HIM is the Link Between CDI and Precision Medicine

By Valerie Watzlaf, PhD, MPH, RHIA, FAHIMA

Dr. Amal Alzu'bi, a graduate of the doctoral program at University of Pittsburgh, just had part of her dissertation published in AHIMA's online scholarly journal *Perspectives in Health Information Management* under the title "Genetic Variations and Precision Medicine."[1] It was even highlighted in a recent AHIMA e-Alert—did you read it?

Reading through it again, I started to think about how clinical documentation improvement (CDI) and precision medicine really fit together. Precision medicine can include genetic, environment, and lifestyle information to provide a granular approach to treatment for the patient. So, just how does the genomic information get incorporated into the electronic health record (EHR)? According to Joel Diamond, MD, FAAP, adjunct associate professor of biomedical informatics at the University of Pittsburgh, one of the key steps that can grow a precision medicine program is to "evaluate and assess technologies and solutions that can bring genomics data directly into the EHR workflow, allowing providers to use it in real-time clinical decision-making."[2] He goes on to explain that "new platforms are emerging that bridge the gap between genomics and useful data at the point of care."

There are several databases (summarized in Dr. Alzu'bi's article) with which HIM professionals can help clinicians link with a specific disease for direct care. Some of these databases also provide useful information on outcome studies, clinical trials, and quality assessment studies. All of these genomic databases can be used to support the accuracy and validity of the diagnosis, procedure, ICD-10-CM/PCS code assignment, severity of illness, risk of mortality, and reimbursement. HIM professionals can assist by educating and assisting physicians and other clinicians on the best way to search these databases to see if their patients have a specific genetic variation that can then be used as a test result to support specific treatments and procedures. These databases can be easily searched by HIM professionals who can then work with a team of physicians, nurses, quality improvement specialists, finance, and so forth to incorporate precision medicine into the CDI process.

According to Diamond, patients are further along in the genomic testing process than their healthcare providers. How do we as HIM professionals fix this? One of the principles of the AHIMA Code of Ethics is to "Advocate for appropriate uses of information resources across the healthcare ecosystem." Are we doing that when very few healthcare systems use genomic databases to support and enhance treatment for patients? HIM professionals are ideally positioned to educate and explain the types of genomic databases that are available to the CDI team. It is another tool that can be used to assist in the support of clinical documentation.

Notes

1. Alzu'bi, Amal Adel et al. "Genetic Variations and Precision Medicine." *Perspectives in Health Information Management* (Spring 2019): 1-14.
2. Diamond, Joel. "Success with Precision Medicine: Key Considerations." *Medical Economics*. Jan 24, 2019. www.medicaleconomics.com/med-ec-blog/success-precision-medicine-key-considerations.

Valerie Watzlaf (Valerie.watzlaf@ahima.org) is vice chair of education and associate professor at University of Pittsburgh.

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