

AHIMA Responses to LTC Health Information Technology Summit

August 22 – 23, 2005

AHIMA is the premier association of health information management (HIM) professionals. AHIMA's 50,000 members are dedicated to the effective management of personal health information needed to deliver quality healthcare to the public. Founded in 1928 to improve the quality of medical records, AHIMA is committed to advancing the HIM profession in an increasingly electronic and global environment through leadership in advocacy, education, certification, and lifelong learning.

- 1. What priority does your organization believe should be given to the development of person-centric electronic health records for use by senior consumers and the providers who care for them? What are the most important attributes of such health records? What timeline should be followed in their development? What are the key obstacles preventing their development? Please consider such areas as E-prescribing and medication management; care planning, referral and coordination; and integration of social and clinical concerns.***

AHIMA has made the development and use of electronic health records across the healthcare spectrum a high priority for the association. One of AHIMA's strategic goals is to fully support public and private initiatives to advance the National Health Information Network, the EHR and PHR. AHIMA is actively involved at the national and state level influencing and promoting standards, policy and implementation strategies. As the industry transitions to an EHR and electronic health information management (e-HIM[®]), another of AHIMA's strategies is to provide e-HIM education and knowledge to our members and the industry. Finally, AHIMA believes that effective health information management can improve patient safety and quality. We believe it is critical and are taking a leadership role in advancing classification and standard terminologies, promulgating clinical documentation standards and methods for documentation improvement, and advocating for approaches to public reporting our quality and outcome data that will ensure accuracy in data and interpretation.

Also important today is the need for outreach and education to consumers (including seniors and their family/care managers) on the role of a personal health records maintained in any medium. Personal health records empower the consumer to take control and will have profound impact on the quality of care in a senior and disabled population managing chronic diseases. This message will take time, coordination, and vision. AHIMA has a multi-pronged approach to PHR outreach including a definition, identification of content, a consumer Web site (www.myphr.com), and a campaign to train outreach professionals in every state on the PHR. Over time as electronic health records are implemented in healthcare, an individual's personal health record will migrate to an electronic format as well. Important steps for outreach and education include the need for research and communication of a healthcare model that incorporates the personal health record across an individual's lifetime and the linkage between the individual's PHR and the EHR.

What are the most important attributes of such health records?

- Interoperable electronic health records allowing for the exchange and use of information between care settings.
- EHR systems based on industry standards for functionality, content and interoperability.
- Electronic health record systems based on data content standards, standard terminologies, and classification systems.
- Linkage of the PHR and EHR.
- Support for the migration to ICD-10 and its improved integration with standard vocabularies and the EHR. Ultimately, to improve the quality and accuracy of classified data for policy-making, decision making, and public health.
- Certification of health IT vendors to help minimize the risk for organizations to invest in technology.
- Ability for LTC organizations to participate in regional health information exchanges both in retrieving information and providing information.
- Adherence to privacy and security standards at the local, regional, and national level.
- Decision support tools tailored to the needs of senior and disabled integrated into EHR systems.
- An EHR system that assists clinicians at the point of care including data capture, decision support, tasking/workflow, etc.
- An EHR system that supports an organization's legal and business requirements.
- An EHR system that can be implemented in an environment that has limited technical resources/support at the facility level and a diverse workforce in education levels, language, and computer skills.
- Affordable hardware, software, training and support.
- Longitudinal. The LTC segment of the healthcare continuum of care can play a major part in developing the direction of the PHR.

What timeline should be followed in their development?

In the next 12 months LTC organizations, vendors, and government agencies must increase interest and awareness of HIT issues and recognize the national agenda and importance of participating in the regional health information exchanges forming in communities around the United States. At the same time, leaders in LTC HIT must increase participation in healthcare standards development activities and incorporate those standards into technology/EHR system offerings to the industry. Finally, industry leaders must develop a vision, consensus, and roadmap for HIT in LTC to help align provider and vendor vision for EHR systems and technology, assure interoperability with other segments in healthcare, and incorporate the PHR. The consensus roadmap should provide a timeline for a comprehensive EHR system within the next 5 years.

In the next 12 to 24 months, vendor products must start incorporating healthcare HIT standards into their product offerings and provider organizations must be aware of the standards and long-term importance. These products must have a continuity of care perspective, otherwise it will be

another silo system. Provider organizations must start evaluating their work force and looking at the skill level of employees that will manage an EHR system and health information technology.

Paper records are already migrating to hybrid records, but the industry has not recognized the unique management and business/legal issues for addressing this type of system. The skill of the work force must start to evolve immediately to effectively manage hybrid records and transition into fully electronic health records.

What are the key obstacles preventing their development?

- LTC industry-wide vision, consensus, and recognition for the EHR, PHR, and HIT including the role and the functionality, attributes, and content.
- Financial barriers and economic realities that limit organizations ability to invest in IT and in turn provide funding for future product development.
- Perception by others in healthcare industry and government that LTC is not interested or able to invest in HIT and participate in national agenda.
- Lack of LTC expertise at the standards development table.
- Recognition that work force skills must be increased/invested in to manage HIT/EHR systems.
- Lack of practical tools and resources to assist organizations to migrate from paper to hybrid to fully electronic records and understand the management, policy, and organizational changes that must be implemented.
- Lack of research and publications on the use of HIT in LTC including best practices, use cases, advice, options, etc.

2. What are key actions that can be taken by industry stakeholders to establish a clear business case (payor, provider, and consumer) for the adoption of electronic health records? What must happen for your organization to adopt and invest in an electronic health record strategy?

Establishing a clear business case for EHR/HIT in LTC still needs discussion and research. Incentives, return on investment, total cost of ownership, etc., have not been sufficiently discussed and researched for the LTC community as for other segments of healthcare.

We believe that the EHR can provide considerable business advantages related to quality of care, efficiency, and patient safety. More needs to be done in this industry to understand workflow in an electronic environment, increase access to point of care technology and decision support, improve data content standards, improve efficiency and and eliminate duplicate/redundant paperwork and process. Improvements in each of these areas must be quantified to support the business case through research, case studies, and best practices.

Similar to physician practices, LTC organizations are not in a position to invest significantly in IT and many do not have the infrastructure/staffing for complex IT operations. To help



minimize the risk of investment, a vendor certification process similar to CCHIT for physician practices may help minimize the risk for organizations to invest in an EHR product.

3. *Significant healthcare standards already exist. What are essential standards and requirements that must still be developed and accepted in order for personal electronic health records to successfully improve the quality, effectiveness, safety and cost of care for senior consumers? What key actions can be taken by industry stakeholders to develop and adopt these standards?*

AHIMA believes standards are the cornerstone of an interoperable healthcare system and a critical part of gaining improvements in patient safety, quality and efficiency. We are taking an active leadership role in the development of standards in healthcare. Key action steps for LTC providers and vendors must include:

AHIMA actively participates and/or monitors standards activities and organizations such as HL7, NCPDP, ASTM, other DSMOs, CMS/CHI, NCVHS, including such activities as:

- HL7 messaging and CDA standards
- HL7 EHR-S Functional Model and Conformance Criteria
- HL7 EHR-S LTC Minimum Function Set, Profile and Conformance Criteria
- NCPDP e-prescribing standards
- Joint HL7 and NCPDP LTC activities
- Certification Commission for Health Information Technology (CCHIT)
- Consolidated Health Informatics (CHI) and CMS MDS 3.0
- Standards harmonization (ONCHIT-1 grant)

Data content standards are also necessary for standardization and interoperability. LTC must have data content standards to provide consistency within its own spectrum of care and with hospitals, outpatient facilities, and physician offices. Identification of standard vocabularies, core data sets, and other data content standard initiatives are critical for semantic interoperability in LTC.

The EHR provides a new model for operations that requires practice guidance in electronic health information management. It is important for professional standards of practice in e-HIM to be recognized by the LTC industry, administration, and vendors. Trained staff skilled in e-HIM and technology will be important in realizing the most benefit from the technology investment, maintenance of industry standards, and improvements in quality, patient safety and efficiency.

What key actions can be taken by industry stakeholders to develop and adopt these standards?

AHIMA recommends that the LTC industry work together to identify the applicable healthcare standards, identify representatives to participate in standards develop activities/organizations, identify the gaps where standards must be developed, and prioritize filling those gaps.

4. *The availability of personalized electronic health records for senior consumers will make possible new approaches and models for care delivery, financing, and quality. What key actions can be taken by industry stakeholders to stimulate innovation and promote quality based on personal electronic health records?*

AHIMA believes that effective health information management can improve patient safety and quality. We believe it is critical and are taking a leadership role in advancing classification and standard terminologies, promulgating clinical documentation standards and methods for documentation improvement, and advocating for approaches to public reporting our quality and outcome data that will ensure accuracy in data and interpretation.

- Recommend stakeholders promote the need for benchmarks that measure the impact of health IT on the quality of resident care. A new set of outcome and performance measures are needed that accurately measure quality related to health IT deployment.
- Recommend stakeholders promote the identification of key decision support tools that should be required components of EHR systems in LTC.
- Advocate for the publication of research, use case scenarios, best practices to communicate IT solutions, and innovative ideas/thinking to the industry.

5. *Based on your organization's consideration of the previous four questions please identify and rank the top five to ten actions that your organization believes stakeholders should take to promote the development and adoption of personal electronic health records for senior consumers and the providers who care for them. Identify what role your organization may take in supporting these actions.*

- Participate in and promote adoption of robust implementable standards for:
 - Data content, standard terminologies, and classification systems
 - Clinical Document Architecture (HL7)
 - Messaging (HL7)
 - Electronic prescriptions (NCPDP)
 - EHR Functionality and an industry consensus on a roadmap (HL7 and NCPDP)
 - Linkage between the EHR and PHR
- Evaluate work force needs, skills and staffing models. Support advocacy issues for the Allied Health Reinvestment Act to assure an adequate supply of information management/healthcare informatics professionals in the healthcare industry.
- Develop a vision and model for the role of the PHR in LTC. Create use cases that demonstrate the linkage between the EHR and PHR. Build upon and refine existing use cases for LTC EHR created for the HL7 EHR Functional Model DSTU.



- Actively participate in the development of the recommended and common use cases driven by the ONCHIT grants and AHIC.
- Develop vendor certification for LTC EHR systems.
- Develop professional practice guidelines for managing electronic health records and e-HIM in LTC.