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2023 AHIMA
ADVOCACY AGENDA

2023 AHIMA Advocacy Agenda

The American Health Information Management Association (AHIMA) mission of empowering people to impact health is rooted in our founder's belief that great possibilities are achieved when we work together toward a common goal. At AHIMA, our common goal is to transform health and healthcare by connecting people, systems, and ideas. This transformation starts with health information because it is the most powerful currency for change in the healthcare ecosystem. The AHIMA 2023 advocacy agenda will leverage our knowledge and expertise of health data and information to influence the public policy environment for the benefit of individuals, communities, clinicians, and the healthcare workforce. Our agenda seeks to:

- Improve Individuals' Health Journey through Access to Information, Privacy, and Equity
- Ensure the Quality and Integrity of Health Information
- Advance Healthcare Transformation

To advance our public policy agenda in 2023, AHIMA will work together with our members, the US Congress, the Biden-Harris Administration, national healthcare organizations, and other stakeholders.

Improve Individuals' Health Journey through Access to Information, Privacy, and Equity

Improving individuals' access to information, protecting patient privacy, and advancing equity are foundational to transforming health and healthcare.

Improve Individuals' Access to Information

Improving individuals' access to and use of their health information is essential to engaging in their health and managing their care, leading to better patient outcomes, improved patient safety, and enhanced engagement. Despite technological advances and the right of individuals to access their health information under the Health Insurance Portability and Accountability Act (HIPAA), individuals regularly struggle with access to their health information in a manner that is seamless, timely, electronic, and connected across care settings. Recent public policy developments have sought to improve individuals' electronic access to their health information but must account for operational realities in sharing such information.

Improving individuals' access to information includes **information about the cost of their healthcare services**, which can improve affordability and empower them to engage in decisions about their health and healthcare. Individuals also need the tools to understand both their health information and financial responsibilities.

Where AHIMA Stands:

Support individuals' electronic, timely, and seamless access to their health information regardless of where it is captured, stored, or exchanged.

Promote individuals' access to timely, accurate, and actionable information about the cost of their healthcare services, including their out-of-pocket costs.

Empower individuals to make better decisions about their own health using trusted data from traditional, emerging, and yet to be developed sources.

Protect Individuals' Privacy

While HIPAA governs health privacy in traditional healthcare settings, an increasing number of consumer-facing technologies, applications, products, and services are not required to adhere to HIPAA because they are not considered "covered entities" or "business associates." As a result, individuals using these technologies are not always afforded the same level of protections as under HIPAA, including such safeguards as notice of privacy practices, security standards, restrictions on the sale, use, and reuse of protected health information by third parties, and the individual right of access. Limited consumer education about the potential risks associated with such applications, products, and services compounds these challenges. Recent legislative developments have sought to address these gaps through a national privacy law.

Where AHIMA Stands:

Address privacy and security gaps of HIPAA non-covered entities that collect, access, use, disclose, and maintain electronic health information.

Advance Health Equity

Advancing health equity is necessary to improve quality of care, population health, and reduce costs. Today, communities including racial and ethnic minorities, sexual and gender minorities, individuals with disabilities, and those living in rural areas experience a disproportionate share of acute or chronic diseases and adverse outcomes. The COVID-19 pandemic revealed and exacerbated existing health inequities globally.

Addressing **social determinants of health** is critical to addressing long-standing health inequities. Value-based care models that incentivize prevention and promote improved outcomes for individuals and populations offers an opportunity to address health-related factors upstream from the clinical encounter. However, the appropriate capture, use, and exchange of social determinants of health data remains a challenge.

Access to affordable, high-quality health coverage is also crucial to addressing health inequities. While passage of the Affordable Care Act created new coverage options including an expansion of Medicaid and health coverage marketplaces, coverage declines in recent years have reversed earlier trends of reductions in the number of uninsured.[1] People of color accounted for over 60 percent of the uninsured population in 2020.[2]

Where AHIMA Stands:

Address health disparities and inequities, both in the face of the COVID-19 pandemic and in healthcare more broadly to improve overall quality of care, population health, and reduce healthcare costs.

Advocate for the collection, access, sharing, and use of social determinants of health data to enrich clinical decision-making, improve health outcomes, public health, and health inequities in ways that are culturally respectful.

Advocate for the right for all to have access to affordable, high-quality health coverage.

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[1] Available at:

https://www.kff.org/uninsured/issue-brief/what-does-the-cps-tell-us-about-health-insurance-coverage-in-2020/.
[2] Id.

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Ensure the Quality and Integrity of Health Information

Accurate, timely, and complete information is fundamental to transforming health and healthcare because it is at the core of every patient encounter. Information must be complete, accurate, and timely to reflect the scope of services provided and to ensure that all parties—including the patient, provider, and payer—are able to make the best decisions about the services provided and the appropriate reimbursement.

Critical to maintaining data quality and integrity begins with **accurately matching patients to their health information** and communicating such information throughout the patient care journey. A combination of technological practices, operational processes, and trained health information professionals are needed to optimize accurate patient identification to meet the ever-increasing and diverse demands for the access, exchange, and use of health information in healthcare.

Where AHIMA Stands:

Promote and advance the collection, use, and exchange of high-quality health information throughout the information lifecycle.

Advocate for accurate and reliable patient identification and matching to enhance data quality and integrity, improve patient safety, interoperability, and reduce administrative burden.

Strengthen the Health Information Workforce

Ensuring the quality and integrity of health information also requires **strengthening the HI workforce.** As the future of health and healthcare becomes more data-driven, skills are needed to support data governance and stewardship, data sharing and exchange, data analytics, and data literacy while maintaining the confidentiality, privacy, and security of individuals' health information. Investment in digital tools such as machine learning and artificial intelligence (AI) will increase automation, potentially altering existing job functions of HI professionals and leading to increased specialization. At the same time, demand remains high for COVID-19 and non-COVID-19 care, and healthcare organizations are facing a critical shortage of professionals to meet demand. In 2022, 12 states reported 40 percent or more of their hospitals reported a critical staffing shortage.[3]

Where AHIMA Stands:

Advance and influence policies to ensure HI professionals meet the health information needs of today and tomorrow, including policies that impact the creation, collection, exchange, and use of electronic health data.

Advance Healthcare Transformation

Healthcare is in the midst of continued transformation. Evolving consumer expectations, advances in technology, and shifts to value-based payment and care models that rely on high-quality data and quality measures are driving transformation in healthcare today. At the same time, the COVID-19 pandemic has shone a light on ongoing challenges that have been exacerbated during the pandemic and could help to further transform health and healthcare. To support healthcare transformation, public policy can pursue better information flows and support improved payment and delivery models.

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[3] Available at: https://www.aha.org/system/files/media/file/2022/01/Data-Brief-Workforce-Issues-012422.pdf.

Pursue Better Information Flows

Healthcare decisions require information to be shared across settings and actors without unnecessary roadblocks, but in ways that leverage standards that meet real-world needs and maintain privacy and security. Pursuing better information flows can be achieved by improved integration of clinical and administrative data, pursuing interoperability, maintaining security, and supporting both physical and behavioral health. Public policy must also address information flows to support a modernized public health system.

Better integrating clinical and administrative data, including tools for automation, could bring significant benefits for improved patient experience and decreased provider burden. In 2021, providers electronically submitted 3.4 billion claims, which amounts to over 9 million claims per day.[4] However, processes that require the exchange of clinical data to support administrative processes generally involve a considerable amount of manual work, including phone calls, use of payer portals, and faxes. Policy changes to address these issues must consider real-world experiences of those implementing technologies in operational settings.

Improving interoperability[5] could yield considerable benefits including reduced fragmentation of patient records, improved patient safety, and reduced healthcare costs. For nearly two decades, interoperability in healthcare has been a priority for the federal government. More recently, through the 21st Century Cures Act of 2016, Congress sought to improve interoperability by enabling the secure exchange of electronic health information without special effort and penalizing instances of information blocking by providers, health IT developers, health information exchanges, and health information networks. The Cures Act also called for the establishment of the Trusted Exchange Framework and Common Agreement (TEFCA) to enhance nationwide data exchange.

Data breaches and other cybersecurity attacks are an ever-growing threat in healthcare. In 2022, the average cost of a data breach in healthcare was $10.10 million, an increase of 9.4 percent over 2021.[6] While the monetary costs of a data breach are unsustainable, the more immediate danger is to patients as data breaches put patients at risk of identity theft, fraud, and compromised medical data. As healthcare organizations continue to experience more breaches, it serves as a reminder of the importance of maintaining the resiliency of our healthcare infrastructure.

The ongoing opioid epidemic has also elevated the need to **improve integration of behavioral health information with physical health information**. The sensitive nature of records pertaining to behavioral health and substance use disorders creates challenges that hinder providers' ability to coordinate high-quality and safe care for patients. Lack of alignment across regulatory requirements as well as technical solutions that allow for granular segmentation of patient data creates burdens for stakeholders, including patients, that are incongruous with new care delivery models that rely on providers' ability to share health information.

Public health response and planning also requires better information flows. Today, public health surveillance systems are often antiquated, underfunded, or outdated which can delay responses to public health threats. Lack of standardized data collected across different local, regional, and federal jurisdictions and geographic borders have also contributed to the current state of our public health surveillance systems. The COVID-19 pandemic laid bare many of these challenges, hampering health officials' ability to respond to public health threats and understand underlying factors that place certain populations and communities at higher risk.

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[4] Available at: https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf.
[5] Interoperability is the "ability to capture, communicate, and exchange data accurately, effectively, securely, and consistently with different information technology systems, software applications, and networks in various settings such that the clinical or operational purpose and meaning of the data are preserved or unaltered." Available at: https://bok.ahima.org/doc?oid=301914#.YS0bI45Kg2w.
[6] Available at: https://www.ibm.com/downloads/cas/3R8N1DZJ.

Where AHIMA Stands:

Enhance and influence efforts to better integrate clinical and administrative data to improve the patient experience, ease clinician burden, and reduce healthcare costs.

Champion a healthcare ecosystem that is technically, functionally, and semantically interoperable to enable patients and providers to make more informed care decisions.

Improve sharing of cybersecurity and information security threats, risks, and cyber hygiene practices in real-time.

Encourage policies that improve integration of behavioral health information with physical health information while safeguarding sensitive health information contained in behavioral health records.

Advocate for a modernized public health system that is interoperable and leverages accurate, complete, and timely data while maintaining the confidentiality, privacy, and security of individuals' health information.

Improve Payment and Delivery Models

Shifts in **payment and care delivery models** have also contributed to advancing healthcare transformation. In recent years, stakeholders across healthcare have emphasized the need to prioritize value-based, quality healthcare in support of the Triple Aim.[7] Participation in value-based care models presents an opportunity to reap the incentives that tie reimbursement to performance while containing healthcare costs. Value-based care models also create opportunities to more closely tailor care for both individuals and communities.

Telehealth and other advances in technology have also contributed to healthcare transformation and improved delivery models. Telehealth offers the ability to connect patients to critical healthcare services using different devices and modalities. During the COVID-19 pandemic, telehealth usage in Medicare surged due to policy changes that expanded providers' ability to deploy telehealth.[8]

Where AHIMA Stands:

Champion payment and delivery models that leverage accurate, timely, and complete health information and technology in new and innovative ways.

Promote access to care, reduced costs, and improved outcomes for patients by expanding telehealth services, including remote patient monitoring technologies.

Transforming health and healthcare will not happen overnight. However, we cannot underestimate the power of health information to help achieve this common goal. Public policy presents an opportunity for health information professionals to share their knowledge and expertise about how health information can empower individuals and communities to impact health.

Please visit https://www.ahima.org/advocacy/advocacy/ to get involved and learn more about the AHIMA 2023 advocacy agenda.

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[7] The goals of the "Triple Aim" include improving the individual experience of care; improving the health of populations; and reducing the per capital costs of care for populations. Available at: https://www.healthaffairs.org/doi/10.1377/hlthaff.27.3.759.
[8] Available at: https://www.healthaffairs.org/do/10.1377/hblog20200715.454789/full/.

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