Everyday Ethics: AHIMA Code of Ethics Guides Daily Work, Complex Situations

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By Mark Crawford

Ethics can look easy on paper, but the working world offers some complex situations. Three scenarios illustrate how the AHIMA Code of Ethics provides a guide for examining ethical issues.

Anyone who is a member of AHIMA or holds its credentials agrees to abide by its code of ethics. The code's 11 principles establish professional values and ethical principles, which include protecting and preserving personal health information, upholding an individual's right to privacy, advancing HIM knowledge, and mentoring students and colleagues.

The code also prohibits HIM professionals from participating in or concealing unethical practices. And should a concern about unprofessional behavior arise, the code serves as a guide by which individual actions can be judged.

Some behaviors are clearly unethical-fraud is an extreme example-but many are less clear and occur in complex situations. Some actions simply result from a lack of awareness of the code. The most complicated situations often involve colleagues who witness what is, or appears to be, unethical behavior and are unsure how to respond-especially if job security is on the line.

The following scenarios illustrate three different situations that raise questions of unethical behavior. They were developed to help AHIMA members, credentialed HIM professionals, and students learn how to examine and resolve ethical issues they may confront in their own jobs. Some are based on actual ethics complaints brought before AHIMA's Professional Ethics Committee. Members of the committee offer analysis and commentary on the principles in question and the possible avenues for resolution.

Scenario 1: Pressure to Upcode

In a large, for-profit, multispecialty clinic, strong emphasis is placed on optimizing revenue opportunities for private-payer patients. The coding supervisor, who holds RHIT and CCS credentials, has informed the coding staff they must consistently assign E&M codes at a higher level than documentation supports.

One of the coders, also CCS-credentialed, has expressed her concerns about the appropriateness of this direction. The supervisor has indicated these comments are unwelcome and implied the coder should perhaps seek employment elsewhere if she has concerns. However, this is the only healthcare facility within the community, and the coder is a single parent with financial responsibilities for her family.

"The ethical concern here is the coding supervisor's pressure to increase revenue at the expense of actual documentation to support the codes assigned," notes Dana C. McWay, JD, RHIA, a clerk of the United States Bankruptcy Court for the Eastern District of Missouri in St. Louis. "She clearly does not value the coding staff's input, as evidenced by her comment that criticism is unwelcome and the implication of seeking another job."

It seems clear the supervisor's instructions are intentional and designed to increase financial gain for the clinic.

This, of course, puts the coder in a difficult situation, especially with the hint of termination. Any liability for incorrect coding will likely be assigned to the coder and the clinic.

If the supervisor's instructions are carried out, the clinic risks "financial and reputational harm, possibly resulting in sanctions by external forces," says McWay. "Damage is also done to individual coders who are asked to sacrifice correct coding standards to comply with this inappropriate request. There is also harm to AHIMA because both the supervisor and coder are credentialed and represent the association's ethical standards."

The scenario contains multiple violations of AHIMA's code of ethics, especially principle II, which instructs members to conduct their work in an honorable way. The supervisor also is violating principle IV, which calls for refusal to participate in unethical practices or procedures. Guideline 4.6 has also been broken, which states HIM professionals will not perpetuate dishonesty, fraud, or deception.

Probable violations of AHIMA Standards of Ethical Coding include standards 1 and 3 (accurate coding practices) and standards 6, 9, and 11 (not committing fraudulent or unethical practices).

The choice the coder makes may depend on the corporate culture. Does the culture encourage the reporting of violations? Will the company protect the coder if she informs another supervisor about the situation?

"I'd suggest she seek advice from a trusted HIM professional, just to be sure the direction given is indeed inappropriate," says McWay. "If so, she needs to learn what process is available for voicing her concern to a higher level. Some organizations have an ombudsman or similarly situated individual who can help in situations like this."

Scenario 2: Underreporting Delinquent Records

An HIM graduate with two years experience is employed by a large academic healthcare center and placed in a management position over the analysis and chart completion area. Using reports generated by the IT department to calculate the chart delinquency rate, she determines there are incomplete charts more than 30 days old. The charts are in a pending file and have not been counted in the total number of delinquent records.

If these records are counted, the delinquency rate will be above the required standard by the Joint Commission. Will she intentionally misrepresent the delinquency rate and not count the reports, or will she take appropriate action to remedy the problem?

"She has a decision to make," says Donna L. Kraybill, MS, RHIA, associate professor at Tulsa Community College in Oklahoma. "If she chooses to include the incomplete records in the final report, she has acted ethically. I would also recommend that she notify her superior. If her superior asks her not to include the incomplete records, that creates a whole new scenario-but she should still refuse to act unethically."

As an HIM graduate, the manager should be aware of the correct method to calculate incomplete records. However, if she is not a member of AHIMA or is not credentialed, she may not be aware of the code of ethics. Regardless of intent, if she acts unethically there is potential harm to the organization (and possibly AHIMA, if she is a credentialed member). The organization's reputation would be jeopardized if the organization knowingly engaged in this practice.

"If the violation is intentional, the organization should self-report the incident to accrediting agencies, even though loss of accreditation could occur," says Kraybill.

As in the first scenario, this scenario involves principles II and IV. Guidelines that may be compromised include 2.1 (integrity), 2.2 (true to mission), 2.4 (compliance with the code of ethics), and 4.6 (not participating in or supporting dishonesty, fraud and abuse, or deception). Hiding incomplete records is an example of the 4.6 guideline, Kraybill notes.

The manager has an opportunity to bring the issue to the attention of the director and to recommend a plan of action. If the director is a member of AHIMA, Kraybill says, the manager should show the director the code of ethics.

If the director refuses to remedy the problem, the manager has several choices. She can seek the advice of a respected AHIMA member or report the circumstances to the director's superior. "It's important to try to resolve the issue within the organization first," stresses Kraybill.

The Eleven Principles

Eleven principles form the foundation of AHIMA's code of ethics. They serve as a guide to members and anyone who holds the association's credentials:

   I. Advocate, uphold and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.
  II. Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information management profession.
 III. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard the contents of the records and other information of a confidential nature, taking into account the applicable statutes and regulations.
  IV. Refuse to participate in or conceal unethical practices or procedures.
   V. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
  VI. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
 VII. Represent the profession accurately to the public.
VIII. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.
  IX. State truthfully and accurately their credentials, professional education, and experiences.
   X. Facilitate interdisciplinary collaboration in situations supporting health information practice.
  XI. Respect the inherent dignity and worth of every person.

The full code of ethics is available at www.ahima.org/about/ethicscode.aspx. It features a preamble that describes the ethical obligations of AHIMA members and credentialed nonmembers and explains the code's six purposes. It also describes how to use the code and provides guidelines to assist members in interpreting its principles. A self-assessment and further case studies are available.

AHIMA also maintains standards of ethical coding and ethical standards for clinical documentation improvement professionals, both available online at the above address.

Discuss It Online http://journal.ahima.org

Discuss these scenarios online on the *Journal* Web site. What leads to situations like these? How "wrong" is each behavior? What steps can be taken to resolve and prevent these scenarios and others like them?

Scenario 3: Denying Professional Development

A new quality management (QM) director is a dually credentialed RHIA and CPHQ. As a condition of her acceptance of employment, she indicated she would need latitude to attend educational offerings to ensure her continuing education unit (CEU) obligations were met. She frequently attends meetings, both locally and nationally.

She does not, however, extend the same opportunities to her credentialed staff, citing workload as the obstacle. Despite several creative plans presented by the staff, which include hosting a meeting at their facility, the QM director refuses to approve these activities.

"The QM director is not respecting the educational and professional needs of her staff," states Andrea B. Thomas-Lloyd, MBA, RHIA, director of administrative and financial systems for Lancaster General Health in Lancaster, PA. "She is placing her self-interest above theirs by frequently attending professional meetings while not honoring their requests to develop creative ways to meet their continuing educational needs. This may indirectly reflect that she does not value the credentials of her staff."

The HIM director is credentialed by AHIMA and should be aware of the code of ethics. Without the opportunities to obtain the CEUs, these employees could struggle to maintain their credentials and could possibly lose them. Likewise, without the QM director's support, they could come to view their credentials as unimportant.

"This could also reflect potential disparity across the organization, which negatively impacts employee satisfaction," says Thomas-Lloyd. "Human resources, case management, nursing, and other departments may have formal procedures for addressing attendance at local, regional, or national educational events."

Another down side is disgruntled employees. They may quit, which would be an expensive blow to productivity and a lost investment in hiring and training.

"Employee turnover is costly to the organization and impacts the morale of those left to carry the workload," says Thomas-Lloyd.

The QM director in this scenario is violating principle V, which calls for the advance of health information management knowledge and practice through continuing education, research, and presentations. She is also not honoring principles II (acting honorably) and XI, which calls on professionals to respect the inherent dignity and worth of every person.

"Staff in this situation could propose the director's denials as a compliance topic to their compliance officer, either anonymously or named," advises Thomas-Lloyd. "They could also reach out to their HR department to discuss it. An organization that has a professional who regularly attends national conferences seems to have a commitment to employee education. My personal opinion is that the cost of sending one person to a national conference can pay for an entire year's worth of bi-monthly or quarterly educational sessions for four or more employees."

Staying Ethical within the Culture

HIM professionals who are aware of unethical behavior around them may have to take a stand to correct it, which carries inherent risk.

"That's why it's so important to try to work at places that support a culture of doing the right thing," says McWay. "If workers find themselves in a situation where the culture does not support doing the right thing, one option is to work to change the culture. They don't have to be fire-breathing agitators; it can be done in a respectful and professional manner. But it takes careful planning to determine the best way to proceed."

The best corporate cultures are founded on integrity, honesty, and ongoing improvement. "Many times employees are afraid of reprisal, particularly if the compliance office function does not have a level of awareness throughout the organization," adds Thomas-Lloyd. "Employees typically won't trust what they don't know. For an effective compliance program, organizations should have a hotline to which employees can anonymously report their concerns."

Finally, a simple way to promote ethical behavior every day is by keeping the code of ethics front and center, especially by reviewing any updates.

"This is an excellent reason to bring the code of ethics to the attention of all members," says Kraybill. Revisions do occur, she says, and the Professional Ethics Committee is currently reviewing the code to make recommendations for change.

"The HIM field is constantly evolving due to new technology, accrediting agencies changes, and new laws," Kraybill says. "It's imperative our membership stay educated regarding these changes."

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