

January 30, 2009

Department of Health and Human Services
Agency for Healthcare Research and Quality
Attn: AHRQ OMB Desk Officer

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the U.S. Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality's (AHRQ) proposed collection project, "The AHRQ Data Inventory" as published in the *Federal Register*, Wednesday, December 31, 2008 [73FR80410].

AHIMA is a not-for-profit professional association representing more than 53,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, 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 and its members participate in a number of projects with other industry groups and Federal agencies related to the use of healthcare data for a variety of purposes including direct care, quality measurement, reimbursement, public health, patient safety, biosurveillance, and research.

AHIMA commends AHRQ for carefully gathering and assessing input from industry stakeholders during the development of the data inventory project. Our comments focus on those areas of particular interest to our members regarding the improvement of data quality or integrity, completeness, and reporting. We also applaud AHRQ's efforts to reduce inefficiencies and burdens associated with data collection and reporting, improve streamlining efforts, and reduce costs in outpatient health service utilization. We agree this project is an important first step in serving as a catalyst to promote harmonization among data efforts and we have outlined some suggestions for consideration as AHRQ continues to refine the data collection instruments.

(a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility.

AHIMA strongly supports AHRQ's data inventory project to better understand existing data collection initiatives in the outpatient sector. It is our perception that over the years outpatient services regarding data collection and aggregation activities have often been overlooked. We do support the notion that this data inventory effort is an initial step in understanding

where gaps and potential synergies exist, however, we do believe more explanation is needed on the goals for this initiative and how they will directly help to inform policymakers, clinicians, and consumers. We recommend AHRQ provide more clarity on the goals and additional details regarding the outpatient modalities and environment for this project.

As outlined in the proposed project description, the information that is collected will be extremely valuable to the outpatient community and will help inform key stakeholders on where gaps exist and synergies are possible. We are concerned the information collected will not be readily available to the public as there can be much learned from this data inventory project for not only the outpatient community but inpatient stakeholders as well. We recommend that AHRQ provide the information publicly via the website and remove all information that could identify the organizations that responded. Sharing this information will certainly bring much needed attention to this effort.

(b) The accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) of information.

AHIMA understands AHRQ’s goal of this project is to gain a better appreciation of the issues associated with developing data collection initiatives, reducing redundancies and gaps in availability of this information. However, we believe the proposed burden is strongly underestimated and suggest the number of respondents, estimated burden hours and costs be carefully reconsidered. To acquire a sufficient understanding of the data collection initiatives currently underway in the outpatient environment across the country, AHIMA recommends developing a broader outreach effort regarding the number of respondents that would allow for a more comprehensive inventory.

Since HIM professionals are often charged with responding to these types of questions, we differ with the estimated burden of hours that are being proposed for this effort. We understand that if the number of respondents increases, the burden hours will directly correlate as well, however we are suggesting that the actual time for completion of the survey will be significantly more than 45 minutes. A number of the survey questions are open ended and may require the respondent to conduct some initial research and analysis to uncover and provide responses. We suggest the estimated time for completing the survey be re-evaluated based upon the types of questions that are presented and ask that the final survey be pilot-tested with a few organizations to refine the estimated completion time.

(c) Ways to enhance the quality, utility, and clarity of the information to be collected.

1. General - The term “outpatient” is a very broad term that encompasses many different categories. We recommend AHRQ further define what type of environment is being

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considered for outpatient services. For example, the analysis could address certain specializations of outpatient services depending upon the goal of AHRQ. Areas such as laboratory centers, outpatient clinics, surgery centers, imaging centers or cardiac centers are representative of outpatient services.

2. Page 2 question #2 – The categories listed for this question cover a broad range of types of roles and responsibilities. The reply to the question may potentially cause a wide variation in responses to the subsequent questions. We are concerned the variation in responses would not enable the ability to accurately aggregate and compare information across the spectrum of outpatient services. AHIMA recommends AHRQ reconsider and modify the options for selection so that it reflects consistency. For example, if the survey is targeted toward the management or staff level, the survey should reflect consistency in the selections. We also recommend AHRQ consider adding data analyst, statistician, or data policy coordinator to the list of potential selections.
3. Pages 3 and 5 questions #5a and #8b – These questions appear to be duplicative. We recommend AHRQ consider combining these questions as well as allowing the question to stand on its own, not be a sub-question. This question is open-ended and may provide valuable information for identifying future initiatives for organizations; however we believe respondents will find this question difficult and would require a lengthy response. We are concerned that AHRQ will have difficulty “coding” the responses to this question in particular and reduce the ability to analyze the responses. We suggest AHRQ provide more detailed questions that allow for a selection of responses and perhaps at the end provide an opportunity for the respondent to describe future plans in more detail. Sample questions for future data collection may include:
 - a. What outpatient services will you collect information on?
 - b. What is your anticipated timeline for conducting a data collection effort? 1-3 years, 4-7 years, 8-10 years?
 - c. What is the purpose for your future data collection effort? Organizational policy changes, resource alignment, measurement collection and reporting?
4. Page 4 questions #6, 7 and 8 – The questions presented in 6, 7, and 8 appear to be duplicative and overlapping in their focus. We recommend AHRQ consider reviewing and modifying the questions to provide clarity and reduce redundancy.
5. Page 4 question #7 – This question does not accurately reflect an outpatient environment, we recommend AHRQ provide for alternative terminology and classification systems such as CPT-4 or others.
6. Page 11 question #16 – We recommend adding the response of “Workforce/staffing” to the list of potential replies. Also the response to this question relies heavily on the response selected for question #2. Finally, we recommend the question be modified to allow for multiple selections. Currently the question allows for only one response and there may be several issues/barriers that respondents are facing. Perhaps allowing the respondents to rank or list the top three would provide a more comprehensive response.

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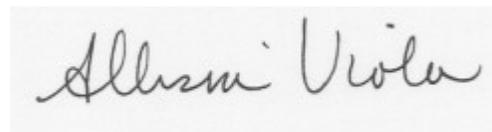
(d) Ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

After conducting a review of the data collection instrument, AHIMA believes the format and method by which the data will be collected will not enable timely and comprehensive replies from the respondents. Many of the questions are open-ended or open-text questions and this will pose a challenge not only for the respondents, but for the research firm to collect and aggregate the information into meaningful formats for analysis. We suggest AHRQ and the research firm modify the survey instrument so that there are as many formatted responses as possible to assist in standardizing the responses. This will allow for more comparability in the responses and reduce the burden necessary to examine the information.

We also urge AHRQ to provide this survey in an electronic format which would enable the respondents to provide their replies and submit electronically through a data collection software program.

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 Director of Practice Leadership, Crystal Kallem, RHIA at (312) 233-1537 or crystal.kallem@ahima.org. AHIMA and its members' core competencies address the study of the principles and practices of acquiring, analyzing, and protecting digital and traditional medical information vital to providing quality patient care. Working as a critical link between care providers, payers, and patients, HIM professionals are experts in managing patient health information and medical records, administering computer information systems, collecting and analyzing patient data, and using classification systems and medical terminologies. If we can be of further assistance to you in your data collection efforts, we would welcome the opportunity to provide support.

Sincerely,

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

Allison Viola, MBA, RHIA
Director, Federal Relations

cc: Crystal Kallem, RHIA, Director, Practice Leadership
Dan Rode, MBA, CHPS, FHFMA, Vice President, Policy and Government Relations