January 29, 2016

The Honorable Lamar Alexander
United States Senate
Chairman, Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510-2602

The Honorable Patty Murray
United States Senate
Ranking Member, Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

RE: Feedback on Discussion Draft to Improve Health Information Technology

VIA E-MAIL

Dear Chairman Alexander and Ranking Member Murray:

Thank you for the opportunity to submit feedback on the committee's discussion draft to improve health information technology.

AHIMA is the national non-profit association of health information management (HIM) professionals. Serving 52 affiliated component state associations including the District of Columbia and Puerto Rico, AHIMA represents over 101,000 health information management professionals dedicated to effective health information management, information governance, and applied informatics. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers. AHIMA provides leadership through education and workforce development, as well as thought leadership in continuing HIM research and applied management for health information analytics.

We appreciate the work the committee has done to improve interoperability and advance nationwide health information exchange and we believe that this discussion draft is an important step in the right direction. In particular, we support the inclusion of an unbiased rating system for health information technology (HIT) products as well as the opportunity for HIT users to provide feedback on various HIT products relating to security, usability, and interoperability. We also support providing the U.S. Department of Health and Human Services' (HHS) Office of the Inspector General with the authority to investigate and deter information blocking practices, as well as the establishment of a public-private partnership to develop a trusted exchange framework to advance and facilitate nationwide health information exchange.

In addition, AHIMA supports the inclusion of language that directs the Government Accountability Office (GAO) to conduct a study to review methods for securely matching patient records to the correct patient. Accurate and reliable patient matching continues to serve as a barrier to successful nationwide health information exchange. A number of our members have noted that patient matching errors often begin at registration and can generate a cascade of errors that continue until a patient is discharged. A recent survey of AHIMA members revealed that over half of HIM professionals routinely work on mitigating possible patient record duplicates at their facility. Of those, 72 percent work to mitigate duplicate records on a weekly basis.[1] Without intervention by HIM professionals, clinicians would have an incomplete record of a patient's medical history, resulting in uncoordinated care, unnecessary testing or improper treatment(s), and workflow inefficiencies.

That said, we would like to offer the following recommendations for consideration as it relates to the discussion draft.

Assisting Doctors and Hospitals in Improving Quality of Care for Patients

Assisting doctors and hospitals in improving quality of care for patients includes having access to clean, granular and accurate data in the clinical record. Clinical documentation is at the core of every patient encounter. For it to be meaningful, it must be accurate, timely, and reflect the scope of the services provided. This is particularly important as the industry continues to push forward with such initiatives as ICD-10, Accountable Care Organization (ACO) payment models, other value-based payment models and enhanced patient engagement. The consequences of inaccurate or incomplete clinical documentation can often lead to lost reimbursement and scrutiny by Medicare's Recovery Audit Contractors (RACs) and can put a patient's health at risk.

Allowing providers to delegate clinical documentation requirements to non-physician members of the care team as permitted by State licensure and State medical and health professional board regulations will allow providers to focus more on the patient and less on burdensome regulatory and administrative requirements. However, clinical documentation by providers today can at times be incomplete, unclear or imprecise and HIM professionals, including clinical documentation improvement (CDI) specialists and coders, often play a pivotal role in improving the accuracy and quality of the clinical documentation.

Allowing a non-physician to document may create more confusion that does not enhance the overall quality and integrity of the data in the clinical record. Therefore, we recommend that the committee provide greater clarity in this section as to what clinical documentation requirements could be delegated to non-physicians, or instruct the U.S. Department of Health and Human Services (HHS) to provide guidance as to what clinical documentation requirements may be delegated to non-providers of the care team. We would also welcome the opportunity to work with committee staff and other stakeholders on clinical documentation improvement concepts as AHIMA has registered nursing and CDI expertise as well as health information management professionals who understand the flow of information throughout the patient's encounter.

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[1] Dooling, J. et al. "Survey: Patient Matching Problems Routine in Healthcare." *Journal of AHIMA*, Jan. 6, 2016. http://journal.ahima.org/2016/01/06/survey-patient-matching-problems-routine-in-healthcare/.

Empowering Patients and Improving Patient Access to Their Electronic Health Information

AHIMA supports the inclusion of language in the discussion draft that allows the National Coordinator, in carrying out certification programs under section 3001(c)(5) of the Public Health Service Act, to require that certified health information technologies include a function for patients to access their health data including ensuring that providers have options in making such information available to their patients and that patients have options in accessing their health information. Patients today increasingly want to access their health data in different electronic forms including smart phone health applications, online or via e-mail. Whatever technology is leveraged in providing access to a patient's health information, the certification criteria should be flexible enough to accommodate the various forms of consumer technologies, including smart phones and wearables.

We thank you for the opportunity to submit comments on this important legislation and for your continued leadership on these crucial matters. Should you or your staff have any additional questions or comments, please contact Lauren Riplinger, Senior Director, Federal Relations, at lauren.riplinger@ahima.org, (202) 839-1218, or Pamela Lane, Vice President, Policy and Government Relations, at pamela.lane@ahima.org, (312) 233-1511.

Sincerely,

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