

Time to Talk about Healthcare's Language: Accelerating the Dialogue on Standards for Terminologies and Classifications

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Structured terminologies and classifications form the necessary language for a nationwide health information network. However, the US lacks a national strategy for coordinated development, maintenance, and use of these essential tools.

It's time to talk seriously about how the US should govern standards, policies, and processes for terminologies and classifications in a way that balances the health information needs of providers, consumers, researchers, policy makers, and public health officials; improves the accuracy and meaningfulness of data; and lowers cost.

A Vision and Action Plan

To that end, AHIMA and AMIA joined forces to examine the problems of the current classification and terminology system. The task force's analysis and recommendations are available in the white paper "Healthcare Terminologies and Classifications: An Action Agenda for the United States."¹ The paper is summarized here in the article "Language Barrier" by Keith Campbell and Kathy Giannangelo. It describes the current dysfunction and offers a vision and a set of goals for a coordinated US approach.

In recent years, the Department of Health and Human Services has taken important steps on standardizing classifications and terminologies, such as the US license for SNOMED and the development of the Unified Medical Language System. The National Committee on Vital and Health Statistics has also made targeted standards recommendations, and the Healthcare Information Technology Standards Panel has been charged with harmonizing standards.

Realizing EHR Benefits

To understand how important controlled terminologies are to gaining value from EHR investments, read "Collect Once, Use Many" by James Cimino. Says Cimino, "The key to success is the representation of the information using controlled terms... that can support reasoning about the data and the patient to whom they relate."

In "Translation, Please," Margaret Foley, Candace Hall, Kathryn Perron, and Rachael D'Andrea drill down into how computerized mapping between controlled terminologies allows data collected throughout the medical record to be reused to support coding for reimbursement, reporting, decision support, and data analysis.

In Winona, MN, a rural healthcare consortium took a community approach to planning and implementing an interoperable EHR connecting clinics and hospital. The lessons learned are described in "Creating a Rural Record" by Kimberlee Snyder and Patrick Paulson. I have visited this beautiful community, and it's clear that this is an example of an enlightened community and healthcare leadership.

Let's Talk-Now

It's time to accelerate a national dialogue about coordinated governance for standards, policies, and processes for healthcare terminologies and classifications. AMIA and AHIMA have made this a priority for 2007.

Our organizations are committed to helping the US join the list of countries that have improved their ability to develop and maintain systems and participate as effective partners in the global healthcare community, a community that relies on timely, accurate, and comparable information.

Note

1. AHIMA and AMIA. "[Healthcare Terminologies and Classifications: An Action Agenda for the United States](#)." 2006.

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Driving the Power of Knowledge

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