

Testimony Summer: AHIMA Testifies on Key HIM Issues in Three Government Hearings

Save to myBoK

by Dan Rode, MBA, FHFMA

One of the principal ways the US government gathers information is testimony from public hearings. Testimony at federal hearings provides input to the committee or work group itself as well as the industry and public at large. This summer AHIMA was invited to testify on issues that directly affect the association's strategic goals and programs.

Secondary Uses of Data and Computer-assisted Coding

In July AHIMA member Valerie Watzlaf, PhD, RHIA, FAHIMA, and AHIMA professional practice manager Mary Stanfill, RHIA, CCS, CCS-P, testified on computer-assisted coding (CAC) to the Standards and Security Subcommittee of the National Committee on Vital and Health Statistics (NCVHS). The subcommittee was interested in facilitating secondary uses of clinical care data. AHIMA's testimony was part of a series of comments that included input from Vivian Auld, MLIS, from the National Library of Medicine (NLM), who provided an update on NLM's work; James Campbell, MD, from the University of Nebraska, an expert on the use of SNOMED-CT and mapping; and Clement McDonald, MD, from the Regenstrief Institute, who discussed the negative effects of minimal standardization on secondary data use.

AHIMA's testimony provided a brief snapshot of the current status of CAC, its relationship to the electronic health record (EHR), and AHIMA's conception of CAC. Watzlaf reviewed AHIMA's findings from its initial study on how automated coding software and a national health information network (NHIN) can address healthcare fraud issues. She also addressed the role of natural language processing and SNOMED-CT when embedded in an EHR. Stanfill described the impact of reference terminologies embedded in an EHR and the mapping that must occur to classification systems. Both related the benefits and anticipated impact of CAC and mapping as well as the barriers. They suggested catalysts for the adoption of these technologies, including how the subcommittee and NCVHS could promote an eventual move to CAC.

AHIMA recommended that NCVHS support continued efforts to encourage widespread adoption of EHRs, efforts to simplify and standardize the reimbursement framework (that often affects the consistency of coding), and expeditious adoption of ICD-10-CM and ICD-10-PCS. AHIMA also suggested additional research be performed to evaluate the use of CAC technologies in EHR care settings, the creation of use cases and test databases for evaluating CAC technologies, and evaluation of automated coding software's potential in conjunction with the EHR to relieve coding work force shortages and understand what skills and competencies are required for future coding professionals. AHIMA's testimony can be found at www.ahima.org/dc. A transcript of the hearing with the complete testimony can be found on NCVHS's Web site at www.ncvhs.hhs.gov.

ICD-10-CM and ICD-10-PCS Legislation

AHIMA's testimony on upgrading ICD-9-CM was not limited to the NCVHS hearing. Shortly after the NCVHS testimony, AHIMA's chief executive officer Linda Kloss, RHIA, CAE, appeared before the Health Subcommittee of the US House of Representatives' Committee on Ways and Means. The testimony regarded legislation being considered by the subcommittee's chairman Nancy Johnson (R-CT). Johnson's legislation includes making the Office of the National Coordinator on Health Information Technology (ONC) permanent, requiring potential pre-emption of laws that would impact the interstate transfer of information in a NHIN, and adoption and implementation of ICD-10-CM and ICD-10-PCS by October 2008.

Kloss's principal testimony concerned the urgent need for ICD-10-CM and ICD-10-PCS adoption, which reflected AHIMA's position statements and AHIMA's and Johnson's timetable for adoption. (See page 26 for AHIMA's latest position statement). Kloss detailed the failings of ICD-9-CM in the 21st-century health system and the impact such an outdated

classification system has on a variety of healthcare functions, information, and knowledge. Similarly, she highlighted the advantages of the new upgraded classification systems and their effect on improved information and the NHIN.

Since Johnson's legislation followed previous recommendations from NCVHS and Congress made in 2003, Kloss also provided some history of the classification system and the need for the healthcare industry and its vendors to have a deadline for implementation so that they gear up for such a change. Kloss noted that the Department of Health and Human Services has not, to date, responded to these recommendations, and she thanked the subcommittee for its leadership in pushing ahead notification, adoption, and implementation of this necessary classification upgrade.

While limited time prohibited Kloss from speaking to all the issues in the legislation, she did indicate AHIMA's desire to see uniform information, privacy, and security laws that would resolve some of the current HIPAA issues and provide a uniform platform for an NHIN. AHIMA's testimony can be found at www.ahima.org/dc. The written testimony to the Ways and Means Subcommittee can be found at the House Committee Web site at www.waysandmeans.house.gov.

Privacy, EHRs, and NHIN

The third opportunity to testify came from the NCVHS's Subcommittee on Privacy and Confidentiality, which looked at the issue of privacy as it pertains to the access, use, and disclosure of personal health information (PHI) via EHRs and within an NHIN. The subcommittee supplied those asked to testify with specific questions before the hearing. AHIMA was the only professional association that testified.

One of the issues the subcommittee faced was the incomplete picture of just how EHRs, health information networks, and a national infrastructure would function together. Individuals who testified were asked to describe their views of an eventual model. AHIMA's testimony called on its previous work in conjunction with Connecting for Health and described a network of networks that permitted the exchange of health information between various entities.

AHIMA's testimony stressed the need for a fully informed patient whose decisions on consent or authorization follow a fully informed discussion of the impact of such a decision. While AHIMA noted that education could occur in communities, it also noted that such an issue often does not arise until an individual must deal with the administrator of his or her record during a medical encounter. AHIMA also recommended that since an individual's PHI could be stored in EHRs and registries, all use, transfer, and storage of information should be transparent to the individual.

AHIMA's testimony and the discussion that followed also dealt with ways in which technology could assist in addressing an individual's confidentiality concerns with the disclosure of some or all PHI across a health information network. While AHIMA fully supports the technology that supports EHRs and an NHIN, it believes that nondiscrimination laws are absolutely necessary to protect from discrimination and misuse of PHI. Several other speakers also supported this notion and the need for clear financial and criminal penalties for anyone who violated the access, use, or disclosure of such information. AHIMA's testimony is available on the AHIMA Web site at www.ahima.org/dc, and the transcript and complete testimony are available on the NCVHS Web site, www.ncvhs.hhs.gov.

Follow-Up

The issues addressed by these committees, NCVHS, and the House Ways and Means Subcommittee are not new. Certainly, AHIMA's perspectives and views have come from a long history of experience and discussions by members and our volunteer committees and board. But the fact that they can be addressed in public forums, such as these three hearings, raises the visibility of our issues. Already, AHIMA has received a number of inquiries regarding its testimonies—some of them favorable, some of them not, and some of them from industry stakeholders unaware of the issues and effects of decisions that these policy makers might produce. These testimonies and conversations present new opportunities to advance our positions and achieve our goals as well as provide a new view of the association and the HIM profession.

I hope you will take the opportunity to look at these issues and educate yourself about the positions that AHIMA has taken. I invite you to testify on behalf of the profession to those in your community, whether they be employers, other professionals, or your local or national legislators. Contact your component state association for opportunities to speak up. Join us in advocating these positions.

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

Article citation:

Rode, Dan. "Testimony Summer: AHIMA Testifies on Key HIM Issues in Three Government Hearings." *Journal of AHIMA* 76, no.9 (October 2005): 18,20,22.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.