Q&A with David Muntz: AHIMA's First Board of Directors Advisor

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By Mary Butler

In July David Muntz, CHCIO, FCHIME, LCHIME, FHIMSS, joined AHIMA's Board of Directors in a non-voting advisory capacity. Currently, Muntz is the chief information officer and senior vice president at GetWellNetwork. He previously served as the first principal deputy director of the Office of the National Coordinator for Health IT (ONC). He recently spoke with the *Journal* about his role on the board, his professional experiences in health information management (HIM) and his expectations for the future of health IT.

You are the first advisor to the AHIMA Board of Directors—what do you hope to accomplish with board members and where do you think you can provide the most insight?

This is my first experience as an advisor, but not my first interaction with the Board as a whole. During my tenure at ONC, I met with the board twice. My experience with them has been consistent. They are impressive not only as a whole but as individuals who are true servant leaders. Jointly and severally, they are promoting the interests of the profession and the providers, patients, and families they serve. So my first accomplishment will be learning. Each and every board member has so much to offer.

What type of guidance do you think you will be most able to provide, and what do you hope to learn from the experience?

As far as guidance, I have been fortunate to serve in a wide range of roles, most, if not all, of which have some relevance to issues that are being addressed. I have worked as a lab technician (OJT), biostatistician, medical records technician (my role, not my title), data entry clerk, programmer, project manager, CIO, CEO, principal deputy national coordinator, and chief of staff to mention many but not all my roles. Each of these has been invaluable, and hopefully will allow me to provide input on a wide range of topics. I hope to continue to learn from the individual and shared experiences that are referenced during board deliberations on a wide range of topics. I have a lot to learn about leadership and followership.

You were involved in projects that helped transition paper health records to electronic records (EHRs) when you first started your career, and you were very involved in implementing the meaningful use program at ONC. What has it been like to watch and participate in this evolution and where do you expect it to take consumers and HIM professionals.

It's been rewarding and frustrating. I had the good fortune to oversee the team that created a very early version of an enterprise electronic health record for a complex cancer and leukemia research institute, blood bank, hospital, and radiotherapy institute. That was 30 years ago. I couldn't understand why everyone didn't do it. Without ONC and the HITECH program, we wouldn't have the deployment of HIT. The number of providers who've adopted EHRs is amazing, but we're just toddlers when it comes to real use. We need to grow to maturity, learn to share, to focus on post-implementation optimization, to create unimagined breakthroughs that help us improve health and promote wellness. Ultimately, I hope to see real partnership between providers, payers, patients, and families for the good of the individual, the population, and the globe.

At AHIMA's Health Information Integrity Summit in Alexandria, VA, last year you noted that HIM professionals are the unsung heroes of hospitals. Why do you think this is the case?

So much is expected of the HIM professionals, regardless of role. The workloads are significant, the demands and associated stresses are high, the clients (providers, patients, families, and outside parties) demanding, and the attention to detail challenging. There are appropriate, but exacting expectations of privacy, security, and confidentiality. ASAP and STAT are

standard requests. In spite of all this pressure, too often done without the appropriate expressions of gratitude from the people they serve, the employees and leaders keep working diligently on behalf of all the parties. Doing something so challenging without expectation of recognition or gratitude, doing the right thing every day for all stakeholders is what makes these professionals heroes.

Also, at the Summit last year, you encouraged HIM professionals to be "agitators" and to make their voices heard in Washington and on Capitol Hill. Did you see more of this with the most recent ICD-10 delay? Where else do they need to speak up?

I quoted Dr. Laurel Thatcher Erlich who said, "Well-behaved women rarely make history." The most recent delay was probably the result of the agitated minority who oppose ICD-10. From my perspective, it is the transition, not the change that is the source of concern. I was happy to see that the HIM professionals spoke out on behalf of the positive change that is an inevitability associated with ICD-10. There are a wide range of issues where the HIM professionals can contribute including but not limited to data governance, data analytics, information, and knowledge management. There are legal and regulatory issues, i.e., HIPAA, which will need to change as the environment changes. No group has a broader view of data flow through a healthcare enterprise regardless of size than the HIM professionals.

On what issues should they stay vigilant and why?

They still need to speak up on this ICD-10 issue. Simply because another date has been selected doesn't mean the vocal minority will be quiet. We all need to push to realize the benefits from ICD-10.

In which kinds of professional capacities have you had the most interaction with HIM professionals?

I've worked inside the medical records department doing any number of functions including terminal digit filing. I wrote software that automated the functions of medical records, admittedly when the world was less complex, but it did give me an appreciation for the production demands in HIM. I also was privileged to have the HIM function report to me at Presbyterian Healthcare System, a large integrated delivery system. Finally, as a CIO I have always worked with HIM professionals to ensure that the digitization of records, the computerization of processes was done with appropriate oversight. I'd like to see a "C" title added to the HIM professional to ensure they are invited into the C-suite discussions.

What are the biggest technological or regulatory challenges do you think are facing the HIM and HIT professions right now?

The proliferation of devices to record and report data is a real challenge. How will the HIM professional impact and be impacted by the patient generated data, by mobility, by the proliferation of apps, and by the integration that we have not yet achieved. Associated with the technology deployment are the issues of how, when, and what should be regulated.

How does your past role at ONC shape your thoughts on this?

The Food and Drug Administration Safety and Innovation Act (FDASIA) activities and the discussions of how to manage safety in this digitized world are critical. These are not new but evolved and evolving issues. HIM professionals should play huge roles in these "meaningful discussions."

Where do you think HIM will be in 10 years with regard to EHR adoption, patient engagement initiatives such as HIE, and Big Data and analytics?

I'd put all of these under the HIT umbrella which is ever expanding. The HIM professional, even the name of the organization, has changed to meet the demands for data, information, and knowledge management in this rapidly changing world.

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