

Preparing for MACRA with AHIMA's Information Governance Adoption Model

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By Kathy Downing, MA, RHIA, CHPS, PMP, CPHI

Information governance (IG)—the development of an organization-wide framework for managing information throughout its lifecycle and supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements—is a critical organizational initiative that healthcare providers must embrace to thrive in healthcare's current transformational environment. AHIMA's HIM experts believe that the performance categories under the Merit-based Incentive Payment System (MIPS) align with AHIMA's Information Governance Adoption Model (IGAM)[™] and that use of this free model can advance preparation and planning for success under the Medicare Access and CHIP Reauthorization Act (MACRA).

As the lifeblood of essential analytic and operational functions, information is a strategic asset that, like other organizational assets, requires effective stewardship and management at all levels throughout and across the organization. Integrated with data governance (policies, processes, and practices that address the accuracy, validity, completeness, timeliness, and integrity of data) and information technology (IT) governance (processes that ensure the effective evaluation, selection, prioritization, funding, and implementation of competing IT investments), the goal is to break down the silos that contribute to insufficient and ineffective information resources that do not adequately support decision-making, patient care, or risk mitigation by implementing practical IG strategies based on information value.

For that reason, AHIMA created a healthcare industry standard model for measuring information governance maturity aligned with IGAM[™] and available through IGHealthRate[™] (free to qualified organizations). The model assesses and scores a healthcare organization using 10 IG organizational competencies, all of which tie to and support MACRA measures. Each competency includes several key maturity markers that identify critical requirements that must be met to optimize maturity in information governance. Using the model allows organizations to assess their current capabilities, including many areas included in MACRA. See the tables below and at right for examples of the link between MACRA and IGAM.

MACRA/AHIMA IGAM[™] Crosswalk

Summary of MACRA MIPS Performance Measures (Pillars)	Description of Performance Measures	Crosswalk to AHIMA's IGAM Competencies that Support Implementation and Maturity
Quality	Clinicians choose measures to report to the Centers for Medicare and Medicaid Services (CMS) that best reflect their practice. Clinicians also can choose to report a specialty measure set.	Significant crossover with IGAM competencies, including: <ul style="list-style-type: none"> • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Analytics • Regulatory and Legal
Advancing Care Information	Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	Significant crossover with IGAM competencies, including: <ul style="list-style-type: none"> • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Analytics • Privacy and Security Safeguards • Regulatory and Legal
Clinical Practice Improvement Activities	Clinicians can choose the activities best suited for their practice.	Significant crossover with IGAM competencies, including: <ul style="list-style-type: none"> • Strategic Alignment • Enterprise Information Management • Data Governance • IT Governance • Regulatory and Legal

		<ul style="list-style-type: none">• Analytics
Resource Use	CMS will calculate these measures based on claims and availability of sufficient volume.	Crossover with IGAM competencies, including: <ul style="list-style-type: none">• Enterprise Information Management• Data Governance• IT Governance• Regulatory and Legal

Example of MACRA Measure Tied to AHIMA Information Governance Adoption Model™ Marker – Provide Patient Access

MACRA MIPS	MACRA Measure	AHIMA IGAM Marker
Advancing Care Information	Provide Patient Access—For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician’s certified EHR technology.	Information Sharing — Patients, Clients, Residents and Their Representatives

Information Sharing – Patients, Clients, Residents, and Their Representatives

 Level 1	 Level 2	 Level 3	 Level 4	 Level 5
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
<p>The organization does not understand its obligations to share information with patients, clients, residents, and their representatives.</p> <p>It does not recognize the value of sharing information. Anything that might be shared is reactive and the authenticity, reliability, and accuracy of the information are unknown or questionable.</p>	<p>There is awareness that sharing information with patients, clients, residents, and their representatives may impact their satisfaction and the care experience.</p> <p>Any information sharing that may occur is ad hoc, undisciplined, and largely at the organization's discretion.</p> <p>There are no defined processes or audit trails for demonstrating the authenticity, reliability, and accuracy of information that might be shared.</p>	<p>The organization views information sharing as a strategic imperative, a competitive differentiator, and a requirement to provide the best patient care at the best cost.</p> <p>Organization implements policies and procedures to meet its regulatory requirements for information sharing.</p> <p>Practices are geared to ensuring the authenticity, reliability, and accuracy of information; however, these are not formalized and applied throughout all functions and business units across the organization.</p> <p>The organization is aware of the need to apply and adopt these practices across the entire organization.</p>	<p>The organization has established formalized practices and oversight to ensure the authenticity, reliability, timeliness, and accuracy of information that is shared with patients, clients, residents, and their representatives.</p> <p>Proactive information-sharing strategies and tools are being evaluated and implemented. The organization and its business partners provide appropriate, immediate access to records and are not involved in information blocking activities (practices that interfere with, prevent, or materially discourage access, exchange, or use of health information). Patients and appropriate healthcare organizations, providers, and other clinicians are given access to patient information in the form, format of their choosing, in a timely fashion.</p>	<p>The organization actively solicits input from its patients regarding their digital preferences in both channel and service, has incorporated those preferences into its business strategic plan, executed on that plan, and created measurable value including patient empowerment and engagement.</p>

Kathy Downing (kathy.downing@ahima.org) is vice president of information governance, informatics, standards, privacy and security at AHIMA.

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