



Gail F. Crook

The EHR Vision - Focusing the HIM Professional

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Preface

We find that articles in the Healthcare Information Management & Communications Canada (HCIM&C) journal are always thought provoking – the interrelationship of several articles in the April 2008 issue (Vol. 22 No.2) have compelled us to share our thoughts and comment on:

- the EHR journey (Richard Alvarez pg.6);
- the definitions of Health Informatics (Dominic Covey pg.8),
- volunteerism (Michael Martineau pg.62);
- privacy of patient records (Dr. Brian Day pg.36) and
- human resource capacity (Brendan Seaton pg.16).

We will seize the opportunity to update readers of the Journal on recent work at the Canadian Health Information Management Association (CHIMA) and share some of our Long Range Scenario Planning (LRSP) activities as we advance the Health Information Management (HIM) profession into the EHR.

Commentary

With all due respect to Dominic Covey (“Going Back to Basics: the Applied Health Informaticians”), while Dominic has written many such articles on Health Informatics (HI) there remain many in the health industry who cannot define applied Health Informatics nor clearly articulate the competencies for people in such positions. COACH has published their competencies and their definition of HI. “HI is the intersection of clinical IM/IT and management practices to achieve better health”. CHIMA has also invested significant time and resources in the investigation of health informatics vis-à-vis health Information management. Until such time as the players understand the terms, it will be challenging

for the health system to appreciate the nuances of either. We agree with Dominic in the potential for a dearth of HI/HIM professionals for many of the same barriers he identified: lack of career awareness; lack of opportunities; lack of recognition of the benefits and/or opportunities by both individuals and organizations. But before we can address these issues, perhaps the critical first step is to reach consensus on the definition.

Brendan Seaton (“A Great Time to be a Health Informatics Professional”) outlines some of the capacity issues however, without a clear definition of industry needs, filling that need will be challenging. In previous articles Dave Wattling has challenged the industries (HI and HIM) to collaborate to ensure a Canadian supply of trained workers will be available to develop and operationalize a robust EHR. COACH, CHITTA and CHIMA have taken that challenge seriously and are currently exploring and acting on opportunities for collaboration.

A fundamental domain of practice for the Health Information Management (HIM™) professional is the privacy of personal health information. We fully support the work of the CMA and echo Dr. Day’s remarks in “Why are Doctors so Concerned About Protecting the Confidentiality of Patient Records? “. All who work in the health care sector, practitioners, clients, HIM and HI professionals are concerned about the privacy of health information. If we work together we can assure ourselves and the public that their information is private and secure. The HIM professional’s skill sets have operationalized sound record management principles to ensure privacy, confidentiality and security of information. CHIMA has many position papers and professional practice briefs on this topic dating back to the 1960’s. We have worked closely with medical and allied health professionals to ensure that as legislation changes, and as we move from paper to the EHR, the principles of records management are updated and “fit for use” in the paper, hybrid and eventually, the full EHR.

About Us

CHIMA has been challenged in the past to define HIM; hopefully we can put some clarity to that throughout this article. HIM professionals manage accurate, timely and accessible health information. The competencies are taught at the college and university levels, and experience gained in the work place supplemented by continued professional education ensures that HIM professionals have current knowledge of the fast changing health care system. We have the expertise and skill sets to work with health care providers and stakeholders to assist with the transition from the paper health record to the EHR, while remaining the advocates of individuals' rights to private, secure and confidential health information.

To some, technology appears to be driving the advances in health information. We believe that in fact it is the people who harness technology to make decisions who are critical to using secure, confidential and accurate data.

CHIMA represents approximately 4,500 certified HIM professionals across Canada. Our members are employed in settings beyond hospitals into community health and extended care programs, government, health and education institutes, the private sector, including insurance and pharmaceutical companies, research organizations, computer vendors and consulting firms. This is a huge work force which has the potential (as a retraining strategy) to capitalize on by transitioning those HIM professionals interested in an HI career path to tackle the "capacity issue" referred to by Brendan Seaton in his article.

Earlier in the last century, when hospitals were essentially infirmaries dispensing nursing care, the predecessors of the health record profession functioned to provide safe keeping for any recording of care practices. They were the "custodians" of recorded health information. This role evolved to include setting standards to ensure that the recording of information in charts was "complete" and stored in a manner that would enable effective retrieval when needed. As relevant legislation was enacted, health information management professionals took on the responsibility of ensuring that clinical documentation complied with legal requirements.

The role of the HIM professional has expanded to include the interpretation of textual summaries in charts and the translation of that information into standardized international codes (including ICD-10 CA, CCI, ICD-O, DSM, among others). These skills and knowledge support clinical research and provide the basis for medical and healthcare statistics and computer technology to support information capture, storage and

retrieval. It has expanded beyond clinical data to the creation of management tools to support initiatives such as risk and utilization analysis.

In the past two decades, the development of electronic health records and electronic health information management has raced forward with the evolution of multimedia technologies. During the next decade, HIM professionals must articulate their role in the continuing development of standards and the consistent application of standards, both for the infrastructure of electronic information and the content of the information.

The professional credential for the certified HIM professional is "CHIM", which denotes that

the individual is certified in Health Information Management. CHIMA certification is recognized around the world and is sought by colleges and universities for recognition and ongoing accreditation status. CHIMA accredits college and university HIM programs that meet CHIMA's Learning Outcomes for Health

Information Management (LOHIM) Standards. We have revisited the HIM competencies and the Council on Education believes that the existing HIM curriculum has significant overlap with, and is complementary to the HI competencies. Over the last 2 years we have continued to work with the academic communities interested in both HIM and HI and with COACH to understand if the gap in adding the missing competencies of HI should be added to CHIMA's HIM curriculum or if certified HIM professionals interested in HI, should seek their missing competencies from a different process (i.e. COACH certificate). These discussions will take place over the next several months.

As the health care industry moves closer to the EHR ("Health Care Innovation – It's our Generations Turn", Alvarez) we would assert that the HIM profession and CHIMA are taking up the challenge and are bringing innovative changes to the transition from the paper to the EHR. The skill set of the HIM professional will be invaluable through this journey. Alvarez references the many clinical data bases housed at the Canadian Institute for Health Information (CIHI), and the studies that CIHI is able to commission and report. A great deal of this information comes from the work of the HIM professional working in a variety of settings. We are at the forefront of championing the EHR and have been very transparent in our views of the problems of

the paper record through presentations and articles dating back to the 1980's. Alvarez states crucial patient information lies scattered and buried in the filing rooms of 40,000 doctors offices, test centers, hospitals and clinics. No one argues this but, with all due respect, HIM professionals in acute care facilities have an admirable track record of ensuring critical information is available for immediate care. We have also been on the front line of ensuring critical information is available in the hybrid world and in settings beyond acute care. This is no mean feat. The hybrid world is a "nightmare" so we welcome and continue to champion the development and deployment of a true EHR. HIM professionals have been a huge force in the records management arena in health care ensuring good care through documentation. We think we have done a good job of this and we are determined to ensure that the principles of HIM are part of the new eHealth environment.

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We believe that in fact it is the people who harness technology to make decisions who are critical to using secure, confidential and accurate data. These same people are responsible for the collection and analysis of data and the generation of sound, evidence-based health information. The data quality and privacy of health information issues are critical to all levels of government; we have a primary responsibility to ensure the quality of this information. We must be accountable and assure our public, health care agencies and governments on the completeness, timeliness, accuracy and security of this information.

The Canada Health Infoway (CHI) framework for the EHR has been developed and is being implemented. Our role in this environment must continue to be defined. Our members have the skill sets for the information age and CHIMA will ensure that our partners and potential partners are aware of this. And in meeting the challenges that await the health care industry, CHIMA will continue to raise the profile of the HIM professional and to articulate our role in health care. We will accomplish this as we finalize the "roadmap" for the future HIM professional.

The Road Ahead

In 2006, CHIMA began a Long Range Scenario Planning (LRSP) process with seed funding from the Ministry of Health and Long Term Care in Ontario. The results of phase 1 are incorporated into a final report with identified key themes and priorities for the future. We heard from our stakeholders that the Key themes for the future of health care are:

- Individual (not any profession or organization) is at the Centre (full integration of Health Information)
- Collaboration
- Transformation and the Pace of Change

The LRSP Report also identified priorities for CHIMA as an organization and profession. These included:

1. Listen to the voices of our future, not our past.
2. Keep company with the front-runners.
3. Spend time with those who are designing (and funding) the jobs that will replace us.
4. Merge for strength – connect with others who are keen to change.
5. Determine CHIMA's value. Stop doing what is not of value; protect what is valuable; and invest in the future.
6. Pick and occupy only those spots where our voice adds value.

HIM professionals are feeling overwhelmed. Facility-based HIM professionals are coding more and more clinical information; those HIM professionals involved in privacy are staying current with changing legislation and ensuring compliance with the 10 fair practice principles; and those who are experts in records management are applying records management principles for the paper, in the hybrid environment while working with CHI in the development and deployment of the electronic health record. Michael Martineau's article, "Actively Engaging Volunteers", speaks to true volunteerism – as thousands upon thousands of HIM professional volunteer hours support committee work at CHI, CIHI, Ministries of Health initiatives; Accreditation; and pan-Canadian Privacy initiatives. CHIMA, like COACH, is a not-for-profit Association and we would never get our work done without the hundreds of volunteers on our Committees and task teams.

Conclusion

HIM professionals and CHIMA have a responsibility to ensure that our roles and skill sets are strengthened in the transition from paper and to the EHR. We are carving a niche for our profession that will be complementary to the e-health environment and that will ensure robust records management principles are applied to the EHR. We need to ensure that the privacy, security and confidentiality of information are upheld, and the quality of information used by anyone for any reason is exemplary. Based on the findings of our LRSP process we intend to keep contact with the forerunners; the payers; collaborate; stop doing what is not value added; and start doing what is necessary to advance the EHR. and our profession. We welcome collaboration and partnerships to ensure the innovation (Alvarez) and the contributions of our generation of HIM professionals will have their turn and rightful place in the ongoing development of the EHR. ●