

# Thinking Nationally, Acting Locally: Get Involved Today

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*by Linda Kloss, RHIA, CAE, chief executive officer*

In a few short months, the US has progressed from thoughtful reports and vision documents to the hard work of designing and building a national health information network. Much of the observable progress today is at the regional and state levels, each of which aims to improve some aspect of patient care services. These initiatives reflect differing local values, cultures, funding, and governance, but they share the mission of improving healthcare quality, cost, and effectiveness.

## Pioneering Challenges

In “HIE Takes Shape in the States” Mark Frisse, Janet Marchibroda, and Emily Welebob survey the landscape of local and state projects. The authors describe triggers and models for selected projects and outline ingredients for success. They remind us that many technical and policy issues remain unresolved and that HIM professionals must get involved early in these projects.

Many are getting involved on their own or through their state or local HIM associations. In “Finding RHIOs” colleagues who are helping create solutions to these technical and policy issues from coast to coast provide guidance on information exchange initiatives. They report that the management of health information is rapidly moving “beyond traditional institutional borders.”

In “Deterministic, Probabilistic, or Fuzzy? A Primer on the Search Algorithms that Drive MPI Quality” Sorin Gudea describes MPI technologies that will be integral to the operation of all regional health information initiatives. Of course, MPIs have always been a core records management technology within organizations. In the future, HIM professionals will manage record locator services for data exchange networks.

## Local Support Networks

Another local initiative is the work of quality improvement organizations (QIOs) that support adoption and effective use of health information technology. Christine Bechtel explains the 2005–2008 agenda in “IT Office Visits: QIOs Join Community Health IT Efforts with the 8th Scope of Work.” This challenging plan calls for supporting electronic health record (EHR) adoption in physician practices. HIM professionals with physician practice or EHR implementation experience should consider roles with QIOs, many of which are expanding to meet this new challenge. AHIMA will soon offer continuing education training on physician practice EHRs, so watch for news of this specialty advancement opportunity.

In an interesting telemedicine flashback, Douglas Smith contrasts the adoption of the telephone with today’s new information technologies in “Radical Technology: Your Grandfather’s Telephone.” EHRs will one day be as ubiquitous a technology as telephones, and we will find it hard to imagine operating a health system without them. For some physicians it has already reached this level of importance.

## Expanding HIM Horizons

Before 1980 the locus of HIM was the hospital medical record department. In the 1980s and 1990s it expanded from hospitals to many types of healthcare organizations, from departmental to organization-wide functions. In this decade, the locus moves beyond the organization to the community, region, and state. Before the decade is over we will see community and state networks being linked. Like telecommunications, standards-based connections will branch out from the local to the national level.

Early involvement by HIM professionals in today’s pioneering projects is critical for the integrity of the projects and for our own professional learning. Find out about projects in your community and volunteer your services today.

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