2024 AHIMA Advocacy Agenda

The American Health Information Management Association® (AHIMA) mission of empowering people to impact health is rooted in our founder’s belief that great possibilities are achieved when we work together toward a common goal. At AHIMA, our common goal is to transform health and healthcare by connecting people, systems, and ideas. This starts with health information (HI) because it is the most powerful currency for change in the healthcare ecosystem. The 2024 AHIMA Advocacy Agenda will leverage our knowledge and expertise in HI to influence the public policy environment for the benefit of individuals, communities, and the healthcare workforce. Our agenda seeks to:

1. **Improve Individuals’ Health Journey Through Access to Information, Privacy, and Equity**
2. **Ensure the Quality, Integrity, and Usability of Health Information**
3. **Advance Healthcare Transformation**

To advance our public policy agenda, AHIMA will work together with our members, the US Congress, the Biden-Harris Administration, national healthcare organizations, and other stakeholders.

### Improve Individuals’ Health Journey through Access to Information, Privacy, and Equity

Improving individuals’ access to information, protecting privacy, and advancing equity are foundational to transforming health and healthcare.

#### Improve Individuals’ Access to Information

**Improving individuals’ access to and use of their HI** is essential to engaging in decisions about their health and managing their care, leading to better outcomes. Despite technological advances and federal regulations¹ that support timely and electronic access to HI, individuals routinely struggle to access their HI.

Improving individuals’ access to information includes **information about the cost of their healthcare services**, which can improve affordability and empower them to engage in decisions about their health and healthcare. Individuals also need the tools to understand both their HI and financial responsibilities.

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**Where AHIMA Stands**

**Support individuals’ electronic, timely, and seamless access to their health information regardless of where it is captured, stored, or exchanged.**

**Promote individuals’ access to timely, accurate, and actionable information about the cost of their healthcare services, including out-of-pocket costs.**
Protect Individuals’ Privacy

While the Health Insurance Portability and Accountability Act (HIPAA) governs health privacy in traditional healthcare settings, an increasing number of consumer-facing technologies are not required to adhere to HIPAA because they are not considered covered entities or business associates. As a result, individuals using these technologies are not always afforded the same level of protections required by HIPAA, including notice of privacy practices, security standards, restrictions on the sale, use, and reuse of protected health information by third parties, and the individual right of access. Limited consumer education about the potential risks associated with such technologies compounds these challenges. Recent legislative proposals have sought to address these gaps through a national privacy law.

Advance Health Equity

Advancing health equity is necessary to improve health outcomes. Today, communities—including racial and ethnic minorities, sexual and gender minorities, individuals with disabilities, and those living in rural and urban areas—experience a disproportionate share of acute or chronic diseases and adverse outcomes and have less access to adequate coverage. The COVID-19 pandemic revealed and exacerbated existing health inequities globally.

Addressing social determinants of health (SDOH) is critical to improving health equity and health outcomes. Healthcare delivery and financing models that incentivize the collection, sharing, and use of SDOH data offer an opportunity to address health-related factors upstream from the clinical encounter. However, the collection, sharing, and use of SDOH data remains an operational challenge.

Ensure the Quality, Integrity, and Usability of Health Information

Accurate, timely, and complete information is fundamental to transforming health and healthcare because it is at the core of every patient encounter. Information must be complete, accurate, usable, standards-based, and timely to reflect the scope of services provided and empower all stakeholders—including patients, providers, and payers—to make the best care decisions and the appropriate reimbursement.

Critical to maintaining data quality, integrity, and usability is accurate patient matching. A combination of technology, standards, operational processes, and trained HI professionals is necessary to optimize accurate patient identification.

Where AHIMA Stands

Address privacy and security gaps of consumer-facing technologies that collect, access, use, disclose, and maintain electronic health information.

Address health disparities and inequities in healthcare more broadly to improve health outcomes.

Advocate for the accurate and consistent collection, sharing, and use of social determinants of health data to improve health equity and health outcomes.

Promote and advance the collection, use, and exchange of high-quality health information throughout the information lifecycle.

Advocate for accurate and reliable patient identification and matching to improve patient safety, information sharing, and reduce administrative burden.
Strengthen the Health Information Workforce

Ensuring the quality, integrity, and usability of HI also requires **strengthening the HI workforce**. As the future of health and healthcare becomes more data-driven, skills are needed to support data governance and stewardship while maintaining the confidentiality, privacy, and security of individuals’ HI. This includes expertise and knowledge around data sharing, analytics, data literacy, and oversight of assistive, augmentative, and autonomous tools powered by artificial intelligence (AI). Such advancements will alter existing job functions, leading to increased specialization. At the same time, in 2023 two-thirds of HI professionals reported understaffing at their organizations in the last two years, which led to employee burnout, staff turnover, slower claims processing, and lower data quality.\(^2\)

Improved Oversight of Artificial Intelligence

AI tools have the potential to transform healthcare delivery and the workforce. AI is top of mind for many organizations as the industry continues to experience workforce shortages, staff turnover, and burnout. However, **improved oversight of AI** is needed as implementation and use of such tools raise questions around accuracy, transparency, governance, data provenance, potential harm, and intellectual property rights. Recent policy directives issued by the Biden-Harris Administration have adopted a whole-of-government approach to balancing the benefits and potential harms of AI while congressional activities have focused on crafting a national AI framework to improve oversight.

Advance Healthcare Transformation

Evolving consumer expectations, advances in technology, and shifts to value-based payment and care models that rely on high-quality data and quality measures are driving transformation in healthcare today. To support healthcare transformation, public policy can promote better information flows to support improved payment and delivery models.

Where AHIMA Stands

**Promote policies that ensure health information professionals meet the health information needs of today and tomorrow.**

Where AHIMA Stands

**Advocate and influence policies that promote appropriate oversight and sufficient protections related to the implementation and use of AI while encouraging technological advancements and avoiding excessive burden for end-users.**

\(^2\) Available at: https://7932134.fs1.hubspotusercontent-na1.net/hubfs/7932134/Whitepapers/Workforce-AI%20Study%20Final.pdf
**Promote Better Information Flows**

Healthcare decisions require information to be shared across settings and actors without unnecessary roadblocks and in ways that leverage standards that support real-world needs and maintain confidentiality, privacy, and security. Better information flows can be achieved by improved convergence of clinical and administrative data, enhanced information sharing, and improved integration of physical and behavioral HI.

**Improving convergence of clinical and administrative data**, including tools for automation, could bring significant benefits to the patient experience and decrease provider burden. In 2022, providers electronically submitted 4.07 billion claims, amounting to over 11 million claims per day. However, processes that require the exchange of clinical data to support administrative processes often involve manual work, including phone calls, use of payer portals, and faxes. Policy changes to address these issues must consider the real-world experiences of those implementing technologies.

**Improving information sharing** could yield considerable benefits including reduced fragmentation of individuals’ health records, improved patient safety, and reduced healthcare costs. Congress sought to improve information sharing in the 21st Century Cures Act of 2016 by enabling the secure exchange of electronic HI without special effort and penalizing instances of information blocking by providers, health IT developers, health information exchanges, and health information networks. The Cures Act also called for the establishment of the Trusted Exchange Framework and Common Agreement (TEFCA) to enhance nationwide data exchange. Improved information sharing must also be accompanied by strong security measures.

The ongoing opioid epidemic and behavioral health crisis also highlights the need to **improve integration of behavioral HI with physical HI** and improve public health reporting. The sensitive nature of records pertaining to behavioral health and substance use disorders creates challenges that hinder the ability to coordinate high-quality and safe care for patients. Lack of alignment across regulatory requirements and technical solutions to support granular segmentation of patient data creates burdens for stakeholders, including patients, that are incongruous with new care delivery models that rely on providers’ ability to share HI. Public HI systems must also be modernized to advance whole person care.

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*Available at: [https://www.caqh.org/sites/default/files/2022-caqh-index-report%20FINAL%20SPREAD%20VERSION.pdf](https://www.caqh.org/sites/default/files/2022-caqh-index-report%20FINAL%20SPREAD%20VERSION.pdf)*
Improve Payment and Delivery Models

Shifts in payment and care delivery models, including increased use of telehealth, have also contributed to advancing healthcare transformation. Stakeholders across healthcare have emphasized the need to prioritize value-based, quality healthcare in support of the Triple Aim. Participation in value-based care models presents an opportunity to reap the benefits that tie reimbursement to performance while containing healthcare costs. Value-based care models also create opportunities to deliver more personalized care to individuals and communities.

Transforming health and healthcare will not happen overnight. However, we cannot underestimate the power of health information to achieve this goal. Engaging in public policy and advocacy is an opportunity for health information professionals to share their knowledge and expertise about how health information can empower individuals and communities to impact health.

Where AHIMA Stands

Champion payment and delivery models that leverage accurate, timely, and complete health information and technology in new and innovative ways.

The goals of the “Triple Aim” include improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations. Available at: https://www.healthaffairs.org/doi/10.1377/hlthaff.27.3.759

Please visit https://www.ahima.org/advocacy/advocacy/ to get involved and learn more about the AHIMA 2024 Advocacy Agenda.