

Highlights from the 2009

CORPORATE INDUSTRY BRIEFING

Presented by AHIMA and AHIMA Foundation



*Pictured (l to r): Linda Kloss, Vera Rulon,
Sen. Sheldon Whitehouse, Mary Madison, Keith Olenik*

March 25, 2009
Washington, DC

*Gain a more solid understanding of the recently passed economic stimulus package.
Make improvements in workforce training.
Leverage electronic health records to measure quality.*

These were just a few of the interests and goals expressed by participants at the sixth annual Corporate Industry Briefing held this year in Washington DC, at a place and time in which a great deal of change is occurring in the health information industry. Corporate executives from over 30 industry-leading companies gathered to learn from experts in the public and private sector, presenting on the most recent developments relative to the nationwide adoption of health information technology, health information management, and healthcare reform. Speakers included: U.S. Senator **Sheldon Whitehouse** (D-RI); **Kelly Cronin**, Director of the Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology; **Robert Mayes**, MS, RN, Senior Advisor on Health Information Technology, AHRQ; **Jonathan B. Perlin**, MD, PhD, President, Clinical Services and Chief Medical Officer, Hospital Corporation of America; and representatives from AHIMA and the AHIMA Foundation. The audience brought many different perspectives from their industry sectors and organizations, which allowed for an engaging dialogue about these developments and their implications.

The AHIMA Foundation is pleased to present the following highlights from our distinguished speakers; additionally, the slides from their presentations are attached following this report.

Highlight #1: What good is a car if it only stays in the garage?

Senator Sheldon Whitehouse spoke about Health Information Technology and implications for the industry from the federal legislative perspective, with emphasis on the recently-passed American Recovery and Reinvestment Act (ARRA). He expounded on the looming crises facing US healthcare – specifically the potential for Medicare costs to create a \$35 trillion problem, unlike anything we have seen before. He stressed that the sensible (and less harmful) option going forward would be to start immediately to reform the healthcare delivery system, in an effort to get costs down to a more manageable level (closer to the 11% of the GDP achieved by other developed countries versus 20%, where US costs are heading now). This involves investing to improve infrastructure, quality, prevention, and the payment system. The platform upon which this improved delivery system will be built is a national, secure, effective health information infrastructure. And the time to “change the game” is now, when there is real monetary investment being made in the industry (with the stimulus package, \$2 billion in the short term and \$18 billion in the mid-term). Sen. Whitehouse stressed that the best way to ensure that money is spent wisely is to create a comprehensive network for Health Information Exchange, so that when Electronic Health Records (EHRs) are created for each patient, they can be immensely more functional and valuable. He likened the issue to a car sitting in a garage: it’s useful for some activities (such as a radio and air conditioning); but without roads to drive on, the car soon becomes less valuable. Without an effective network for exchanging health information, people will see little use for utilizing EHRs, and money is wasted putting “a car in every garage.” The Senator suggested that plans to

establish a fully interoperable Health Information Exchange network should start with a small cohort, such as one state or one disease group, rather than attempt to “raise the whole tide” at once. With this focused approach, problems can be solved on a smaller level and lessons can be learned for application to larger groups. The Senator encouraged the Briefing group to go to their legislative representatives to support this type of demonstration model.

Highlight #2: ONC comes of age

Kelly Cronin, a Director in the Office of the National Coordinator for Health Information Technology (ONC), gave a thorough overview of the elements and deliverables laid out in the Health Information Technology for Economic and Clinical Health Act [HITECH Act], a component of the ARRA law. She acknowledged the heightened levels of excitement around ONC, given the impact of the new ARRA law which provides the funding to do what the office knows is needed, as well as the announcement of the new National Coordinator – David Blumenthal, who brings a wealth of healthcare industry and policy experience to the position. Ms. Cronin called attention to the work AHIMA is doing to advance State-Level Health Information Exchanges, which she noted will be the key to establishing the nationwide Health IT infrastructure that the HITECH Act directs for ONC. What ONC is looking for at this point is innovative models for regional extension centers, which will help to build and administer Health Information Exchange on a national level. She outlined the workforce needs that accompany these industry changes, such as public-private partnerships to get State-Level Health Information Exchange operational in the next two years, as well as helping providers prepare for “meaningful use” of EHRs to be eligible for the Medicare and Medicaid incentives by 2011 (with greater incentives for early adopters of technology).

Highlight #3: Let’s build on work already being done

Robert Mayes gave an overview of the Health Information Portfolio at the Agency for Healthcare Research and Quality (AHRQ) and explained that the AHRQ research funding agenda is well-aligned to support the goals of the ARRA law. He sees as the most important contribution Health IT can make to improving healthcare quality: “make the right thing to do the easiest thing to do.” Projects that AHRQ currently supports, such as the National Resource Center for Health IT portal, will be expanded and used as instrumental resources in some of the stimulus work, providing support for extension services and the National Research Center outlined in the bill. Mr. Mayes also sees a parallel with current work being done in general Information Technology (IT) to provide impetus for a “paradigm shift” in Health IT – from a data/record system to one focused on “findability”, and from Personal Health Records to Personal Health Views. He stated that the most difficult challenge around Health IT use and adoption is the socio-cultural issue. To address this, he suggests reassessing the problem to come up with an innovative solution. He refers to “Health 2.0”, where insurance and care are not all that health represents. By making use of current IT trends such as social networking, the reach and focus of healthcare can be greatly extended. His idea is to take work currently underway in technology and in Health IT (such as data registries) and figure out a way to make them cost-effective and applicable to today’s environment. For example, a Google-type search method could be used to create population views of health status, using data that are already existing on patient records. Mr. Mayes sees several challenges to the current Health Information Exchange models which need to be addressed in order to be successful: 1) Demonstrating value-add services; and 2) addressing socio-political issues to minimize concerns about entering data into a network. Overall, his remarks suggested this is an ideal time for innovation. He stressed that one of AHRQ’s priorities is trying to target non-traditional research organizations to introduce research into more innovative areas. He noted that anyone can write a concept paper for a research proposal and AHRQ will review and critique the paper – a great way to explore an idea without going through the rigorous funding application process.

Highlight #4: We need to establish a healthcare “system” in the US

Dr. Jonathan Perlin from the Hospital Corporation of America (HCA) spoke from the private sector provider perspective on what is needed from the HIM industry at this crucial time and why Health IT is valuable. He cites a great deal of discontinuity in healthcare delivery at this point. He emphasized the need to move more toward value-based healthcare, where the business is shifted to providers who provide care most efficiently and effectively, not those who provide simply the highest volume of care. Health IT is not only the structure for this system reform, but the glue and the fuel, helping to move from the “industrial-age model” to the “information-age model.” He noted a major reason that providers are increasingly interested in Health IT at the moment centers around the fact that Medicare is moving toward a pay-for-performance model (where payments will be withheld on quality-based measures). At the same time, hospitals are operating at very low profit margins (a third are operating at a deficit), so they are extremely conscious about reducing costs wherever possible. With the increasing number of measures that will need to be reported to the Centers for Medicare and Medicaid Services (CMS) over the next few years (could approach 200), there is no way to respond to all of these reporting requirements without adopting electronic systems. Additionally, the potential for cost reductions from medical errors, information gaps, and waste is too

impactful to be ignored. Between the increased funding being put into Health Information initiatives through the stimulus legislation and the increasing demand from physicians to use electronic systems (many today have been brought up in a computer-centric world), the time is now to build this interactive system. Dr. Perlin states the goal for the outcome is a decentralized healthcare system where the patient is at the center, care is provided on a “just in time” intervention basis rather than “just in case”, and financial performance is value-based. And information is the currency not only to providing value for this system, but to proving it as well.

Highlight #5: Preparing for the Future in HIM

Taking into account the views and opinions of the energetic speakers and audience members, executives from AHIMA and the AHIMA Foundation expounded on what they contribute to the industry at this critical time. Linda Kloss, CEO of AHIMA, gave an overview of the priorities being pursued by both AHIMA and the Foundation. Ms. Kloss noted that in preparing for the future in the HIM industry, AHIMA has envisioned several scenarios upon which to base their strategic planning. The project entitled *Scenarios of the Future: HIM 2015* incorporates two factors: Healthcare Market Reform (Fragmented vs. Coordinated) and State of Information Integration (Incremental vs. Applied). Upon project completion, the AHIMA report on future scenarios will be sent to the Briefing attendees. Ms. Kloss also outlined the AHIMA Foundation’s focus on four key investment areas that are critical to the future of health information: building tomorrow’s workforce (Students and Faculty); empowering today’s workforce (HIM Professionals); building a solid research and policy base in HIM (Policy and Applied Research); and educating consumers to manage health information (Public Outreach). Dan Rode (Vice President of Policy and Government Relations, AHIMA) and Sandy Fuller (Executive Vice President and Chief Operating Officer, AHIMA) gave an overview of another important change affecting the industry: the transition to the ICD-10 coding system, and what AHIMA is doing to lead the industry throughout this multi-year transition process.

As far as expanding the scope of research in HIM given all the industry changes, the AHIMA Foundation is intently focused on establishing strategic collaborations to advance the HIM research agenda. An exercise was conducted with Briefing participants to identify what the research priorities and areas of interest were for their organizations, and the list below was compiled. A survey will be distributed to all participants to help narrow down the list to several key priority areas where the Foundation will begin to focus its research agenda in the short-term.

Corporate Research Priorities Identified:

- Health information exchange – best practices, rule sets , Q & As; how to avoid “re-inventing the wheel”
- Patient “view” versus a personal health “record”
- Current state-by-state barriers – to avoid repeating issues
- Physician adoption and interoperability of clinical documents that are the output of EHRs by other systems (old “paper”)
- Establishing the right balance of “free” versus “structured” text
- Chronic disease management hand-offs between a variety of providers in a variety of settings (e.g., home care, long-term care, physician)
- Linking of records: how effective; impact on care outcomes and “cost”
- Complete clinical documentation: quality, impact
- How much value in everything collected today versus “standardized” set
- Best approaches for governance structures around coding sets– how to maintain it; who should do it
- Shortage of HIT skills: modularize our educational approaches and “grow” specialists in certain areas rather than someone who has “all” of the skills (currently called Health Information Specialist)
- Public tolerance for adoption – how public will react to the massive changes that will be happening
- More information on how we will know when implementation/operational issues on personnel training, elimination of dirty data, etc. is “good enough”
- Guiding the transition to ICD-10 research

Overall, the briefing was an excellent opportunity for AHIMA’s corporate partners to hear from key industry stakeholders and to interact with peers to discuss the latest and most relevant developments in Health Information. To continue the dialogue, the AHIMA Foundation will be hosting a webinar in mid-May 2009 (exact date TBD) to present and discuss additional implications of the ARRA legislation, once the more refined funding specifications on the stimulus spending are released by ONC. Meanwhile, we’re working on the schedule for next year’s event – to take place in DC in March 2010 in conjunction with AHIMA Hill Day. Stay tuned for details!

For more information, contact:

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