

# In Like a Lion, out Like a Lion: Health Reform's Impact on HIM and the Latest on the ARRA Provisions

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By Dan Rode, MBA, CHPS, FHFMA

There is an old saying that March comes in like a lion and goes out like a lamb, but in Washington this year the lamb had to wait.

From start to finish March was a busy month in several areas of interest to HIM professionals.

## Health Reform's Impact on HIM

In March the health reform bill became law. Like a lot of legislation, the act's impact will be felt over many years, and while few provisions directly affect HIM work and functions, everyone will be affected to some degree.

The act includes provisions related to administrative simplification and HIPAA changes, which AHIMA has advocated for years. This includes language that should streamline the updating of HIPAA transaction standards, which would shorten the current time it takes to update a standard.

In addition, the act calls for the implementation of a single guide for the use of each transaction, which is a major improvement over the multiple guides currently in circulation.

## A Waiting Game on Meaningful Use

More than 2,000 individuals and groups submitted comments on the January notice of proposed rulemaking for the Medicare and Medicaid "meaningful use" EHR incentive program. Comments on the proposed rule were due by March 15.

Centers for Medicare and Medicaid Services (CMS) officials promised that final rules would be published in "late spring," noting that spring lasts until June 21.

CMS received comments on a number of issues, including the timetable for stage 1, flexibility in the requirements for meaningful use incentives, the data needed for reporting, and appropriate quality measurements.

While it appears CMS is leaning toward flexibility and extending incentive payments to some hospital-based physicians, the industry will not know until CMS, in consultation with the Office of the National Coordinator for Health IT (ONC), produces its final comments.

Comments on the interim final rule for certification criteria for EHR technology were also due March 15. The rule garnered more than 700 comments.

The standards in the rule became effective February 12, including the standard for accounting of disclosures. However, the rule could change due to comments received as well as any changes made in the meaningful use rule.

The proposed rule for the certification process was published in the March 10, 2010 *Federal Register*. The proposed rule calls for a temporary process starting in the fourth quarter of 2010 and a permanent process that would start in the last quarter of 2011.

In an unusual process, ONC called for two sets of comments. The first comment period for the temporary proposal ended April 9; the second period for the permanent process ends May 10. ONC hopes to release a final rule on the temporary process at the same time as the meaningful use final rule.

Regardless of these rules, the EHR incentive program will go into effect October 1, 2010, for hospitals, and January 1, 2011, for other eligible providers.

In its meaningful use comments AHIMA raised its concern that a significant number of healthcare providers are not included in the incentive program, including long-term care providers and some hospital-based physicians. AHIMA noted that by breaking the continuum of care, ONC cannot hope to meet its basic EHR objectives.

## **New Areas of Focus**

Now that the meaningful use and certification standards are in the next phase, the Health IT Policy and Standards Committees and their workgroups and task forces are turning to a variety of other subjects. Two discussion points are of particular importance.

First is the development of ONC's new strategic plan, a draft of which was released in late March. Public hearings took place in April. AHIMA's comments are posted at [www.ahima.org](http://www.ahima.org).

The second item is the security committee's clinical operations workgroup's task force on vocabulary, which is exploring the terminologies and classifications to be used in EHRs. AHIMA has submitted its previous work on this subject and hopes to provide additional input as the task force continues its investigation.

Terminologies already exist in some EHR system's software, but more must be used to meet meaningful use requirements in stage 2.

## **Privacy Rules Still to Come**

The Office for Civil Rights had yet to release the privacy and security proposed rules as of mid-April. A number of the HITECH provisions were scheduled to go into effect February 18, 2010, and the rules have been expected since last fall.

Organizations raised a number of issues about the interim final rules for breach notification and enforcement rules (which became effective in the fall of 2009). The Office for Civil Rights has indicated that enforcement of the February 18 provisions cannot occur until the rules become effective, so the industry must wait until the rules are published.

## **Workforce Developments**

Over the course of the first quarter of 2010 ONC announced a number of grants for workforce support and education. In March 32 organizations were named as regional extension centers (RECs). Another 28 organizations were announced in early April.

RECs will provide consultation to providers, especially primary care providers, on the acquisition and implementation of EHRs. AHIMA expects that many RECs will be seeking HIM professionals to fill out their ranks, and a number of HIM state associations have reached out to provide assistance. AHIMA has designed information packets to assist the RECs.

Other workforce announcements have been directed at short-term and long-term education in the areas of HIM, health IT, and informatics. In early April the Department of Health and Human Services announced \$84 million in grants to universities and junior colleges for training and development of new health IT professionals. The recipients included programs accredited by the Commission on Accreditation for Health Informatics and Information Management Education.

In addition, AHIMA will provide support in a contract to develop and initially implement examinations to assess basic competency for individuals trained through short-duration, nondegree health IT programs as well as members of the workforce with relevant experience.

There are a variety of opportunities for HIM professionals in these new programs, and more will be announced in the future.

## **A Shift of HIE Focus?**

A significant amount of funding has now gone to all states to support efforts for state-based health information exchange. State readiness to use this money for planning and implementation varies, and it is hoped that HIM professionals will lend their expertise to these projects.

For some time ONC has promoted the national health information network as a network of networks, an infrastructure of policies and standards to allow healthcare information to flow across networks. However, ONC is now floating an alternative intended to aid providers participating in the meaningful use program.

ONC has yet to provide much detail, but "NHIN Direct" would enable direct exchange between entities, bypassing HIE organizations. More information about the concept is expected through the spring, but some in the industry initially perceived the suggestion as a mixed signal from ONC on its commitment to HIE.

The advent of health reform and the projects associated with ARRA and HITECH challenge HIM professionals to adapt to these new requirements while keeping our systems running at the same time. However, never has there been a better opportunity for HIM professionals to step up and lead in many projects as we join in transforming health information in the twenty-first century.

## ARRA Resources

Stay current on the latest HIM and ARRA news with AHIMA's ARRA Web page at [www.ahima.org](http://www.ahima.org) and weekly e-Alert e-mails.

Dan Rode ([dan.rod@ahima.org](mailto:dan.rod@ahima.org)) is AHIMA's vice president of policy and government relations.

### Article citation:

Rode, Dan. "In Like a Lion, out Like a Lion: Health Reform's Impact on HIM and the Latest on the ARRA Provisions" *Journal of AHIMA* 81, no.5 (May 2010): 16-18.

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