

Health IT—Good for Healthcare, Good for the Economy: AHIMA Outlines the Benefits of Including Health IT in the Economic Stimulus Package

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Congress has lost no time developing ways to stimulate the economy, heeding President Obama's call that the healthcare industry and health IT be key targets for stimulus investment.

In December AHIMA met with its advocacy partner the American Medical Informatics Association (AMIA) in part to plan joint 2009 advocacy goals and provide input on the stimulus discussion. This article highlights the results of that meeting.

Information and Communications Tech

The AHIMA-AMIA Advocacy Council (AAAC) agreed that health information will play a key role in any serious reform of the healthcare system, as will HIM and informatics professionals. In fact, the council suggested that the discussion should be concerned with healthcare information and communications technology (HICT), not just health IT.

AAAC believes that HICT should be an element of the economic stimulus package and sustained federal investment in the infrastructure. The US lags behind many countries in health IT adoption because of a lack of incentives and a lack of federal investment. Recently private investment has slowed due to tight budgets. Now is the time for federal leadership and intelligent HICT investment. AAAC outlined four areas where infrastructure investment is needed:

- Building national and state governance and leadership for HICT
- Investing in a nationwide health information interoperability framework
- Investing in the health information work force
- Evaluating and measuring results

From this discussion, AHIMA penned a set of recommendations for Congress and the White House related to how these ideas might both stimulate the economy and improve the healthcare system.

Building HICT Governance, Leadership

AHIMA notes that "sound and effective national and state governance and leadership are essential to ensure that HICT investments produce short and long term benefits." Governance is defined as action from the government (federal or state) and the private sector. AHIMA warns that such governance should not be unduly subject to political influence or the discontinuity of the appointment process.

AHIMA's governance recommendations come from its significant involvement at both the national and state levels over the last several years and its desire to see positive uniform progress toward adoption of standard electronic health records (EHRs) and electronic health information exchange (HIE).

AHIMA supports the permanent establishment of the Office of the National Coordinator for Health IT and a governance entity with authority to set priorities and direction for advancing the HICT infrastructure through standards, policies, and other programs that advance interoperability. AHIMA goes on to identify what is needed from this governance, specifically describing the need to address coordination in the development, implementation, and maintenance of healthcare terminologies and classifications, a subject that has been neglected in much of the health IT discussions to date.

Based on its experience coordinating state-level HIE discussions and recommendations, AHIMA makes suggestions for governance at the state level, noting that approximately 17 to 21 states are now ready to take on large-scale HIE implementations. AHIMA recommends funding for “infrastructure planning for states not yet ready to implement qualified statewide programs, and implementation funds for states or state-designated entities that are ready to begin implementing qualified statewide infrastructure programs.” Such funding, AHIMA suggests, should come with federal oversight to ensure funds are spent in a manner consistent with emerging federal and state health information policies and standards.

Investing in a Nationwide Health Information Interoperability Framework

Citing the quest for a national health information infrastructure, AHIMA suggests that beyond governance, interoperability has three inextricable threads:

- Technology—the networks, hardware, and software solutions to exchange information between and among technologies
- Standards to determine how and what information is exchanged and how it is protected in that exchange
- Policy—the rules and guidance within which technology and standards must operate

AHIMA states that a “fundamental requirement for interoperability is that the information is accurate in the first place and that this integrity is preserved as information is exchanged or aggregated.” AHIMA’s recommendations go on to note that “information must be standardized so the originator and receiver interpret it consistently. It is also highly desirable that information be collected once and used for a variety of legitimate purposes.”

To see these goals achieved and ensure the full benefits of EHRs, the association urges investments for:

- Development, adoption, and maintenance of a road map for interoperability covering technology, standards, and policy.
- Design of streamlined and modernized approaches for more timely adoption of standards and their maintenance.
- A clear infrastructure for development, dissemination, and maintenance of terminologies and classification standards capable of serving the needs of a digital health system. This would include support for the implementation of ICD-10-CM and -PCS, the adoption of SNOMED CT, and the development of a public-private authority to oversee terminologies and classifications.
- Establishment of a data steward to ensure consistency, uniformity, and security in the collection of secondary data.
- Active US involvement in global collaboration related to HICT standards, including terminologies and classifications.
- Uniform and rigorous nationwide protection for confidentiality of personally identifiable health information no matter where the data exist, including protections to address access, authentication, and other key issues as well as uniform and stringent penalties for breaches and unauthorized uses of data.
- Extension of the electronic infrastructure to all communities so they may benefit from EHRs and HIE.
- Public education to understand the development, nature, and advantages of EHRs and HIEs.

Investment in the Health Information Work Force

AHIMA’s recommendations also call for an adequate HIM and informatics work force, which is absolutely crucial to the development, implementation, and maintenance of EHRs, HIE, and the healthcare data systems being developed. AHIMA states that there are two types of HICT work force investment needed: investment in health informatics and information management specialists to design, implement, and support EHRs and other technologies and investment in training patient care disciplines to use the technology to do their jobs.

AHIMA suggests stimulus actions to:

- Adopt work force education language similar to the 2008 Wu bill that AHIMA supported
- Create health information work force development grants to expand the capacity of existing accredited academic programs
- Provide grants to establish technical assistance teams to support implementation and use of HICT
- Fund program evaluation grants to evaluate and improve work force development programs over time

The recommendations also call for similar funding for a series of programs to train patient care workers to use EHRs and other information and communications technologies.

Investing in Results—Evaluation and Measurement

Finally, AHIMA suggests that the benefits of effective HICT use can be expected to evolve and improve with experience. AHIMA urges that the investments it suggests be tied to results and that there be a major investment in robust research, evaluation, and knowledge-sharing from the outset. Furthermore, the recommendations call for the development of national metrics to measure advancement and achievement of milestones relating to implementation of HICT and the building of the national information network. Metrics should include consumer engagement and evidence of improvements in privacy and security.

AHIMA's recommendations join many others. Congress is attempting to blend its work from previous years with the recommendations it believes will best benefit the nation's need for a stimulus package. The stimulus package will not be the final word on HICT.

The recommendations developed from the AAAC discussion will serve as a foundation for many of AHIMA's efforts this year on a national and state basis, especially as the topic of reform arises. Together HIM professionals can work for an informed approach to the goal of uniform EHRs and information exchanges that maintains the integrity and protection of our nation's healthcare information.

AHIMA's statement, "Health Information and Communication Investment Recommendations," may be read at www.ahima.org/dc/CommentsTestimony.asp.

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