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# PUBLIC POLICY AND HEALTH INFORMATICS

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**OBJECTIVES:** *To provide an overview of the history of electronic health policy and identify significant laws that influence health informatics.*

**DATA SOURCES:** *US Department of Health and Human Services.*

**CONCLUSION:** *The development of health information technology has influenced the process for delivering health care. Public policy and regulations are an important part of health informatics and establish the structure of electronic health systems. Regulatory bodies of the government initiate policies to ease the execution of electronic health record implementation. These same bureaucratic entities regulate the system to protect the rights of the patients and providers.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Nurses should have an overall understanding of the system behind health informatics and be able to advocate for change. Nurses can utilize this information to optimize the use of health informatics and campaign for safe, effective, and efficient health information technology.*

**KEY WORDS:** *nursing informatics, Health Information Technology (HIT), public policy, advocacy, Affordable Care Act, American Recovery and Reinvestment Act.*

New nurses find it hard to think about their daily tasks without the help of computers; however, the emergence of health information technology (HIT) is a relatively new standard of practice. The science

of HIT emerged as a tool to enhance the way health care is provided. The technology that nurses use daily is structured and regulated based on a complex set of public policies designed to protect patient privacy and increase nursing effectiveness.<sup>1</sup> This article will outline the history of informatics policy and shed light on the current regulations that effect nursing practice.

For electronic health record (EHR) systems to function at their full potential, the health care system must have the right organizational characteristics. This can include policies set by the organization that affect monitoring, improvement, and updating the EHR. Not only do you need the hospital team to be on board, the right state and federal regulation should be in place to facilitate the EHR implementation and upkeep.

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### GOVERNMENT INVOLVEMENT IN INFORMATICS

While the government does not require hospitals and providers to use an EHR, it does provide a standardized methodology and structure for the implementation and use of them. [Table 1](#) provides a brief breakdown of the entities that are actively involved in the evolution of public policy for HIT. The US Department of Health and Human Services (HHS) is a division of the executive branch charged with the nation's health care.<sup>2</sup> The Agency for Healthcare Research and Quality (AHRQ) is under the HHS umbrella and is responsible for "transforming quality, safety and efficiency" in health care.<sup>3</sup> The Office of the National Coordinator for Health Information Technology was established in 2004, and this division of HHS is charged with being "a resource to the entire health system to support the adoption of HIT and the promotion of nationwide health information exchange to improve health care."<sup>4</sup> The National Academy of Medicine, formerly known as The Institute of Medicine, is a nonpartisan organization of experts in the field.<sup>5</sup> It is called upon to provide evidence based scientific advice to policy developers on matters that affect Americans. The HHS has a symbiotic relationship with the NAM and often develops policy based on their recommendations.

### HISTORY AND EVOLUTION OF HIT POLICY

The NAM identified EHR core functionalities, and these recommendations continue to serve as a foundation for the following reasons:

Service	Goal
Health and Human Services	National health care regulation
Agency for Healthcare Research and Quality	Quality and effectiveness
Office of the National Coordinator for Health Information Technology	Regulating HIT
The National Academy of Medicine	Evidence-based science

- The EHR should be designed to function in multiple settings, such as inpatient hospitals, skilled nursing facilities, community-based facilities, and ambulatory care settings.<sup>6</sup>
- The EHR systems should maintain and enhance the practice of health care delivery along with the business, billing, and reimbursement of health care.
- The EHR should have capabilities of interacting with patients and providing transparency to health records.
- The EHR should provide a platform for research and policy development.<sup>5</sup>

The 1990s introduced the Internet, or World Wide Web, for the exchange of information electronically, and the Health Insurance Portability and Accountability Act (HIPAA). One of the first efforts to standardize health informatics began with the passing of HIPAA in 1996. HIPAA aimed to increase the amount of Americans covered by insurance and to enhance the effectiveness of health care provided.<sup>7,8</sup> The Act focused on access to health insurance, combatting insurance fraud, and simplifying health insurance administration.<sup>8,9</sup> Most people think of HIPAA in terms of the privacy ruling that it established and how that compliance changed the way we practice. Patients' rights needed to be protected in the presence of a quickly developing exchange of information; therefore, the privacy rule was initiated to shield personal information in the development of EHRs.

One large part of protecting patients' privacy is in the presence of research. The principle of protecting research subjects was established with the passing of the Federal Policy for the Protection of Human Subjects, also known as The Common Rule, in 1991. HIPAA was charged with establishing regulations that would incorporate the Common Rule into the HIT.<sup>10,11</sup>

Over the last decade, the practice of medicine and nursing has shifted because of the overwhelming response of the NAM-published report *To Err is Human: Building Safer Health System* in 2000.<sup>12</sup> This important document focused on causality, effects, tracking, and reducing health care errors. The report recommended establishing accountability for errors through a system of standardized information.<sup>12</sup> NAM envisioned HIT as a tool that would assist health care providers in practicing safer, more effective medicine, while incorporating data collection that would aid in the reduction of errors.

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