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February 25, 2011

Office of the National Coordinator for Health Information Technology (ONC)
US Department of Health and Human Services (HHS)
Attention: Joshua Seidman
Mary Switzer Building, Suite 1200
330 C Street, Southwest
Washington, DC 20201

Re: Solicitation of Comments – Meaningful Use Stage 2

Office of the National Coordinator:

This letter, sent on behalf of the members of the American Health Information Management Association (AHIMA) is intended as comments to the solicitation requested by your office as noted in the January 18, 2011 *Federal Register* (76FR2910-11). AHIMA has submitted under separate cover a letter of comments specific to the questions raised in the solicitation; however, this letter speaks to a specific concern that we believe is not raised in the solicitation and we believe must be considered by the ONC and its HIT Committees as recommendations are formed for Meaningful Use Stage 2 requirements.

AHIMA is a non-profit professional association made up of over 61,000 health information management (HIM) related professionals. These professionals work with health information or data from a variety of perspectives and sectors within the health industry and adhere to the principle of maintaining data integrity no matter what the function, task, or transaction.

AHIMA believes that it is time for ONC and the HIT Committees to address the governance of standard vocabularies including terminology and classification that are or should be requirements for the ARRA-HITECH Meaningful Use program as well as other HHS regulations including HIPAA and various uses such as quality measurement, public health, research, reimbursement, and policy making.

Specific to Meaningful Use, AHIMA requests that the HIT Policy Committee and ONC emphasize the use of a standard suite of terminologies and classifications within the Meaningful Use requirements and associated transaction standards, harmonization, and certification requirements.

Further, to encourage and expedite healthcare information use, exchange and data integrity, it is mandatory that there be recognizable governance of acquisition and use of vocabularies in national programs for successful adoption and continued use of recommended global standards. **AHIMA makes this recommendation for such governance – industry-wide – based on these observations:**

- **Health data sharing requires a common language** for meaningful information exchange. Using recognized terminologies and classifications limits confusion and misunderstanding of facts.

- **Measurement of quality and value** of information are difficult and expensive without vocabulary standards. Healthcare providers are mandated under ARRA-HITECH, as well as other laws, regulations, and health plan contracts to produce measurement data and value within the same timeframe as ARRA-HITECH requirements.

- **There are compelling demands for using a combination of nomenclature standards** such as SNOMED CT® and LOINC© for clinical use and recognized classification standards such as ICD-10-CM/PCS and ICF[1] for statistical and administrative/business requirements. Use of these information management tools supports reliable information capture and storage for reuse. AHIMA advocates for increased use of SNOMED-CT, LOINC, and ICD-10-CM/PCS along with additional national and internationally recognized standards in complementary roles in health record systems. The use of multiple code sets and coding systems requires a central authority for information management governance to assure coordination of efforts for distribution, coordination of maintenance and availability of mapping tools to facilitate data migration and comparison.

- **Recognized standards for encoding natural language used by health care providers must be specified** for inclusion in EHR systems standards, products and certification requirements so that both primary and secondary users of health information have a common reference to support information sharing. Currently, electronic health record systems are using local and proprietary terms without providing valid links to the recognized standards to support data sharing for continuing care, research and performance improvement. For the users of these systems this inhibits or prevents data sharing and integration with other health care data users.

- **Standardized data elements and established value sets employing standard terms for data elements** (often entire code sets) are useful in introducing standard terminology in systems so database fields can employ a "collect once use many times" approach to ensure the ability to share and compare data with others. Reference sets of SNOMED CT concepts such as the CORE (Clinical Observations Recording and Encoding) reference set for Problem Lists available from NLM enables rapid uptake of this standard to support meaningful use. **There are significant dependencies between clinical terminologies used for patient care and classification systems** used for organizing data into categories are assigned according to

[1] IFC: International Classification of Functioning, Disability, and Health – World Health Organization.

established criteria. The terminology used informs the classification of data so links between the two systems are useful in understanding any equivalence in meaning that exists and can be leveraged. Valid maps or crosswalks are tools that help in migrating or comparing data captured in one code set to its equivalence in another. In the case of problem lists, organizations will want to link legacy data from problem lists captured in ICD-9-CM to the equivalent SNOMED CT concept to ensure continuity of care.

- **The current environment for US healthcare providers and health plans requires a clear path for administrative simplification.** Most providers (covered by HIPAA) are in the extensive implementation of ICD-10-CM classification codes, practices, data flow, and software. (For institutions a similar implementation to ICD-10- PCS is occurring.) This conversion directly impacts healthcare data and quality measurement in the first year of Meaningful Use Stage 2.

- **In the US, the National Institute of Medicine's National Library of Medicine (NLM) has been the organization to facilitate map development** but this has not yet occurred between SNOMED CT and ICD-10-CM/PCS– therefore, raising the potential for some MU-2 requirements facilitated by SNOMED-CT to not have access to valid mapping tools for linking EHR systems' data with the contemporary coding systems that will be in place October 1, 2013.

- **Global interoperability for information exchange is facilitated by use of internationally recognized terminologies and classifications.** AHIMA is a contributor to the ARGOS eHealth Pilot Project whose goal is to contribute to establishing a "Transatlantic Observatory for meeting global health policy challenges through ICT-enabled solutions." This pilot will then develop and promote "common methods for responding to global e-health challenges in the EU and the US" including interoperability in the certification of electronic health record systems and to define a common, consistent approach and tooling to measure the benefits leveraging technology to support patient care. HHS has agreed to such a concept in a recent agreement with the European Community. The public health of the world depends on reliable data for research and access to data expressed in a universally recognized format. It is essential that US systems are designed to exchange information outside our borders to better serve our citizens as well as advance global health data exchange for the public good.

The Meaningful Use requirements recognize the need for a function such as discharge orders or similar functions to be exchanged or provided in the form of standards such as the HL7 CCD. For these standards to be used and the information understood in electronic exchange a standard terminology base is useful to assure that the message intended is the message received and is reliable enough to use for patient care and safety. **Healthcare Industry Governance of Standard Vocabularies and Terminology and Classifications Recommendation**

In June of 2010, AHIMA petitioned the HIT Standards Committee and its Vocabulary Taskforce to consider the governance of healthcare terminologies and classification standards to address the industry's need similar to that expressed above. This was not the first time that AHIMA has

raised this issue;[2] however at this time, AHIMA was informed that the Vocabulary Taskforce recommendations could only be focused on the terminologies and classifications necessary for Meaningful Use requirements and not an industry-wide approach.

AHIMA believes that the ARRA-HITECH legislation provides the HIT Policy Committee and ONC authority to take a much broader focus regarding the governance and use of healthcare vocabularies, terminologies and classifications in the US.

AHIMA and its HIM member professionals recommend action to develop a public/private trusted source for information governance involving data content standards used in electronic health records. This involves the coordination of use of terminologies and classifications across providers or stakeholders, whether or not they are eligible to be a "meaningful user," in order to provide a continuity of care and interoperable data. This recommendation would therefore include:

- Long term /post acute care organizations, urgent care, ambulatory surgery centers and many other care settings;
- Data that covers a longitudinal period of time across care organizations and other organizations – government and private – that use healthcare information and data for its primary purpose of patient care and quality, as well as secondary purposes included but not limited to public health, quality measurement, patient safety, and reimbursement; and
- Harmonization among data standards and corresponding value sets should be coordinated.

Governance and Funding Considerations for HHS and ONC

To achieve migration to standards data mapping tools are required to link local terminology to future standards. As the acting National Release Center for SNOMED CT and a member body of the International Health Terminology Standards Development Organization (IHTSDO), NLM (or a similar body) must provide **information governance** for use of the standards in US health care systems in order to ensure data integrity and reap the expected e-health benefits. Such information governance must have industry and government oversight, potentially a role for the HIT Policy Committee, the National Committee on Vital and Health Statistics (NCVHS), or a similar public/private body.

The process of data mapping and harmonization takes considerable skill and time. **Dedicated funding** is needed to provide tools and qualified personnel to produce reliable results. AHIMA is concerned that this vital function is not keeping up with the pace of EHR adoption and MU progress. Meaningful Use Stage 2 is to be the exchange of data, yet the US has not established recognizable and coordinated governance like exists in other countries to achieve data interoperability.

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[2] In 2007 AHIMA and the American Medical Informatics Association joint task force published a white paper: *Healthcare Terminologies and Classifications: An Action Agenda for the United States.* This paper and its recommendations have been distributed to a number of industry and government bodies and can be found at www. perspectives.ahima.org.

Recommendations Related to Next Steps

If the US is to achieve meaningful use of EHR systems and health information exchange there must be incentives to adopt and use uniform, accessible and understandable healthcare data content standards. AHIMA recommends this requirement and the requirements for centralized information governance for clinical terminology and classification must be addressed as soon as possible by HHS (which is the parent organization for the NLM as well as the SDOs for ICD-10-CM/PCS), ONC, and the HIT Policy Committee.

Appropriate requirements for Meaningful Use Stage 2 must include clear guidance concerning the adoption of recognized clinical terminologies and classifications for information exchange and quality measurement in electronic health record systems. In establishing the requirements for Stage 2, AHIMA believes that ONC and the Secretary must keep in mind the healthcare industry's work to achieve implementation of ICD-10-CM/PCS as well as the need for more widespread use of a standardized clinical terminology which supports information exchange and is understood by all parties in the continuity of care provider network as well as public health , research and other activities that are desperately needed and should be supported by the Meaningful Use Stage 2 requirements.

Conclusion

AHIMA is dedicated to the appropriate use of standard vocabularies including terminologies and classifications that must be used nationally as well as internationally. AHIMA's concern for and insistence of data integrity in healthcare have lead us to make these recommendations and the Association stands ready to assist the federal government and the healthcare industry in seeing the establishment of a governance mechanism similar to most other industrial nations.

If you have any questions or other follow up to these concerns and recommendations, please contact me at the address or phone (above) or at dan.rode@ahima.org. In my absence please feel free to contact Allison Viola, AHIMA's director of federal affairs at the same address and phone or allison.viola@ahima.org. We thank you for your time and consideration of these recommendations and look forward to the federal government taking these very important steps.

Sincerely,

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

cc. Allison Viola, MBA, RHIA