Year Ahead in HIM

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The healthcare industry enters 2008 with a score of hot topics related to health information management. Here are the issues to watch, picked by AHIMA's professional practice and policy staff.

Presidential Election

Don Asmonga, *MBA, director of government relations*

In November the American people will head to the polls to elect a new president, 435 members of the US House of Representatives, one-third of the US Senate, and state senators and representatives across the United States.

This will be the first presidential election since the establishment of the Office of the National Coordinator for Health Information Technology (ONC) and appointment of the first national health information technology coordinator in May 2004. The election could have major implications for the future focus of the nation's health IT initiatives.

Unless legislation codifying ONC is enacted prior to the elections, the presidential election is likely to have the most immediate impact on health IT. ONC was created by executive order, and it can be virtually eliminated by the stroke of a pen. Health IT has already been a topic among candidates. The Washington Post offers a Web feature tracking presidential candidates and their issues at http://projects.washingtonpost.com/2008-presidential-candidates.

Privacy and Security

Beth Hjort, *RHIA, CHPS, professional practice resource manager*

Establishing consumer trust is essential to healthcare's IT transformation. Initiatives in 2008 will further the understanding that successful management of privacy and security processes and principles is integral to the success of health IT and health information exchange (HIE). The quest to balance quality of care and information privacy will be at the heart of many of this year's healthcare stories.

Expect increased attention on the blurry lines around managing information privacy: data pervasiveness, the limited reach and fuzzy interpretation of disparate privacy laws, privacy rights in a transformed consumer-centric system, and the industry's mission to get the right information to the right people at the right time. Look for discussions on stewardship, especially vigilance in protecting privacy in the absence of clear legal directives.

Among the groups expected to be active in privacy and security stories this year are:

- The American Health Information Community (AHIC) Confidentiality, Security and Privacy Committee, which has proposed that HIPAA's reach extend beyond covered entities to anyone who handles personal health information.
- The Privacy and Security Solutions for Interoperable Health Information Exchange initiative, which extends the work of the RTI HISPC project. Forty-five collaborative groups based in the states and territories will focus on seven projects addressing privacy and security issues affecting HIE.
- The Health Information Technology Standards Panel (HITSP) Privacy and Security Technical Committee, whose Technical Note 900 and eight related privacy and security constructs offer potential for turning decision points into systematic functionality statements when designing the EHR.
- The Certification Commission for Healthcare Information Technology (CCHIT), which will invite further comment on and begin testing criteria for 2008 inpatient EHRs, including privacy and security criteria.
- AHIMA's Privacy and Security Practice Council, which is tracking the legal landscape for enforcement by the Office for Civil Rights, Office of Inspector General, Centers for Medicare and Medicaid Services (CMS), and the legal

system.
- AHIMA e-HIM work groups, which will offer guidance on two difficult-to-manage issues: medical identity theft and a security schema for privacy protections.

The Legal EHR

Michelle Dougherty, *RHIA, CHP, director, practice leadership*

The concept of a legal EHR will capture increasing industry awareness and acceptance this year. Look for discussions to move from identification of the issues to a clearer understanding of the best ways to tackle this multifaceted, complex topic.

The lines between HIM and IT will slowly continue to blur, but further emerging is the need for HIM to step into a "records manager" role for their organizations. Legal EHR issues are clarifying and articulating this role as the industry explores topics such as defining record sets for disclosure, preparing for e-discovery, and identifying new system functionality to support the EHR as a legal business record.

The Health Level Seven (HL7) Legal EHR System Functional Profile, which addresses this last point, was balloted as a draft standard for trial use last month. Reconciliation of the comments will occur in the first quarter of this year. Once final, organizations will step forward to use the profile to assess the soundness of their EHR systems as business records.

This next year should see a noticeable increase in e-discovery requests, as the legal system becomes more comfortable with the new federal discovery rules and states increasingly adopt related statutes. Accordingly, expect healthcare organizations to hasten their efforts to reengineer processes such as release of information. Doing this successfully will require a team approach that includes legal and risk management, IT, and HIM.

Federal Initiatives

Dan Rode, *MBA, FHFMA, vice president of policy and government relations*

Many of 2008's hot topics have potential for federal initiatives. Congress, the administration, and the states will continue to address a variety of issues related to adoption and exchange of electronic health information.

If Congress fails to deal permanently with physician Medicare payment issues, physician support for health IT adoption could continue to be a barrier. This in turn could have an impact on quality measurement and other health information exchange (HIE) initiatives.

Congress and the administration will look to address standards adoption, but questions remain as to whether the federal government and the healthcare industry can develop the public-private partnerships necessary to do so. Similar partnerships will be required to address data integrity and quality measurement, other uniform secondary data uses, and terminologies and classifications.

The clock is ticking on AHIC's transition to a public-private partnership, which is scheduled for initial operation this spring and completion in the fall.

Terminology and classification coordination and work force issues could pass if separated from omnibus health IT legislation. Bills have been approved in the House, and several federal agencies are seeking means to support HIM education efforts via program support or scholarships. The 2008 election, however, could hamper efforts if healthcare reform becomes paramount and decision makers decide to wait to act until after the election.

Look for several attempts in Congress to pass privacy legislation. Results will depend in part on work being done by the National Governors Association task force on information protection and by ONC. Perceived success in these areas could eliminate the need for Congress to pass legislation.

EHR Adoption

Don Mon*, PhD, FHIMSS, vice president, practice leadership*

The EHR will see steady, but perhaps not explosive, growth in 2008. Continued progress on several fronts augurs well for the EHR, including:

- Increased incentives. CMS will pay 1,200 physician practices for using certified EHR systems to meet quality targets as part of a five-year demonstration project. As these projects demonstrate increases in quality, patient safety, and efficiency, more and more providers will likely consider adopting an EHR.
- Ongoing certification. CCHIT certification of inpatient and ambulatory EHR systems will enter its second and third years of development, respectively. As more and more EHR systems are certified at more rigorous levels, providers may feel greater assurance that such systems will both meet their clinical needs and qualify them for incentive programs.
- Upgraded HL7 functional model. The HL7 EHR System Functional Model will undergo a planned enhancement in 2008. The next version will likely contain a greater number of, and greater refinement of, conformance criteria that inform the certification process. It could also describe in more detail the exchange of health information between personal health record (PHR) and EHR systems, addressing another obstacle in the adoption of EHR systems.
- New extensions to the HL7 functional model. The emergency care, child health, behavioral health, and legal EHR profiles against the EHR System Functional Model will highlight the specific required functionality for the EHR in these areas. In addition, profiles will emerge for long-term care, clinical trials, and perhaps secondary data use.

Secondary Data

Allison Viola, *MBA, RHIA, director of federal relations*

The need to develop a framework around the secondary uses of health data couldn't be more critical than now. Initiatives around health information exchange, quality reporting, and electronic and personal health records are promoting a range of uses for clinical data once care and billing are complete.

Secondary use of clinical data has the ability to enhance treatment, expand public health knowledge and support through biosurveillance, support research, inform clinical decision support, manage one's personal health, and improve patient safety. All of these applications rely on HIM professionals to ensure that appropriate policies and procedures support the need for data quality, aggregation, collection, analysis and validation, access, use and control. The ability for access and use to this information poses complex ethical and legal challenges.

For progress on this front, look to organizations including AHIMA, the National Committee for Vital and Health Statistics, the American Medical Informatics Association, the AHIC quality work group, the Agency for Healthcare Research and Quality, and eHealth Initiative. These groups are addressing the need for data stewardship guidelines and policies around the use of secondary data.

Payment Changes

Mary Stanfill, *RHIA, CCS, CCS-P, vice president of practice resource*s

The past year saw many changes in payment systems in the ongoing effort to reach value-based purchasing and payments that better reflect the cost of care. Healthcare organizations can expect to see increased reporting of quality measures and increases in the magnitude of incentives tied to quality reporting.

Some of this year's significant trends affecting payment changes include:

- Adjustments in payment for severity of illness. CMS is making the initial change to a severity-adjusted DRG system with the implementation of MS-DRGs this year. It will also further consider changes to the system for FY 2009. Organizations can expect other insurance carriers to begin to adopt severity-adjusted DRGs. Watch for the release of the RAND corporation's evaluation of available DRG systems and the opportunity for public comment.
- Efforts to align payments with the cost of care. The CMS Home Health PPS was revised significantly for FY08. Changes included an expanded list of case-mix codes to broaden the conditions that affect payment.
- Continued effort to align payment for similar services delivered in different settings. The revised ambulatory surgery center (ASC) payment system uses hospital Outpatient Prospective Payment System (OPPS) relative payments

weights as a guide to aligning similar services furnished in ASCs, hospital outpatient departments, and physician offices. Final FY 2008 ASC payment rates were published in the OPPS/ASC final rule in November 2007. Expect an incremental phase-in over a four-year transition period, with full implementation of the new payment system in ASCs in 2011.
- A need to address fixed costs. The Medicare FY08 Inpatient Prospective Payment System reduces payment when a hospital replaces a device that it receives at no or reduced cost. Expect continued efforts by third-party payers to pay for devices and supplies at cost.

These initiatives are increasing the complexity of the revenue cycle, as do new requirements around present on admission indicators and full implementation of national provider identifiers, which gear up this year. As the healthcare industry moves to value-based purchasing, which links payment more directly to the quality of care provided, it is increasingly important for HIM professionals to pay close attention to the effects on revenue cycle management.

Quality Measurement

Crystal Kallem, *RHIT, director, practice leadership*

Quality measurement and pay-for-performance will continue to be hot topics in the upcoming year. Measure developers, clinical communities, accrediting agencies, the federal government, standards development organizations, and consumer groups are all striving to coordinate efforts to create a national vision for achieving high-quality healthcare in the US.

To achieve this goal, they will be addressing a variety of issues, including:

- Incentives to support pay-for-performance and value-based purchasing
- Evolution of measure sets to harmonize and align with national goals and priorities
- Data stewardship policies and procedures for governing data and those who manage it
- Patient record-matching methodologies that support longitudinal quality measurement, reporting, and improvements
- Provider record-matching methods that address attribution concerns and ensure accountability
- Data exchange and aggregation strategies that meet the unique needs of the quality enterprise
- Data element standardization to facilitate high quality, interoperable data
- Coding improvements aimed at reducing variation among codes used to manage specific clinical conditions across systems (variations affect longitudinal measurements and the ability to leverage EHRs to measure healthcare quality)
- Clinical decision support standards that reduce variation and improve efficiency and effectiveness of use
- Technical standards and functional requirements that support automated collection and reporting of data to support quality

Each of these complex issues will require HIM involvement and support. Watch for new developments from organizations including the AHIC quality work group, the National Quality Forum, the Agency for Healthcare Research and Quality, the Ambulatory Care Quality Alliance, the Hospital Quality Alliance, the HITSP population health technical committee, and other private organizations.

ICD-10

Sue Bowman, *RHIA, CCS, director of coding policy and compliance*

The US is still waiting for legislative or regulatory action that will stipulate an ICD-10-CM and ICD-10-PCS implementation date, and which will come first—and when—is unclear. However, it is clear that in 2008 healthcare organizations should start developing plans for transitioning to the new classification system.

CMS anticipates replacing the ICD-9 codes with the ICD-10 diagnosis codes and the ICD-9 codes for inpatient hospital procedures with the ICD-10 procedure codes. In October 2007 CMS announced the award of a contract for ICD-10 impact analysis to AHIMA. In a press release at that time, CMS acting administrator Kerry Weems stated, “While we are still assessing the implementation and timing of the ICD-10, our proactive approach should send a signal to hospitals or other stakeholders who use the ICD-9 coding system to begin making their own transition plans.”

To facilitate ICD-10 implementation planning and preparation, CMS posted updated versions of the ICD-10-CM and ICD-10-PCS systems on its Web site, as well as maps between the old and new coding systems. The information can also be found on the National Center for Health Statistics Web site.

CMS's signal is important, because a well-planned, well-managed implementation will increase the chances of a smooth, successful transition. Some preparation provides benefits to the organization even before ICD-10 is implemented, such as documentation improvement strategies and efforts to expand coding staff knowledge and skills.

Personal Health Records

Don Asmonga, *MBA, director of government relations, and Jill Burrington-Brown, MS, RHIA, practice manager*

PHRs will continue to gain interest nationally in 2008, particularly as health costs rise and concern about care delivery becomes more acute in the upcoming election.

Keep an eye out for initiatives incorporating PHRs with financial banking models as a means to manage health information. For example, Rep. Dennis Moore (D-KS) introduced the Independent Health Record Trust Act, a bill that encourages the creation, use, and maintenance of lifetime electronic health records in independent health record trusts. Companion legislation may be introduced in the Senate. The model is promoted by the Health Record Banking Alliance, a nonprofit corporation advocating community repositories of electronic lifetime health records.

Last month, HL7 approved the Personal Health Record System Functional Model as a draft standard for trial use. A finalized draft of the model should be available by February. While not yet a fully ANSI-accredited standard, the draft version offers the industry a stable standard to work with while an ANSI-accredited version is being refined. The model defines recommended functions for PHR systems and offers guidelines that facilitate data exchange among different PHR systems and between PHR and EHR systems.

Look for more payers and corporations to launch personal record systems for their members and employees, and discussions surrounding good practices to keep that data confidential and secure. Watch for large tech companies also, such as Google and Microsoft, who are entering the healthcare industry with personal records and other online health resources.

Clinical Data Standards

Rita Scichilone, *MHSA, RHIA, CCS, CCS-P, CHC, director, practice leadership*

Clinical data standards will be a recurring theme in 2008 since the healthcare industry needs them desperately to move to a higher level of accountability, meet consumer demands for information, and spur innovation in the use of IT for process improvement. Data standards are the agreed-upon set of rules that provide the infrastructure for information to be processed and shared in a uniform manner. Adoption of standards makes it easier for software developers and end users to reap the benefits of technology investments.

Clinical communities, consumer groups, and standards development organizations will be active in bringing together the healthcare community to coordinate data content and clinical functionality standards. Look for developments on the following issues this year:

- Creation of a HITSP Foundations Harmonization Subcommittee to harmonize interoperability standards and manage the consensus process of US standard value sets and associated artifacts. The committee will work closely with the US Technical Advisory Group to the International Standards Organization Committee 215, which represents the US within ISO. The use of recognized clinical terminology standards is expected to accelerate, and emerging public-private initiatives will keep stakeholders engaged through 2008.
- Creation of standard data sets such as MDS, OASIS, and others embedded with terminology standards to support full interoperability for post-acute care data reporting and HIE.
- CCHIT's inclusion of quality measurement in EHR certification criteria.
- The World Health Organization's open collaborative process for the development of ICD-11.

- International Health Terminology Standards Development Organisation's advancement of SNOMED CT as the core reference terminology for EHRs.

Health Information Exchange

Harry Rhodes, *MBA, RHIA, CHPS, CPHIMS, FAHIMA, director, practice leadership*

Many organizations are engaged in ongoing HIE work in 2008. Projects will focus on the tall order of creating an HIE model that is standardized, interoperable, patient-centric, trusted, longitudinal, scalable, sustainable, and reliable.

Some of the larger projects engaged in standards, consensus-building, and demonstrations include the following:

- HITSP. The public-private partnership was formed to achieve a widely accepted and useful set of standards to enable and support widespread interoperability among healthcare software applications, as they will interact in a local, regional, and national health information network for the US.
- State-level HIE research conducted by AHIMA's Foundation of Research and Education. A report this spring will document best practices and successful models for state-level HIE in the areas of governance, structure, financing, and data exchange policies. The research builds on work delivered to ONC in 2007.
- The Privacy and Security Solutions for Interoperable HIE initiative, which continues the work of the RTI HISPC project. Thirty-four original members have been joined by 11 additional states and territories in the second phase of the collaboration. They are focusing on seven projects implemented to address issues of privacy, security, and interoperable HIE.
- Phase 2 of the "eHealth Initiative Blueprint: Building Consensus for Common Action." Released late in 2007, the blueprint represents stakeholder consensus (and in some instances, lack of consensus) on a set of principles, strategies, and actions for improving health and healthcare through information and IT. This year eHI will turn to disseminating the blueprint and collecting further input.
- Connecting for Health, which is working to realize the full potential of information technology in health and healthcare, while protecting patient privacy and the security of personal health information.
- NHIN Cooperative demonstration projects. Nine regional HIEs operating under a grant from HHS will test and demonstrate real-time information exchange.

AHIMA's Industry Involvement in 2008

AHIMA members and staff are serving on the following industry boards, committees, and work groups this year.

American Health Information Community

Confidentiality, Privacy, and Security Workgroup
Quality Workgroup
Chronic Care Workgroup
Electronic Health Records Workgroup Subcommittee
on Workforce

California Health Care Foundation

ELINCS Steering Committee

Certification Commission for Healthcare Information Technology

Foundation Work Group
Ambulatory Work Group
Inpatient Work Group

Privacy and Compliance Expert Panel
Board of Trustees

Connecting for Health

Steering Committee

eHealth Initiative

Blueprint task forces on population health; engaging consumers; and privacy, security, and confidentiality
Policy Committee

Health Level Seven

Electronic Health Record Technical Committee
PHR Work Group (under the EHR Technical Committee)

International Health Terminology Standards Development Organisation

Quality Assurance Committee

Medical Transcription Industry Association

SR Best Practices Work Group

Joint Commission

Hospital PTAC

Joint Advocacy Committee with AMIA

National Alliance for Health Information Technology

Policy Committee
Board of Directors
Definition Work Groups

National Governors Association

eHealth Alliance Information Protection Task Force

National Quality Forum

HIT Structural Measures Steering Committee

Office of the National Coordinator for Health Information Technology

Health IT Definitions Project

Public Health Data Standards Consortium

Board of Directors

Premier QUEST Advisory Panel

US Coding and Classification Groups

AHA-AHIMA E/M Task Force
Cooperating Parties for ICD-9-CM
CPT Editorial Advisory Board
HCPCS Editorial Advisory Board (CMS)
ICD-9-CM Editorial Advisory Board

World Health Organization Family of International Classifications

Joint Committee (IHFRO and WHO-FIC Education Committee)
Education Committee
Terminology Reference Group
ICD Committee

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