

Toward a National Health Information Infrastructure

Save to myBoK

by Linda Kloss, MA, RHIA, executive vice president/CEO

I recently attended a symposium at the National Academy of Sciences celebrating the 50th anniversary of the National Committee on Vital and Health Statistics (NCVHS). The NCVHS is the Department of Health and Human Services' statutory public advisory body on health data, privacy, and national health information policy. Since 1949, the committee has sought to improve the quality, availability, and standardization of information to support health policy and practices in the US.

At the symposium, two reports addressing national health data challenges for the coming decades were discussed. The first report, "Toward a National Health Information Infrastructure," describes benefits of an integrated information and communication network for US healthcare delivery.

The second report, "Shaping a Vision for 21st Century Health Statistics," describes the community and population-based health statistics dimension of the NHII.

A Call for Leadership Across the Healthcare Community

Reactors to the presentations and the reports at the NCVHS symposium agreed on several key points:

- The visions cannot be realized without investment from the federal government and without a designated driver, meaning a national office to guide the public-private partnership that will be necessary for success.
- Other countries—Australia, Canada, and the UK, most often cited—are certainly ahead of the US in establishing and moving toward a national health information and health statistics infrastructure.
- When compared to other industries, healthcare has been very slow to embrace computing and communications technology and the enabling cultural change.
- We have multiple data silos—national, local, state, public, and private—and no consistent organizing structure.
- We have yet to deal with privacy and confidentiality in any of the key arenas, including medical records, research, or health statistics.

For more information about the NCVHS or to view the reports, visit the NCVHS Web site at www.ncvhs.hhs.gov.

Bringing the Vision Home

This issue of the *Journal* features articles on dimensions of the healthcare information infrastructure—the CPR, the paperless record, audit trails for enhanced information security, and ICD-10.

We are proud to take stock of progress made by three bellwether organizations in "Where Are They Now? CPR Leaders Assess Their Progress." All recipients of CPRI-HOST's prestigious Nicholas E. Davies CPR Award in 1995, representatives of Intermountain Health Care in Salt Lake City, Columbia-Presbyterian Medical Center in New York City, and the Department of Veterans Affairs reflect on lessons learned and progress made toward fuller CPR implementation. Their reflections underscore the importance of CPR development as a key to quality care at the point of service and a building block for a national infrastructure.

The CPR and its impact on HIM is the subject of "Moving Gradually Toward a Paperless World." While the paperless medical record is a tantalizing fantasy, particularly as demands for information make it harder to manage our current hybrid paper and computer-based systems, we report on progress being made by Kaiser Permanente-Colorado, Carilion Health System in Roanoke, and Stanford University Medical Center in Palo Alto. Further, Zoe Bolton provides a status report in "Desperately Seeking the CPR in Long-term Care," where minimum data set (MDS) reporting requirements have fueled interest in automation.

Kathy Brouch, RHIA, CCS, provides a status report on ICD-10—in the US and in other countries that are further along in implementing the long-awaited next edition of the international classification. Finally, HIPAA has escalated our efforts to tighten information security practices and Aviva Halpert, MA, RHIA, offers practical advice on creating audit trails in "Access Audit Trails: En Route to Security."

As I am sizing up candidates in the fast-approaching national elections, I am considering which are more likely to understand the imperative of a healthcare information infrastructure. We need policy leadership, and we need the financial resources to make it a reality.

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Driving the Power of Knowledge

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