

Telling the HIM Story in Meaningful Use

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By Dan Rode, MBA, CHPS, FHFMA

The term "meaningful use" is used freely within Washington and throughout the healthcare industry. For HIM professionals it is not a new concept, but the term has proliferated in the last few years with the creation of the ARRA-funded EHR incentive program.

At some point the talk will turn to a question. In coming years someone will ask if the healthcare industry has *achieved* meaningful use. The answer will depend on just how deeply the HIM profession has been engaged in EHR planning, implementation, and training.

Achieving Meaningful Use

AHIMA has advocated for HIM involvement in the EHR transformation that is now moving forward under the banner of meaningful use. The association has stressed that installing an EHR system in and of itself is not enough to achieve the meaningful use requirements and result in improved patient care.

Although AHIMA has described the expertise required in the use of EHRs, more HIM professionals need to be involved in planning and implementation within organizations.

AHIMA also advocated for years for the upgrade to ICD-10-CM/PCS. And while the 2013 deadline for its implementation adds stress to an industry focused on meaningful use, AHIMA has described how the use of these modern classification systems will support the promise of improved information in EHRs.

The association also has noted that quality measurement programs depend on an EHR's ability to produce information that will enable accurate coding. This will in turn lead to better quality measures.

Over the same period the industry has also seen more importance put on accountable care organizations (ACOs) and forms of bundled healthcare services where independent healthcare organizations are formed to provide better quality care at a lower cost. Obviously, there have been similar programs in the past in some of the larger health systems, but these ACOs, or medical homes, are not necessarily in the same family, with the same infrastructure, systems, or policies.

Yet these new organizations are expected to support the meaningful use of health information and reporting mechanisms that will depend on collecting and harmonizing data to report claims, quality measures, and other reports. More importantly ACOs are expected to achieve quality care, provide the information needed to render such care, and lower the cost of services. These organizations call for the aid of HIM professionals from various roles in the field.

It will take more than reporting the quality measurement under ARRA-HITECH to achieve real meaningful use. It requires the expertise of HIM professionals to do so.

Telling HIM's Meaningful Use Story

While the federal government can offer incentives for EHR implementation and enforce penalties on those that do not achieve meaningful use, it is not capable of determining if an EHR installation is being used meaningfully. That is where the HIM profession comes in. We need to tell the success stories of those organizations and providers who achieve meaningful use with HIM's involvement.

If we are to achieve a true transformation to meaningful use of health information, then each professional must look at the transformation it can make. We have to understand the true goal of implementing EHR systems, the role and value of transaction standards, the use of terminologies and classifications, and the security components required. We must recognize

the direction the federal government and the industry are taking so that we can explain the move to patient-centered healthcare and our need to give patients access to information and collect information in real time so it is available 24/7 for clinicians and patients alike.

With the move to value and outcomes reimbursement and the integration of providers under ACOs or medical homes, we need to understand and tell the story of information interoperability that must be complete and understandable for quality care in all segments of the industry.

HIM is the story and the story teller. While AHIMA does tell the story in Washington and across the country, HIM professionals have to live the story with their employers and others in the community.

A member in New England once told me she was tired of being the profession of "no"-"No, you can't do this. No, that is a HIPAA violation."

We need to tell stories of "yes"-"Yes, if we do these things in our EHR implementation the workflow will improve and so will our data. Let me show you." And, "Yes, if we take these steps to improve our documentation, it will be easier for clinicians to document care effectively and our data will improve so that we don't lose reimbursement in the changing reimbursement system."

This is a grassroots effort. If you can tell the story and live it, we can make change. AHIMA is dedicated to giving you the tools to do this, and we in Washington are working to let you know what the federal government is doing and thinking. Let us know your story, and we will take it to legislators and government officials so they know the success the HIM profession has achieved. The more we can tell the story at home and in Washington, the better our ability to gain more support for the profession.

Other Stories: A New Global Role for AHIMA

The American National Standards Institute (ANSI) has appointed AHIMA the designated secretariat for the International Organization for Standardization's 215 Technical Advisory Group (TAG) and US TAG Administrator. As the secretariat, AHIMA will manage healthcare-related ISO standards that will affect US healthcare now and in the years to come.

This role integrates with other standards work AHIMA is involved with, including mapping SNOMED CT to ICD-10. These standards will make their way into future meaningful use criteria and become embedded in the EHR systems you will be working with in just a few years.

As a major actor in this standards story, AHIMA is making sure that HIM principles and practices are embedded into the standards. In these and other standards activities, we are also working hard to ensure consistency in coding, uniform quality measures, harmonized standards and terminologies, and uniform guides needed in this standards-based practice that we have promoted for decades and now see coming at us at a very rapid pace.

AHIMA has also been very engaged in the Health Level Seven standards development body, working to ensure HIM practices are embedded in standards. Our engagement continues to increase. In 2012 AHIMA's vice president of practice leadership, Don Mon, will become the chair of HL7. More HIM-related standards are coming, including those to ensure the legal EHR. This activity is bringing us closer to the type of EHR we have sought since the 1980s.

Our work individually as professionals and collectively as a profession is not done. If you haven't started, I invite you to write new chapters in your HIM story.

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