Renewing HIM's Commitment to Privacy and Security

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by Linda L. Kloss, RHIA, CAE, FAHIMA

If the thousands of pages of analysis from the RTI reports on privacy and security practices could be boiled down to just one phrase it would be "we've only just begun." As reported in articles throughout this issue, the RTI research confirms that privacy and security regulations vary significantly from state to state and may be a major barrier to the exchange of health information.

HIPAA Redux

The reports also find that people in healthcare are confused about what the HIPAA privacy rule requires of an organization exchanging patient health data. HIPAA is used as a kind of catchall to defend practices that are out of step with regulations and not in the best interests of consumers or providers.

This is something we feared, but the scope of inconsistency and misinformation is a call to action. HIM professionals must recommit to improve privacy practices on the ground and in affecting useful public laws and policies. As Margie White points out in the cover story, "Privacy and security are what we are about. It is important those issues are solved and that we are at the table as this is happening."

M. Peter Adler reminds us that revisiting our practices is a must as technology, people, and other circumstances continually change. In "HIPAA Security Redux" Adler describes an analytic process to perform targeted risk analysis and recommend areas for focus. As with privacy practices, we are never done improving security practices.

Secondary Use of Health Information

This issue also includes two articles on the related topic of secondary data use. In "Aligning the Demands for Performance Data" Crystal Kallem and David Gans report on work that AHIMA and the Medical Group Management Association did in collaboration with AHRQ to articulate an action agenda for improving the data collection and reporting requirements for performance measurement and other secondary uses. "Health Data's Second Life" explores the important work on secondary data use being done by other organizations.

The development of EHRs and the discussions of interoperable health information exchange networks have increased the need to develop a policy framework and best practices regarding secondary health data use. HIM professionals should pay close attention to these policies and practices. As Barbara Siegel points out, "Managing the record is our responsibility, and this information is coming right out of the medical record."

Another topic being hotly discussed is what it takes to minimize failure rates in health IT implementations. In "Avoiding the Post-Implementation Blues" Michael J. McCoy reminds us that planning for success requires more than selecting the best EHR system for your organization's needs.

The Certification Commission for Healthcare Information Technology is helping remove some of the risk of system selection, but there is no similar protection for failures due to inadequate training, poor workflow design, and other post-implementation challenges that, like privacy and security, are never done.

There is much evidence that we are making real progress as a nation in adopting health IT. However, progress raises tough questions as we move from concept to reality. With all change, there is a continual need to revisit and recommit to engagement and activism. It's with this spirit that we close out 2007 and look forward to 2008.

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