

Rapid Release of Rules Means Work Ahead

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By Dan Rode, MBA, CHPS, FHFMA

The Centers for Medicare and Medicaid Services (CMS), along with the Office of the National Coordinator for Health IT (ONC), formally released three final rules around the the time of the Labor Day holiday. Appropriately enough, the arrival of these final rules spells out much work ahead for the healthcare industry over the next two years, all while industry professionals continue to await the omnibus HITECH-HIPAA privacy rule modification and the next steps in healthcare reform based in part on the outcome of the November election.

Getting on with ICD-10-CM/PCS

Most readers know that CMS has extended the compliance date for ICD-10-CM/PCS to October 1, 2014. While people were interested in the date itself, the commentary provided by CMS demonstrated industry recognition of the need for ICD-10 to deliver better data despite the stress of multiple substantial changes occurring in a very limited time period.

The rules for the stage 2 “meaningful use” EHR Incentive Program and the accompanying certification rules echoed the arrival of ICD-10-CM/PCS, but it is still not completely clear just how they will initially relate to each other. The ICD-10 compliance date has been set about a year after the meaningful use compliance dates of October 1, 2013 for hospitals and January 1, 2014 for physician practices and other providers. While some ambiguity exists, it is clear that if HIM professionals are going to lead the industry through these changes, all of these regulations must be understood regardless of an individual facility’s intention to attest for the meaningful use program.

These three regulations have signaled to healthcare information technology vendors that their systems must be capable of handling the appropriate ICD-10-CM or ICD-10-PCS classification systems-which has not always been the case in new products over the last few years. With just a little less than two years to complete ICD-10-CM/PCS implementation, discussion has now turned to a number of other questions-including whether there would be any further delay with the ARRA-HITECH rules. The presidential administration and Congress have affirmed there will be no additional delays for HIPAA changes.

AHIMA co-sponsored and facilitated a session on ICD-10-CM/PCS at the US Capitol in mid-September where participants made it clear that the majority of the industry and Congress members alike want to move forward with ICD-10. The implementation of ICD-10-CM/PCS will allow further meaningful changes in healthcare for the US by leveraging more detailed information than ICD-9-CM can deliver. While Washington is never an absolute town, patience is thin and most want to get on with ICD-10.

Training is another area of concern-training and support for those who do not have the means to make the ICD transition. Among the speakers at the September Congressional forum were insurers and vendor representatives. Both expressed a desire for their segments of the industry to step forward and assist healthcare providers with ICD-10 education, implementation, and testing. Many are encouraged that AHIMA and other groups are working to determine just what is the best way to test for ICD-10-CM/PCS use.

AHIMA is stepping up its efforts as well. A program or project to support state health information management association outreach to physicians, small providers, and Medicaid agencies is being developed by the AHIMA State Advocacy Council and staff. This program is being modeled in part on the experiences of associations like the Tennessee Health Information Management Association, who recently worked with physicians on various HIM topics like HIPAA and ICD-10. AHIMA is also reviewing its strategy to assist coders and organizations with the necessary changes. This is a time for everyone in our profession to lend a hand.

Vocabulary and Standards Take Center Stage

The stage 2 meaningful use program also identifies the next step for the industry and HIM professionals with the use of SNOMED CT as the basic terminology for standard electronic health records (EHRs). Many anticipate that stage 3 meaningful use will go even further with its recommendation of using SNOMED CT. For the first time in several years, the demand for SNOMED training is expanding as the industry turns its attention toward the true interoperability of records in order to take the next steps in healthcare technology improvement. The August announcement by the Health Level Seven (HL7) board that it would make its standards available free of charge has helped move this process along (see Bulletin Board on page 12 for more details). This announcement was followed by a recognition that further steps are occurring to bring the SNOMED CT terminology in sync with the LOINC terminology as well.

The HL7 meeting in September identified more metadata standards that help secure the transmission of healthcare information and maintain privacy. ONC and the Department of Veterans Affairs Health Administration (VA) shortly thereafter announced a pilot project to test these standards in the VA system.

The movement toward standards for transactions and vocabulary, along with new steps in meaningful use incentives, demonstrates the rapid changes taking place in the industry. This seemingly breakneck pace for the industry, and how the consumer fits into the mix, were both questions raised at the dd the ONC Consumer Health IT Summit that also occurred in September. This was the second consumer summit for ONC, much of which was directed at the adoption and use of “Blue Button.”

The “Blue Button” concept was first unveiled in the Markle Foundation’s Connecting for Health program, and for years the VA has offered the record access tool for veterans. ONC held some meetings with providers on the concept in August prior to the September summit. The Blue Button concept marries consumer access with a provider portal, and an initiative to open up the program to the public launched in September. With one “push” of the Blue Button, most of the administrative information and recent clinical and ancillary information will be available to the consumer.

While the concept is simple, the technology and systems changes may not be. They are addressed to some extent in the meaningful use requirements and recent rules concerning the release of laboratory data to consumers. Though not ONC Consumer Health IT Summit in September. Much of the summit focused on the adoption and use of “Blue Button.” ONC hopes that campaigning will inspire entities to implement, and consumers to use the information to participate in their healthcare delivery.

AHIMA was invited to the Consumer Health IT Summit and Marsha Dolan, MBA, RHIA, FAHIMA, co-chair of AHIMA’s Consumer Engagement Practice Council, led one of the breakout sessions. During the session, Dolan unveiled the council’s “Understanding Your Medical Record,” now posted on AHIMA’s [myPHR.com](https://www.ahima.org/myPHR.com) website. Dolan and other attendees discussed the need for providers and consumers to adopt and use Blue Button and encourage patient-centered care.

More Changes to Come

With ICD-10 and stage 2 meaningful use released, the industry now waits for what the HITECH-HIPAA privacy rule and the national and state elections will bring. AHIMA is already developing stage 3 meaningful use recommendations for ONC and AHIMA’s health IT committees are gearing up to welcome a new 113th Congress as well as many new federal officials shortly after the new year.

This has been a rather momentous year for anticipated changes, and we are still waiting for a Department of Health and Human Services (HHS) plan that can tie all the loose ends together and place some order to HIM professionals’ next steps. In that void the healthcare industry must work together to approach future development and use of health IT and its impact on HIM. As in the past, AHIMA invites you to provide comments, direction, and best practices in the industry by participating in AHIMA’s practice councils, House of Delegates, advocacy task forces, and work groups as well as your state HIM association.

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