Market Power for the NHIN: American Health Information Community Selects 'Breakthrough' Projects

by Dan Rode, MBA, FHFMA

The creation of the American Health Information Community (AHIC) in 2005 marked a significant step in the industry's transition to a nationwide health information network (NHIN). This health information oversight group brings market power to the healthcare industry's IT transformation.

Chaired by Department of Health and Human Services Secretary Michael Leavitt, AHIC is made up of 16 "key leaders in the public and private sectors" who represent healthcare stakeholder interests. Leavitt has stated that AHIC is really a "marriage of the market power of the national, local, and state government combined with the innovation of the marketplace."[1] He has also told members that their representation, collaboration, and buy-in will be the force to encourage adoption of electronic health records (EHRs) and creation of an NHIN.

With so many efforts already under way around the country, what is AHIC's role? Two roles are apparent at this time. First, as Leavitt has noted, AHIC members represent market power. If providers and consumers can agree with the direction and processes of EHR adoption and interoperability, via an NHIN, then employer and health plan representatives can push for investment to achieve adoption and implementation. Together, all parties represented on AHIC can foster acceptance. Leavitt has noted that adoption and implementation are not only a matter of the marketplace, but also of technology and sociology.

AHIC also provides a forum for public-private adoption of the standards and processes necessary to achieve a standard EHR and NHIN. With AHIC and its work groups and other industry and public forums, such as the Healthcare Information Technology Standards Panel, Leavitt believes industry implementation can be achieved without the barriers that regulation and government bureaucracy can raise to slow adoption and use.

Delivering Consumer Benefits

Leavitt has set a number of goals for AHIC, including bridging the disconnect between those who ultimately pay for technology and those who benefit from the investment, noting that "unless we are able to create adequate adoption, interoperability is a hollow victory."[2]

At AHIC's first meeting, he noted the need to address the "pure vision of interoperability" as well as immediate progress. To do this, he and national coordinator for health information technology David Brailer, MD, PhD, have introduced categories for breakthrough projects, highly focused uses of health IT that produce "tangible and specific value to the healthcare consumer" and can be accomplished within two to three years. AHIC selected three areas of focus: consumer empowerment, health improvement, and public health protection.

The **public health protection** category involes biosurveillance, because of the "compelling national need" to address a potential pandemic, according to the group. AHIC immediately called for a project to initiate electronic communication between providers and public health entities, and in January it approved a project to "within one year, transmit essential ambulatory care and emergency department visit, utilization, and lab result data in standardized and anonymized format to authorized public health agencies within less than one day lag time from electronically enabled healthcare delivery and public health systems."[3]

The discussion of **consumer empowerment** ranged fairly widely and resulted in the community focusing on a small area of consumer concern, namely patient registration and medication history. In January AHIC agreed on a one-year project to develop and deploy a "prepopulated, consumer-directed, and secure electronic registration summary" and a "prepopulated medication history linked to the registration summary."[4] The registration summary will spare consumers the need to provide the

same personal information over and over again, and the medication history will help them track and communicate to providers the medications they take. (For more on the consumer empowerment project, see Burrington-Brown, J., "Consumer Empowerment," *Journal of AHIMA*, 77, no. 3 [2006]: 54.)

Under the category of **health improvement**, AHIC outlined two breakthrough projects: chronic care and EHRs. To address chronic care needs, AHIC adopted a project to "make recommendations...so that within one year, widespread use of secure messaging, as appropriate, is fostered as a means of communication between clinicians and patients about care delivery."[5] The EHR adoption project states that AHIC will "make recommendations...so that within one year, standardized, widely available and secure solutions for accessing current and historical laboratory results and interpretations is deployed for clinical care by authorized parties."[6]

Each project is the responsibility of a work group made up of AHIC members, staff from the Office of the National Coordinator for Health Information Technology (ONC), and members from the federal government and private sectors. At the time of the projects' adoption most of the work group members came from the federal government, with others in the private sector to be named later. Leavitt previously noted that the pool of candidates for work groups would often come from those that had not been selected to serve on AHIC.

Each of the four work groups also has a separate broad charge that addresses the long-term vision of what is needed in order to achieve interoperability and meet the needs of consumers, healthcare delivery, and public health. How work groups will transition from their specific charge to the broader charge remains to be determined.

In addition, AHIC has also considered the subjects of quality and e-prescribing. These issues have not become breakthrough items because they are being addressed elsewhere. E-prescribing is moving rapidly due to the drug benefits and processes under the Medicare Prescription Drug Improvement and Modernization Act of 2003 that were initiated January 1. Meanwhile, the Agency for Healthcare Quality and Research is addressing a myriad of quality projects aimed at the same AHIC goals.

Under Leavitt's model for AHIC, the four ONC "core contracts" for infrastructure have also come under scrutiny, which include: standards harmonization process, EHR certification process, privacy and security solutions, and NHIN prototypes. Each of these areas was reviewed in AHIC's January meeting, and the contractors were introduced to the AHIC members. Brailer has noted that the work of these contracts will be discussion and decision items for AHIC and that AHIC's breakthrough projects will have to be accommodated in the contractors' work.

AHIMA's Role

AHIMA representatives attend all AHIC meetings. AHIMA also works directly with ONC and others to ensure that the end results of AHIC's efforts meet the needs of the profession, seeking to ensure the quality and safety of care through appropriate processing and use of healthcare information.

AHIMA's role with AHIC should be understood within all the activities related to EHR, interoperability, and NHIN development. HIM professionals and AHIMA staff are playing a significant role in various components of this effort. The HIM profession is involved in standards development and adoption, putting together the foundation on which all of these other goals are built. This includes work on standards as well as the functional and legal components needed for a standard EHR. Ensuring the EHR provides consistent, accurate, and reliable information for a variety of primary and secondary information purposes is a key task for the profession. AHIMA is championing work in the area of vocabulary and terminologies, which is required for real interoperability, working to ensure confidentiality and security of healthcare data, and developing and ensuring the consumer's role in EHRs and personal health records. As AHIC takes on the approval of standards and processes, these same standards and processes have had substantial HIM involvement and influence.

AHIMA members have become involved in regional health information organizations, which means involvement in the architecture and infrastructure development for information exchange. AHIMA is also closely involved in the EHR certification process, the standards harmonization process, and the effort to harmonize privacy and security regulations, laws, and practices.

AHIMA will keep you informed of AHIC's progress. You can also stay current by visiting ONC's Web site at www.hhs.gov/healthit/ahic.html.

Notes

1. American Health Information Community (AHIC). "Meeting Report." October 7, 2005. Available online at www.hhs.gov/healthit/documents/AHICminutes.pdf.
2. Ibid.
3. AHIC. "Meeting Report." November 29, 2005. Available online at www.hhs.gov/healthit/documents/AHIC112905MeetingReport.pdf.
4. Ibid.
5. AHIC. "Chronic Care Workgroup Implementation Plan." January 17, 2006. Available online at www.hhs.gov/healthit/documents/m20060117/CommunityWorkgroupImpl.pdf.
6. AHIC. "Electronic Health Record Workgroup Implementation Plan." January 17, 2006. Available online at www.hhs.gov/healthit/documents/m20060117/ CommunityWorkgroupImpl.pdf.

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