Advancing Data Standards: A Prerequisite for the Full Value of Health IT

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The integrity of clinical and administrative data is a core concern in managing health information—data must be accurate, complete, useable, and available where and when needed. However, we are a long way from knowing how to achieve all of these dimensions in electronic health records, health information exchange, and the many critical ways in which clinical and administrative data are now used.

Lack of content standards impedes interoperability, and ultimately it lessens the value of the health information and communications technology. Content standards allow us to do more than simply move data between systems. They allow us to employ patient data from multiple care venues without having to translate values across systems. This is the goal we should be working toward.

Data Standards—Health IT Prerequisites

Data quality and data content standards are not an afterthought in the design of IT systems; they are a prerequisite to achieving full value from IT investments. Work on improving health data content and safeguarding data quality must receive greater attention in national efforts to advance health IT.

This month’s feature articles report on projects that show strong progress on improving data content. In “Mining for Measures” Ruth Carol describes the Health Story Project, an informal alliance of healthcare vendors, providers, and associations seeking to improve the flow of information between narrative documents and electronic health records. AHIMA is a founding member.

As a result of initial work, draft standards for trial use are now available from Health Level Seven for common types of documentation including consultation notes, history and physical exams, operative notes, and diagnostic imaging.

Designing for Data Integrity

Quality measures reporting shines a spotlight on data accuracy and data standards. “A Next Act for Patient Safety” describes the new program for voluntary reporting of patient safety event information to patient safety organizations. In addition to establishing confidentiality and security protections for this very sensitive data, “common data formats” were designed to ensure uniform collection and reporting.

AHIMA is pleased to have been part of this development effort, and the authors encourage HIM professionals to lend their expertise to this program.

“Improving the Quality of Quality Measures” describes interesting pilots exploring the use of clinically enhanced administrative data and ambulatory care measures. Careful testing of data models should inform decisions about the cost and value of data.

Too often data collection or reporting projects are launched with inadequate definitional work and testing, thereby compromising data quality and requiring rework. Jennifer Hornung Garvin, Theresa D. Jones, Lydia Washington, and Christine Weeks explore the challenges of collecting valid data on race, ethnicity, language, and socioeconomic status in “Data Collection and Reporting for Healthcare Disparities.” This is critical, because the link between healthcare disparities and quality of care is well established.

AHIMA is participating in other projects to improve data quality and advance data content standards. The promise of an improved healthcare system depends not just on wiring it up, but making sure that the data are useable for evidenced-based clinical practice to empower consumers and improve the health of the population.

Adoption of ICD-10-CM and ICD-10-PCS will be a quantum leap forward in our capability to capture diagnoses and procedure data.

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