

Standards from the Ground Up: Progress Slow but Steady in Advancing Data Content Standards

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Last year many recognized that an interoperable national health information network and health information exchange (HIE) required data standards. In 2006, AHIMA found that we have a long way to go before we achieve full consensus on standards and their use. This article takes a look back at the progress made so far to build consensus on standards and their use and what HIM professionals should look for in 2007.

Beginning the Discussion

In 2006 AHIMA took part in the American Health Information Community's (AHIC) discussions on standards. These discussions included long-range goals and objectives as well as short-term or "low-hanging" attempts at standards breakthroughs. During the October 2006 AHIC meeting, the Healthcare Information Technology Standards Panel (HITSP) presented its recommendations for standards for three of the AHIC breakthrough projects: EHR laboratory reports, chronic care electronic messaging, and the consumer electronic clipboard.

While there was not full consensus on the standards selected for these three areas, the meeting demonstrated that a public-private entity could meet and discuss standards with the goal of selecting those that best fit the use case needs of the healthcare industry. The standards, accepted by AHIC, now move on to the Certification Commission for Healthcare Information Technology (CCHIT) where they will eventually become part of the criteria for the certification of interoperable health IT systems. This year should see more work in both the short- and long-term objectives of AHIC and the Office of the National Coordinator for Health Information Technology (ONC).

In November AHIMA and the American Medical Informatics Association published a white paper developed by a joint task force. "Healthcare Terminologies and Classifications: An Action Agenda for the United States" raises concerns about standards not only in the storage, transmission, and exchange of health information but also in the language of the information itself and the need to ensure that the language, its components, and definition standards are adopted and maintained to permit full interoperability.

While the message was not new, the paper provides a vision and goals for the roles currently played by the National Library of Medicine, HITSP, and the soon-to-be-formed international standard data organization for SNOMED. It also outlines several tasks that must be undertaken to reach a vision of terminology interoperability including:

- Create a publicly funded research and development project
- Secure funding for the planning and development of a centralized authority
- Develop a governance model
- Commit to the adoption of sound principles for operation of a terminology and classification standards development organization

These recommendations are a signal to the healthcare industry and its public and private leaders that standards for vocabulary, classifications, and terminologies must be understood and used if the goals of a national health information network and HIE are going to be achieved.

Quality Measurement Standards

Last year the healthcare industry and federal government also focused on quality measurement standards. While work on quality measurement standards has been under way for several years, the need for consistency and data quality took on new

importance because of increasing interest in consumer education and consumer-driven healthcare. The federal government's exploration of pay-for-performance programs and the Department of Health and Human Services (HHS) secretary's goal of identifying the potentials for quality measurement standards to be a key component of HIE, both on a state and national basis, have also driven this discussion.

AHIMA served as a technical partner in an Agency for Healthcare Research and Quality forum and provided the HHS secretary with FORE–ONC-sponsored research on state HIE initiatives, including how they relate to the development and reporting of standard quality measures. This year will see more work on quality as it continues to be an important issue throughout the healthcare industry. AHIMA will be involved in these discussions and future activities, striving to ensure we have both standardization and data quality to ensure that the role of secondary data (in this case quality measurement) is understood as EHR standards are adopted.

Work on clinical standards for EHRs, PHRs, health IT, and long-term care also continues to move forward. AHIMA began work on the standards necessary for a legal health record. While most HIM professionals would see these issues as no-brainers, the industry and to some extent the government are struggling to achieve consensus on the components of a legal health record to ensure that all legal aspects can be addressed uniformly.

Finally, in the fall of 2006 HHS Secretary Mike Leavitt suggested to AHIC that it consider building standards from the ground up for what he termed "personalized medicine." Personalized medicine is the incorporation of genetic information and genetic test results into the general practice of medicine and the EHR. Leavitt, noting the rapid development of genetics, suggested that it would be prudent to develop standards for incorporation of this data or information before it actually became part of general medical practices. Accordingly, he has appointed a federal advisory body to this end, and AHIC will be appointing a work group for this effort.

HIM and other professionals have put hours of work into these efforts as well as other various standards bodies, such as Health Level Seven, ASTM, HITSP, and AHIMA's e-HIM® groups. Confidentiality, privacy, and security will continue to be prevalent in 2007, especially given the efforts of the Health Information Security and Privacy Collaboration, results of which are due in March, and the AHIC work groups on confidentiality, privacy, and security and personalized health.

Advancing Standards by Organization

National standards don't mean anything if the standards efforts do not take root in states and healthcare entities themselves. HIM professionals and their state associations have considerable work to do beyond supporting and participating in national efforts. As the FORE report "Development of State Level Health Information Exchange Initiatives" pointed out, much of the information exchange effort is local.¹

To keep these local efforts in line with the national efforts means that HIE participants must be aware of the implications of standards for data quality, EHRs, and confidentiality. In 2007 this will be an issue everyone will have to reckon with. While standards are being developed and groups like AHIC, HITSP, and CCHIT are moving forward, the argument for adoption and appropriate use of such standards will have to occur at a local level as well, since the current effort is voluntary, not regulated.

The need to educate all industry participants as to the need for standardization in the various components of health IT, including data and terminologies, begins at home. Each HIM professional has a role to ensure that their part of the industry is prepared and ready to take on the standards and components that will allow all of us to see the goals of a national health information network and HIE are achieved. Commit to working with the profession to make sure that in 2007 the need for standards in all facets of health IT, data exchange, and information management will be understood by all who are working in health IT and HIM as well as the clinical providers and consumers we serve.

Note

1. Foundation of Research and Education. "Development of State Level Health Information Exchange Initiatives." 2006. Available online at www.ahima.org/hie [web page no longer available. See AHIMA's HIM Body of Knowledge™].

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