



August 25, 2017

Office of the National Coordinator for Health IT
U.S. Department of Health and Human Services
330 C Street, SW
Floor 7
Washington, DC 20201

Submitted by email to exchangeframework@hhs.gov

RE: Comments on the Trusted Exchange and Common Agreement Provisions

Thank you for the opportunity to comment on the Trusted Exchange and Common Agreement provisions outlined in Section 4003 in the 21st Century Cures Act.

The Association for Healthcare Documentation Integrity (AHDI) has been on the front lines of patient care documentation since 1978, representing a community of 100,000-plus medical transcriptionists and quality auditors (now known as healthcare documentation specialists), serving as the primary means by which our nation's clinical documentation is generated. AHDI leads, educates, and advocates for professional excellence and integrity in healthcare documentation policies and practices. We envision a future where optimal healthcare delivery and outcomes are facilitated by complete, accurate, and timely clinical documentation to convey every unique patient's health story across the lifetime of their treatment and care.

Comment Area 1: Adhere to industry and federally recognized technical standards, policies, best practices, and procedures.

Standardization is the bedrock of complete, accurate medical records, which are vital to patient safety, quality of care, and the seamless functioning of the healthcare system. In developing a trusted-exchange framework for the 21st century, we can draw upon the sound principles and best practices from the medical transcription industry's long, successful history in accurately documenting patient care. Recommendations of industry standards and best practices for healthcare documentation and information exchange include:

- Industrywide use of style standards as described in AHDI's *Book of Style for Medical Transcription*.¹ Standards of style ensure clear and unambiguous communication as well as consistency and integrity of healthcare documentation regardless of the mode of capture. Communication standards promote consistent methods of communicating technical and scientific information. Applying style standards to the capture of healthcare data assists in the

semantic exchange of information between systems and networks and decreases the need for normalization of data before importation and parsing.

- Adoption of quality assessment and management best practices such as those published by AHDI and the American Health Information Management Association (AHIMA)ⁱⁱ, which describe a unified set of standards for measuring, reporting, and improving content accuracy and data integrity. The principles apply to all document creation workflows, such as clinician-created documentation, draft documentation created with the use of front-end or back-end speech recognition technology, and traditional medical transcription. Quality assessment programs promote data quality and integrity and are fundamental to trusted information exchange.
- Use of Consolidated Clinical Document Architecture (C-CDA) standard for clinical document exchange. C-CDA documents allow for incremental semantic interoperability so entities of various levels of technical sophistication can exchange and consume information based on their current technical ability. The flexibility of CDA documents eliminates the problem of each entity having to advance their technology at the same rate in order to be compatible. CDA documents also support narrative information as well as discrete data. C-CDA documents combine pertinent data, the patient's story, and the clinician's rationale and decision-making, which together increases the usability and comprehension of the information. Semantically interoperable document exchange, rather than simply data exchange, improves continuity of care by adding context, timelines, and rationale to patient data.

Comment Area 3: Collaborate with stakeholders across the continuum of care to exchange electronic health information, even when a stakeholder may be a business competitor.

AHDI recommends the C-CDA standard for clinical document exchange. This standard promotes cooperation and non-discrimination among entities of varying technical sophistication. C-CDA documents allow for incremental semantic interoperability so entities of various levels of technical sophistication can exchange and consume information based on their current technical ability. The flexibility of CDA documents eliminates the problem of each entity having to advance their technology at the same rate in order to be compatible.

Comment Area 4: Exchange electronic health information securely and in a manner that promotes patient safety and ensures data integrity.

Patient safety begins with correct identification of the patient. To confidently move forward with appropriate standardization policies, correct patient identification is paramount. The ONC has recently put forth a Patient Matching Algorithm Challengeⁱⁱⁱ to identify the best algorithms that correctly identify duplicate patient records and support resolution of the duplicates. The successful outcome of this challenge will lay the framework for reducing the number of duplicate and fragmented health care records

that exist across the country. Patient safety and the security of exchanged and shared patient information are reliant on trusted pathways and the utilization of standard exchange modalities. Without a trusted exchange protocol, information will continue to be fragmented and incomplete. Improved patient outcomes cannot be achieved without medical providers having the patient's entire record of treatment.

According to a press release issued by AHIMA on their 2016 survey on patient matching, they stated "Accurate patient matching 'underpins and enables the success of all strategic initiatives in healthcare'... including:

- Patient-centric care: Identifiers serve to "link" all patient data. Compromising the "linking" ability compromises care delivery.
- Health information exchange: Correlating patient data across enterprises, regions, or states requires accurate matching of patient data.
- Population health: While population health has many facets, the one common thread is the need to match consumer information at an individual level in order to address the goals.
- Analytics: Identifying best outcomes for patient study groups, identifying consumers across a continuum of care for engagement strategies, and effective research requires accurate patient matching.
- Finance: Value-based purchasing, risk sharing reimbursement models, and accountable care organizations all rely on accurate patient matching across a care continuum."^{iv}

AHDI's recommendations of industry standards and best practices for healthcare documentation and information exchange discussed above in Comment Area 1 are central for patient safety and data integrity:

- Standards of style ensure clear and unambiguous communication as well as consistency and integrity of healthcare documentation.
- Standardized practices in quality assessment and management provide sound measuring, reporting, and improvement of content accuracy and data integrity.
- C-CDA standards enable interoperability and facilitate the safe exchange of PHI. CDA documents also support narrative information as well as discrete data.

Patients must be able to trust that their confidential information is protected and secure among their providers and the facilities where health care is rendered. In the absence of the standards listed above, continuity of care and the priority of improved patient outcomes will likely be compromised.

Comment Area 5: Ensure that patients and their caregivers have easy access to their electronic health information.

AHDI recommends C-CDA to ensure that patients and their caregivers have easy access to their electronic health information. C-CDA documents are easily renderable in commonly available Internet browsers and word-processing software. No special technology is required to transport, access or read documents, and, by definition, all CDA documents must be human-readable.

Comment Area 6: Exchange multiple records at one time to enable identification and trending of data to lower the cost of care, improve the health of the population, and enable consumer choice.

AHDI recommends the use of C-CDA documents to support data trending and population health as CDA documents are both human-readable and machine processable.

Thank you for the opportunity to share our recommendations. Please contact us with any questions you might have.

Respectfully,



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ⁱ AHDI's Book of Style for Medical Transcription, 3rd Edition, http://www.ahdionline.org/page/style_standards

ⁱⁱ Healthcare Documentation Quality Assessment and Management Best Practices, <http://www.ahdionline.org/page/qa>

ⁱⁱⁱ Department of Health and Human Services Patient Matching Algorithm Challenge, <https://www.challenge.gov/challenge/patient-matching-algorithm-challenge/>

^{iv} Survey: Patient Matching Problems Routine in Healthcare, <http://journal.ahima.org/2016/01/06/survey-patient-matching-problems-routine-in-healthcare/>