

April 9, 2008

Ms. Jane Horowitz
Vice President and Chief Marketing Officer
One North Franklin St.
27th Floor
Chicago, IL 60606

Dear Ms. Horowitz:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the draft report prepared for the second public comment period on Defining Key Health Information Technology Terms.

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 variety 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 The National Alliance for Health Information Technology and the two work groups developing the definitions for carefully gathering and assessing input from industry stakeholders on the work completed to date. Our comments focus on those areas of particular interest to our members. We believe that most of the proposed terms and definitions will be helpful to the industry; however, we are providing the following comment and recommendations for consideration as the definitions of the key terms are finalized.

Comments and Recommendation on EMR/ EHR

In the section of the document entitled, "Identifying the Terminology Problem," the report states, "The current problem is not a lack of definitions for the records and network terms, but rather the existence of too many slightly differing and even conflicting definitions." We wholeheartedly agree with this. Maintaining in

usage the terms and definitions for both EMR and EHR perpetuates this problem and inhibits clear communication about these concepts.

AHIMA members have strongly voiced their opinion that there should be only one term and definition—the electronic health record (EHR) and further that the term “electronic medical record” (EMR) should be phased out. There is no need for two terms.

Differentiation in the definitions of the EMR as being of a single organization and the EHR as being of more than one health care organization is confusing and meaningless in a health care system that includes integrated delivery networks (IDN)’s and other complex health care delivery systems. This distinction made by the proposed definition of the EMR only serves to highlight and perpetuate a fragmented health care delivery system and diminishes the goal that health information must support an integrated, patient-centric model of care delivery. That, of course, is the entire reason for the Nationwide Health Information Network (NHIN). The term and definition of the EHR better reflects this goal and is more consistent with national efforts to build a health information technology infrastructure in the U.S. that supports and advances health care safety and quality.

The term EHR is also consistent with the language of national and international standards organizations and certification bodies.

Comments on ePHR

We believe that the term electronic personal health record (ePHR) is clear and consistent with AHIMA’s work in this area and applaud the work group’s definition of this term.

Comments and Recommendation on HIE and RHIO

In our discussion of the term Health Information Exchange (HIE) we noted that HIE has been used as a “verb” with “health information” being the adverb. And Health Information Exchange (HIE) has also been used in noun form to describe the entity performing the health information exchange. When used as a noun, it is more synonymous with RHIO. When used as a verb, it is a system process or system function – that actually moves the data electronically from one database to another.

We recommend the definition from the AHIMA Practice Brief from last September 2007:

Health information exchange (HIE) is the actual mobilization or movement of healthcare information electronically across organizations within a region or community. This term does not define the governance of the exchange model or the purpose of the information exchange.

HIE provides the capability to electronically move clinical information between disparate health care information systems while maintaining the accuracy of the information being exchanged.

We noted that the definition of a RHIO as “A multi-stakeholder governance entity that convenes non-affiliated health and healthcare-related providers and the beneficiaries they serve, for the purpose of improving health care for the communities in which it operates. It takes responsibility for the processes that enable the electronic exchange of interoperable health information within a defined contiguous geographic area.”

We strongly believe that as defined a RHIO is just one type of “health information exchange organization. “Health information exchange may be completed via many different types of organizations and entities. The industry should consider using the term Health Information Exchange Organization (HIEO). Utilizing HIEO for all health information exchange entities will allow for the increasing variation of HIE within a region, large system (HCA, Community, Quorum, etc.) or patient population (chronic disease management). The term HIEO could would accommodate HIE activities at could be local, state-wide, or national in scope. Also, we recommend that the term “non-affiliated” be removed from the definition of a RHIO because such wording would limit the scope of the RHIO definition.

If AHIMA can provide any further information, or if there are any questions regarding this letter and its recommendations, please contact me at 312-233-1535 or email Lydia.Washington@ahima.org or Harry Rhodes at 312-233-1119 or email Harry.Rhodes@ahima.org.

Sincerely,



Lydia Washington, MS, RHIA, CPHIMS
Director, Practice Leadership
AHIMA

cc: Don Mon