



---

**IOM/NRC Study:  
Assessing the Standards Efforts  
of the  
Office of the National Coordinator  
for Health Information Technology**

**September 17, 2007**

**Donald T. Mon, PhD  
Vice President, Practice Leadership  
AHIMA**



# AHIMA's Mission

---

- q **To increase quality health care through**
  - q **Quality health information**
  - q **Education**
  - q **Advocacy**
  - q **Policy development**
  - q **Direct involvement in HIT adoption and standards activities**

# AHIMA

---

- q **Founded in 1928**
- q **51,000+ members work in all facets of health information management (HIM)**
  - q **CEOs, CIOs, privacy/security officers, HIM directors, coders**
  - q **Provider settings: Manage health record, revenue cycle, quality reporting processes**
  - q **Payers: Manage reimbursement process**
  - q **Vendors: Design HIM & EHR software**
  - q **Government, associations, accreditation and certification agencies**

# ONC Funded Activities

---

- q **The Commission on Certification of Health Information Technology (CCHIT)**
  - q **AHIMA, HIMSS, NAHIT: Founding sponsors**
  - q **AHIMA: Prime contractor; spun-off as independent organization**
- q **State level health information exchange best practices contractor (multiple contracts and extensions with ONC/AHRQ)**
- q **Computer assisted coding and HIT for preventing & detecting fraud (ONC/AHRQ)**
- q **Data accuracy requirements for the EHR**

# Other Federally Funded Activities

---

## q AHRQ

- q Health Information Security and Privacy Collaboration (HISPC) subcontractor
- q Data collection issues in quality reporting

## q CDC

- q Training for coders on mortality and morbidity ICD-10 curricula

## q NLM

- q Validated SNOMED – ICD-9 map

# Other Standards Activities

---

- q **Health Information Technology Standards Panel (HITSP)**
  - q Voting member
  - q Active on Security Technical Committee
- q **Health Level 7 (HL7)**
  - q EHR System Functional Model
  - q PHR System Functional Model
  - q Clinical Document Architecture (CDA)
- q **World Health Organization (WHO)**
  - q Reference Terminology, ICD-10, ICD-11
  - q Education
- q **International Healthcare Terminology Standards Development Organization**
  - q SNOMED

# Summary Messages

---

- q **HIT adoption and standards development are moving as fast as they can with the resources available**
- q **Pace of the activities has been faster in the last 3 years, since the inception of ONC, than it has for the last 3 decades**
- q **AHIMA doesn't expect the processes to go faster; they reflect a culture change**
- q **Issues are larger than HIT adoption and standards development**

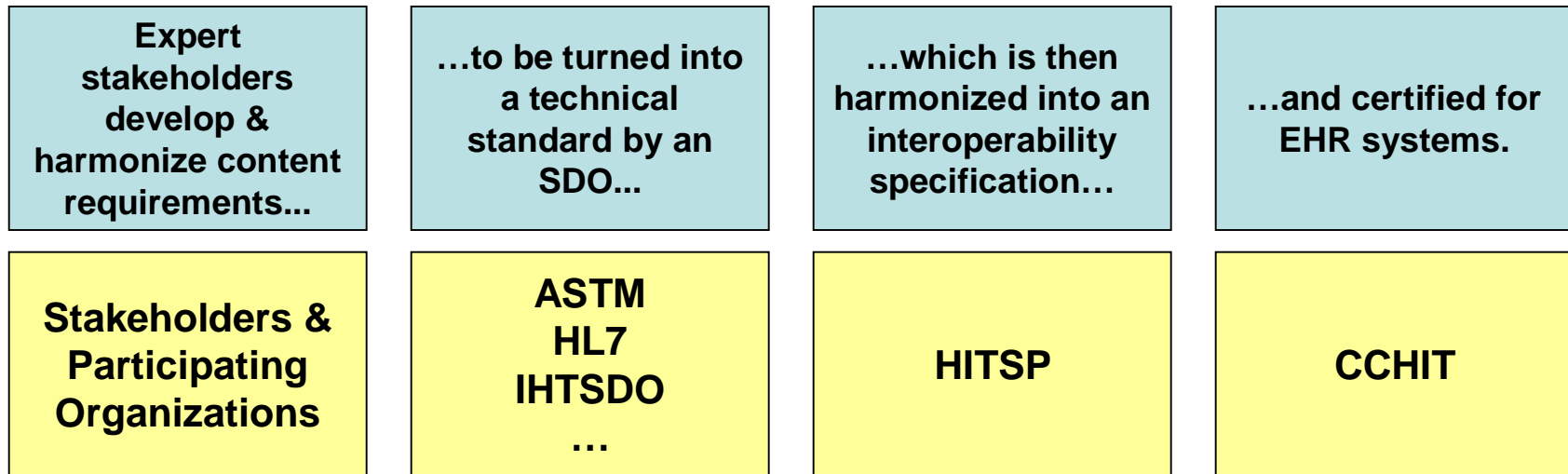
# Fast as We Can: People Resources

---

- q **Fundamental bandwidth issue: Same people working on every project**
- q **Trying to do more or go faster without greater resources will**
  - q **Overwhelm existing volunteers**
  - q **Reduce quality of the work being done**
- q **Interaction effect**
  - q **AHIC use cases are important and worthwhile, but process can be set up better to achieve greater leverage**
  - q **Disparate use cases diffusing the already limited people resources**

# Direction and Harmony

---



# Fast as We Can: Dollar Resources

---

- q **US expenditure significantly lower than other countries focusing on HIT**
  - q **Canada spending ~ 10x the money for 1/10<sup>th</sup> the population**
  - q **UK spending ~ 20x the money for 1/5<sup>th</sup> the population**
- q **Need investment**
  - q **AHIC 2.0**
  - q **HITSP**

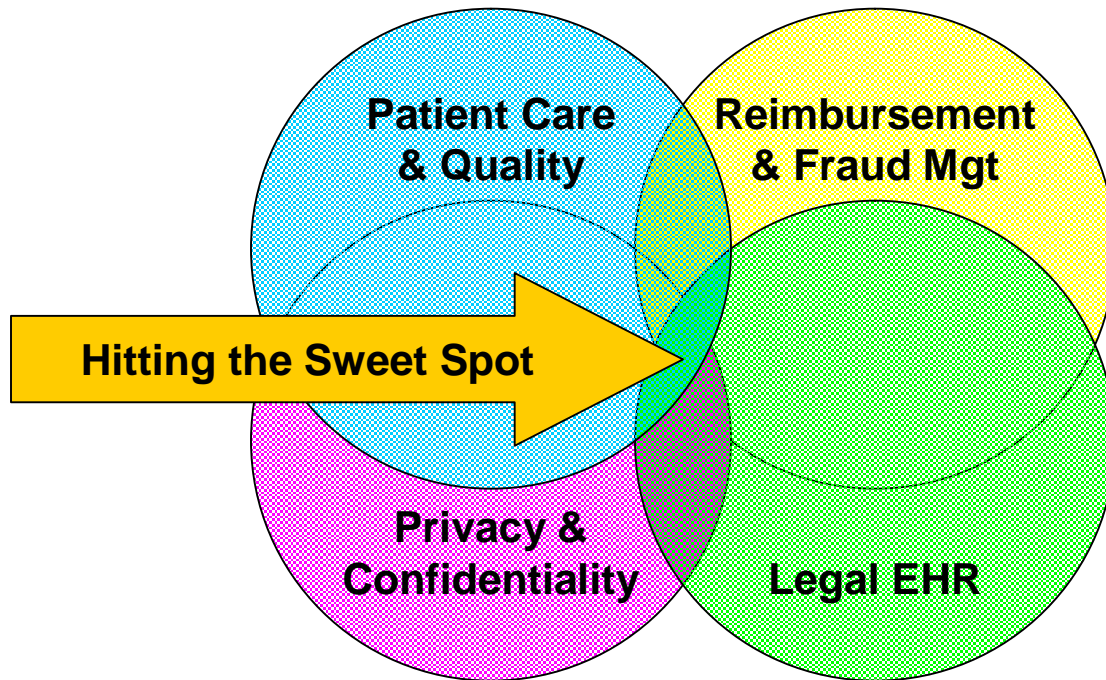
# **Pace: Faster Last 3 Years Since ONC**

---

- q **AHIMA's direct experience with ONC**
  - q **Aggressive with each of our contract timeframes**
  - q **Clearly expresses**
    - q **The Secretary's vision and expectations**
    - q **The urgency of moving forward in a timely manner**
- q **Culture change: Competition to collaboration and harmonization among standards and HIT products**
- q **Greater clarity in HIT and standards priorities could be gained by better clarity in health care policy**
- q **Vocabularies & terminologies lagging**

# Structure Activities to Gain Leverage

---

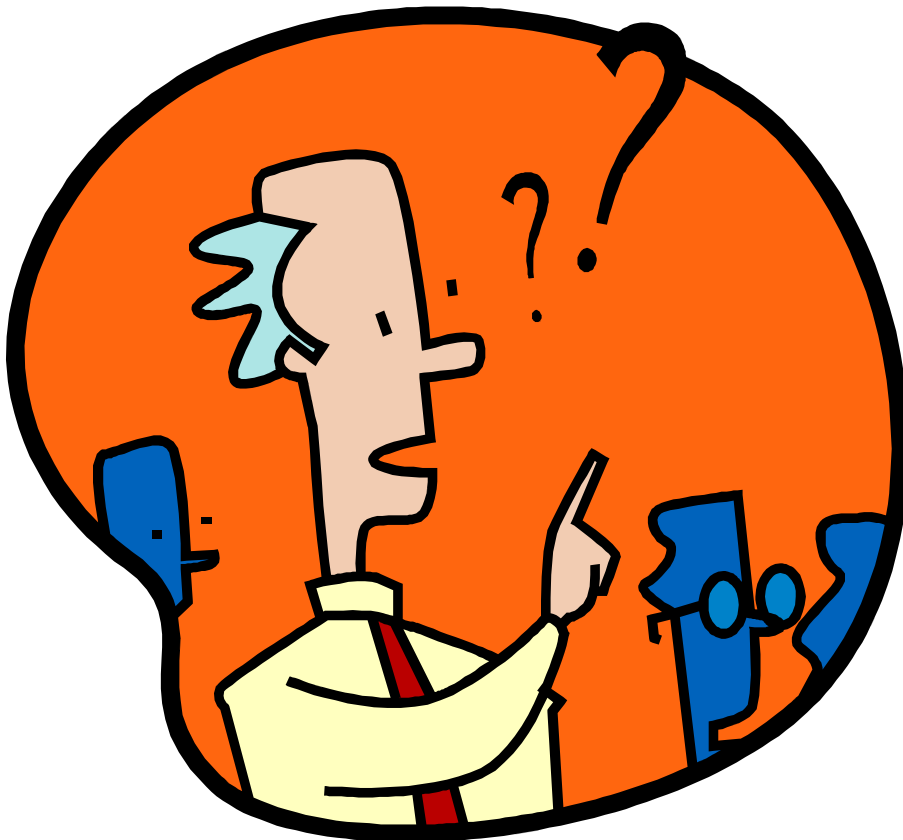


**Needs Direction from Health Care Policy**

# Issues: Larger than HIT & Standards

---

- q **HIT adoption and standards development need:**
  - q **Better funding and business models**
  - q **Better alignment with policy**
  - q **Better policy itself**
  - q **Better way to keep competition, but foster collaboration and harmonization**



**Thank you!**  
**Questions?**