

Time for Information Governance is Now

Save to myBoK

By Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, FAHIMA, chief executive officer

For AHIMA, 2014 has been the year of information governance (IG).

From Information Governance Month in February to this month's 86th Convention and Exhibit, AHIMA has been breaking new ground in exploring, understanding, and making recommendations for IG in healthcare organizations.

Many HIM professionals understand that information is critical to coordinating care, so the healthcare industry must start to better "govern" this information.

But AHIMA is not doing IG work in a vacuum. Other industries have been working with these issues for some time and formulating compelling arguments for IG. Those with a legal or risk management bent, for instance, are quick to point to the risks of not doing enterprise IG, such as inefficiency and vulnerability to legal risk. Others point to the need to get a handle on proliferating amounts of data.

But AHIMA's work is driven not just by the fear of bad news, but by looking at the big picture. By focusing on the unique aspects of governing health information, particularly on quality and continued integrity of data, we are playing the long game of improving healthcare. Better governance of our information leads to better coordination of care, which contributes to better outcomes, increased patient satisfaction, and reduced cost.

More Insights into IG

This month's issue contains a variety of articles to bring the big picture of IG into clearer focus.

Earlier this year, AHIMA and Cohasset Associates unveiled a white paper detailing the results of the first-ever survey of IG practices in healthcare. In "[Slow to the Information Governance Starting Line](#)," Chris Dimick highlights some of the survey's surprising results, as well as relays AHIMA's recommendations for taking action to improve IG adoption in healthcare. The paper states that the majority of healthcare organizations lack a vital information governance strategy. (The information governance white paper is available for download online at www.ahima.org/IGwhitepaper.)

As information proliferates, it also becomes cheaper and easier to store—but easier isn't always better. In "[Digging Out from Data Hoarding](#)," Mary Butler addresses how HIM professionals can use IG strategies to manage the vast stores of information currently being hoarded by many healthcare organizations.

AHIMA's 2013 Health Information Exchange Practice Council spent considerable time reviewing the emerging landscape and envisioning the future state of health information exchange (HIE). "[Tracking HIE's Ever Evolving Operational Models](#)" is a first look at the council's research in this important area.

The ICD-10-CM/PCS implementation delay has created clouds of confusion on the HIM horizon. Kelli Horn, RHIT, CCS, offers suggestions that will help in "[Leading Your Facility Through the ICD-10 Delay Storm](#)."

I am particularly pleased to note this last article. Recently, AHIMA unveiled its IG Principles for Healthcare. Developed by a task force of experts, the principles combine best practices, information theory, and legal principles in healthcare, resulting in a list of essential considerations for the development of an IG program. Task force member Sofia Empel, PhD, summarizes the principles and discusses how they can be used in "[The Way Forward](#)."

I urge you to read the article, and the principles, and think about how your organization can take the next step forward in IG.

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