February 6, 2015
VIA ELECTRONIC MAIL

Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Suite 729-D
Washington, D.C. 20201

RE: AHIMA Comments on Federal Health IT Strategic Plan

On behalf of the members of the American Health Information Management Association (AHIMA), we are pleased to submit comments related to the Federal Health IT Strategic Plan 2015-2020. AHIMA is the not-for-profit healthcare association representing more than 101,000 health information management (HIM) and informatics professionals who work in more than 40 different types of entities in or related to our nation’s healthcare industry.

The overarching framework of the health IT strategic plan—“Collect, Share, Use” health care information—aligns very closely with AHIMA’s emphasis and work of the past several years and we agree this is the appropriate foundation for a visionary, far-reaching plan to address the health needs of the US population with health IT. Importantly, this strategic plan implicitly recognizes that it is the data and information, rather than the technology used to create it, that is most critical. We agree with Dr. DeSalvo and others that there is a need to “include new sources of information and ways to disseminate knowledge quickly, securely, and efficiently.” Indeed, we are seeing the beginning of this already with an emerging focus on data- and information-driven care coordination and population health management.

However, while health IT will be critical to these new initiatives, it alone is not enough to accomplish the objectives in this plan. We firmly believe that effective health IT and health IT policy must be implemented within a framework of data and information governance across the entire healthcare ecosystem. This will be crucial in realizing the vision and pursuing the mission put forth in this plan.

Without the integration of data and information governance into this plan, as well as overall U.S. health IT policy, the U.S. will continue to be hampered in its sharing, use, and protection of health information.

AHIMA defines information governance as a framework for managing information throughout its lifecycle and which supports strategy, operations, regulatory, legal, risk, and environmental requirements. It includes the processes, standards, and tools necessary for establishing decision rights, valuation of information, and improvement of data quality and integrity. Most importantly, information governance is based on principles. AHIMA has identified the set of Information Governance Principles for Health Care (IGPHC) as:
Accountability: Senior leadership oversight and responsibility for information management
Transparency: Information management practices and processes that are open and verifiable
Integrity: Reasonable and suitable guarantee of the authenticity and reliability of information
Protection: Appropriate levels of protection against breach, loss, or corruption of information
Compliance: Information complies with applicable laws, regulations, standards and organizational policies
Availability: Maintenance of information in a manner that ensures timely, efficient, accurate retrieval
Retention: Maintenance of information for the period of time that takes into account its legal, regulatory, fiscal, operational, risk and historical requirements
Disposition: Secure and appropriate disposal of information no longer required to be retained by law or organizational policies

We believe that many of the current challenges in the healthcare industry associated with health IT have been the result of inattention to these principles at the higher levels of the healthcare ecosystem—not just at the level of the individual healthcare entity or organization. Continuing with a narrow focus on technology and without a focus on information governance processes and principles, the US will continue to experience the daunting challenges related to health information exchange and sharing, patient identification, privacy/security and other challenges. Data and information continue to grow, poorly managed, at an exponential rate due to the increased collection, use, and sharing of health data and information enabled by technology.

While we agree with the federal health IT principles outlined in the strategy document and see a close alignment with the above-mentioned IGPHC™, the latter describe how health data and information must be managed to ensure usability and trustworthiness. Patients, providers, consumers, payers, and other important stakeholders must be able to trust health data and information. But gaining that trust will not be possible without addressing these principles. Inclusion of information governance as a construct in the health IT strategy provides the best opportunity for all stakeholders to work together to achieve the goals of the plan and ensure that health information is trustworthy and actionable. We recommend that information governance should therefore be included prominently in this strategic plan and health IT policy going forward.

We do appreciate the aspirational nature of the strategic plan and are impressed by the reference in the plan to federal partners whose plans you are coordinating. The plan, however, does not:

- Clearly assign a federal champion to each of the aspirational goals and its associated objectives
- Provide references (such as URLs) to the federal partners associated plans
- Suggest measures of success
- Describe a preferred approach (such as in Meaningful Use for which specific features and functions were employed instead of utilizing outcomes measures that could have deemed the existence of supporting features, functions, and process)
- Encourage rapid adoption of some of the measures, leaving a minimum of three years for each of the objectives (we recognize the need to ensure that not too many initiatives are happening simultaneously)
Define the role of the private sector, suggesting when a public-private partnership would or should be pursued (implying, therefore, that a policy and regulation approach is preferred and encouraging a criticism that innovation could be stifled)

We would also hope to see this plan address the following with more specificity:

- The use of standards that support interoperability, particularly those that address terminologies, classification (ICD-10-CM, SNOMED, LOINC, etc.) and common meta-data structures. Currently, the plan understates the need for standards, both in terms of an approach to developing, adopting and implementing them as well as how vendors and other stakeholders will be encouraged to use them.
- Protections that recognize the balance that must be struck between individual privacy rights and the common good that results from sharing of health information. This will be crucial particularly for goals 4 and 5, which must address transparency of how individual personal health information may and may not be used.
- Coordination of laws relating to privacy and security between the federal government and the states to remove confusion, inconsistency, and conflicting laws and regulations in a world in which health data and information must follow the individual without respect to state jurisdictions.
- Better strategies to address patient matching. As a frequent patient safety and privacy issue, steps must be taken to ensure the proper matching of health information in the electronic health record and in the process of health information exchange.

At its core, effective information governance is about managing the costs and risks associated with information management and enabling the entities that collect, use, and share it to extract maximum value from the information as well as the technology used to create it. We respectfully request that you consider adding information governance as a critical component of the Federal Health IT Strategic Plan for 2015-2020. For more information about this important element of health IT strategy, please see AHIMA’s webpage that describes its work in this area at http://www.ahima.org/topics/infogovernance or feel free to contact me lynne.thomasgordon@ahima.org; or (312) 233-1165.

Thank you for the opportunity to comment. If you have any questions about our comments you are also welcome to contact Deborah Green deborah.green@ahima.org; or (312) 233-1966.

Sincerely,

Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA
Chief Executive Officer