INTRODUCTION TO HEALTH IT

Audio

Transcript

Component 5 History of Health Information Technology in the US

Unit 16 History of Health IT Organizations

Lecture A Professional Organizations

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Welcome to History of Health Information Technology in the US, History of Health IT Organizations. This is Lecture A, Professional Organizations. This lecture will review the history of the three major professional associations focused on health information technology. These organizations have been both affected by, and helped to shape, health IT policies in the US.

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The Objectives for this lecture, Professional Organizations, are to:
- Describe the background and original constituencies of AMIA, HIMSS, and AHIMA.
- Describe the changes in major interests that have occurred at AMIA, HIMSS, and AHIMA over time

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The three professional associations are the American Medical Informatics Association, or AMIA (pronounced AIM=EE-Uh) , the Health Information and Management Systems Society or HIMSS (pronounce HIMZ), and AHIMA, the American Health Information Management Association. Those of you who are joining the health IT workforce, as I suspect most of you who are viewing this presentation are, may already be familiar with one or more of these organizations. All three of these organizations have had a focus on health IT for at least ten years.

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Today there is considerable overlap in the interests of these three organizations, revolving around issues connected with Electronic Health Records. But that was not always the case. In fact, the shared interest in electronic health records arose very differently in the three groups. Let's look at their background. We will start with the history of AMIA.

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Several organizations joined together to form the organization known as AMIA. In the 1960s and 70s clinical computing applications started to develop. The developers were either engineers or computer scientists who were trying to apply their background to medicine, or physicians who were interested in computers and how they could be applied to medicine. These individuals who were building clinical computing applications founded several organizations where like-minded individuals could meet and share ideas.

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The International Medical Informatics Association was comprised of representatives from most European countries, but because there was no national American organization, there was no American representative.

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What did exist at that time were two rather small societies of about 500 members each, with some overlap—the Society for Advanced Medical Systems and the Society for Computer Medicine.

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There was also a non-membership organization known by its abbreviation as SCAMC (Scam-see). This was the annual symposium on computer applications in medical care. This large conference, held annually each fall in Washington, DC, was the main place where those individuals developing and evaluating clinical computing applications could share information on what they were doing. Some of these applications included the beginning development of electronic medical records, clinical decision support tools, and other clinical applications. SCAMC was the main source of information about the growing field of medical informatics.

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In the 1980s the two societies, SAMS and SCM, merged to form the American Association of Medical Systems and Informatics. Combined they had about 700 members and held a meeting each spring known as the Spring Congress. It usually took place on the west coast of the US.

Meanwhile, SCAMC continued to draw larger and larger crowds and by the mid 80s usually had about 2000 attendees at the Fall Symposium in Washington, DC.

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Also in the mid 1980s another organization, the American College of Medical Informatics or ACMI, was formed as an honorary society for those individuals who had made significant contributions to the field of medical informatics. ACMI met at both meetings, the spring congress and the fall symposium and also held a winter retreat.

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In 1988 the organization known as AMIA was formed by the merger of the three organizations—AAMSI, ACMI and the non-membership organization, SCAMC. It continued to hold a fall symposium. In fact, in the early years, the proceedings of the AMIA Fall symposium used to say "Formerly known as SCAMC." ACMI has continued to be an honorary society but now was under AMIA's auspices.

AMIA became America's national informatics association and at this time was the only one of the three organizations to have the word informatics in its name and whose focus was clinical computing.

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Dr. Donald Lindberg, who was the head of the National Library of Medicine, became the first president. The National Library of Medicine had funded most of the informatics research projects at that time. And Dr. Marion Ball became the first American representative to the International Medical Informatics Association.

Within 6 years, AMIA had its own professional journal known as JAMIA, which in recent times has been the first- or second-highest ranked informatics journal.

In 2010, although its legal name was still the American Medical Informatics Association, AMIA decided to be known only by its acronym "AMIA." Most people knew the organization as AMIA, and because its constituency and interests were very broad, it did not want to be limited by the use of the term "medical" in its name.

We'll look next at the organization known today as HIMSS.

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The 1960s and 70s was a time that hospitals and their profits were growing from the expansion of healthcare. The Hospital Management Systems Society was a society within the American Hospital Association comprised mainly of industrial and management engineers with a focus on making hospital operations more efficient.

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In the 1980s the effects of the hospital expansion were being felt in increased costs. As computers began to be used more in hospitals for financial and administrative purposes, the members of this society saw the potential for information technology to be used for improving efficiency and containing costs. In the mid 1980s the name was changed to the Healthcare Information and Management Systems Society to reflect the role of information technology and a broader mission beyond just hospitals.

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During the 1990s two significant changes occurred—HIMSS became independent of AHA and toward the end of the 1990s began to develop an interest in clinical, not just administrative, computing. In part, this was a result of its membership being expanded to include not just management engineers but IT staff and in particular chief information officers who increasingly were responsible for the management of the clinical, as well as the administrative, systems. And the use of these clinical systems grew during the 90s.

Today there is a separate organization for chief information officers, and various vendor associations are also part of HIMSS. In addition, HIMSS has played a large role in the efforts to certify electronic health record systems. HIMSS has begun to develop programs for clinical professionals, in particular physicians and nurses who are involved

with information technology, an audience that overlaps with AMIA's core membership as well.

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AHIMA was the earliest of the three organizations to form. It was initially established by the American College of Surgeons and had several name changes before becoming independent and changing its name to the American Medical Record Association or AMRA.

With the name change it also signaled that it was not just hospital records that it was concerned about. However, remember that at this time the type of medical records that were the focus were paper records. In 1991 there was another broadening of the vision of the association, when it became the American Health Information Management Association. Now the focus was clearly on the management of information, not necessarily just medical records, and definitely not just hospital records.

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The quality of the data in the medical record was always a focus for AHIMA as was certifying practitioners who worked with the medical record. Credentialed health information managers focus on accuracy and completeness of data and they have a deep knowledge of medical terminology.

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This focus became very important in the 1980s when new payment mechanisms known as DRGs were implemented and accurate coding for reimbursement became important. With that increased focus on coding what is in the medical record came involvement in new coding standards and terminology.

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Beginning in the 1970s through the HIPAA legislation in 1990s and up to the present, there was more concern nationally about privacy. The health information managers saw themselves as the keepers of the medical records, and AHIMA was very active in the debates about the privacy legislation.

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With the focus on the privacy and security of electronic information beginning in the late 1990s, for the first time AHIMA began to prioritize management of electronic information. Today, AHIMA sees as its core focus electronic health records and also personal health records, or PHRs, for patients. Recognizing that the future of health information management is likely to be almost all electronic, AHIMA has also focused on developing the HIT workforce to fulfill a variety of new roles.

As the three groups' interests began to coalesce, there were a variety of collaborative activities.

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In 1997 the three organizations formed the Joint Healthcare Information Technology Alliance with a goal of influencing the policies and legislation that were being developed in response to the 1996 passage of HIPAA and the need for Congress to come up with privacy legislation.

Their goal was to advance healthcare through information technology and they focused on legislation related to the computer-based patient record, which was the terminology at the time, HIPAA, and other privacy and security legislative initiatives. Although the alliance no longer exists, AMIA and AHIMA continue to collaborate around policy issues.

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There have been other collaborations as well. The credentials and certification processes for privacy and security specialists were developed jointly by HIMSS and AHIMA.

There were two white papers on the HIT workforce that AHIMA and AMIA prepared.

And there continue to be some joint sponsorship of professional meetings and other groups. For instance, AMIA and HIMSS jointly sponsor the Alliance for Nursing Informatics.

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The diagram in the slide summarizes the changes in the organizations we discussed. In 1970 the three organizations were very separate with virtually no overlap of members. AMRA was concerned with paper medical records. SCAMC and the other smaller professional societies were places where those with an interest in clinical computing could meet like-minded individuals and share ideas. And HMSS was mainly concerned with management engineering in hospital settings.

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By the 1980s there was a merger of SCAMC and the other smaller informatics societies into AMIA, and HIMSS had changed its name to address the importance of information technology. While it was closer to AMIA in that both were interested in information technology, AMIA's focus was always clinical computing and HIMSS in the 80s focused on IT related to fiscal and administrative computing. AMRA was still focused on paper medical records.

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By the early to mid 90s HIMSS' interests began to incorporate clinical computing and AHIMA had broadened its focus to health information management, bringing it closer to

the interests of the other two groups. By the end of the 90s, especially around the privacy and security area, the three groups were beginning to have more in common.

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Beginning around 2000, all three groups were focused on their role in the growing use of electronic health records, the development of the workforce who could assist with EHR development, implementation, and management, and with health IT policy related to electronic health records. While all three groups are separate professional associations, it is likely that in the future there will be increasing commonalities in their interests.

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This concludes Lecture a of History of Health IT Organizations. In summary, the background and original constituencies of the three major health IT organizations today were varied. Changes in major interests have occurred at AMIA, HIMSS and AHIMA over time as the organizational goals converge.

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