The Year in Review: Multiple Initiatives and Rules in 2011 Require HIM Expertise

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By Dan Rode, MBA, CHPS, FHFMA

The theme for this year's advocacy and influence efforts at AHIMA has been "the year of the health information management professional." All of the major healthcare and health IT issues throughout the year have had an HIM component, and all of AHIMA's advocacy efforts have reflected that.

Accountable Care Organizations

AHIMA began 2011 by providing input on the Medicare accountable care organization (ACO) proposed rule, which is now close to becoming a final rule. While many trade associations commented on the legal and financial aspects of the proposed rule, AHIMA focused on the data flow that will be required of such an organization.

AHIMA noted that data systems today are not necessarily interoperable among organizations, and HIM professionals involved in ACOs and similar organizations must be able to ensure that the data collected from the participating parties are accurately translated to ensure their integrity for use in care, payment, research, and other reporting.

A similar situation exists for those organizations participating in a medical home project or demonstration. Bundled healthcare initiatives like the medical home projects or demonstrations and ACOs are emerging, combining patient information from acute care and postacute settings. Technology cannot manage these functions easily, unless all participants use the same systems and data dictionary.

In addition, HIM professionals must be concerned with the legal record and the ability of the partnered organizations or individual partners to have the legal records necessary for various civil and agency inquiries and subpoenas. The industry is beginning to recognize the legal EHR issue, and HIM professionals need to pursue this issue in their organizations' internal and external infrastructures.

The industry is also faced with the prospect of using metadata for a variety of functions. Metadata is not a new concept for HIM professionals; however, the use of such data is being pushed in some circles without addressing a myriad of issues such as sequestering of information by clinical subsystems and common definitions for metadata use.

HIM professionals also need to be concerned with the privacy and security of the patient information being exchanged, including existing HIPAA requirements and the upcoming HITECH requirements. The HIM profession has the opportunity to step forward and lead organizations on these initiatives.

Quality Reporting

The industry is also moving quickly into value-based purchasing. The Medicare program final announcement in May indicated that the Centers for Medicare and Medicaid Services, through quality improvement organizations, would begin collecting clinical and quality measurement data from hospitals on July 1, 2011, to be applied against payments on or after October 1, 2012. Similar quality measures exist in other healthcare settings and in the meaningful use program.

AHIMA's efforts with the National Quality Forum and other quality measurement programs, including CMS, to ensure that quality measures will accurately use classification coding (including ICD-10-CM/PCS in 2013) are bearing fruit. While AHIMA works on a national level, it is important that HIM professionals ensure their organizations recognize the integral relationship of documentation and coding on quality measures and ultimately the reimbursement system.

HIM professionals must also play a role in their organizations' patient safety efforts. Again, documentation and data integrity play a significant part in ensuring data quality.

HIM professionals knowledgeable in documentation and data are needed to ensure the proper implementation of electronic health records. They must also play an active role in auditing these systems and training clinical staff on how to enter data in them.

The federal government has invested in population health technology to identify or prevent public health outbreaks. This means that sharing data with public health systems is becoming increasingly electronic. Even as the industry builds regional health information exchange networks, public health reporting continues to be a local product between city, county, and state health departments and providers.

What data are needed and how they move through the internal and external infrastructures could save lives and improve the health of the community.

Privacy and Security

HIM's privacy and security responsibilities are also increasing, thanks in part to the accounting of disclosures notice of proposed rulemaking that was released this summer. Many in the profession wrote excellent letters to the Office for Civil Rights discussing data's clinical and confidentiality needs. These letters are having their intended impact, as the Office for Civil Rights is modifying its original proposal for a new accounting of access requirement.

However, HIM's role is not done. The industry continues to be plagued by information breaches, which need HIM's immediate attention. Organizations must also contend with ongoing changes in health information storage, transmission, security, and use as the industry adopts electronic health records, health information exchange, and new legislation and regulation.

An example of the latter is the current notice of proposed rulemaking for sharing laboratory data directly with patients. AHIMA believes patients have the right to access their information. Under this proposal the healthcare industry is faced with addressing exchange of even more protected health information between providers and laboratories. In addition, laboratories must implement privacy and security requirements to ensure their transactions with patients are private and secure.

Similar professional attention also must resolve how to meet the access of information requirements under the meaningful use program. While these requirements may force vendors to address some of the needed access and security requirements HIM has been seeking, it will take some time until all providers can share information easily with patients. HIM must not only determine how to provide patients with access to their information, but also be prepared to work with consumers on understanding their information.

Many HIM issues and opportunities arose in 2011. There will be even more in 2012 with value-based purchasing, ACOs, ICD-10 implementation, and meaningful use. We hope you will seize these opportunities.

AHIMA Comments and Analysis

All of AHIMA's comments and analyses on proposed rules and regulations can be found online on AHIMA's Advocacy and Public Policy Web site at www.ahima.org/advocacy. AHIMA's recent comments include:

- AHIMA Responds to Metadata Advance Notice of Proposed Rulemaking (September 23, 2011)
- AHIMA Comments on Proposed Rule for Payment Policies under the Physician Fee Schedule 2012 (August 31, 2011)
- AHIMA Comments on Proposed Rule for Availability of Medicare Data (August 16, 2011)
- AHIMA Comments on HIPAA Privacy Rule Accounting of Disclosures (July 26, 2011)
- AHIMA Analysis of the NPRM HITECH Accounting of Disclosures (July 8, 2011)

A New Name: AHIMA Advocacy and Policy

AHIMA's policy and government relations department has been renamed the advocacy and policy department. This does not mean that AHIMA is abandoning its role in government relations, but rather it is acknowledging HIM's role in the healthcare industry, global standards, and the federal and state government.

AHIMA's advocacy and policy department will be putting more effort into working with its state HIM associations to support the advocacy needed at the state level in the areas of legislation, regulation, and health information exchange.

In addition, the advocacy and policy department has added staff to better cover Congress and the federal government. It is also coordinating with AHIMA's staff and volunteer efforts on global standards for electronic health records, health information exchange, SNOMED CT, ICD, and process standards under ISO and the Joint Commission.

We look forward to providing advocacy in all areas that need HIM input and providing members with information on these efforts.

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