

From Standards to Schools: How Advocacy Affects the Way We Work

Save to myBoK

by Dan Rode, MBA, FHFMA

AHIMA devotes a considerable amount of time and resources to its advocacy program. But how does advocacy help the “average” AHIMA member on a day-to-day basis? This article will discuss ways AHIMA members benefit daily from the work of AHIMA volunteers and staff who promote the views and interests of the profession.

Setting the Standards

Standards affect many aspects of our daily work. For example, when you purchase an EHR system, you might not even realize that various electronic standards set the environment for your software. These standards, however, are developed with the input and experience of AHIMA members.

HIM professionals are active in work groups and committees of various standards groups. For instance, this summer, volunteers participated as the Institute of Medicine and HL7 began efforts to develop a standard model for the EHR (see “Thompson Challenges Healthcare Industry at First NHII Conference” in the September 2003 *Journal*). AHIMA professional staff and volunteers were closely involved with the development of the initial standard, which was created as a response to Secretary of the Department of Health and Human Services Tommy Thompson’s call to action regarding terminology standards and related issues.

AHIMA volunteers also joined with other healthcare professionals and provided practical perspectives on the HL7 proposed standard model for the EHR through open forum meetings around the country. HL7 will use the discussions and input in those meetings to enhance the model.

By advocating for the development of the EHR, we ensure that tomorrow’s EHR developers will create the best possible systems that will enable members to most effectively do their jobs.

In addition to providing input to standards groups, AHIMA establishes HIM practice standards and best practices. AHIMA’s Practice Briefs have not only become a standard within the profession, but also in the industry. Quarterly, the Agency for Healthcare Research and Quality lists AHIMA’s Practice Briefs in a report to the Health Informatics Standard Board, signifying their importance.

Coding: The Search for Consistency

HIM professionals also use medical classification standards. Since the 1930s, AHIMA has been involved in the development, modification, and use of medical classification standards. Currently, AHIMA members help represent the Association in a number of US coding bodies, including:

- ICD-9-CM Coordination and Maintenance Committee (members and AHIMA staff actively participate in the bi-annual sessions)
- Cooperating Parties (AHIMA is one of four members overseeing guidelines for the ICD-9-CM classification system)
- *Coding Clinic* editorial panel (AHIMA serves as a member)
- CPT editorial panel (AHIMA serves in a non-voting capacity to provide a coding/HIM perspective)

In addition, AHIMA is often invited to participate in other national and international classification organizations. Through their participation in these groups, AHIMA volunteers have provided the Association with a wealth of knowledge and experience. AHIMA has been able to translate this knowledge into specific comments and testimony to the groups above and federal

agencies such as the National Center for Health Statistics, the Centers for Medicare & Medicaid Services (CMS), and the National Committee on Vital and Health Statistics (NCVHS). AHIMA members and staff have also worked with CMS to ensure that proper coding guidelines are used.

This year, as AHIMA has worked to promote the adoption of ICD-10-CM and ICD-10-PCS, members and staff have visited or written to members of Congress, other trade associations, federal agencies, and the NCVHS. In addition, AHIMA has asked numerous members to test ICD-10-CM and ICD-10-PCS and has participated in an expert panel to further the development and use of evaluation and management (E/M) codes for outpatient resource billing in facilities. Moreover, volunteers have contributed their expertise through participation in a variety of Community of Practice (CoP) efforts, coding roundtables, and national committees and task forces.

The Association continues to work to ensure consistency of coding. These efforts include working with third-party payers, especially CMS, and other associations whose use or misuse of coding rules creates constant headaches for HIM professionals. Locally, component state associations and individual members are also working with local healthcare providers and third-party payers to accept the tenets and principles outlined in the Association's Payer's Guide, an advocacy tool developed by AHIMA members.

Privacy Needs Constant Attention

Safeguarding the privacy and confidentiality of patient records has been a cornerstone of the HIM profession from the very beginning. Today, implementing and enforcing the HIPAA privacy rule requires constant attention. The rule reflects, in part, years of member efforts to standardize and simplify national privacy and confidentiality practices. AHIMA maintains that there is still a lot of work to do to improve and raise the ceiling on confidentiality standards at both the state and national levels.

The HIM advocacy role here and in other areas of health information is not only to represent our professional interests, but also the interests of the patient, the individual, and the consumer.

Focus on NHII, Work Force

The EHR, coding, and HIPAA are the buzzwords of today. Issues such as infrastructure and work force have implications for the future. AHIMA has been a leader in advocating for an infrastructure that uses and follows national standards and respects privacy and confidentiality. Today we are seeing the beginnings of a national health information infrastructure (NHII) in addition to local or regional and private information networks within integrated delivery systems and health networks. As such national and regional structures are built, AHIMA values and practices once again need to be advocated. Every office or facility will have some part to play, and every member's positive involvement will be necessary.

The development of the HIM work force is an additional challenge. Creating the work force will require a strong educational foundation. Advocacy is needed at both the state and national level to ensure the creation of the necessary education resources for tomorrow's new professionals and the existence of schools, educators, programs, and students necessary to carry on the work of the HIM profession. Meanwhile, HIM educators are also working together to design and implement the curriculum that will be needed in an e-HIM world.

As noted often in this column, an association's advocacy efforts should affect the environment of its members today and tomorrow. To be effective and to create positive change, advocacy efforts should also reflect the mission, values, and ethics of the Association and meet its members' professional needs.

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