Simplification Provisions Prompt NCVHS Report

by Margaret Amatayakul, MBA, RHIA, FHIMSS, and Jeffrey S. Blair, MBA

Until now, the section of HIPAA calling for recommendations on uniform data standards for patient medical record information has not received much attention. However, these recommendations have important implications for HIM professionals. Here's an overview of the history and significance of the administrative simplification provisions.

HIPAA Promotes Standardization

HIPAA includes provisions for administrative simplification to improve the effectiveness and efficiency of the healthcare system by using electronic information systems. These provisions grew out of industry recommendations made nearly a decade ago. In 1991, then-Secretary of Health and Human Services (HHS) Louis Sullivan convened a healthcare summit to investigate how costs could be better managed and system improvements made. Payers and providers identified the need for standard financial and administrative transactions. The Workgroup on Electronic Data Interchange (WEDI) grew out of this summit. WEDI convinced the government to let it try to achieve industry adoption of these standards without government regulation. Unfortunately, no industry action group has been powerful enough to achieve such standardization. Estimates suggest there are still nearly 400 different versions of the UB92 and HCFA 1500 claim forms.

Senators Kassebaum and Kennedy ultimately drafted the bill that became HIPAA, making standards mandatory for claims processing, eligibility verification, coordination of benefits, and other transactions, as well as provider, payer, employer, and individual (still on hold) identifiers. In response to public concern for safeguarding confidentiality of private health information in these transactions and because the healthcare industry has been relatively lax in addressing these issues, security and privacy requirements were also included in HIPAA.[1]

Enter the NCVHS

Today, most HIM professionals are familiar with the HIPAA standards requirements for transactions, identifiers, security, and privacy. However, very few in the industry are aware that the administrative simplification provisions of HIPAA also changed the membership composition and charge of the National Committee on Vital and Health Statistics (NCVHS).[2] As a result, NCVHS must monitor HIPAA progress and make recommendations and legislative proposals for additional standards.

Founded 50 years ago, NCVHS is the public advisory committee to the secretary of HHS and has made many groundbreaking recommendations on health surveys, disease classification systems, health data sets, cause of injury coding, and other data standards. It has contributed to the evolutionary improvement of vital and health statistics in the US by promoting the quality, breadth, and depth of health data and health information systems. Today, the committee is formulating the vision for a national health information infrastructure.

Of the 18 individuals that serve on the committee, 16 are appointed by the secretary of HHS and two are appointed by Congress. Committee members are chosen for their expertise and distinction as researchers, educators, and practitioners in such fields as population-based public health, epidemiology, health services, privacy/confidentiality, health information systems, and health data standards.[3] For a number of years, either an AHIMA member or a liaison to coordinate relationships between AHIMA and other groups with similar interests has served on the committee.

NCVHS Work Group Researches Requirements

Because of its role in monitoring progress and making recommendations relative to HIPAA, NCVHS is the group to watch as a harbinger for HIPAA activities. One example was its goal to make recommendations on "uniform data standards for patient medical record information and the electronic exchange of such information" by August 21, 2000.[4]

The law contains no further direction concerning the purpose, scope, or definition of uniform data standards for patient medical record information. As a result, the NCVHS formed a work group and developed a work plan to address these standards.

Although the organizational unit of NCVHS created to address these standards was called the Computer-based Patient Record (CPR) Work Group, it is important to note that neither HIPAA nor the NCVHS addresses the technology or products associated with records or record systems. Recommendations from NCVHS call for uniform data standards for patient medical record information, not computer-based patient record systems. Uniform data standards may be applied in any and all systems that allow electronic exchange of patient medical record information.

To better understand requirements for the uniform data standards, the work group first heard testimony in December 1998. As a result of the testimony, several major focus areas were identified, including message format standards, healthcare terminology, and data quality, accountability, and integrity. Another issue raised included the business case for the industry to develop standards. The relationship between patient medical record information and a national health information infrastructure was also a focus area because the diverse state laws relating to patient medical record information make adoption of uniform standards difficult. Finally, it became clear that any recommendations relating to patient medical record information must include attention to privacy, confidentiality, and security issues (even though these issues are also being addressed by the Subcommittee on Standards and Security within the NCVHS).

The Missing Link: Information Infrastructure

Throughout the course of its deliberations, the work group heard from 92 testifiers, representing providers, vendors, standards developers, and a variety of patient medical record information users. To correctly interpret the recommendations, it was necessary to explicitly define the scope and purpose of the recommendations. The report, submitted to Secretary Shalala in July 2000, reiterates the focus on patient medical record information and not record systems and describes the issues the healthcare delivery system currently faces. It notes that many other industries have created an information infrastructure to improve quality and control costs of their products and services.

An information infrastructure includes the laws, regulations, standards, business practices, and technologies needed to facilitate authorized sharing of comparable data in a safe and secure manner. Whether the data is the balance of funds in a bank account, flight schedules for various airlines, or the fact that a person is taking a prescription medication, an information infrastructure would enable such data exchange to occur seamlessly, accurately, and securely.

Healthcare has failed to develop an information infrastructure. As a result, we expend significant resources to interface disparate systems or sometimes avoid adopting information technology because of interoperability issues. Many of our databases are limited to data compiled for reimbursement purposes and such data are not sufficiently robust to support clinical decision making. Data often do not employ standard definitions, so we are not assured of comparable data for outcomes analysis and quality improvement activities. The quality of data is questionable at best. Although it is very difficult to measure the quality of healthcare data, every user can point to examples where data quality is suspect and cannot be validated.

NCVHS Report Asks Questions, Offers Recommendations

As a result of its findings, the NCVHS developed a report that includes three primary sections. The first is a background and general rationale section that attempts to answer questions such as what has already been done to improve quality and control costs in healthcare? How have other industries accomplished quality and cost improvements? Why has healthcare been slow to implement an information infrastructure? How do standards for patient medical record information fit within a health information infrastructure? Why is it taking so long to develop and implement standards for patient medical record information?

The second section of the report provides an overview of standards for patient medical record information. It is anticipated that the report will be read by congresspersons and their staff; HHS and other federal, state, and local government representatives; members of the healthcare delivery system; and even the public. For this reason, an introduction to patient medical record standards concepts was included.

The evolution of healthcare informatics standards is described. Issues relating to message format, vocabulary, and quality standards for patient medical record information are identified. Finally, the current status of standards is explained. This section truly is a primer for those not familiar with intricate details of health information system interoperability, data comparability, data

quality, and other associated issues. The section on data quality uses AHIMA's Data Quality Management Model as a resource.[5]

The final section of the report presents the recommendations. These are delivered in a sequential manner that encourages the secretary of HHS to support the acceleration of standards development; promote early adoption, evaluation, and feedback on standards implementation; and demonstrate the cost/benefits and measurement of using uniform data standards for patient medical record information.

The report first recommends the adoption of the NCVHS guiding principles for the selection of patient medical record information standards. Each of the notices of proposed rulemaking under HIPAA have identified guiding principles that led to the identification of candidates and the selection of standards for final adoption. The guiding principles may not always be fully met because such standards may not currently exist, but where there are competing standards, the principles make selection easier.

The second recommendation indicates that the NCVHS will develop recommendations for specific standards, the first set of which will be delivered in 18 months. The committee found that standards currently available for healthcare system interoperability, data comparability, and data quality are not as mature or clear cut as those for other administrative simplification issues. As a result, it may make recommendations in 18 months for one specific type of standard, to be followed later by other recommendations. The committee encourages the secretary of HHS to provide an open process for public comment on subsequent notices of proposed rulemaking for patient medical record information standards.

The remaining recommendations focus on specific areas the secretary of HHS can support to promote patient medical record information standards development and adoption. The report calls for immediate funding to accelerate development and promote early adoption of patient medical record information standards, especially through broader participation of government representatives in standards development activities and through government projects such as the Government Computer-based Patient Record Framework Project.[6]

This section of the recommendations calls for coordination of data elements among all standards selected for adoption under HIPAA. There are 2,038 unique data elements in the transactions standards alone. Without adequate coordination, the risk is great that any new standards may require similar data elements, but not necessarily be defined in precisely the same manner. As a result, the industry will once again face multiple standards for the same thing. This section of the recommendations points especially to the need to improve drug data capture by enhancements to the National Drug Codes (required for use in the transactions standards) and encourages the development of a drug reference terminology.

Other recommendations call for uniform implementation guides, conformance testing procedures, and ongoing government licensure or comparable arrangements to reduce the cost burden of using standards for patient medical record information. The secretary of HHS is encouraged to support increases in funding for research, demonstration, and evaluation of clinical data capture systems and other healthcare informatics issues that would ultimately encourage the adoption of information technology leading to a national health information infrastructure. Finally, the report recognizes the diversity of state laws related to patient medical record information and the critical need for attention to privacy and encourages legislation to support the use and exchange of electronic patient medical record information. The report also includes an executive summary, list of testifiers, and comprehensive glossary of terms. The full text of the report, as well as an explanatory PowerPoint presentation, is available at the NCVHS Web site at www.ncvhs.hhs.gov.

Notes

1. National Research Council. *For the Record: Protecting Electronic Health Information*. Washington, DC: National Academy Press, 1997.

2. The National Committee on Vital and Health Statistics Web site is www.ncvhs.hhs.gov.

3. The National Committee on Vital and Health Statistics, 1996-98, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics: Hyattsville, MD, December 1999.

4. Public Law 104-191, Title II, Subtitle F, Section 263.

5. AHIMA Data Quality Management Task Force. "Practice Brief: Data Quality Management Model." *Journal of AHIMA* 69, no. 6 (1998).

6. Government Computer-based Patient Record Framework Project of the Department of Defense, Department of Veterans Affairs, and Indian Health Services to build an infrastructure and standards to allow sharing of information among existing systems to achieve a comprehensive life-long medical record.

***Margret Amatayakul**, MBA, RHIA, FHIMSS, is president of Margret\A Consulting, LLC (www.margret-a.com), an information systems consulting firm based in Schaumburg, IL. She was the contract project manager for drafting the NCVHS report. **Jeffrey S. Blair**, MBA, vice president of the Medical Records Institute, is a member of the NCVHS and was chair of the CPR Work Group that developed this report. He can be reached at jeffblair@ medrecinst.com.*

Article citation:
Amatayakul, Margret, and Jeffrey S. Blair. "Simplification Provisions Prompt NCVHS Report." *Journal of AHIMA* 71, no.10 (2000): 22-25.
