

# Patients' Perspective: a Growing Information Gap

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For a moment, forget that you are a health information manager. Instead, think of yourself as a person seeking healthcare. Are you frustrated when you have to repeat medical history information when you visit a specialist in your clinic? Do you search for lab results jotted on the back of an envelope? Do you wonder why you can schedule a flight to Kuala Lumpur in less time than you typically wait on hold with your doctor's office?

Forty percent of Americans think their doctors keep their medical information on a computer. We know the reality: fewer than five percent of physicians have our information on computer.<sup>[1](#)</sup> Seventy-five percent of us prefer to use e-mail to communicate with our physicians, but fewer than two percent of us can reach them this way. Sixty-three percent of us want to be able to view test results using a personal health record, but this is possible in only a very few communities.<sup>[2](#)</sup>

## The Expectation Gap

At a minimum, people should expect that healthcare is safe, effective, accessible, and affordable. Better information is key to closing the gap between expectations and reality. Each of us has a very personal stake in closing these gaps, and we have the professional responsibility to advance change.

In this issue, a team from the Cleveland Clinic Foundation explains how they are enabling improved physician-patient communications in "Online Records Serve Patients, Physicians, and HIM." "Provider-Patient E-mail: With Benefits Come Risks" by Dixie B. Baker, PhD, details the technology, risks, and policies required for this form of communication so completely that the article can serve as a checklist.

An essential skill for all health information managers is acquiring and maintaining systems. Chris Miller describes how to make your case by demonstrating value and benefit to the organization's overall strategic direction in "Process, Priorities, and the Strategic Plan."

## NHII Requires Three Systems

There is growing consensus that the national health information infrastructure (NHII) for the US has three key elements: the electronic health record system (EHR), personal health records, and the public health information system. At the 2003 NHII meeting in June, I attended the consumer health track, one of eight tracks to formulate recommendations on various aspects of the NHII.<sup>[3](#)</sup>

The group described an ideal state as individuals having the "information, tools, services, and incentives to manage their own health and wellness throughout their lifetimes." It's clear the momentum is building for real improvements in the way we interact with the healthcare system and our personal health information.

## e-HIM: Our Part for the NHII

It is our sincere hope that you will read and contemplate the e-HIM Task Force report, "A Vision of the e-HIM Future," provided with this *Journal*<sup>[4](#)</sup>. It presents the vision and roles that will be possible for those with HIM skills and competencies as our practice environment makes the transition from paper to electronic records.

In the 1990s, as part of Vision 2006, AHIMA described emerging roles as security officers, data quality managers, and others that are a reality today. Now that the NHII is coming into sharper focus, we can push the envelope looking further into HIM's rich future. As a profession, we need to emerge as managers of personal health data in the NHII. We have a big professional and personal stake in our own success.

## Notes

1. Markle Foundation. "The Personal Health Working Group; Executive Summary." June 5, 2003. Available online at [www.connectingforhealth.org](http://www.connectingforhealth.org).
2. *Ibid.*
3. "Developing a National Action Agenda for the NHII." National Health Information Infrastructure Conference 2003, June 30-July 2, 2003, Washington, DC. Available online at [www.nhii-03.s-3.net](http://www.nhii-03.s-3.net).
4. AHIMA e-HIM Task Force. "A Vision of the e-HIM Future." 2003. Available at [www.ahima.org](http://www.ahima.org).

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