The health reform environment presents opportunities for Health Information Managers

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The second issue of HIM-Interchange is themed ‘the role of health information management in health reform’. In this context, healthcare reform relates to government policies around the development and use of information and communication technologies to support healthcare delivery. This new emphasis on managing health information using technology, termed e-health, can encompass a broad range of electronic systems that facilitate how information is communicated and structured, and how health professionals and consumers make decisions and search for patient-specific and health-related information. The need to change traditional methods of information management has been brought about by pressures on service delivery from an ageing population with increased demands and expectations both of which lead to increased costs and health workforce pressures.

The future presents challenges to governments; however, importantly for Health Information Managers (HIMs) the e-health reform agenda presents enormous opportunities. Whatever our particular expertise and role, the advantage of a health information management qualification is that it can support different aspects of health information management, and there will be important contributions to be made.

Francesc Roig and Francesc Saigi (Roig & Saigi 2011) focus on the value of telemedicine, which is particularly relevant in Australia given our geography and the need for remote and regional communities to have access to high quality healthcare services. They raise the interesting point that it is difficult to implement health technologies while accounting for social and organisational issues, without seeing technology as something that can be simply ‘dropped into’ a workplace with the expectation that it will be used. This applies particularly in the complex area of health services. Implementation needs to be considered as a change process, in which case HIMs are ideally placed to be involved in this aspect of e-health. Other researchers have stressed the importance of work processes, culture and organisational and people issues for successful implementation and diffusion of technologies (Aarts, Ash & Berg 2007; Callen, Braithwaite & Westbrook 2008; Ash & Berg 2005).

A creative solution to the shortage of qualified HIMs is presented in the report by Michelle Martella and Evelyn Robinson (Martella & Robinson 2011), who describe ‘remote coding’ as a response to the problem of too few clinical coders and urgent coding deadlines. This program also provides clinical coders with flexibility to work from home and is an example of technology supporting this new way of working. Terri Letizia (Letizia 2011) also outlines a response to the shortage of HIMs using several initiatives aimed at improving their relationship and engaging more closely with their local health information management program at La Trobe University. They flag an increasing problem of too few HIMs given that only two universities offer health information management specialist programs in Australia with the closure of programs at Queensland University of Technology and the University of Sydney.

An international perspective is illustrated in the professional profiles by Robert Dashwood (Dashwood 2011) and Cameron Barnes (Barnes 2011), and the conference report by Jo Raw and Cameron Barnes (Raw & Barnes 2011). Robert Dashwood provides a fascinating insight into a year working in Nepal as a HIM. He was an Australian Youth Ambassador in an AusAID program and his account emphasises the strength of health information management programs in providing broad knowledge and skills that can be applied in many different roles. Jo Raw and Cameron Barnes provided a comprehensive overview of the 16th Congress of IFHRO, which was held in Milan in November 2010. Of importance is the change of name from the International Federation of Health Record Organisations (IFHRO) to the International Federation of Health Information Management Associations (IFHIMA), reflecting the broadening of our profession from records to health information management. A key paper at the conference outlined a shared electronic health record where hospitals, pharmacies and general practitioners (GPs) are linked and there is also a patient summary available for all patients that includes test results, vaccination records and discharge letters. The record also has a personal zone where patients can record their own health information.
similarity with the Personally Controlled Electronic Health Record (PCEHR) currently being developed by the Commonwealth Department of Health and Ageing has direct relevance for us in Australia.

Rita Scichilone (Scichilone 2011) presents a fascinating report on data mapping and emphasises the suitability of HIMs for these new and exciting roles with their expertise in classification and health systems. The quality of health information and the importance of consistency in definitions are stressed by Kathy Eagar (Eagar 2011) in one of her series of interesting information sheets: ‘Counting acute inpatient care.’ Inconsistencies in classifying ‘same day’ patients as opposed to those who stay overnight and including these patients in Australian admission rates can lead to errors in interpretation and comparisons with overseas countries. HIMs are closely connected to activity-based funding given the importance of the administrative and coded clinical data, which are essential components of healthcare funding models. Of interest to all HIMs is the progress of the new electronic version of ICD-10-AM/ACS/ACHI, which Jenny McNamee reports to be on track for delivery in late October 2011 (McNamee 2011).

Committee update reports by HIMAA representatives Jenny Gilder (Clinical Coder’s Society of Australia) Lyn Williams (NCCC ICD Technical Group) and Leanne Holmes (Standards Australia IT 14-02 subcommittee) reflect the input of HIMs in these important areas.

Now more than ever before professionals with expertise in the management of health information will be crucial to operationalise new ways of delivering and supporting health service delivery. Key principles important to the e-health reform agenda of relevance to HIMs are connectivity of health information, access regardless of location and consumer involvement. Connectivity is essential as patients move between primary and hospital sectors, and consult with different healthcare practitioners. This electronic information transfer needs to be secure to enable prescriptions, test results, and discharge summaries to be available in a timely fashion to those who have a legitimate need for the information. Healthcare professionals also need easy use of knowledge databases and electronic decision support to assist them in their practice. Access to services by all Australians regardless of location and socioeconomic status underpins healthcare reform. Finally, patients need to be engaged in their healthcare and be able to record and access their own health information and knowledgebase information. The current environment presents opportunities for HIMs with their specific expertise to engage in and drive the e-health agenda. This issue of HIM-I emphasises the breadth and depth of how HIMs can and are contributing to these reforms.

References

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