

Raising the Bar on Healthcare Data: Meeting Requirements Is a Complicated Challenge

Save to myBoK

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The passage of the American Recovery and Reinvestment Act means that American taxpayers are now directly funding the adoption of electronic health records and the investment in health information exchange. Yes, you and I are writing the checks that defray some of the cost of this important transition—not through what we pay for health insurance or out-of-pocket fees for medical services, but from the taxes we pay.

As a taxpayer I have three essential requirements for my investment:

- I want organizations to maintain accurate and complete data that are useful to my providers.
- I want them to secure my information and make it available only to those who have a need to access it.
- I want organizations to use my information in a de-identified manner to serve the public good.

My requirements are straightforward and likely shared by most taxpayers. Meeting these requirements, however, is no small task. It requires significant policy, system, technology, and process solutions that today are highly fragmented and incomplete.

Data Governance and Stewardship

In “Data Governance and Data Stewardship” Lorraine Fernandes and Michele O’Connor define data governance as a comprehensive quality control discipline in information management and stewardship as the formalization of accountability for the management of that data. They assert that HIM professionals must play a key role in both, stretching beyond data capture and classification and data quality, privacy, and security management, to help assure effective policies, practices, and solutions.

And just in time, because the privacy and security floor set by HIPAA has been raised by provisions in the American Recovery and Reinvestment Act. As Dan Rode describes in “Recovery and Privacy,” the floor was a necessary provision to building a national health information network. While we await proposed regulations, we know that new requirements for breach notification, business associates, and consumer control will be challenging from a technical and policy standpoint. The extent of the changes will also require broad industry re-education.

“Complicated Game” reports on the completion of the \$39.5 million federally funded HISPC project to study privacy and security practices in 42 states, including the work of multistate collaboratives to craft shared solutions. This article discusses three of the group’s findings. While this historic project hasn’t shown a definitive and unifying way forward, it most certainly convened and educated stakeholders, documented the divergence that currently exists, and launched groups on the way to move forward.

The locus for governance and stewardship includes all who handle health data. In “Approving RHIOs” Gina Rollins describes development in certifying and accrediting health information exchange entities. These are early days, but it is clear that the need exists not just to be good stewards, but to have mechanisms that can objectively attest to effective products and practices.

The recovery and reinvestment act targets billions of dollars toward health IT adoption, but at the end of the day the most challenging issues will be those of data governance and stewardship. The technology is the means, but taxpayers care about the data—their data—and they want to know that they can trust us to do what is in their best interest. We should respond to this concern—directly, explaining how we are addressing their requirements and how we are accountable for our results. That is how we will gain and maintain trust.

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