

Thompson Challenges Healthcare Industry at First NHII Conference

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by Dan Rode, MBA, FHFMA

Through your ingenuity and your innovation, the people in this room can transform healthcare in America.” With these words, Department of Health and Human Services (HHS) Secretary Tommy Thompson opened the first conference on a national health information infrastructure (NHII) in late June in Washington, DC.

One Common Language, One Standard Model

Thompson’s words were a call to action for the more than 600 attendees of the conference and the healthcare community at large, including HIM professionals. His remarks included three important announcements.

First, he announced that the National Library of Medicine (NLM) would be “making a common language available to all members of the healthcare community.” That language is SNOMED (Systematized Nomenclature of Medicine), developed by the College of American Pathologists.¹ The NLM is entering a five-year contract with SNOMED, which will allow the free use of components of the terminology to all healthcare entities.

While most of those involved in developing a NHII have desired to have such a terminology available, it is unclear how soon such terminology can be integrated into health information databases and systems. Under the NLM contract, however, healthcare entities can use some components without having to pay a fee common to some of the current healthcare coding and terminology systems.

Thompson’s second declaration was his request to the Institute of Medicine (IOM) and the data standards group Health Level Seven (HL7) to design a standardized model of an EHR. At press time, this project had already started with open forum meetings to gather input on the model scheduled to take place nationwide in August.

Rapid Technology Developments

Thompson also announced plans to appoint a new internal council within HHS, the Council on the Application of Health Information Technology. The council will coordinate all the HHS agencies’ “information technology efforts and ensure they are promoting rapid development of a paperless system.” The council’s first charge will be to “develop incentives for all parts of the healthcare community to use SNOMED, electronic medical records, and other standards as they are adopted,” Thompson said. “We want to see the integration of health information systems through to its logical conclusion.”

Thompson did not indicate how this council would relate to the current Consolidated Health Informatics (CHI) initiative under way within the federal government to adopt standards for federal use of healthcare information and transactions by the end of 2005.² He also did not indicate if he would support an office or agency for NHII that could staff efforts such as this new council and the National Committee on Vital and Health Statistics, coordinate HHS information and standards efforts, including HIPAA, and provide ongoing coordination with other federal agencies such as those engaged in the current CHI initiative.

Thompson expressed his concern that information standards for sharing and transfer of data have met consumer demands in retail, grocery, and banking industries, but not healthcare. He cited several examples of “a day not too far away when our 21st century care is supported by 21st century information systems.” “Patients and families, as well as healthcare providers throughout the nation, are counting on all of us...by improving the flow of information and knowledge, we can improve the health and well being of all Americans,” Thompson said.

EHR, NHII, Education Top Priorities

Thompson's remarks added momentum to the ongoing work taking place nationally on EHR and NHII issues. Even though AHIMA members and staff are already active participants in HL7, additional staff and members were recruited for the development of the EHR model Thompson requested. AHIMA and seven other organizations initiated the six regional open forum meetings so that non-HL7-related professionals could provide input about the EHR standards and models. A response was expected to HHS by September 1.³

In addition, AHIMA's board of directors voted to join a coalition to urge Congress to adopt legislation providing for a significant investment in a healthcare information technology infrastructure. The Association is already a member of the eHealth Initiative Coalition For a Better Healthcare System Enabled by Information and Information Technology, which launched a broad and significant campaign focused on building awareness of the need for an NHII and the policy changes related to financing and investment that are necessary to support its creation.

While much of the investment in technology and management of NHII and EHR will have to come from the private sector, the coalition believes that public sector leadership and resources will be critical for facilitating and leveraging private sector investments. In its request for AHIMA's support, the coalition said it will "press for federal investments of several types in support of a healthcare information technology infrastructure, including grant programs, a permanent revolving loan funds program, and reimbursement/payment incentives to offset the cost of infrastructure development and operation." As coalition efforts move forward, AHIMA will be asking its members to participate as well.

Support Is Needed

At times, the NHII conference and the eHealth Initiative coalition seem distant from the day-to-day activities of the HIM professional. But if they are to succeed, the HIM professional must join in the effort, even at the local level.

Development, adoption, funding, and implementation of an EHR, NHII, and support of standards and terminologies and coding systems will not happen overnight. Member support and input to various federal efforts is needed. AHIMA will be calling on members and state associations to support efforts in Congress to fund our industry's move into the 21st century. Keep your members of Congress aware of the needs of your healthcare community for an NHII and the EHR and what is necessary to achieve these goals.

Starting a Dialogue

Even before the conference, many attendees had already begun the task of developing a national action agenda for a NHII and EHR. Here are some of the challenges the conference sessions addressed:

Architecture: Where will patient data be stored? How will it be moved and retrieved when needed? How will patients be identified? How will it address issues such as standards, vocabulary, privacy, and security?

Consumer Health: How will a NHII be "patient centric?" How will it promote full participation by each person in health-promoting practices and disease-managing treatments? How can the NHII help individuals, families, and communities do the right thing, at the right time, in the right place, in the right way, and at the right cost?

Financial Incentives: What public and private sector investments are needed to achieve a NHII? What types of incentives are necessary to ensure that the healthcare community adopts and implements the standards necessary for a NHII and use of a national EHR?

Homeland Security: What type of infrastructure and information is needed to keep our homeland secure, enhance public health preparedness and security, and cover prevention, detection, response, and recovery?

Privacy and Confidentiality: How do we as a community address privacy issues a NHII raises? What legal and technical requirements will be needed to address the privacy of the individual and the

needs of a community?

Research and Population Health: What standards are necessary for clinical and health services research and population health data management in the context of a NHII, while addressing the necessary exchange of such data and some of the other factors related to privacy, security, and confidentiality and needs like homeland security?

Safety and Quality: How can the NHII address the pressing issues pointed out by the IOM in the areas of safety and quality? What data is needed and how can systems be linked to provide data where it will do the most good?

Standards and Vocabulary: Both of these items are the building blocks of a NHII and an EHR. What standards and terminologies are available and would best fit the needs of the US? How do we proceed to identify these standards so that data related to healthcare are collected once and then used for all appropriate health-related functions? What data elements, descriptions, message formats, data values, mappings, and models are needed to complete the infrastructure and develop the databases that will be housed by all the parties to the infrastructure, including the individual?

The NHII conference did not answer all these questions, but rather began a dialogue for the healthcare industry to resolve differences and make decisions that will bring the industry into the 21st century. At press time, the results of the discussions were scheduled to be published. The initial papers, preliminary sessions, and discussion items are available at www.nhii-03.s-3.net.

Notes

1. For more information, refer to "AHIMA Project Offers Insights Into SNOMED, ICD-9-CM Mapping Process" by Kathy Brouch, RHIA, CCS, in the July/August 2003 (vol. 74, no. 7) *Journal of AHIMA*.
2. The CHI initiative includes the departments of HHS, Defense, and Veterans Affairs and any other federal agency that has a healthcare information component.
3. Besides AHIMA, the collaboration includes the American Medical Association, American Medical Informatics Association, American Nurses Association, College of Healthcare Information Management Executives, eHealth Initiative, Healthcare Information and Management Systems Society, and the Markle Foundation.

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