Baby Steps: Industry Helps Data Content Standards Find Their Footing

by Linda Kloss, RHIA, CAE, FAHIMA

An improved healthcare system depends not only on wiring it up but also ensuring that data are usable for evidence-based clinical practice, to empower consumers, and to improve the health of the population. Progress is being made on data transmission standards; however, similar progress is needed on the data content to be transmitted. Although still in its toddler phase, there is a growing need for more data that are useful and accurate at a lower cost.

Building Consensus

AHIMA is engaged in advocating for greater consistency in data standards for performance measurement. The urgency for greater transparency in healthcare quality, cost, and safety has produced dozens of data-reporting approaches but no consensus on what data are to be reported or how to do it efficiently. Improved coordination would serve the interests of consumers and purchasers trying to make sense of data for value purchasing. It would also save time and money for provider organizations. HIM professionals cite burgeoning reporting requirements as a big drain on scarce HIM resources.

With support of the Agency for Healthcare Research and Quality, AHIMA and the Medical Group Management Association held a meeting for performance improvement stakeholder organizations this past November. In preparing for the meeting, 44 different US-only performance measurement data sets with some 896 measures were reviewed to identify inconsistent definitions, redundancy, and data-collection challenges. The meeting produced consensus recommendations for sensible policies and practices for data collection. Getting consensus is a big achievement, but moving from consensus to action is a very big step.

In "Unwrapping Data Standards," Gina Rollins describes the data standards landscape from clinical vocabularies in EHR systems to data standards for the pharmaceutical industry. "Initiatives are under way to create new and streamline existing data content standards that are duplicative or overlapping," says Rollins. She cites the work of the Healthcare Information Technology Standards Panel, projects at the Veterans Health Administration and in the pharmaceutical industry, and others. There is much going on in data content standards, but it is still in silos, and there are many disincentives to genuine collaboration.

One Step at a Time

In "Public Health: A Special Case for Data Standards" Rollins describes today's public health data collection, which is still largely nonstandard and paper-based. However, progress is being made by a public health data standards committee developing a standards-based vocabulary for public health agencies and information systems. In "E-Prescribing Effects" Ruth Carol describes a new pilot project to study the effects of e-prescribing on cost, quality, and patient safety in long-term care facilities.

Lou Ann Wiedemann describes the use of the Program for Evaluating Payment Patterns Electronic Report in "Seasoning Your Compliance Plan with PEPPER." PEPPER provides comparative data so organizations can do effective self-monitoring. Wiedemann illustrates how to use the report to improve coded billing data.

Data content standards are a key priority for AHIMA's work, but it must also be the focus for your own HIM work no matter where you work or what your role is. If you are in the HIM field, data content standards matter-and they will matter more and more as we move to an interoperable health system.

Another key priority for AHIMA this year is the legal EHR. The "Legal e-Speaking" column premieres in this issue.

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