

Committee Works Toward Viable Data Sources

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by Dan Rode, MBA, FHFMA

The availability of patient health data continues to be a hotly debated topic on Capital Hill. Noting that the "lack of complete and comprehensive PMRI (patient medical record information) is a major constraint on the ability of our healthcare delivery system to enhance quality, improve productivity, manage costs, and safeguard data," the National Committee on Vital and Health Statistics (NCVHS) submitted its HIPAA-required report on PMRI to the secretary of Health and Human Services in July.

The 65-page report provides a comprehensive look at the status of PMRI in the US and makes several recommendations to alleviate the barriers to achieving uniform standards and provide for more easily exchanged healthcare information between and across computer systems. The report is available online at <http://ncvhs.hhs.gov>.

In submitting the report, the NCVHS stated that "the government has a significant role to play in facilitating the acceleration of standard development, coordination, and adoption. [The report] states that government leadership is essential to effectively address the issues of interoperability, comparability, and data quality, as well as the related issues of protecting the confidentiality of PMRI, reducing ineffective diversity in state laws, and building a national health information infrastructure."

The committee suggests that standards contribute not only to financial and administrative simplification but must "address core clinical issues of our nation's healthcare delivery system." These include the limited ability to measure and improve quality, rising healthcare costs, serious problems related to patient safety during the patient care process, and the increasing demand for more data to support clinical research and public health practice.

The NCVHS cited several impediments that must be overcome if the nation is to have a health information infrastructure, including:

- limited interoperability between information systems
- lack of or limited comparability in healthcare data
- concerns about the quality and integrity of healthcare data
- need to protect the privacy of health information
- inconsistencies among state laws relative to medical record information
- need for a national health information infrastructure
- difficulty on the part of the healthcare industry to advance use of information technology and overcome its regard of information systems as "additional cost" rather than a strategic investment and competitive advantage

The committee's report discusses these obstacles in detail. Further, it describes the history of these issues in the healthcare sector as well as how similar problems have been overcome in other sectors of the US economy. The report also includes examples of how overcoming these barriers will improve the healthcare system and patient care.

AHIMA Data Quality Model Cited

As the NCVHS reviewed the current status of data standards, it highlighted the need for data quality and pointed to AHIMA's data quality management model as a means to achieve this goal beyond the current industry reliance on "security mechanisms to address data accountability and data integrity." The committee stated that "standards to address interoperability and comparability should incorporate the principles of data quality, accountability, and integrity to ensure that the content and semantic characteristics of the data are properly exchanged and that the data can be consistently and uniformly interpreted. Quality is not a stand-alone process or an afterthought. Features and characteristics to ensure quality must be integrated into healthcare standards, processes, and systems."

Recommendations to the Secretary

The NCVHS report provides 10 recommendations for the secretary's consideration, made after numerous hearings with healthcare industry officials and experts. They reflect the committee's belief that "significant quality and cost benefits can be achieved in healthcare if clinically specific data are captured once at the point of care and that all other legitimate data needs are derived from those data."

The recommendations to the secretary include:

- adopting a set of "Guiding Principles for Selecting PMRI Standards" as the criteria for selecting uniform data standards for PMRI. These principles are very similar to those used in selecting the transaction standards previously proposed under HIPAA
- accepting PMRI standards that the committee promises to submit for the secretary's consideration within the next 18 months. The committee also intends to propose an implementation time frame for these standards as well, and suggests that the secretary consider allowing industry and public comment regarding any such standards
- government funding to "accelerate the development and promote early adoption of PMRI standards." In making this recommendation, the NCVHS suggests that the funding take the form of:
 - increasing the government's membership and participation in standards development organizations
 - broadening the participation of expert representation (presumably industry experts) in standards development (Many standards development organizations are open only to those who can afford the time, funding, and resources to attend very long and technically oriented meetings.)
 - enhancing, distributing, and maintaining clinical terminologies that have the potential to be PMRI standards. (NCVHS goes on to suggest that the government arrange for such terminologies to be available at "little or no cost," augment the UMLS to embody enhanced mapping of medical vocabularies and classifications, and develop testing of quality measures and clinical practice guidelines.)
 - coordinating "data elements" among all standards selected for HIPAA adoption via an "open meta-data registry" and "working conferences" to harmonize message format and vocabulary standards
 - improving drug data capture through new FDA initiatives
 - adopting PMRI standards early on in government programs to "provide broadened feedback to the standards development community"
- committing funding for the development of uniform implementation guides, testing procedures, and ongoing licensure or certification of healthcare terminology standards for each standard recommended by the NCVHS
- supporting demonstrations of the benefits and measurement of the costs of using uniform data standards for PMRI that provide for interoperability, data comparability, and data quality
- supporting increased funding for research, demonstration, and evaluation studies on clinical data capture systems and other healthcare informatics issues
- accelerating the development and implementation of a national health information infrastructure
- promoting US interests in international health data standards development through participation in international development organizations and monitoring of the activities of US healthcare information systems vendors abroad
- promoting the equitable distribution of costs for using PMRI standards among all major beneficiaries
- encouraging enabling legislation for use and exchange of electronic PMRI, including comprehensive federal privacy and confidentiality legislation, uniform recognition, by all states, of electronic health record keeping, and national standards for retention and electronic authentication (digital signatures)

An Uncertain Prognosis

The NCVHS report to the secretary comes approximately six months before a change in the federal administration. While the NCVHS will begin to work on its promised PMRI standards, there is no indication that a new secretary will accept these recommendations and work toward the adoption of uniform standards as proposed and the additional funding and participation the committee suggests. The NCVHS knows that this report can also serve as an impetus for a more coordinated effort of the numerous groups that are also working for national uniform standards outside of the government process. While the HIPAA legislation provides a mechanism for such standards adoption, it remains to be seen if the new secretary and the healthcare community will join together to achieve the goal outlined in the NCVHS report.

Note

1. NCVHS Report to the Secretary on Uniform Standards for Patient Medical Record available at <http://ncvhs.hhs.gov>.
2. AHIMA Data Quality Management Task Force. "Practice Brief: Data Quality Management Model." *Journal of AHIMA* 69, no. 6 (1998): insert.

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