Your Role in Today’s Healthcare Eco-System as HIM is Reimagined

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Agenda

Your Role in Today’s Healthcare Eco-System as HIM is Reimagined

• A Look at Where We Have Been
• Healthcare Industry Trends Impacting HIM
• HIM Leadership Roles Across the Enterprise
• Information Technology Trends that Impact HIM
• Making Yourself Heard
  – Loud and proud!
• Unknown Hazards
  – Let HIM reimagined be your guide
• Pathways to the Future State
• Imagine and Dream Big
Eras in Health Information Management

• Prior to 1970: we were seen as Archival

• 1970 – 2015: more focused to record management

• 2015 and beyond: focused to information science, making the data meaningful
  – Health Systems
  – Person Centeredness
  – Population Health
Healthcare Industry Trends that Impact HIM

• External influencers
  – Elections and their implications for healthcare policies

• Convergence of enforcement and compliance

• Rise of nontraditional providers
  – Targeting more convenient healthcare delivery models

• Healthcare acquisitions
  – Facilities
  – Physician practices
  – GCC
Healthcare Industry Trends that Impact HIM

• AMCs and innovative transaction structures

• Enforcement priorities remain paramount in the Trump administration

• Reimbursement priorities shift

• Competition drives the industry:
  – Unified approach to data and data use (routine content management and data integrity rises to a new level)
  – Targeted data and content management (IG)
  – Incorporating information from non-traditional sources (APIs)
Healthcare Industry Trends that Impact HIM

• Privacy rises to a new level
  – Proactive data protection
  – Access and disclosure management
  – Retention policies evaluated and enforced

• Asset protections / cybersecurity

• Diffuse HIM identity – if we embrace it could establish HIM leadership roles across the enterprise/health system.
Establish HIM leadership roles across the enterprise/health system

• Information is an asset – advancing enterprise strategies to protect and utilize the asset

• Knowledge roles needed (how do you manage information that you don’t understand?)

• Larger scope for HIM - as HIM is embedded across the delivery system

• Increased collaboration (less silos or management of such)
Leadership & Management

Instilling an inspiring vision

Getting important things done

Instilling good operational processes
Information Technology Trends that Impact HIM

• CMS is overhauling and promoting interoperability (PI) for 2019
  – Aim is to reduce administrative burdens
  – Utilize ideologies from
    • Meaningful Measures
    • Patients Over Paperwork
  – Goals:
    • E-Prescribing
      – Query of prescription drug monitoring program (PDMP)
      – Verify Opioid Treatment Agreement
    • Interoperability
    • Provider to Patient Exchange
    • Public Health and Clinical Data Exchange
Information Technology Trends that Impact HIM

• Risk Analysis – remains priority focus to combat data breaches
  – Especially vetting your Vendors
  – Reviewing and updating your Risk Analysis frequently is a must

• HHS Guidance on Cybersecurity
  – One size does not fit all in cybersecurity planning
    • Prepare for attack
    • Know your enemies
    • Show evidence of compliance

• Quality Payment Program (QPP)
  – Revamp to Merit-Based Incentive Payment System (MIPS)
    • 90 DAY minimum reporting period
    • Must use the 2015 editions of Certified EHR Technology (CEHRT)
Information Technology Trends that Impact HIM: *here is what’s hot – taking the stage at HIMSS19*

- Remote Healthcare
  - Home monitors – with deployment of machine learning
  - Mobile devices
  - Wearables and beyond
  - Telehealth
- Cloud Storage
Information Technology Trends that impact HIM; here is what’s hot – taking the stage at HIMSS19

• Artificial Intelligence (AI)

• APIs integrating into the E-HR
  – Empower patients to be
  – “consumers of healthcare”
  – “bring them into the decision-making process”
Information Technology Trends that impact HIM; here is what’s hot – taking the stage at HIMSS19

• Blockchain - definitely the buzz
  – Time-stamping technology
  – Creation of a single storage location for all your health data
  – Tracking personalized data in real-time

_{Allows:_}

• Data access permissions to be set at a granular level
• Would serve research as well as personalized medicine
HHS Information Blocking- Proposed Rule for Data Exchange - issued 2/11/2019

• The new rule (issues by ONC – HIMT) involves the patient, not a person being “acted upon” but as someone in control of their electronic health records.
  – Focus of discussion at HIMSS19
  – The new rule will take effect in 2020

• Susan Morse at HIMSS19: “Healthcare providers and plans need to implement open data sharing technologies to support transitions of care as patients move between plan types” and facilities. Records must be able to be transferred between providers when required.”

• Elise Sweeney Anthony, Director of the Office of Policy at ONC states: “Patients should be given their records electronically and free or it would be considered Information Blocking.” (stated during HIMSS19)
Information Blocking Rule - 2020

• Health Information Exchanges and Health Information Networks are subject to penalties
  – Up to $1 million for lack of interoperability (there is no longer an excuse to distrust data sharing)
  – Providers are not subject to fines but CMS could impose “appropriate disincentives”, per ONC

• Healthcare IT developers are publish application program interfaces (APIs) without special effort

• ONC’s proposed rule calls on the healthcare industry to adopt standardized APIs, which will help individuals securely and easily access structured and unstructured EHI formats using smartphones and other mobile devices.
Information Blocking Rule - 2020

• It implements the information blocking provisions of the 21st Century Cures Act, including identifying reasonable and necessary activities that do not constitute information blocking.

• The proposed rule also ask for comments on pricing information that could be included as part of the EHI and would help the public see the prices they are paying for their healthcare.

• This rule focuses to the “care continuum”
  – It applies to Medicaid, Children’s Health Ins. Programs, Medicare Advantage and health plans in the Affordable Care Act federal exchanges
Statements by Dr. Donald Rucker, National Coordinator for Health IT - during HIMSS19

• By supporting secure access of electronic health information and strongly discouraging information blocking, the proposed rule supports the bipartisan 21st Century Cures act.

• The rule would support patients accessing and sharing their electronic health information while giving them the tools to shop and coordinate their own health care.

• We encourage everyone - patients, patient advocates, healthcare providers, health IT developers, health information networks, application innovators and anyone else interested in the interoperability and transparency of health information - to share their comments on the proposed rule that has been posted.
Big tech companies also make a splash at HIMSS19 showing interest in HealthCare

- Amazon
- Google
- Microsoft
- Apple
Capital Hill Briefing in December 2018

• Colleagues from AHIMA and AMIA addressed challenges around patient access to health information

• MRO’s focus was to clarify existing Regulatory Guidance on Third-party access to patient data
  – Specifically third-party legal requests without appropriate patient direction
  – Requests that have extended beyond the Designated Record Sets (DRS)

• Shared examples of high-volume third-party requestors demanding patient pricing and threats of, or actual submission of OCR Complaints
Unlocking Patient Data

Pulling the Linchpin of Data Exchange and Patient Empowerment
Purpose on the HILL

• Provide insight, education and strategies associated with the misuse of PDRs - explaining our steadfast commitment to patients’ privacy
  – Define the issues and risk for healthcare provider organizations

• Review the confusion regarding fees associated for health records
  – Attorney demand for patient pricing and the financial strain this places on organizations
  – Explain that the ongoing dispute by third-party requesters declining to provide reimbursement for healthcare costs in responding to these requests increases the administrative burden on both the health system and the OCR
Discussed the Nations need to Modernize HIPAA

• HIPAA is over 20 years old… it is time for a face lift

  – The delivery of health care has changed
    • It isn’t just facility based
    • Biomedical information is now used

  – Claims data that is being maintained is now broader

  – The expectations to share information electronically has changed
    • More use of APIs
Recommendation to expand protection to all information within a **Health Data Set (HDS)**

- The data set would be supported through the certification program at the federal Office of the National Coordinator for Health Information Technology (ONCHIT)

- This would enable individuals to view, download or transmit this information electronically to a third party

- This information could be access via API
Other suggested revisions to HIPAA

• Designated Record Set (DRS) would be replaced by **HDS** – and afford the patient the ability to obtain this information electronically

• Extend the HIPAA individual right of access to Non-covered entities
  – Developers of applications/technologies
  – mHealth and other healthcare-based social media

• Encourage Open Notes
  – Sharing notes with patient in real time
  – Medicare/Medicaid will require and may be tied to other merit-based programs

• Clarify existing regulatory guidance on third-party access to patient data (as we discussed earlier)
Unknowns and Hazards – how HIM Reimagined can be your guide with disruptions and unknowns

- Genomic Medicine
- Information Intermediaries
- Individual’s ability to manage their own information
- Artificial intelligence (machine learning and NLP)
- Changing laws and regulations
  - Privacy views
  - Security expectations
Information Technology Trends that impact HIM

• Technology displaces traditional HIM roles

• Costs drive Information Management decisions - thus why your voice is necessary
  – Do not let the HIM Credential become de-valued
  – Doing just enough to meet compliance is not the best solution
Pathways to the Future State

– Training

– Education

– Partnerships through outsourcing
Imagine & Dream BIG

- Call upon your self
- Set Goals
  - Think it
  - Ink it
  - Be it
- Take Action

Dream Big & Believe!
I have always been a believer in my goals & not afraid to go after them.
Training Does Lead to Career Goals

Don’t Stop Believing – Dream BIG!

For Rita Bowen

Training Leads to Career Goal

Mrs. Rita K. (Smith) Bowen has been described as a young woman who “has it together.” The 31-year-old director of the medical records section at Hamilton Memorial Hospital, administers a staff of 10 full-time and two part-time employees.

Mrs. Bowen enjoys the job she has today because several years ago she decided what she wanted to do and then set about getting the right training. As a canteen-stripper at Hamilton Memorial while in high school, she decided on a career in the medical profession. Walking by the medical records section one day she glanced in, liked what she saw was happening and decided it looked like something she might like to do.

She then talked over her career choice with Mrs. Margaret Gregory, her instructor in vocational office training (VOT) at North Whifffield High School. She helped Mrs. Bowen plan some independent courses in terminology and had one of the instructors from Dalton Junior College come and talk to her about the school’s medical records program.

The college catalog was given helped her plan her course work so that during the summer following high school graduation she was ready to enter the medical records program at Dalton Junior. “If she hadn’t taken the time she did with me,” she said of Mrs. Gregory, “I might not have even found out about the medical records field.”

Mrs. Bowen’s academic record and achievements at Dalton Junior were so outstanding that in 1975 she was named the school’s first recipient of the Georgia Occupational Award of Leadership (GOAL).

It was when she began working at the hospital doing directive practice that she decided she wanted to prepare herself further, the two technicians at DJC “If I had no intention of going on,” she said, referring to the bachelor of medical science degree, “but once I started the directive practice at the hospital I realized I wanted to study to be an administrator in medical records.”

Again, it was an instructor who took the time to give her the advice she needed to achieve her career goal. Mrs. Anna Fayne Davis showed her how she could take an extra year at DJC and then a fourth year at Emory University to earn a bachelor of medical science degree.

It was at Emory that Mrs. Bowen began to realize the full value of the training she had received at DJC. “A lot of people in my class at Emory had never even been in a medical records department in a hospital,” she noted. “The directive practice I did at Hamilton Memorial had great educational value. I would say the on-the-job training is equivalent to at least a year’s work experience.

Mrs. Bowen would recommend medical records training for anyone wishing to be a part of the medical profession. It is one of the fields that has a shortage of applicants. Special qualifications, she feels, are that a person be orderly, a conscientious worker and patient with details. Record keeping is not for someone approaching work in a lackadaisical manner. “What is important today,” Mrs. Bowen concludes, “is that people have a skill along with a degree. The vocational training I received and the step-ladder approach I took in acquiring my education prepared me to exactly what I want to do. I’m doing so many different things I never get bored.”
Questions
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