they were able to teach each other. The nurses learned about Medicare reimbursement mechanisms and the importance of documentation. The coders now had a clinical resource, which they benefit from continually. For example, to validate a clinical question to be posed to a physician, the coders would go to one of the nurses. The nurse, in turn, would meet directly with the physician to clarify documentation issues, thereby reducing the time spent on paper-based queries.

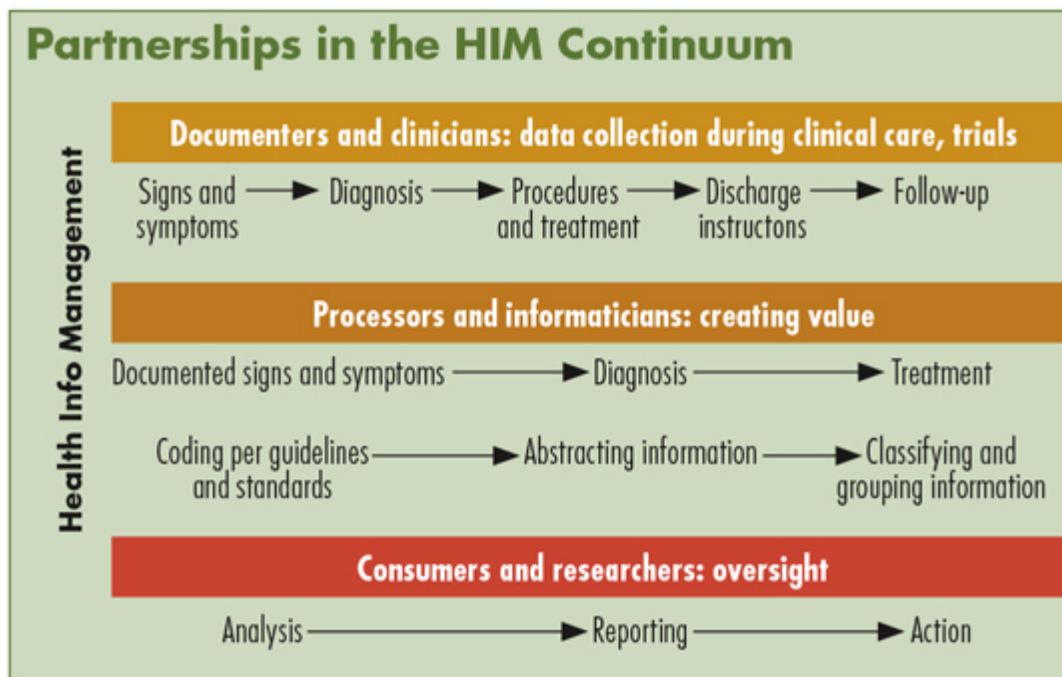
The documentation improvement program also supports electronic health record activities at the hospital. Although the program itself is not online yet, the nurses are able to review documentation online in preparation for going up to the units. This can occur as early as once a patient is admitted and the history and physical is available.

Rather than placing the documentation improvement function within case management or utilization review, the two RNs focus on documentation improvement within HIM. By incorporating the skills that the RNs bring to the HIM team, documentation has improved, and the status of the HIM department from the physicians' and nurses' view has been enhanced.

Illustrating HIM's Value

Reid Hospital illustrates that we are all in this together. When you have an us, you will always have a them, and do we, as HIM professionals, really want this type of stigma attached to our profession? HIM truly is bigger than us. Many others contribute to it, and they add value to the quality of health information and further the quality of healthcare.

Thus silos within organizations must be broken down, especially if healthcare is to achieve the goals of e-HIM®. By partnering and eliminating divisions, we lead by example. What better way to express the value that HIM brings to healthcare?



Notes

1. Bolelli, Daniele. *On the Warrior's Path: Philosophy, Fighting, and Martial Arts Mythology*. Berkeley, CA: Frog, Ltd. 2003, p. 2.
2. The Sullivan Commission. "Missing Persons: Minorities in the Health Professions, A Report of the Sullivan Commission on Diversity in the Healthcare Workforce." September 20, 2004. Available online at <http://admissions.duhs.duke.edu/sullivancommission>.
3. Ibid, p. v.
4. American Society of Mechanical Engineers. "Diversity." Available online at <http://anniversary.asme.org/125diversity/definitions.shtml>.

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