

Act Now on Crucial Healthcare Efforts: Government Action, Technology Changes, ICD-10 Create Dynamic Mix

Save to myBoK

by Dan Rode, MBA, FHFMA

What's happening in key areas of legislative and advocacy development? In this article, we'll take a look at some areas that have seen significant changes and examine how developments will affect HIM professionals.

Privacy, Security: The Saga Continues

Many concerns have been raised about the effect of privacy and confidentiality on healthcare providers, health plans, and their internal workings and processes. Now that the April 14 implementation date has passed, AHIMA can take specific questions and concerns to the Office for Civil Rights (OCR). OCR staff have indicated a desire to work with the Association to explore the details of privacy and confidentiality as they apply to different sectors of the healthcare industry. We also have the opportunity to identify best practices and learn from our successes and challenges.

The security rule offers a new level of privacy in its identification of electronic protected health information (ePHI). While some privacy officers may want a rest from constant implementation, the approach to HIPAA security as a subpart of privacy enables HIM professionals to use the expertise gleaned from implementing the privacy rule and apply it to security implementation.

At the same time, the healthcare industry and the government are investigating how this same information should be handled in an electronic health record (EHR) and globally in a larger information infrastructure. Add to this healthcare consumers' increasing involvement in their health records and their healthcare in general, and the rapid changes in data exchange and Internet technology, and we have a dynamic process that can't be ignored.

Steps Toward Infrastructure, EHR

In the last five months, government and nonprofit groups have made major progress toward the EHR and the national health information infrastructure (NHII).

The Markle Foundation's Connecting for Health project, with which AHIMA has been very active, will report this month on:

- the adoption and use of healthcare standards
- privacy and security in the electronic transfer of health information
- the healthcare consumer's role and involvement in the electronic environment

AHIMA has been active in Connecting for Health workgroups addressing these issues and serves on the project's steering committee. When Markle releases its report, it will also be announcing several projects that will demonstrate how these issues can be addressed.

Also this month, the Department of Health and Human Services (HHS) is sponsoring an AHIMA-endorsed conference to develop an agenda for the NHII and address its components, including architecture, homeland security, privacy and confidentiality, and standards and vocabulary.

The meeting aims to build a "road map" to give direction as an actual infrastructure is developed and, to some extent, an EHR standard is created. In the meantime, the National Committee on Vital and Health Statistics (NCVHS) is continuing its efforts to develop patient medical record information and is currently addressing vocabulary standards that could be used in the US (NCVHS will be a primary contributor to the NHII June meeting).

On the Hill, Many Issues to Resolve

At press time, a number of bills addressing medical errors and patient safety had passed the US House and were being considered in the Senate. These bills also address issues such as interoperability to exchange health data or information for a variety of healthcare, government, public health, and homeland security purposes.

ICD-10

Medicare reform legislation introduced in the House in April specifically requests that HHS Secretary Tommy Thompson take action on the proposed adoption of ICD-10-CM and ICD-10-PCS code set standards if NCVHS has not made a recommendation by enactment.

The legislation is not without opposition. Some health plans are concerned about the effect of such a change on their claims adjudication system and some medical associations incorrectly argue that ICD-10-PCS, in its present form, would be required to identify professional services. (AHIMA has actively worked with Congressional staff to provide information from our 2002 NCVHS testimonies explaining the need for new rather than 22-year-old code sets and the effect of such a conversion.) While this legislation may fail for reasons not associated with the NHII and coding functions, it is proof that Congress recognizes the role that health information, standards, and code sets have to play in tomorrow's healthcare system.

The NCVHS has engaged consultants to explore issues surrounding ICD-10-CM and ICD-10-PCS and aims to have a final recommendation to the secretary of HHS in early fall. In the meantime, AHIMA and the American Hospital Association are testing ICD-10-CM in the hope of providing information for HHS' and NCVHS' consideration.

Many members of the healthcare industry are concerned that ICD-10 implementation will immediately follow the transaction rule implementation in October. However, the earliest implementation of ICD-10 would likely be in October 2005, and may more likely be in 2006, though such delays will only increase the problems that currently exist with the coding systems.

The eGov Initiative

Meanwhile, Thompson made the first announcement regarding the eGov initiative in healthcare, the Consolidated Health Informatics Project. There is considerable work to be done to identify the more specific standards that will be used by the Veterans Health Administration, Department of Defense, Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and other government agencies. CMS has promised to take public comment on these "to be selected" standards via NCVHS, but at press time, this event has yet to be announced.

HHS has also met with many major information vendors to argue for a simpler means of addressing standards and data exchange or interoperability. HHS is also trying to determine how to provide incentives to healthcare providers. The agency's increased involvement in these discussions is welcome but viewed by many in the industry with some suspicion due to the government's role in the healthcare industry as both a provider and a payer. Any decisions made by these government departments and agencies may dictate the direction that must be followed by the industry or its vendors.

These discussions are significant because the healthcare system—and therefore, a percentage of the US economy—depends on a system run currently on legacy systems, outdated codes, and multiple standards. If government and industry fail to find ways to invest in an NHII and resolve these issues, healthcare progress may be significantly slowed.

Raising Awareness: The Process Begins at Home

HIM professionals are responsible for educating and raising awareness of these issues in our communities and with decision makers. Such education often begins within our organization—with colleagues, physicians, and administrators. Because healthcare services and health information know no physical boundaries, local government also has to understand why we need national solutions and standards to resolve these issues. Far too often, there is a belief that technology alone will resolve the problem.

It's a mistake to believe that an EHR in one facility can easily exchange information and data with an EHR system in another facility. Unfortunately, in many areas the steps that can be taken to change things have yet to be understood. Similarly, inputs to

such data exchange—data definitions, abbreviations, vocabulary, and exchange standards—and their effect on the health and well being of our community are not yet obvious.

Much work is being done to address today's health information needs and establish an EHR and NHII. AHIMA will continue to keep you informed about developments regarding these crucial issues.

AHIMA Takes NHII, Coding Issues to the Hill

More than 45 AHIMA members, including the Board of Directors and the Committee on Policy and Advocacy, met April 10 on Capitol Hill to educate members of Congress and their staff on crucial HIM issues. Members held more than 80 meetings to discuss the need for an NHII and the desire to see ICD-10-CM and ICD-10-PCS be adopted and implemented. More importantly, these members introduced their lawmakers to the HIM profession and explained how they serve both the healthcare industry and the lawmakers' communities. Further, AHIMA members discussed the Association's desire to resolve issues such as medical errors, lack of data for healthcare decisions made in other locations, public health, bioterrorism, and research. Members also addressed the work that the profession has done in privacy and the consumer's role in privacy and notified their representatives that they would need to join with the profession to address HIM work force issues.

Dan Rode (dan.rode@ahima.org) is AHIMA's vice president of policy and government relations.

Article citation:

Rode, Dan. "Act Now on Crucial Healthcare Efforts: Government Action, Technology Changes, ICD-10 Create Dynamic Mix." *Journal of AHIMA* 74, no.6 (June 2003): 14-16.

Driving the Power of Knowledge

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