

AHIMA Presentations at HIMSS17: Governing Healthcare Information for Payment Reform

Save to myBoK

By Ann Meehan, RHIA

HIMSS17 took place February 19-23 in Orlando, Florida. Thousands made the journey for the event this year, where topics included payment reform, interoperability, analytics, and informatics. Speakers from AHIMA discussed the importance of ensuring trustworthy information via a formalized information governance program in support of these critical healthcare initiatives.

With the new administration, there is much debate and speculation about payment reform and what it will actually look like. Our AHIMA speakers' presentation, "Governing Healthcare Information for Payment Reform," focused on key requirements and concepts that traverse the various payment reform models. As an introduction to information governance (IG), relevant concepts including the "what" and "why," as well as a review of the IG principles and competencies for healthcare, were discussed.

Emphasis was placed on healthcare organizations of all types to no longer assume that its information is trustworthy. Every healthcare organization must view information as a valued asset and take all steps necessary to ensure its integrity and validity. All decisions around information capture, use, reporting, and disposition must be aligned with the organization's strategic goals and objectives and must be managed in a collaborative manner.

Key concepts of payment reform were discussed, starting with an explanation of payment reform from a 2008 Healthcare Financial Management Association (HFMA) publication, "[Healthcare Payment Reform: From Principles to Action](#)." "The most precious resource of any nation is its people, and the most important way to nurture that resource is to enhance the health of each individual. However, the payment system does not reward the very actions that will foster improved health. A new payment system is needed, and a broad multidisciplinary effort is under way to define it. The new system should be built on the principles of quality, alignment of incentives, fairness/sustainability, simplification, and societal benefit."

While that definition is almost nine years old, it remains an excellent summary of the current state of healthcare payment and the goals of any payment reform system. In summary, this explanation involves the need for a payment system that rewards actions to improve the quality of healthcare. Further, the Institute for Healthcare Improvement (IHI) has outlined three goals, or [the Triple Aim](#), for the newly improved payment system:

1. Improving the patient care experience to include quality and satisfaction
2. Improving the health of populations
3. Reducing the cost of healthcare

The presentation focused on key payment reform models, including Alternative Payment Models (APMs) and the Merit-based Incentive Payment System (MIPS), both of which were authorized under the Medicare Access and CHIP Reauthorization Act of 2015. Medical Home Payments were also discussed, as well as reform concepts such as Bundled Payments, Value-Based Payments, and Pay-for-Performance. The following requirements are consistent across all models discussed:

- Improved quality of care
- Reduced patient safety issues
- Reduced readmissions
- Reduced duplicate patient testing
- Increased coordination of care across all providers, services, and treatment settings
- Reduced cost
- Increased use of electronic health systems
- Reporting of outcomes data via claims and/or portals

No matter what the payment model might look like, trustworthy information is key. Trustworthy information is needed to support patient care decisions using the most accurate and timely information, resulting in quality care, reduced unnecessary readmissions, and improved safety and outcomes. Standardization and consistency of workflows, data definitions, and processes around how data and information are generated and collected and used are critical to accuracy and completeness, resulting in a decrease in retrospective rework and duplicative efforts, and increased efficiency, all reducing costs. Trustworthy information will allow organizations to accurately analyze patient populations as well as to scrutinize claims for bundling of bills and payments. Lastly, accurate and complete information is necessary in support of the need for transparency and availability around patient engagement and information sharing.

The time is now to ensure that healthcare organizations can produce, use, and report information that is accurate, complete, and consistent. Today's information is tomorrow's reimbursement.

Ann Meehan (ann.meehan@ahima.org) is director of information governance at AHIMA.

Original source:

Meehan, Ann M.. "AHIMA Presentations at HIMSS17: Governing Healthcare Information for Payment Reform" ([Journal of AHIMA website](#)), March 01, 2017.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.