April 5, 2007

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

Dear Medication Management Use Case Team:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Office of the National Coordinator's Quality Prototype 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.

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.

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

Section 2.0 Use Case Stakeholders
- The stakeholders defined in the use case are appropriate; however, the HIM professionals responsible for managing, aggregating and disclosing health information should be added to the list of stakeholders. Serving as essential data stewards of a healthcare organization, health information management professional serve as a critical link in the communication of information through out the health care continuum.

Section 4.0 Use Case Perspectives
- The use case document does identify that patients are at risk during transitions of care (specifically during level of care changes) but does not elaborate further within the inpatient use case scenario how this particular issue would be addressed.
- The use case document does identify the particular needs of the pediatric population (page 16) but does not elaborate further on the specific medication reconciliation needed within this population. Pediatric doses based on weight are often complex and require intense pharmacist interventions prior to medication distribution.

Section 6.0 Scenario 1: Inpatient Medication Reconciliation
- The consumer perspective indicates that the consumer may self report allergies, including type of reaction and severity of reaction. It is not clear how this information would be captured in the medication management process. The information, for example, could be obtained from a PHR as an individual entry from the patient or through documentation reported by the clinician. We recommend further specification of this process.

Section 7.0 Scenario 2: Access to Current Medication and Allergy Information in an Ambulatory Care Setting
- In the clinician perspective an assumption is made that the clinician would be able to view an integrated medication history, including information from hospital and ambulatory electronic health records. It is unclear as to how this will be accomplished if the hospital and ambulatory formularies are not in a standardized format. Hospital formularies are normally large, complex lists which have different ordering capabilities than an ambulatory record. We recommend further specification of this process

AHIMA thanks ONC for this opportunity to submit our findings on this issue. If AHIMA can provide any further information, or if there are any questions or concerns in regard to this letter and its recommendations, please contact Lou Ann Wiedemann MS, RHIA, CPEHR, AHIMA's director of practice resources at (312) 233-1546 or me at (312) 233-1135 or donald.mon@ahima.org.

Sincerely,
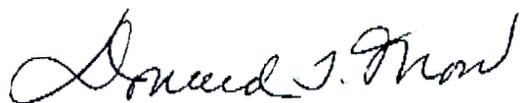
Donald T. Mon, PhD
Vice President, Practice Leadership

cc: Michelle L. Dougherty, RHIA, CHP
        Lydia Mays Washington, MS, RHIA, CPHIMS