

# Reformer-in-Chief?

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*The Obama administration enters office this month with healthcare reform high on its agenda. Clear federal leadership on seven health information issues will be crucial to achieving it.*

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Five years ago this month President Bush turned a federal spotlight on health IT's role in healthcare reform during a state of the union address. In the months that followed he signed an executive order establishing the Office of the National Coordinator for Health Information Technology. Subsequent federal support and leadership has mobilized much of the recent public and private work toward improving healthcare through information management and technology.

This month the administrations change. As the industry watches President Obama's inauguration and looks ahead through the uncertain months of 2009, each player will be wondering what leadership the new administration brings to healthcare and what new momentum it may generate.

Strong federal support is needed. Each facet of the healthcare system that is in need of meaningful reform will move closer to that reform with enhanced health information management and technology. Intrinsic to every reform goal—increased access to care, improved public health, cost savings—are necessary improvements in how we record, protect, share, and store health information.

Federal leadership on seven health information issues will be central to achieving meaningful healthcare reform.

## The Information Issues in Healthcare Reform

Healthcare reform was set high on the new administration's agenda with the start of the transition. The early appointment of Tom Daschle as secretary of Health and Human Services signaled a seriousness in moving reform forward. Daschle, a former Senate leader, has a demonstrated interest in health reform. Further, his selection seems to indicate the new administration's interest in appointing a secretary with legislative experience. Daschle arrives with strong political ties and knowledge of how Congress works.

Obama's statements in support of health information give cause for optimism. He has described improved health information as a key to expanding healthcare coverage while improving quality and controlling costs. He has spoken of health reform as one means of addressing the recession.

At a November press conference on his budget strategy, Obama talked about the need to do a "smart job of investing in healthcare modernization," using as an example "helping local hospitals and providers set up electronic billing and electronic medical records that experts across the spectrum consider to be an important part of a more efficient healthcare system." Investing in that infrastructure could boost the economy, Obama said, while "also laying the groundwork for reducing our healthcare cost over the long run."

What money and focus will be available, of course, is unknown. But if it's too soon to know the exact leadership that is forthcoming, the needs are clear. Improving the accessibility, safety, and effectiveness of the country's healthcare system requires the new administration's firm commitment in support of:

- Patient privacy and confidentiality
- Public health education and access to health information, including personal health records
- Quality improvement
- Electronic health record adoption
- Nationwide health information exchange
- Data standards that support sophisticated exchange of information between electronic systems

- The health information management and technology work force

A first and central step is maintaining the Office of the National Coordinator for Health Information Technology. ONC was established under executive order, and it remains that way as the new administration takes office. ONC should become a permanent part of Health and Human Services.

The office is necessary to coordinate government strategies, engage the private sector, support consumer-managed personal health records, promote health information exchange, and expand the health information work force. These actions can work together to create a more effective application of health IT.

## **Privacy and Security**

Ensuring the privacy and security of personal health information is a necessity in its own right. It is also necessary to earn consumer trust in electronic record systems. Consumers who trust the healthcare system to safeguard their personal information will be more supportive of the IT systems that can improve care and lower costs. Some consumers also may be encouraged to seek care if they believe their sensitive information will be secure.

The federal government must join with the healthcare and IT industries, employers, and consumers to establish uniform and consistent confidentiality, privacy, and security protections for personal health information in any location and any format. Such protections must protect individuals against inappropriate discrimination or harm from intentional misuse by any entity that possesses personal health information.

## **Public Health**

Improvement in public health goes hand-in-hand with improved health education and accessible personal health information. That is why the personal health record and health literacy must be at the forefront of public health. Informed decision making is the most important element in helping individuals improve and sustain their health.

Personal health records enable individuals to access, use, and share information about their health and healthcare. This can help people make better health decisions and improve the quality of care they receive.

Public health surveillance can be improved through faster, more detailed reporting of critical information to health agencies. This requires standardized data content. Standardization also furthers public health research.

## **Quality Improvement**

Good work is being done on improving the quality of care, but it is still occurring in silos, and it still is not closely linked to the health IT agenda. The industry's health IT vision must make clear that improving quality and efficacy of care is a high priority. These two goals are inseparable, and federal leadership can speak clearly on this and help align the IT and quality agendas.

## **Electronic Health Record Adoption**

Federal efforts to accelerate the adoption of electronic health records have been occurring through a number of promising pilots. However, the new administration must commit to more. In the absence of direct federal dollars for EHR purchase and implementation, technical and practice assistance is all the more important. This is especially critical in support of small and mid-sized physician practices to minimize failed implementations.

The industry will also benefit from a clearer road map of the federal government's efforts, and the new administration should speak its intent on EHR adoption loudly and clearly.

## **Nationwide Health Information Network**

In recent years, the administration has devoted substantial effort to establishing a nationwide health information network. Delivering the right information to the right people at the right time improves patient care and improves accessibility to care.

Continued public-private collaboration under the new administration will further this progress.

However, beyond starting models, pilots, and demonstrations, the industry and the government must reach consensus on the goals of this network, its components, and how it will be funded. Creating a network will require consensus on essential policies for data access and use that ensure the confidentiality and security of protected health information. These are issues that matter deeply to consumers, and a network that fails to gain consumer trust will fail ultimately, no matter how technically sophisticated it may be.

## Data Content Standards

Everyone involved in the collection, the classification, the evaluation, the transfer, the measurement, and the storage of healthcare information must play from the same sheet of music. Content standards enable sophisticated data sharing and help ensure patient data are complete, accurate, and timely.

These are standards that must cross state lines and industrial borders. Insurers, providers, employers, and researchers must gather data in a similar fashion and interpret that data the same way. Doing so facilitates comparative effectiveness research and innovation in clinical practice.

Standardizing data content also supports quality and payment reform. Pay-for-performance incentives benefit from timely, accurate information and complete transparency on the quality and cost of healthcare. This will help consumers, their physicians, and their caregivers make more informed decisions regarding patient care.

## Healthcare Work Force

Finally, healthcare reform will require professionals skilled in the use of health IT. Reform requires a trained work force capable of planning, implementing, and effectively using health IT systems.

Federal legislation is one piece of a long-term work force solution. Strong support from the administration can advance funding for expanded training and education.

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