

HIM-Interchange

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Correspondence

The Editor HIM-Interchange, HIMInterchange@hima.org.au

Publications Assistant

Liz Morrison, himj@hima.org.au

Advertising enquiries

marketing@hima.org.au

Production

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Electronic Production Ralph LaTella, HIMAA
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Health Information Management Association of Australia Limited
Locked Bag 2045 North Ryde NSW 1670 AUSTRALIA

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Letter from the Editor

Joanne Fitzgerald



Dear *HIM-Interchange* readers

Welcome to the second issue of 2017, and my first as Editor of *HIM-Interchange*. The issue has some interesting personal perspectives and the reports are very much “on trend”, covering a number of topics that are currently in the media and which are relevant to Health Information Managers (HIMs) everywhere.

Front and centre is the national digital health record system, now known as the *My Health Record*, which was an area of great interest in the 2017-18 Federal Budget announced in May. Working in the health system and being acutely aware of the barriers to the flow of information between health services and healthcare providers, it is easy for health professionals like us to see the benefits of the *My Health Record*. Having a national system for recording of a person’s important health information, which can be accessed by that person and their healthcare providers regardless of where they are receiving care has the potential to deliver safer and better quality care to consumers and provide efficiencies in the healthcare system: but only if consumers and healthcare providers sign up to it.

Pauline Basilio (Basilio, 2017) has provided an interesting account of the Ballarat Health Service’s experience as an “opt in” trial site for the *My Health Record* in 2016. Her experience suggests there is still quite a low awareness of the *My Health Record* in the community, which makes the “opt in” model for participation in the *My Health Record* system challenging. Even among some of the more knowledgeable of healthcare consumers, such as HIMs, I wonder how many of us have registered for a *My Health Record*? Do you see value in it for you as a consumer in the healthcare system? Do you have any concerns regarding privacy of your information?

The evaluation following the “opt in” trial at Ballarat Health Service and a selection of private general practices in Perth, and the “opt out” trial at the Northern Queensland Primary Health Network and Nepean Blue Mountains Primary Health Network recommended the Australian Government proceed with the national roll out of the “opt out” model for the *My Health Record* (Department of Health, 2016). The 2017-2018 Federal Budget provided funds for the continued expansion of the *My Health Record* and announced a national rollout of a *My Health Record* for every Australian, unless they

opted not to (Department of Health, 2017). This addresses one of the areas raised in the Basilio (2017) article – low consumer participation and registration rates. Awareness of and uptake of the *My Health Record* system by healthcare providers, particularly those working in the hospital system, still has some way to go.

Another hot topic is the plan for the introduction of a pricing and funding approach for quality and safety into the national activity-based funding model. James Downie's article provides a comprehensive report on where things are currently up to and the pricing and funding approaches the Independent Hospital Pricing Authority (IHPA) has recommended (Downie, 2017). Pricing and funding for safety and quality has been prominent on the programs of nearly every national and international conference I have attended during my time at IHPA. Two good examples, if you are interested in knowing more about what other countries have done, are from IHPA's 2014 Activity Based Funding Conference. Cathy Schoen from the Commonwealth Fund in the United States presented on United States and international initiatives to improve healthcare performance (Schoen, 2014). Dr Michael Wilke from Germany outlined methods used in the German health system to ensure quality care, including publicly available performance information and quality adjusted payments (Wilke, 2014).

While some express concern with the concept of financially penalising hospitals and fear that hospitals will start "cherry picking" low risk patients, others are of the view that financial measures are necessary to effect change. Whatever your view, I encourage you to keep informed of this development to the national activity-based funding model by reading the article and by visiting IHPA's website and the Australian Commission on Safety and Quality in Health Care's website (there are lots of links in the article's reference list) where all the work that has been done to date is available.

What is clear from Downie's article is that pricing and funding is only one approach for ensuring patients receive safe and high quality health care. This message also comes through in the regular Quality Conversation column, urging us to think about our "quality-literacy" and not to be misled by only concentrating on some measures of quality, such as accreditation standards or incident reports (Balding, 2017).

Given the recent release by the Australian Consortium of Classification Development (ACCD) of an updated Code of Ethics for Clinical Coders (CCs) (ACCD, 2016), there is a timely article on CCs initiating clinical documentation queries (Catterson and Sheppard, 2017). The article describes very well the line CCs have to walk between clarifying ambiguous documentation with clinicians and leading clinicians to provide a desired response. The code of ethics and the ethical way of asking clinical documentation queries was hotly debated at the Health Information Management Association of Australia (HIMAA) /National Centre for Classification in Health (NCCH) Conference in 2016 and no doubt will continue to be debated in this age when clinical coded data have significant financial implications for hospitals.

I always enjoy reading reports from regional based HIMs and CCs, and the unique challenges they face. While all of us can empathise with the impact of workforce shortages, in regional areas this is amplified. Tony Kalathil Jose presented Orange Health Service's "home grown" approach to development of CCs at the HIMAA/NCCH Conference in 2016 and many of us were impressed with the initiative shown by the health service to address workforce shortages. Many of us were also impressed by the CC who effectively gave two years notice before leaving her position. Tony has now provided a more extensive paper outlining the process the health service undertook and provides information to other HIMs who are considering a similar program (Kalathil Jose, 2017). Cassandra Rupnik has also reported on the work the members of HIMAA's Regional Health Special Interest Group have done and continue to do to ensure HIMs and CCs working in regional and rural areas are supported (Rupnik, 2017).

To finish, there is the latest International Classification of Diseases – 11th Revision (ICD-11) update. Australia is one of the 22 countries noted in the article who are participating in the morbidity line coding pilot testing, which is being coordinated by the Australian Institute of Health and Welfare. Many HIMs and CCs are currently participating in the field trials and learning that ICD-11 is very different from what we have known previously with the 10th Revision. Hopefully, *HIM-Interchange* will be able to bring you some reports from the experiences of those who participated in the testing and what the results of the testing have shown in a future issue. If you have participated and would like to share your experience please get in touch.

Enjoy the Issue.

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Joanne Fitzgerald
Editor