



1730 M Street, NW, Suite 502  
Washington, DC 20036

phone » (202) 659-9440  
fax » (202) 659-9422  
web » www.ahima.org

November 14, 2008

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

Re: LTC Assessments Draft AHIC Extension/Gap

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Office of the National Coordinator's Long Term Care Assessments Draft AHIC Extension/Gap. Our comments focus on those areas of particular interest to our members.

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 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 HIT/EHRs, standards, privacy/security, compliance, 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.

**General Comment:**

There is an opportunity to provide a consumer focus to the use case by highlighting the ability to share the LTC assessment information with the patient's PHR. Informed and involved family members actively participate in care planning and decision-making in a collaborative fashion with LTC providers. As PHRs become more widespread in the LTC/chronic care community, they provide a significant value to family members who manage and oversee care for an individual. In situations where the LTC assessment determines the payment rate and the patient/family is paying through private resources, there currently an interest and need to have access to the LTC assessment tool. This  
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type of information is currently disclosed now by LTC providers. Establishing mechanisms to share the information would meet a current demand and set up a mechanism that meets emerging consumer centric tools like the PHR.

### **1.1 Background: Paragraph 1, Last Sentence:**

The sentence references support for long term care needs and the ability to incorporate and use assessments in LTC. This focus should be expanded. The LTC assessment use case supports the transition of care process, communication with other healthcare providers. The wording makes it appear that the value will be contained to the LTC provider when the value of this use case will also significantly benefit the individual consumer and the various care delivery organizations that support their needs.

### **1.1 Background: Paragraph 2, 2<sup>nd</sup> Sentence:**

Call out interoperability standards in addition to technical standards. It isn't intuitive that the focus is interoperability.

### **2.2 Scope – 1<sup>st</sup> Paragraph, 1<sup>st</sup> Sentence:**

Add another purpose which is to communicate patient status.

### **2.2 Scope – 1<sup>st</sup> Paragraph, Last Sentence:**

The purpose should also reference that once semantic vocabularies are used within LTC EHR systems will be able to both store information and link clinical content to the assessment to facilitate accurate completion.

### **2.2 Scope – Bullet List, 2<sup>nd</sup> Bullet – This information is repeated a number of times in the document. The comment would apply to all instances.**

Expand the examples to include the patient's PHR, attending physician, HIE/NHIN organizations, etc.

## **3.0 Functional Needs (A)**

Add: Standardized assessment information may be sent and received by other providers (LTC, Acute Hospital/ER, etc.) upon transfer.

### **3.0 Functional Needs (A):**

This would be an optimal place to point out the value of semantic vocabularies to link clinical content to the assessment and facilitate complete and accurate assessments.

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### **5.0 Issues and Obstacles (D):**

The issue of involvement by patient proxies to allow sharing of assessment information should be contained to specific scenarios – i.e. with a HIE/NHIN organization, to the patient's PHR, etc. For communication related to continuity of care which will be a significant use of standardized assessment data, the federal regulations for nursing homes allows for transfer of information without a specific consent (similar to the HIPAA regulations for treatment purposes). The issues and obstacles raised regarding permission should be focused on new emerging uses that allow for greater access and sharing outside the normal treatment and payment situations. As written now, it implies that standardization will require new permissions which isn't the case.

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 Michelle Dougherty , , MA, RHIA, CHP, AHIMA Director, Practice Leadership at (312) 233-1914 or [michelle.dougherty@ahima.org](mailto:michelle.dougherty@ahima.org), or me at (202) 659-9440 or [dan.rode@ahima.org](mailto:dan.rode@ahima.org).

Sincerely,

Dan Rode, MBA, FHFMA  
Vice President, Policy and Government Relations

cc: Michelle Dougherty, MA, RHIA, CHP  
Allison Viola, MBA, RHIA