

Renewing the Vision of the Digital Medical Practice

Save to myBoK

by Linda L. Kloss, RHIA, CAE, FAHIMA

I recently observed a series of focus groups in which high school students, “Generation Y” young adults, working parents with small children, and “pioneer” baby boomers discussed health IT. As you would expect, there were many differences in how these groups use technology.

However, each participant agreed there would be great merit in an information-connected healthcare system. Many stated they would take advantage of any technology that their doctor recommended.

Focus on Connecting Clinicians

The need for physicians to transition from paper to electronic was recognized in President Bush’s 2004 framework for health IT. Despite excellent progress by application developers and standards and certification organizations, recent statistics on physician adoption remains disappointing. Fewer than one practice in five has implemented an EHR; the number dwindles to just 4 percent when a stricter definition of a fully functional EHR is used.

Getting to a fully functional EHR is a complex and expensive undertaking, but research does show that physicians report positive benefits.

This special issue of the Journal challenges HIM professionals to help physicians get connected. This may take the form of serving as a resource on CCHIT certification, discussed in the story “Certified EHRs.” It may involve sharing knowledge on regulatory matters affecting EHR adoption, such as anti-kickback exemptions described in “Weighing the Stark Law Exceptions.” The cover story describes how core information management skills can assist practices.

Primary Care Comes First

Assisting physician practices, of course, requires understanding their challenges, goals, and needs. “Home Sweet Medical Home” reports on how financial and market realities are eroding the number of primary care physicians at a time when the need for their services is growing.

In the medical home model, primary care physicians would coordinate a patient’s longitudinal care, a critical role missing in today’s fragmented system. The article offers an overview of the model and the ways in which HIM professionals can support it in practice.

Quality Data and Documentation

Done right, the ambulatory EHR should be a useful record for episodic and longitudinal patient care. It should improve communication with patients; permit exchange of data with other care providers; support reporting of data for quality improvement, disease registries, and public health; and support billing and compliance and the legal business record for the practice.

This issue’s practice brief “Quality Data and Documentation for EHRs in Physician Practice” offers perspectives and guidance on how to derive the greatest benefit from ambulatory EHR data and documentation quality.

“In Search of Quality Quality Initiatives” explores quality improvement programs. EHRs can help support quality improvement, but the benefit is not automatic. These applications require greater standardization of measures and measurement.

About 15 percent of AHIMA members report specializing in ambulatory HIM at large and mid-sized clinics and in consulting roles. While a small percent considering the number of clinics, this percentage has more than doubled in 10 years.

Many more HIM professionals are needed to assist physicians from their hospital roles. Connecting clinicians is an important strategy and one that we must all help to support, because an improved health information system is critical to achieving sustainable health system improvements.

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