

# Advocacy 2003: A Road, Not a Destination

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by Dan Rode, MBA, FHFMA

When we pursue our profession in an ever-changing environment, success is a fleeting reward. The pursuit of our goals is a process that spans more than any one calendar year. This column summarizes the Association's 2003 achievements in our four key advocacy issues and looks at plans for the new year.

## Work Force

In 2003 AHIMA continued to cite the substantial need for certified health information managers and to stress that there will be even more open positions in the future. Initial reports from the Association's work force study were published throughout last year, and more will appear in 2004.

AHIMA worked with several associations to form the Allied Health Roundtable. The alliance wrote draft legislation for an allied health reinvestment act, modeled on the successful nursing campaign. Congressional sponsors were sought, and the language has undergone legislative review on the Hill. As we closed on 2003, initial sponsors in the House promised that the legislation will be introduced in the second session of the 108th Congress.

AHIMA has also identified potential sponsors in the Senate and has been pursuing introduction. Our Policy and Government Relations staff will be looking for support from AHIMA members and educators as the year progresses. Meantime, AHIMA continues to pursue existing Title VII legislation, along with the yearly appropriation decision, for funds that currently go to many allied health programs.

To pursue the reinvestment and Title VII legislation, we will use data from the AHIMA work force study, as well as other reports. These data—representing the needs and placement of HIM professionals in the healthcare field—will be available to members and shared with CSAs, since advocacy for education and student recruitment money must be led by members at the state level, also.

## Privacy and Confidentiality

AHIMA members can be proud of their efforts in last year's implementation of the HIPAA privacy regulations. The Association was active in educating members and industry organizations, and it has also been credentialing privacy officers and—together with HIMSS—those interested in security, as well.

AHIMA is working closely with the National Committee on Vital and Health Statistics (NCVHS) and the Department of Health and Human Services (HHS) Office of Civil Rights to ensure questions are answered, rules are interpreted, and, if needed, the privacy rule is modified to best serve the individual and the industry. AHIMA conducted two quick surveys to ascertain the major issues in patient privacy. The results were used to support AHIMA testimony to NCVHS in November. AHIMA is conducting an in-depth hospital survey as the first step in what is planned to be an annual report on the state of privacy and security. We hope these data will assist the industry in achieving confidentiality and trust in the industry's health records, in the electronic health record, and in the developing national infrastructure.

Based on the earlier survey data and Community of Practice (CoP) discussions, AHIMA currently is seeking resolution of problems associated with the privacy rule's accounting requirements, authorizations, and similar problems. The new survey results will be one means to identify the nature of the problems.

In 2003 AHIMA held a town hall meeting where consumer advocates discussed privacy issues as they relate to HIPAA and the future directions of healthcare. We will continue to pursue the goal of a patient-centered health record, with appropriate patient access. In October AHIMA launched a consumer site ([www.myphr.com](http://www.myphr.com)) to educate consumers.

Also in October, the US Senate passed a genetic and nondiscrimination privacy bill. Now AHIMA is pursuing similar legislation in the House. While a majority of House members support such legislation, House leadership does not appear anxious to pursue final passage.

Elsewhere, AHIMA staff will be pursuing a variety of privacy issues associated with electronic transactions and similar activities that affect privacy and security. The integration of protected health information and nonhealthcare activities is taking on new importance with the public and policy makers. In 2004, AHIMA will follow these issues closely in areas such as outsourcing, banking and finance, education, and law enforcement.

## **Consistency of Coding**

Last year the Association focused on gaining an agreement to replace the 25-year-old ICD-9-CM classification system with ICD-10-CM and ICD-10-PCS. NCVHS and Congress substantiated this position in November with a recommendation for adoption of the new classification systems.

The next step is to ensure that HHS initiates the necessary regulatory processes to gain final approval for such adoption. Each delay further increases the negative impact on other e-health projects and increases the potential costs of conversion.

AHIMA also worked closely with the American Hospital Association (AHA) and the Centers for Medicare and Medicaid (CMS) to further a facility-based coding structure to replace the current E/M process associated with the Medicare outpatient prospective payment system. AHIMA and AHA successfully presented several recommendations in June. CMS appeared favorable to the recommendations but has not responded officially. Final action is expected in 2004.

AHIMA has also worked closely with CMS to resolve problems in the home health and long-term care areas of Medicare. More work needs to be done, including a renewed pursuit of consistent CMS and Joint Commission standards. AHIMA will launch more projects directed at resolving inconsistencies in 2004.

Part of AHIMA's process in following consistency of coding issues comes through coding roundtables. While Association leadership will be concentrating on national bodies and decisions that affect members on a local level, AHIMA members should be working actively with their CSA and local roundtables to ensure that—when possible—problems are resolved at the local level.

## **National Health Information Infrastructure**

In 2003 the stars aligned, and the beginnings of a national health information infrastructure (NHII) emerged. AHIMA is deeply involved to ensure adoption and implementation of a national EHR standard model under a process requested by HHS last July.

Establishment of a NHII will not be easy. AHIMA has championed Congressional efforts, such as Rep. Nancy Johnson's NHII bill (HR 2915), and worked with other legislation that has similar aims. AHIMA joined the e-Health Initiative's effort to seek Congressional financial support (outside of Medicare) in the form of loans and grants. Some of this effort was reflected in the Medicare Prescription Drug Improvement and Modernization Act of 2003. More work will be initiated in 2004 to ensure that everyone in the healthcare industry leaves this decade fully engaged in electronic healthcare clinical commerce.

Local efforts also are under way. AHIMA will continue to work with allies to ensure that these efforts to evolve management, culture, technology, and education are recognized and supported. HIM professionals are needed to participate in all levels of these projects.

## **The Local Component—You**

Each advocacy issue has a local component, and, to some extent, a personal component as well. As HIM professionals, we need to understand the overarching national issues and be ready to advocate for them on a local basis.

One of the Association's new tools for local advocacy, the Advocacy Assistant, was introduced in 2003 and put to work in a number of grass-roots campaigns. Please contact your CSA advocacy liaison or officers to find out how you can become involved in key issues in 2004.

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