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June 26, 2009

Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
200 Independence Avenue, SW.
Suite 729D
Washington, DC 20201
Attention: HIT Policy Committee Meaningful Use Comments

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology's (ONC) request for comments regarding the draft recommendations for the term "meaningful use" as published in the *Federal Register*, Thursday, June 18, 2009 [74FR28937]. AHIMA has been an active proponent for the adoption of standard electronic health records (EHRs) for many years as well as deeply involved in the establishment of health information exchange (HIE), HIE organizations and a nationwide health information network (NHIN).

AHIMA is a not-for-profit professional association representing more than 54,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, and certified to serve the healthcare industry and the public by collecting, managing, analyzing, reporting, and utilizing data which is vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

AHIMA strongly supports the approach taken in defining meaningful use in terms of measurable improvement in patient management and health. This effectively reinforces the importance of health information technology as a transformative element for health system reform. To ensure the quality and integrity of patients' health information it is necessary to maximize the use of health information technology (HIT) and the goals outlined for meaningful use. Not only do we support this approach for health system reform, we also believe the changes will have the potential to improve administrative efficiencies and processes. To that end, we recommend that consideration be given to adding selected measures directed at improved administrative processes.

We believe the recommended timeline of requirements is very aggressive, particularly for the 2011 measures. To assess and determine whether the current state of technology supports the draft measures, we suggest ONC refer to the current and planned efforts of Certification Commission for Health Information Technology (CCHIT) conformance criteria.

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Measures (General Comment): AHIMA applauds ONC for efforts in collaborating with the National Quality Forum (NQF) to best leverage the work accomplished with the National Priorities Partnership initiative as well as supporting the use of NQF endorsed measures. We support the adoption of minimum and consistent measures and approaches to reduce the cost of data errors and redundant collection and reporting. Benefitting from the work conducted by the Health Information Technology Expert Panel (HITEP) with its focus on developing a quality data set (QDS) and identifying dataflow changes to enable automation of measures through EHRs and HIEs¹ allows the industry to move towards greater data consistency and use of that data for reporting of measures.

Implementing these meaningful use criteria will require precise data element level definitions and reporting guidelines, including explicit cross-walks to NQF endorsed measures. We also encourage you to charge the HIT Standards Committee with defining the mechanisms for reporting, reporting requirements, and the technical specifications for the measures. With our experience in this area, AHIMA is positioned to support ONC and the HIT committees with this initiative.

In addition, the industry is currently working on the development of technical standards that will support future electronic capture and reporting of quality measurement data; however, the process and timing for developing, testing and implementing these technical standards may overlap with the meaningful use reporting requirement timeframes for 2011.

The scope of the draft measures has greater applicability to primary care than to specialty care and to hospitals rather than other settings. There is concern within the provider community that many will not be eligible to receive incentive payments based upon the descriptions provided. We encourage you to consider the entire continuum of care and those providers in the long term care, home health, rehabilitation, and behavioral health communities who are actively engaged in efforts to adopt HIT. We believe our healthcare system will reach the primary goal of improved quality and care coordination when all providers across the continuum of care are included in HIT initiatives.

Section Header: 2011 Objectives - Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions. The stated goal of electronically capturing and reporting health information in "coded format" (as stated in the column headings) is unclear. We suggest rather than calling for a "coded format" we recommend that you refer to measures based on standard code sets and standard data definitions that will be defined and described in published guidelines. AHIMA recommends considering the use of SNOMED and other Consolidated Health Informatics (CHI) standards in the future to encourage and enable standard data definitions, and data standards to support a uniform and consistent approach toward data stewardship. An ultimate goal is to achieve the exchange of

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data for patients, which is accomplished through the development and use of data and interoperability standards.

Improve quality, safety, efficiency, and reduce health disparities

- % of orders entered directly by physicians through CPOE: There is considerable concern about CPOE systems versus the components of a CPOE that would accommodate the desired functions to achieve meaningful use. We recommend referencing the CCHIT certification criteria for physician order entry that may assist in providing a clearer definition of CPOE regarding the expectations of their use within the IP and OP settings. This criterion will help guide the expected CPOE functionality for providers.
- Maintain an up-to-date problem list [OP, IP]: Organizations continue to experience challenges with developing, implementing, utilizing, and updating problem lists. We recommend you reference the final 2009-2010 CCHIT *Inpatient Certification Criteria* that encompasses new problem list criteria. This criterion will help guide the expected functionality for providers and their use of problem lists.
- Require hospitals and physicians to exchange standards-based clinical summary information: In support of quality, safety, efficiency and decreased costs, we recommend that a measure be added to share standards-based clinical summary information (e.g. CCD) at discharge, transfer or referral to support the effective exchange of information for individuals and patients who are moving anywhere within the care continuum.

Engage patients and families - Provide clinical summaries for patients for each encounter [OP, IP]: We strongly support the goals behind this measure, however it is likely that EHR functionality and processes may require substantial modifications to make this a helpful practice for patients therefore, we recommend that the feasibility of requiring this in 2011 be studied and if supported, push for 2011 and if not feasible, push this to 2013.

We recommend that you consider the HL7 standard, Continuity of Care Document, to serve as the patient summary which will contain a core data about the patient. We also encourage you to add a measure to share standards-based clinical summary information (e.g. CCD) at discharge, transfer or referral to support the effective exchange of information for individuals and patients who are moving within the care continuum

Ensure adequate privacy and security protections for personal health information – 2011 Measures - An entity under investigation for a HIPAA privacy or security violation cannot achieve meaningful use until the entity is cleared by the investigating authority: While we understand and support the importance of joining privacy complaints with meaningful use, we are concerned with the blanket exclusion of organizations under investigation.

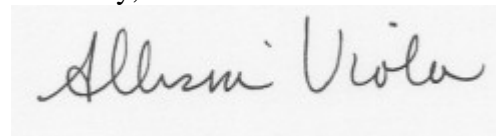
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If individual providers are to achieve meaningful use in full by 2015 and if the healthcare community is going to achieve the goals for population health, then it is important there is alignment with other concurrent mandates affecting health information processes. The compliance date of the version updates (ASC X12 5010 and NCPDP D.0) for the HIPAA transaction is January 1, 2012 and the compliance date for ICD-10-CM and ICD-10-PCS implementation is October 1, 2013. These changes are all part of needed upgrades to our information infrastructure and providers, payers, and vendors will be more successful in implementing change if they understand how they fit together.

Meeting the criteria outlined in the meaningful use matrix will require significant learning and work process adaptation. Successful HIT adoption and use will also require the ability to conduct analysis of system capability, documentation practices, workflow, and education practices for providers, patients and their families. This transformative program calls for sound guidance materials, best practices and lessons learned which will be a focus of the health information technology research center, regional extension centers, and industry stakeholders, such as AHIMA.

If AHIMA can provide any further information or if there are any questions regarding this letter and its recommendations, please contact me at (202) 659-9440 or allison.viola@ahima.org, or AHIMA's vice president, policy and government relations, Dan Rode, at (202) 659-9440 or dan.rode@ahima.org. If we can be of further assistance to you as you continue to explore the meaningful use definition and standards, we would welcome the opportunity to provide support.

Sincerely,

A handwritten signature in cursive script that reads "Allison Viola". The signature is written in dark ink on a light-colored background.

Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Dan Rode, MBA, CHPS, FHFMA, Vice President, Policy and Government Relations

ⁱ National Quality Forum Health Information Technology Expert Panel (HITEP)
<http://www.qualityforum.org/projects/ongoing/HITEP/>.