

Setting AHIMA's 2005 Federal Agenda: AHIMA Charts its Legislative Course for the Coming Year

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by Dan Rode, FHFMA

In January we discussed how AHIMA members can get involved in local health information and advocacy projects. In February we examined 2004 federal legislative activities. This month we will review AHIMA's federal agenda for 2005.

The Ball Is Rolling on NHIN

In November the Office of the National Coordinator for Health Information Technology (ONCHIT) issued a request for information on developing a national health information network (NHIN) that would link regional and local networks for health information exchange. AHIMA joined 13 other organizations to produce "The Collaborative Response to the ONCHIT Request for Information."¹ The response was based on Connecting for Health's roadmap titled "Achieving Electronic Connectivity in Healthcare." ONCHIT is now in the process of taking the input it received and refining a strategic plan based on its previous work.

At the same time, the Commission on Systemic Interoperability (CSI) held its initial meeting in January. CSI, whose members were appointed by the president and Congress, has nine months to study and report on the issue of interoperability. It will be looking at electronic health record (EHR) standards and reviewing the scope of interoperability and how it applies to healthcare.

Congress also began the year by requesting more detail and guidance surrounding the implementation and adoption of health information technology. Members of the Senate leadership from the Finance and Health, Education, Labor and Pensions committees asked the Department of Health and Human Services and Office of Management and Budget to identify "the role of public programs and government funding for these initiatives, options for building public-private partnerships and fostering physician involvement in changing the way care is delivered, and ways to address privacy and security concerns." In the meantime, Congress will be receiving a report from the Medicare Payment Advisory Commission urging investment in health information technology and consideration of pay-for-performance programs as a way to provide incentives for healthcare providers to become involved in health information technology solutions.

While the good news is that Congress is asking, if not pushing, the Bush administration to come up with a plan for health information technology implementation and funding, it faces a significant budget deficit and an agenda that has the potential to drain money away from such an investment. Congress must decide if now is the time to make an investment. AHIMA will be supporting efforts to encourage this investment and other necessary legislation to occur as soon as possible, and we will be calling on you to assist. But it will be an uphill battle in these lean economic times.

Work Force Investment

Any existing or new technology to manage or transmit health information also calls for a strong, growing cadre of health information professionals. We were pleased that Congressmen Cliff Stearns (R-FL) and Ted Strickland (D-OH) reintroduced their Allied Health Reinvestment Act (HR 215) on the first day the House reconvened. While last year's bill languished in Congress, it did stir enough interest to allow Public Health Title VII to receive a higher appropriation than expected. This year we expect to see more interest as AHIMA and others connect work force needs to health information technology.

NCVHS

The National Committee on Vital and Health Statistics (NCVHS) is pursuing a number of issues related to health information and privacy. NCVHS's subcommittee on standards and security continued its work on e-prescribing standards by analyzing the

issues of electronic signatures and authentication, items that will be key for any exchange of health information. The subcommittee also issued an update on the HIPAA standards and heard reports from the National Uniform Billing Committee, the National Uniform Claims Committee, and the Workgroup for Electronic Data Interchange (WEDI) on requests to upgrade the HIPAA standards. WEDI reported its concern that more needs to be done on using and implementing the original HIPAA transaction standards. Most of the attention thus far has been on claims, but WEDI noted any return on investment comes from uniform use of all the standards. The subcommittee will also look at medical history data necessary for e-prescribing.

The privacy and confidentiality subcommittee heard testimony on some of the problems that occur when personal health information (PHI) is shared with third parties not covered under the HIPAA privacy rule. The subcommittee has also been asked to address privacy and security of PHI as health information networks and personal health records (PHRs) become more prominent. From this discussion it is clear that Congress must pass a bill similar to the genetic nondiscrimination bill, which has failed over the last six years. Last year the Senate passed such legislation, but the House leadership refused to bring a bill to the floor in spite of support from a majority of House members. If legislation prohibiting discrimination through the use of health information cannot be passed, patients who are to control the release of their information in the networks may not allow information to flow out of mistrust or fear. Any sizeable freeze on such information could cause the networks to fail.

PHI was also the subject of the NCVHS's national health information infrastructure work group's first hearing. The work group heard from a number of current PHR users about the advantages and disadvantages of PHRs. So far the testimony is largely in favor of PHRs, but more discussion is needed, including how PHRs should relate to the EHR and any local or national information networks.

The discussions on charting of healthcare services and the documentation that exists for reimbursement and tort purposes should be of interest to HIM professionals. This issue arose several times in the work group hearing, especially when it came to allowing patients access to their electronic health information via a PHR. This is a discussion you might encounter locally and certainly one AHIMA will follow closely.

Coding, Vocabulary, and Terminology

This year should see greater attention on a variety of vocabulary issues. The need to replace ICD-9-CM should become more apparent, as those seeking quality data and administrative efficiencies find themselves dealing with less-than-adequate data or turning to the paper record. AHIMA remains committed to seeing the US join many other industrialized nations by adopting ICD-10-CM and ICD-10-PCS. We invite you to support this effort wherever possible.

Consistency of coding is more important than ever. As the nation begins to seriously discuss the use of healthcare data outside of reimbursement, it is clear that "required" duplication of codes and poor coding guidelines cannot be tolerated. This is another effort we will be following and a conversation that needs as much local attention as national.

As discussion and debate regarding data exchange networks and EHRs continues, recognition of the importance of vocabularies, terminologies, and classifications grows along with the need to address who, when, and what types of mappings should be in place to give a uniform network interoperable information. While HIM professionals understand the importance of vocabularies, others in the industry are just beginning to recognize it. This year we hope to see considerable effort to energize this discussion and create a strategic plan for the vocabulary needs of our 21st century healthcare system.

If 2005 is anything like 2004, we will be faced with issues we haven't yet thought of. Last year brought us a long way; 2005 can carry us even farther. We hope to see some of you at AHIMA Hill Day on March 16. Even more, we hope to see all of you use the Advocacy Assistant as we initiate a number of grass-roots campaigns this year. We can continue to make a difference.

Note

1. AHIMA et al. "The Collaborative Response to the ONCHIT Request for Information." Available online at www.ahima.org/dc.

Dan Rode (dan.ode@ahima.org) is AHIMA's vice president of policy and government relations.

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