Advocacy Update: AHIMA Efforts Span Local and National Levels

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by Dan Rode, MBA, FHFMA

In recent months, every one of AHIMA's key issues has been raised for discussion and debate. From individual members to state associations to national staff, we have advanced HIM issues at the local, state, and national level. Although there is still much work to be done, let's take a look back at what we've accomplished so far in 2006.

Consistency of Coding and Data

AHIMA's efforts to upgrade ICD-9-CM to ICD-10-CM and ICD-10-PCS have included activities at all levels of the association. Members have sent letters to Congress via the Advocacy Assistant, encouraging support of an ICD-10 upgrade (see www.ahima.org/dc). State association boards have also written letters to Congress on behalf of their associations and are sponsoring state letter-writing campaigns, ICD-10 information programs, and local visits to Congressional members.

On the national level AHIMA is working with a coalition to take the ICD-9-CM upgrade to members of Congress and their staff as well as to various government agencies and offices. All our efforts stress the importance of data and data consistency in the development of electronic health records (EHRs) and the nationwide health information network (NHIN).

Two bills have been introduced in Congress, the Health Information Technology Promotion Act (HR 4157) and the Health Information Technology Act (S 1952). AHIMA and its allies are working with other sponsors to ensure that any discussion of a health IT bill between the two houses includes the ICD-10 language common to both bills as well as language that will allow the HIPAA transaction standards to be upgraded. (For information on these bills and other items related to AHIMA efforts to adopt ICD-10 classifications, go to www.ahima.org/icd10.)

Although the push to upgrade ICD-9-CM has its detractors, AHIMA and others continue to work to educate parties throughout the healthcare industry on the need for ICD-10 and its effect on healthcare goals and objectives.

AHIMA has been working with its advocacy partner, the American Medical Informatics Association (AMIA), to address the long-term role of classification and vocabularies in the US. It is also looking at the issue of governance of the SNOMED terminology on an international basis.

AHIMA staff continue to respond to the usual classification issues, including ICD-9-CM maintenance and Medicare IP PPS rule changes. They continue their work on various coding editorial panels and third-party coding issues.

Nationwide Health Information Network

Our classification advocacy efforts often overlap with our work advocating EHR standards and NHIN development. Again AHIMA's efforts have gone from local and state initiatives to work with national standards groups (such as Health Level Seven) and harmonization groups (such as the Health Information Technology Standards Panel and the Health Information Security and Privacy Collaborative).

AHIMA is also working on projects under the Office of the National Coordinator for Health Information Technology, including privacy, confidentiality, and security consensus development; certification of health IT products; standards harmonization; and state-level regional health information organizations.

The American Health Information Community has also become a focal point for the industry this year. While AHIMA is not a member, staff members attend all meetings and work as technical advisors to its work groups, which have been involved in

"breakthrough" projects since January. Now heading into the second half of the year, these work groups are looking to develop long-range objectives, and AHIMA is providing HIM guidance to their efforts.

AHIMA continues its activities related to the personal health record (PHR). Several bodies engaged in PHR policy, including the Centers for Medicare and Medicaid Services, have cited AHIMA's definition of the PHR. This spring, AHIMA and AMIA published a statement raising concern about PHRs that rely on data from healthcare claims for clinical purposes and emphasizing the need for confidentiality and security. AHIMA members and state associations also continue to work with civic and consumer groups to ensure that everyone recognizes both the PHR's value and the consumer's role in an NHIN.

Last summer AHIMA brought together a coalition of associations interested in EHRs in long-term care. A report resulting from the summit was reviewed with members of Congress and the Bush administration as part of the effort to ensure that continuity of information covers all sectors of healthcare. The coalition's second summit will be held this month in Baltimore, MD.

AHIMA is also involved in key aspects of the EHR, including the need for a legal health record. Primary uses of information from the EHR are being addressed in a number of areas, especially in quality monitoring, injury prevention, research, and reimbursement. These are issues that must be addressed by a variety of policy makers and standards organizations.

In order to achieve administrative simplification goals, AHIMA, the Medical Group Management Association, and the American Academy of Family Physicians have formed a collaborative to address areas of work that could be simplified. The group has identified physician certification opportunities and is now working on data issues associated with HIPAA and the many quality efforts under way across the country.

Other collaborative efforts are under way to address needs in EHRs, PHRs, and the NHIN. AHIMA has been a key player in many of the efforts behind the Connecting for Health projects, cosponsored by the Markle and Robert Wood Johnson Foundations. Our work with groups such as the e-Health Initiative and Healthcare Information and Management Systems Society also continues.

Confidentiality and Security

Privacy, confidentiality, and security issues have received increasingly widespread attention this year. As the industry moves to EHRs and information exchange, many consumers have become concerned about the privacy and security of their personal health information. They are also worried that their personal health information may be used against them, thus our support of legislation that addresses genetic discrimination.

Some consumer advocacy groups have expressed concerns that neither the government nor the healthcare industry has addressed all the issues related to the electronic sharing of health information. AHIMA and others are working to address these concerns through consumer education. The association is also working with other groups to ensure that all aspects of confidentiality and security in health data exchange are addressed.

AHIMA has promoted efforts by the Office of the National Coordinator for Health Information Technology to study and reach consensus on the intra- and interstate issues of confidentiality and security, as well as the dialogue occurring in groups such as the National Committee on Vital and Health Statistics. AHIMA has joined the office's effort for privacy by serving as a subcontractor in the various state efforts. The Health Information Security and Privacy Collaborative is working with state governments to assess and develop plans to address variations in policies and business practices that affect privacy and security. The goal is to address barriers to interoperable health information exchange.

Meanwhile AHIMA has assured House Ways and Means Health Committee chairman Nancy Johnson (R-CT) that once these studies are complete there will be an effort to reach consensus on standards for confidentiality, security, and authentication. This is also an area that AHIMA and AMIA have addressed.

For the third year in a row, AHIMA surveyed its members on their HIPAA privacy and security practices, offering the results to help educate policy makers. This year's survey found that more attention must be paid to ensuring that HIPAA privacy and security become a way of life in all covered entities. If consumers lack confidence in the safety of their personal health information, the NHIN will never succeed.

HIM Work Force

The need for certified professionals in the HIM work force has been evident since the release of AHIMA's work force report. This spring, AHIMA and AMIA published "Building the Work Force for Health Information Transformation," a report springing from a summit held in late 2005. The report outlines the issues and and describes the steps needed to develop and expand the HIM work force.

This spring and throughout the remainder of the year these findings will be shared with lawmakers and members of the industry. As health IT legislation gains momentum, it raises awareness of the need for qualified, educated professionals in HIM and informatics. We will continue to move these initiatives forward across the industry and government to recruit and educate individuals to meet the needs of the 21st century.

Speaking up in an Election Year

There are many opportunities for HIM professionals to get involved locally or nationally in these key advocacy efforts. And there is another opportunity that calls for your involvement as well. This year is an "off-year" election. All seats in the House of Representatives and a third of the seats in the Senate are up for election.

Now is your opportunity to tell the candidates in your state and district your concerns. Make sure your elected officials recognize these concerns and issues and commit to supporting HIM goals of quality care through quality information.

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