

# States—Laboratories for E-Health

Save to myBoK

by Linda L. Kloss, RHIA, CAE, FAHIMA

States are often described as “laboratories of democracy.” Today they are also serving as laboratories for e-health. Virtually every US state is pursuing IT initiatives to improve the safety, quality, and affordability of healthcare. Leadership is coming from governors’ offices, state legislatures, and the private sector.

The US Chamber of Commerce lists health IT as a key national priority to be supported through the work of its local chapters. Businesses, state governments, and other stakeholders will keep health IT at the forefront of healthcare reform at the local, state, and national levels.

## Putting the Pieces in Place

At the same time, elements of a nationwide health information network (NHIN) are being implemented in community-based projects funded by the Office of the National Coordinator. In “NHIN Show and Tell” Gina Rollins discusses this work toward a “network of networks.” Trial implementations will advance our understanding of the standards and policy implications of exchanging health information live.

Another model being advanced is the health record banking model described in “Taking Medical Records to the Bank.” Rather than information being exchanged in response to a request, this model calls for secure “banking” of health information, under strict rules for access and disclosure.

## Governance and Beyond

In “The State Connection” Lynn Dierker describes findings from 2007 research on state public-private initiatives. The research, conducted by AHIMA’s Foundation of Research and Education under contract to the Office of the National Coordinator, describes how state-level entities are governing health information exchange. While no two states are doing it the same, this important project is enabling them to learn from one another.

Collaboratives in many states are also working to improve and harmonize their privacy and security laws and practices. The foundation is being established, but an interoperable health system is as yet far from replicable and reliable.

Of course, health information exchange and an NHIN require digital information, and accelerating the migration from paper to electronic medical records remains a high priority. In “Storage Solution” Darice Grzybowski describes one health system’s approach to paper storage as it migrates to an electronic document management system.

## HIM Integral to HIE Success

Why is AHIMA so involved in supporting research into state-level governance, policy, and operational issues in health information exchange? As with all aspects of the health IT agenda, from standards to certification, from EHRs to information exchange, the toughest challenges relate to data content, quality, access, use, and control—all policy and process issues integral to HIM.

To dig deeper, please visit [www.staterhio.org](http://www.staterhio.org). There you will find two March 2008 reports of the State Level Health Information Exchange Consensus Project. The report from part 2 of the project analyzes data access, use, and control issues in plausible information exchange scenarios.

The research team reaffirms that “actions on the front end can trigger control issues on the back end. For instance... poor data quality in MPIs on the front end could result in a consumer request to correct data on the back end.”

At the end of the day, it will be the strength of the information management policies and practices that will determine the success of HIEs.

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