

Advancing HIM's Key Issues

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by Dan Rode, MBA, FHFMA

In 2002 AHIMA's Board of Directors outlined four key HIM issues: consistency of coding, the HIM work force, the national health information network (NHIN), and privacy, confidentiality, and security of health information. This article discusses this year's developments on these issues.

Consistency of Coding

AHIMA defines consistency of coding as legislation, rules, regulations, standards, and guidelines that protect the integrity and consistency of data. AHIMA continues to take part in editorial advisory boards associated with ICD-9-CM and CPT. We also serve as a member of the cooperating parties for ICD-9-CM and in the ICD-9-CM Coordination and Maintenance Committee.

AHIMA continues advocating for the implementation of ICD-10-CM and ICD-10-PCS to the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services (CMS), as well as groups in the healthcare industry. For more than 20 years ICD-9-CM codes have been used for reimbursement. Now policy makers are being asked to recognize the increased value that a more detailed classification system can bring to multiple primary and secondary uses of healthcare data beyond reimbursement.

AHIMA has also been working closely with the National Library of Medicine on review mapping for today's vocabularies and classifications as well as the mapping needed for tomorrow's data exchange. AHIMA has initiated a variety of efforts including a project with the American Medical Informatics Association (AMIA) to lay out just how we should approach these issues in the future.

Discussions continue with organizations (especially CMS) to address how to maintain consistency and data integrity for reimbursement-related coding and quality measurement coding. This has also become an issue for the National Committee on Vital and Health Statistics as it considers secondary uses of data as well as a national quality measurement process.

Similar meetings are being held in various standards groups, alliances, and collaboratives, all trying to address the information needs of our nation. We must continue advocating for consistent data in all circles in the evolution of our healthcare system.

National Health Information Network

This year we have seen considerable attention from the Department of Health and Human Services and its Office of the National Coordinator for Health Information Technology (ONC) in the development of an NHIN. The mid-year announcement of the American Health Information Community indicates the HHS secretary's level of commitment.

The need for privacy, confidentiality, security, quality, interoperability, organization, personal health records, and electronic health records (EHRs) in the NHIN have all been addressed to some extent. We do not have all the answers, but we do have dedicated healthcare professionals doing their best to lay out a process that allows us to improve healthcare through information.

To this end AHIMA has become involved in a number of collaborative efforts. We have also testified on issues such as computer-assisted coding, quality measurement, and the role of consistent data with all of these needs. AHIMA has also worked closely with ONC and other government departments to explore fraud and abuse concerns in an EHR era. Much work remains. We must educate consumers, employers, and the industry on the need for and impact of many of the alternatives being considered.

While some of these efforts have been national, significant work by HIM professionals is occurring in the development of regional health information exchange initiatives. State governments have become keenly interested in ensuring that they do not

fall behind, and the HIM perspective is crucial to the success of these efforts. A RHIO Community of Practice was formed this fall to allow AHIMA members to share information and resources.

Work continues in many standards groups to move us toward an EHR with the content and legality that will achieve continuity and eventual interoperability. The coming year should see more progress on development of the framework for an NHIN. The recent information problems associated with Hurricane Katrina have given us all further incentives to move forward in this regard at all levels of the healthcare community.

Congress has also tried to address our healthcare information needs. Proposed comprehensive bills have stalled for now, but work continues on short-term bills like the one developed by Representative Nancy Johnson (R-CT), which provides some necessary legislated changes. AHIMA has been engaged with legislators from both sides of the aisle and in both houses to ensure that NHIN and HIT legislation acknowledges the need for interoperable data, confidentiality, and an appropriate information work force. Since the industry is working from HIPAA experience, AHIMA is also working to ensure that appropriate modifications occur that can best finish the goals of HIPAA, including administrative simplification, and take us to the next plateau in health information.

Privacy, Confidentiality, and Security

While 2005 saw the HIPAA security rule take effect for most providers, issues that have arisen from the privacy rule, including the need to look at privacy, confidentiality, and security in light of health information exchange, have brought about a whole new set of questions and debate in privacy circles. Through its annual survey on privacy and security, AHIMA has added information to the body of knowledge as policy makers address these issues.

To build trust in an NHIN, AHIMA has joined the movement to prohibit discrimination in the use of personal (identified) health information. In 2005 nondiscrimination legislation in the use of genetic information passed the Senate, but despite collective efforts, action has not occurred in the House. AHIMA members can still send letters to the House, and time remains to pass legislation in the 109th Congress's second year. [Read AHIMA's position on genetic nondiscrimination.]

The National Committee on Vital and Health Statistics subcommittee on privacy and confidentiality held hearings this year on the potential needs for confidentiality in the use of EHRs and information that will be affected by an NHIN. AHIMA testified and continues to work with the subcommittee to help develop an appropriate answer that will include non-HIPAA entities and the interstate transfer of health information. On a parallel front, AHIMA is working with the Connecting for Health project to address privacy issues associated with record-matching and similar activities that must be addressed in an NHIN.

In 2006 AHIMA and its members will also be called upon to add perspective to ONC's work on privacy and security that will be conducted in several local and regional locations. This effort will also address the limitations under current HIPAA rules.

AHIMA also advocated the modification of the HIPAA accounting for disclosure rules to the Office for Civil Rights. While an EHR environment would lessen the impact of the accounting rule, it will take some time for an industry conversion. Earlier this spring problems arose regarding attorney fees associated with requests for records and instances when it is appropriate for attorneys to claim representative status under HIPAA and not pay a higher amount for copies. AHIMA will continue to make the case for its members until there is a resolution.

HIM Work Force

We were successful in getting bills to support allied health reinvestment introduced early in 2005; however, support has been limited in a resource-stretched era for healthcare and informatics education. Members of Congress are beginning to recognize the need to improve the roles of allied health professionals, but a more in-depth and concerted push is needed both from the industry and the professions affected. AHIMA has met with key legislators to improve the public health education bills as well as with legislators keen on supporting EHRs, NHIN, and HIT but who require understanding of the HIM role in an infrastructure.

This month we will hold a work force summit in conjunction with AMIA and the Department of Labor. The summit brings together federal administrators, Congressional staff, employers, and other knowledgeable individuals to discuss and make recommendations that ensure that we can graduate the needed HIM and informatics professionals in this new era of e-health.

AHIMA, with industry partners, has also developed a virtual lab project, meant to provide EHR education for HIM students as well as professionals in the field who do not have access to an EHR. Meetings have been held, grant applications sent to a variety of private and federal bodies, and dialogue begun with the Health Resources and Services Administration and the Department of Labor.

Locally, some component state associations (CSAs) have begun various work force efforts with state governments and labor boards interested in training individuals in healthcare professions.

Other Efforts

AHIMA and AMIA joined advocacy efforts in Washington and established the AHIMA-AMIA Advocacy Council. This group will address a number of national issues that can be furthered through the joint efforts of these informatics professional associations.

In March AHIMA held a successful Capitol Hill Day, combined with a Winter Team Talks meeting. Approximately 130 visits were made to various senators and representatives on the Hill, which spurred several CSAs to also host state Hill Days. Next year, Capitol Hill Day will be held again, on March 15, and we hope you will join us as we visit as many Congressional members as we can to educate them on these issues and the steps we believe should be taken to achieve our professional and industry goals.

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