The Health Information Manager as consultant

Elizabeth Moss

**A Health Information Manager’s informal description of working as a consultant in Australia and overseas.**

**Introduction**

This is not a typical day, sitting in a comfortable hotel room overlooking lush gardens, a swimming pool and the sprawling southern Indian city of Hyderabad. I have this week joined a team of actuaries and economists who are developing the regulations necessary for the administration of private health insurance in India. My role is to assist this team from Bearing Point/USAID in assessing the ability of hospitals and providers to generate the necessary data for insurance claims and to help the establishment of a uniform claim data set.

This Saturday is the morning of my fourth day here and I will visit a private hospital to review their medical records and hospital information system and, next week, a third party claims administrator. This country is one of great contrasts, where 700 million of the one billion people are under the poverty line, yet there is a large enough middle class to warrant the establishment of private health insurance.

I first met Bearing Point three years ago in Sofia, Bulgaria, where the company runs the health project on behalf of USAID. The various initiatives run by USAID over the last three years have had relevance and implications for HIMAA’s health information standards project, for which I am team leader.

**Skills**

The work I have done over the last 10 years has relied on the core skills and experience gained as a hospital Health Information Manager. My data management skills were developed during my time as manager of the National Health Data Dictionary. There, I learnt the true meaning of health data management: to be able to take the data captured by hospitals out of the context in which they were originally recorded and understand their use in health statistics, evaluation and funding. To be able to capture the meaning of these data in their original context is vitally important to their subsequent use and interpretation. This need for well-defined data gave rise to the data dictionary and a framework to organise the data element. I have created several data dictionaries since then.

The overriding organisational need is to understand and exploit their data. To do this, I have learnt to develop logical models of the data, how to define or capture data meaning and how to specify the way the data will be recorded.

With the advent of increased computerisation of clinical information, our ability to manage (by this I mean understand, define and use) health data across the different media, including paper, as a conceptual whole on behalf of the patient, is crucial.

**Summing up**

I wish we could assist all the projects today that are struggling with how clinical data will be captured and held in electronic records in whatever clinical setting. I see clinicians and systems developers exploring these concepts at HL7. They are trying to define all the data that may be shared between information systems. The debate between terminology, coding systems and data is fascinating. I believe that health information managers should be playing a much stronger role in this work. Our role today in managing a patient’s health information is important as greater amounts of data become electronic. Paper and electronic records must be managed as a whole.

One thing that I wish I could really understand is how people conceive of data in their heads!

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