

HIM Focuses on Core 2013 Strategic Initiatives

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By Dan Rode, MBA, CHPS, FHFMA

As AHIMA welcomes the new year, the association continues to work on several ongoing developments in the HIM profession—as well as the additional opportunities and challenges that 2013 presents the US healthcare industry. Though the work is not yet done, HIM professionals and AHIMA staff have taken great steps for the advancement of our many goals.

AHIMA staff work with the organization's Board of Directors to choose which issues and projects are best to focus on. The AHIMA Board is advised by association members serving in groups such as practice councils, the House of Delegates, component state associations, and other task forces.

The board has set five strategic initiatives for AHIMA to focus on in 2013:

- Confidentiality, privacy, and security
- Data and information governance
- Informatics, analytics, and decision support
- Innovation
- Public good

These five initiatives build upon many of the issues and activities within the advocacy and influence agenda for AHIMA. Members will note continued development in areas such as electronic health records and exchange, global standards, terminologies, and classifications in relation with the platforms. Many of our current campaigns will continue throughout 2013, and it remains important for HIM professionals to reach out and help others in the healthcare industry understand how the various initiatives are related beyond the scope of health IT.

Policy Developments Continue

The Department of Health and Human Services (HHS) Office of Inspector General has initiated work with Congress to take a look at the impact of electronic health records (EHRs) on healthcare fraud. The Office of the National Coordinator for Health IT has charged the Health IT Policy Committee to look into this issue, and AHIMA remains watchful as well.

The issue of integration of administrative and clinical healthcare data and information was also raised in the last quarter of 2012. This is not a new issue, but programs such as the ARRA-HITECH meaningful use initiatives and changes in HIPAA and the Affordable Care Act requirements are bringing industry institutions to view their data as one entity, in need of internal governance, and to tackle the disparity of electronic and paper health systems—which presents a road block to interoperability.

Quality measures are emerging as a focus area for data placement, identification, and retrieval methods in the EHR. Quality measures are evolving to take the shape for healthcare today that diagnostic-related groups once did in the past. AHIMA will be engaged with several groups that will address quality measures in 2013, including the National Quality Forum, the National Committee on Vital and Health Statistics, and health IT committees.

Consumer rights to access, understand, and use health information received significant recognition in 2012, and this will increase in 2013. This transition marks a culture change and calls for standards and technology to integrate consumers into the healthcare electronic network. Such a culture change affects all industry stakeholders, with HIM professionals acting as agents to facilitate the transformations for many communities that will ultimately contribute to the “public good.” The Consumer Engagement Practice Council will be working closely with staff and external organizations to further the principle of HIM stewardship for the consumer.

The extension of the ICD-10-CM/PCS compliance date to October 1, 2014 must be addressed by all healthcare entities in 2013. The Centers for Medicare and Medicaid Services (CMS) and many health plans have targeted October 1, 2013, as the

date to begin testing among providers, health plans, clearinghouses, and other users of ICD data. AHIMA, CMS, and many additional organizations will be working throughout 2013 to assist the industry in this conversion. AHIMA will continue to work with state associations and providers and health plans to implement and test ICD-10-CM or ICD-10-PCS. These functions do not necessarily require an organization to complete all of its ICD-10-CM/PCS training, but some staff will need to have such training in order to lead the testing process. Meanwhile, providers qualified under the stage 2 “meaningful use” EHR Incentive Program may begin using ICD-10-CM/PCS codes to report some of the measures required in fiscal year or calendar year 2014, even before the official ICD-10-CM/PCS compliance date.

Work will continue in 2013 to complete a proposed rule for stage 3 meaningful use, with the goal of issuing a final rule around January 1, 2014, so that vendors and providers will have more time to implement stage 3. Watch the AHIMA e-Alert newsletter for more information.

The AHIMA standards team will also be actively involved in a number of groups working on the use of standards generated by Health Level Seven, International Health Terminology Standards Development Organization, ISO 215 (standards and harmonization), and WHO-FIC (ICD-10 and ICD-11) as well as our US groups. Watch for the new standards Community of Practice as well. While HIM professionals have had the opportunity to influence standards through engagement in the various standard development organizations (SDOs) or inclusion of standards in their EHR systems, the ability to ensure appropriate use of standards has been lacking. The HIPAA-designated standards have suffered the same fate. Through the efforts of the EHR Practice Council, AHIMA is now looking at developing operating rules for the use of these various standards in healthcare.

One of the sections of the Accountable Care Act was a requirement for the HHS Secretary to develop operating rules for the various HIPAA-designated standards. Adherence to the operating rule would then be required of all HIPAA entities, reducing the number of ways to use the ASC-X12 837 claims standard from over 1,200 to just one. When fully in place, this change will allow organizations to experience more value in the use of the HIPAA standards as they were originally intended. As of January 1, 2013, HIPAA entities are required to use the single operating rules (not to be confused with implementation specifications) by the Council for Affordable Quality Healthcare (CAQH) CORE project under authority of the secretary. HHS recently announced that CAQH will be the contractor for all remaining HIPAA operating rules as well.

As of press time, another major unknown challenge facing the profession is the long-awaited HITECH update to the HIPAA privacy and security regulations. Pundits indicate that the rules could be released anywhere between post-election to the end of the year. The rules are expected to carry multiple compliance dates, but it is unknown how they will be (or if they will be) harmonized with other requirements-especially the meaningful use requirements.

New Additions on the Hill

We have a new Congress in 2013. Seat turnover has resulted both from retirements and lost elections. Several lawmakers who have amassed considerable healthcare knowledge will not be returning. The impact of recent congressional financial debates and decisions-or indecisions-will impact the challenges already facing the healthcare and HIM professions. HIM professionals will have opportunities to address all of these issues at the organizational, state, and national levels. AHIMA staff hope members will get involved in these issues as a volunteer-and attend the annual AHIMA Hill Day on March 19, 2013.

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