



February 15, 2008

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

Dear Use Case Team:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Draft Detailed Use Case for Consultations and Transfers of Care.

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 the use case is a good foundation; however, we have outlined some recommendations as ONC continues to refine the document.



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2.0 Introduction and Scope

We recommend that this section emphasize that the exchange of information will be electronic and inclusive of the patient. Although this is mentioned later in the scope section, it would enhance understanding to mention it upfront. This can be achieved by revising (see italics) the first paragraph in this section to read: “The Consultations and Transfers Use Case will focus on the *electronic* exchange of information between clinicians, particularly...health care services. *Patients are included in this electronic exchange of information.*”

3.0 Use Case Stakeholders

- The use of term “consumers” is confusing in the contextual description of “Electronic Health Record Service Providers” as “Organizations which assist in providing EHR capabilities to consumers.” EHRs are typically provided to healthcare providers, clinicians, and others rendering health care services to consumers, rather than directly to consumers themselves.
- Since, on occasion, they need to receive information regarding transfers, we recommend that state and local regulatory bodies that oversee transfers of care between healthcare organizations be added to the list of stakeholders.
- We are highly supportive of the inclusion of HIM personnel as a functional role in this use case.

4.0 Issues and Obstacles

- Inadequate resources for patient identity management are a major obstacle for any health information exchange and should be added to this list. This includes lack of standardization, error handling, and general quality control of processes related to data quality management for patient identifying information.
- Education of users, stakeholders, and professionals as it relates to privacy, security, and information integrity in and of itself is an issue or obstacle with the potential to impact the processes in this use case. We recommend adding this to the list of issues and obstacles.
- Lack of standardization in laws, regulation, and operational procedures in the industry as to how consultations and transfers are executed present another issue or obstacle for this use case and we recommend adding this to the list.

5.0 Use Case Perspectives

- Discharging/Transferring Setting—We recommend adding intermediate care facilities to the list of settings.
- Receiving Care Setting—We recommend adding intermediate care facilities to the list of settings.

6.0 Use Case Scenarios

No Comments

7.0 Scenario 1: Consultations

		AHIMA Comments
7.1.3	Action: Initiate consult request with consulting clinician	<p>There is a need to include pre-conditions here: determine the availability of the consulting clinician; determine the availability of patient appointments in the ambulatory care environment and; determine the need for any required insurance authorizations</p> <p>We recommend including an alternate action that describes what happens if the consultant rejects the request for consultation</p>
7.2.1.1	Action: Receive consult request letter and core set of patient data from requesting clinician.	<p>Prior to or at the time the core set of consult request data is sent to the consultant, there will need to be a registration or admission event that creates a medical record number or other patient identifier in the consultant’s EHR so that the information can be located by the consultant in the consultant’s information system.</p>
7.2.2.2	Action: Receive and review additional patient information from the requesting clinician or health information exchange.	<p>There needs to be communication between the requesting clinician and the consulting clinician to confirm that all required diagnostic testing is complete.</p>
7.3.1.2	Action: The patient coordinates an office visit with the consulting clinician.	<p>All required diagnostic testing should be completed by the patient prior to scheduling a visit with the consultant.</p>

8.0 Scenario 2: Transfers of Care

8.1.2.3	Action: Select next setting of care and prepare for transfer coordination	At this point, we recommend including an alternate action that addresses what happens if patient refuses transfer.
8.2.1.1	Action: The receiving setting receives a request to transfer a patient	There needs to be one or more identifiers (medical record number, registration number, etc.) created in the receiving setting's system so that the information that has been received can be located.
8.3.1.1	Action: The patient receives discharge/transfer information.	We recommend revising the sentence to read: "Discharge/transfer information is communicated to the personally controlled health records which may include personally controlled health records which may include PHRs, freestanding PHR systems, health record banks and other PHR system models."

Section 9.0 Information Exchange

The first paragraph on page 40 states: "While not described in this section, other capabilities could support exchange including data integrity and nonrepudiation checking; subject and user identity arbitration with like identities during information exchanges; access logging and error handling for data access and exchange; consumer review of disclosure and access logs; and routing consumer requests to correct data."

It is not clear whether the word "could" in the first part of the statement indicates that these services are optional or whether this word is referring to the possibilities or potentialities. We recommend that this statement be clarified to more easily determine its meaning and recognize that these types of services are essential and not optional. Consider changing the word "could" to "must."

Section 10.0 Consultations and Transfer of Care Dataset Considerations:

For transfers of care, please consider adding the following categories of data which are part of the Joint Commission standards:

- Infection control data
- The patient's physical and psychosocial status

Appendix B: Detailed Core Data Set Considerations

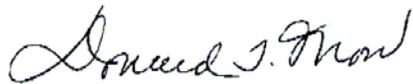
In Figure B-2, include the following data categories which are part of the Joint Commission standards:

- Advance Directives—include Power of Attorney as a subcategory under advance directives
- Infection Control

AHIMA is an active developer and promoter of EHR and health information exchange standards and welcomes the opportunity to work with ONC and the healthcare industries to see that 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 Lydia Washington, AHIMA's director of practice leadership at (312) 233-1535 or Lydia.washington@ahima.org, or me at (312) 233-1135 or donald.mon@ahima.org.

Sincerely,



Donald Mon, PhD
Vice President, Practice Leadership

Cc: Allison Viola, MBA, RHIA