May 24, 2007

Office of the National Coordinator for Health Information Technology
Attention: Quality Use Case Team
Mary Switzer Building
330 C Street, S.W. Suite 4090
Washington, DC 20201

Dear Quality Use Case Team:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Office of the National Coordinator's (ONC) Quality Draft Detailed Use Case.

AHIMA is a not-for-profit professional association representing more than 51,000 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 managing, analyzing, reporting, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most. We applaud ONC's appreciation and awareness of HIM professionals through the inclusion in the use case stakeholder section of the documentation.

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.

We recognize the industry's need for timely and accurate data depicting the quality and safety of America's healthcare system, but extracting data electronically from interfaced systems remains a challenging process because there are few broadly agreed-upon standards for data content. This climate of variation and confusion may well have a negative impact on the abilities of providers to report and use accurate and timely data about their performance.

Our comments focus on those areas of particular interest to our members. We believe the use case is a good foundation; however, we have outlined some recommendations as ONC continues to expand the document.

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General Feedback

- CMS places a large amount of consideration on those measures endorsed by the National Quality Forum (NQF) in determining measures for their Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) and in the developing Value Based Purchasing Programs (VBPs). There is little to no mention of the NQF in the Use Case and how this organization will collaborate/complement with the American Health Information Community's (AHIC) current initiatives. AHIMA recommends providing additional information regarding this effort.

- Acronyms such as EHR and HIT should be spelled out upon initial use in the document and then used as an acronym throughout the remainder of the document. There is inconsistent use of acronym formatting. AHIMA recommends using consistent acronym formatting and use throughout the document.

Section 1.0 Introduction

- 1.2 Scope of the Use Case - "This use case assumes the presence of EHRs within the health care delivery system and promotes the development of longer-term efforts." It is not clear to the reader what "the development of longer term efforts" implies. AHIMA recommends clarifying what the promotion of longer term efforts consists of. This could imply any number of initiatives or efforts that are currently underway in the industry.

- 1.2 Scope of the Use Case - The last two paragraphs appear a little confusing to the reader as the descriptions embed what the use case does and does not do. AHIMA recommends delineating some format to lay out clearly what the use case does and does not do. Perhaps creating a bulleted list for each of the categories would be helpful.

Section 2.0 Use Case Stakeholders

- Part of the foundation of the data flow rests with system vendors who are responsible for the development and implementation of systems or applications that capture, aggregate, and submit the data for quality information. It is not clear where the vendors fit into or are integrated into the overall collection and feedback flow. As described in section 1.2 Scope of the use case, it assumes the presence of electronic health records (EHR) and promotes longer term efforts. In order to align with these concepts, AHIMA recommends that the use case reflect system vendors.

Table 1: Recommended Additions to Section 2.0 Use Case Stakeholders

Stakeholder	Working Definition
System Vendors	Organizations which are responsible for the implementation of the software development lifecycle (SDLC) for such applications as laboratory, coding and reimbursement, radiology, pharmacy benefits management, computerized physician order entry, etc.

- Please clarify or provide an example of "Processing Entities". Would the services of a Clearinghouse serve as an example of a Processing Entity? Do system vendors fall under the purview of these entities? AHIMA recommends that this stakeholder be further clarified.

- The Public Health Agencies category is listed as a stakeholder; however it is not represented in the diagram flows. There is a category titled, "Public Health Monitoring System" under the Information Sources and Recipients. It is not clear to the reader whether ONC intends these two categories to be the same or are they different? AHIMA recommends that these two categories be aligned or clarified if they are truly different entities.

Section 3.0 Issues and Obstacles

- Use of updated classification systems – The collection and use of accurate and complete data is critical to healthcare delivery both for primary (clinical care) and secondary data use. The integrity of coded data and the ability to turn it into functional information such as reflecting the severity of a patient require that all users consistently apply the same official coding rules, conventions, guidelines, and definitions. Use of uniform data and coding standards enhances the integrity and quality of data and facilitates interoperability, which in turn enhances quality, reduces costs, and improves decision-making – all leading to high quality healthcare delivery.

  Achieving interoperability and quality healthcare information therefore requires terminology and classification systems that reflect current medical practice, such as in the use of ICD-10. AHIMA recommends that the delay in ICD-10 adoption be reflected in the Issues and Obstacles section.

  Should there be a continued delay in the implementation of ICD-10; AHIMA recommends that there be some consideration to the development of Health Information Technology (HIT) that reflects changes or the ability to quickly adapt to ICD-10 once it is implemented. This will reduce the amount of effort and time required to retrofit vendor applications.

Section 4.0 Use Case Perspectives

- Page 10 states "Health Information Service Providers are another possible example of such an entity, particularly if they play a central collection and processing role." This role/entity is not described further in the document on how it integrates into the overall process. AHIMA recommends providing additional information about this entity and how it fits into the overall schema of the collection and reporting flow.

Section 5.0 Use Case Scenarios

- Hospital Diagram Flow - 6.2 Information Exchange and the corresponding steps included in this section do not have numbered steps next to them. It is not clear to the

reader whether this is intentional or not. AHIMA recommends adding the appropriate numbering schema to the steps within the diagram.

- Hospital Diagram Flow - Step #8 Claims data is collected from Payors. The 3rd paragraph of the "Scope of the Use Case" section (page 4) indicates that claims data may be required to support certain measures that are not supported through EHRs. However, the collection of claims data occurs relatively late in the data process flow diagram. AHIMA recommends modifying the data flow by inserting the collection of claims data earlier in the process. An alternative option is to add this information in Step 6.1.5 which would appear to be more in alignment with the text on page 4 of the document.

- Clinician Quality Information Collection Diagram – Step #7.1.5 indicates the merging of claims data and manual extraction into the EHR. However, Scenario Flow #8 indicates the collection of claims data from Payors. It is not clear to the reader how these two steps are in alignment if the claims data collection occurs earlier in the process as shown in step #7.1.5. AHIMA recommends modifying or removing Scenario Flow #8 as it occurs too late in the process and is reflected in the 7.1.5 step.

- General recommendation – The events described within the section do not include a feedback mechanism from the information sources and recipients. The purpose of this event would be to serve as an "external" feedback and learning process that would supplement the internal feedback and improvement mechanisms as described in events 6.1.10-6.1.12. In order for this process to be an continuous improvement process, AHIMA recommends that that the recipients become an engaged participant in this effort and alert the hospital and clinician of areas where there is an opportunity for improvement.

<u>Section 6.0 Hospital-based Care Quality Information Collection and Reporting Flow</u>

- Section 6.3.6 Format and distribute quality information – AHIMA would like to ensure that the reporting mechanism that provides claims data supplemented with data from and EHR does not truncate the data that is being reported. The reporting mechanism must be able to reflect all data that is within a patient's record in order to report on comorbidities or complications to demonstrate the true evaluation of treatment. If this does not occur, there will not be an accurate representation of patient care, thus the goal of the process of improving care will be negated. AHIMA recommends that the use case demonstrates in the diagrams or within the step-by-step events that this information be reflected to ensure all information is included for reporting.

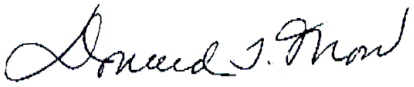
<u>Section 7.0 Clinician Quality Information Collection and Reporting Flow</u>

- Title (7.3 Consumer Perspective) – The title of the table does not reflect the same naming convention that is represented in the diagram flow as shown on page 22, where it indicates "Multi-entity Measurement and Reporting". AHIMA recommends making a change to reflect a consistent naming convention.

AHIMA agrees that capture and integration of data in EHRs is necessary to support quality measurement and reporting. AHIMA is an active developer and promoter of EHR standards and looks forward to a day when secondary data, whether it is being produced for quality measurement, public health reporting, or reimbursement, accurately portrays the diagnoses, severity, and services or procedures provided. AHIMA welcomes the opportunity to work with ONC and the healthcare industries to see that all these goals are met.

If AHIMA can provide any further information, or if there are any questions or concerns in regards to this letter and its recommendations, please contact Crystal Kallem, RHIT, AHIMA's director of practice leadership at (312) 233-1537 or crystal.kallem@ahima.org, or me at (312) 233-1135 or donald.mon@ahima.org.

Sincerely,



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