

Continuity of Cares: Last Year's HIM Issues Continue Strong in 2011

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It always is helpful to look back at what transpired over the past year in order to prepare for the coming one. Certainly many of the significant initiatives and events coming out of Washington in 2010 will reverberate well into 2011.

A New Congress Convenes

The 2010 midterm elections saw the Republicans making significant gains in the Senate and taking control of the House of Representatives. While many of those elected to Congress called for repealing the Accountable Care Act (ACA) and cutting the deficit, it is unclear what changes Congress will enact when it reconvenes. AHIMA anticipates difficult debates and potentially endless hearings before it becomes clearer what changes, if any, will be made to ACA and ARRA-HITECH.

The election also brings a change of personnel: new members of Congress, new committee chairmen, and new staff members in federal departments and agencies. AHIMA and its component state associations have already sent introductory letters to new and returning members of Congress outlining AHIMA's key advocacy issues and professional resources. Over the next several months, AHIMA staff will be meeting with key Congressional chairmen and staff to increase their familiarity with the HIM profession and AHIMA.

A major strategic event in this process is AHIMA's Capitol Hill Day, scheduled for March 29. The annual event offers AHIMA members from every state, district, and territory the opportunity to meet members of Congress and explain HIM issues. Please join us in this effort. Information is available on AHIMA's Web site under Advocacy and Public Policy, <http://ahima.org/advocacy>.

ARRA-HITECH under Examination

AHIMA's policy and government relations staff have been asked continually how ARRA-HITECH will fare in the 112th Congress. If healthcare organizations sign up for the meaningful use incentive program, then the Office of the National Coordinator for Health IT and its health IT committees will continue the program. Efforts to support electronic health record (EHR) systems, health information exchange (HIE), and quality care have been bipartisan for many years. However, if the healthcare industry fails to respond to the meaningful use incentive program, then a conservative Congress may re-examine the billions of dollars set aside for the program. No matter what, AHIMA expects to see Health and Human Services Secretary Kathleen Sebelius and national coordinator for health IT David Blumenthal in front of Congressional committees explaining these value-based programs.

Meaningful use is not the only imperative pushing for EHR and HIE adoption. Many want to base healthcare payments on healthcare quality (measurement) and outcomes (reporting). ACA and potentially any new legislation will continue to push for health information that permits such programs to succeed.

Organizations' ability to participate in these programs and the reimbursement that will be received as a result of the data reported in claims will be affected by HIM's role in collecting, analyzing, and reporting data. HHS also is integrating clinical and administrative data requirements, which means that information and data must be governed and managed across an organization or enterprise, another role involving HIM.

The HIT Policy Committee intends to complete its meaningful use stage 2 recommendations by June. AHIMA will provide input into this process, including the use of terminologies such as SNOMED-CT and classifications like ICD-10 in the next

stage that begins in 2013. Also on AHIMA's agenda is the need to ensure that EHR systems can take on the ability of being the enterprise's legal record.

The Office for Civil Rights (OCR) will continue to work on new HITECH-related privacy and security rules in 2011. Last summer's HITECH privacy notice of proposed rulemaking should appear early in the year, as should the final rule on breach notification and the proposed rules on accounting of disclosures. At last year's AHIMA Convention in Orlando, FL, OCR deputy administrator Sue McAndrew thanked AHIMA for its interest and input on the proposed rules and other requests for information, but she did not give a glimpse as to what the final rules will look like and when they will become effective.

The government will continue to be pressured to include providers not eligible for meaningful use incentives, especially long-term care and post-acute providers. These groups are key to maintaining high overall healthcare quality and reducing costs and re-admissions. In order to report accurate health information, especially information used for population health purposes, organizations must receive a patient's entire record and information, not just certain segments.

The government and healthcare industry must contend with this same continuity of care issue as they pursue accountable care organizations (regulations pending) and medical home projects. These latter forms of grouping healthcare will likewise need to address health information integrity, interoperability, and protection.

Administrative Simplification

This year will be the last regular update of the ICD-9-CM and ICD-10-CM/PCS code sets until 2014. At that point, regular updates to ICD-10-CM/PCS will resume; ICD-9-CM will no longer be updated.

This partial freeze signals another significant step toward ICD-10 compliance. AHIMA will work with the Centers for Medicare and Medicaid Services on ICD-10 implementation, as well as industry leaders who are addressing crosswalks and other use issues for reimbursement, research, and other purposes come October 2013.

HIPAA covered entities now have fewer than 12 months to ensure that their eligibility, claims, and payment transactions are upgraded to X12 version 5010 and sending administrative and clinical codes correctly. CMS continues to reiterate that the January 1, 2013, compliance date will not slip.

This year also will see more work on the ACA HIPAA changes. With the uniform guide for the X12-270/271 eligibility transactions due this past December, the National Committee on Vital and Health Statistics is expected to begin picking off other transactions for uniform guides. Expect to see rules discussed and perhaps promulgated as to how HIPAA transaction standards will be upgraded (versioned upwards) in the future.

Fraud and Abuse

HHS and the Department of Justice will increase their work to curtail healthcare fraud. Anticipate hearing more from the Office of the Inspector General and the Centers for Medicare and Medicaid Services regarding fraud. Audits via Recovery Audit Contractors and other contractors will continue to increase.

The auditing process will become more difficult due to the hybrid state of clinical and administrative data. Audits also will face "minimum necessary" requirements and may be sequestered due to the HITECH changes.

Patient Access

Another challenge brought on by increased consumer demand and HITECH will be patient access to healthcare data. The healthcare industry appears to favor patient portals, but patient expectations may not be the same as provider technical capabilities. These demands will cross over in to the advancement of HIE and patient rights.

States

The 2010 election also affected many state legislatures and governorships. These changes may affect local efforts on HIE, privacy and security, and EHR adoption.

States facing limited budgets could constrain and delay implementing information-related tasks, including Medicaid. The 112th session of Congress will not entertain preemption, so providers and plans will continue to find themselves caught in the middle.

As 2011 begins the healthcare industry finds itself within the perfect storm. None of the issues mentioned here will be completely resolved, but the direction they take will depend in part on AHIMA's ongoing advocacy. The HIM profession remains in a unique position of having the education, tools, and collective experience to lead the way toward resolving many of these challenges and issues.

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