



AHIMA Public Policy Statement: Data Quality and Integrity

AHIMA's Position:

AHIMA supports the use of policy to promote the highest level of data quality and integrity possible within healthcare. Stakeholders in the health ecosystem have an obligation to provide the highest quality data possible. Health information (HI) professionals have extensive knowledge and expertise to contribute to developing policies around data quality and integrity as it relates to health information. To make the strides needed to increase the quality of health data, public policy must:

- 1. Promote the completeness of health data.** One of the main tenets of data quality and integrity is the completeness of data. Policy should support the development and implementation of consistent data standards to support data content, data mapping, and documentation to improve the collection and use of an individual's health information. This includes ensuring complete representation of a patient's clinical status in clinical documentation.
- 2. Encourage the accuracy of health data.** High levels of data quality and integrity cannot be attained without ensuring the accuracy of the data. Policy should work to ensure data are the correct values, valid, attached to the correct patient, precise, granular (defined at the correct level of detail), and consistent (reliable across applications). This includes, for example, ensuring that medical coding guidelines and standards support accurate and complete health data. Policy must also ensure application of consistent standards, across all HIPAA-covered entities, and promote mechanisms for accountability. Accuracy of patient health data also hinges on being able to [accurately match patients with their data](#).
- 3. Ensure the timeliness of health data.** Health data is at its most useful when it is available in a timely manner. Health data, for both patient care and broader public health purposes, should be available for access, exchange, or use in a reasonable amount of time depending on the purpose and context of that data.
- 4. Promote the adoption and use of technologies that support collection of high-quality data.** As medical technology advances, it must be leveraged to support greater data quality and integrity. Technology that facilitates better documentation and data entry can aid improved data quality and integrity. Security, such as authorizing and authenticating data recipients before exchange, must also be assured.
- 5. Support incentives for workforce development to maintain data quality and integrity as technology advances.** Policy should recognize the need for workforce development, which may include federal funding or incentives for workforce development specific to health information professionals. This is necessary to maintain data quality and integrity, as technology requires the need for evolving skillsets.
- 6. Prioritize the protection of health information against various privacy and security risks.** Data quality and integrity requires consideration of privacy and security issues, including the protection of data against risks such as loss or unauthorized access,

destruction, use, modification, or disclosures of data by parties not authorized to do so. This includes ensuring that only the minimum necessary information is shared and uses beyond the specific transaction are limited. Policy must also clearly designate and adequately fund oversight and enforcement responsibilities related to such risks.

Background

Clinical documentation is fundamental to every patient encounter. Information must be complete, accurate, and timely to reflect the full scope of services being provided and to ensure that all parties involved in the health ecosystem—from the patient, to the provider, to the payer—are able to make the best decisions with regard to the services provided and the appropriate reimbursement. Along these lines, ensuring data quality and integrity are necessary throughout the lifecycle of patient health data.¹

Healthcare data has increasingly become electronic over the past decade. During the early 2000s, electronic health record (EHR) adoption was slow and fragmented, often with difficulty integrating between systems within the same hospital. In 2009, the American Recovery and Reinvestment Act (ARRA) was signed into law, and included a portion entitled the Health Information Technology for Economic and Clinical Health (HITECH) Act, which provided more than \$30 billion in incentives to expand the adoption and use of EHRs. As the velocity, variety, and volume of electronic health information continues to grow, and as providers and payers continue to move from a fee-for-service to a value and outcome-based reimbursement model, the need for high-quality data will become increasingly important. AHIMA and its members have the expertise to offer insight on this critical issue as policymakers seek to improve data quality and integrity.

Key Points

Improving data quality and integrity within the healthcare system could yield considerable benefits, including:

- Enhanced patient safety and outcomes by ensuring that providers are treating patients based on accurate information;
- Improved longitudinal records of all patient health information, including patient health conditions and medical services;
- Improved ability to track population-level and public health issues;
- Increased patient trust in healthcare providers;
- Improved operational efficiencies by both providers and payers, including reducing duplicative tests and treatment, and reducing administrative burden;
- Reduced patient misidentification, such as resulting from overlays and duplicate records, which in turn reduces the risk to patient privacy and potential HIPAA breaches, and;

¹ Available at: <http://library.ahima.org/doc?oid=107773#.YQwphI5Kg2w>.

- Reduced costs and resources associated with appealing denials in claims;

To realize the benefits of increased data quality and integrity, certain barriers must be addressed, including:

- **Lack of a national strategy on patient identification.** The inclusion of Section 510 in the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) section of the federal budget has stifled work around patient identification between the private sector and HHS for more than two decades. Today, lack of widespread operational principles, as well as limitations in processes and technologies, result in inaccurate patient identification.² This patient misidentification can include duplicate records and overlaid records, leading to decreased data quality and integrity in patient records.
- **Clinician burden, including excessive time for documentation, resulting in clinician burnout.** EHR use has been increasingly associated with clinician burnout, as a result of design inefficiencies that impact provider workflow.³ These inefficiencies and resulting clinician burnout can lead to reduced data quality and integrity in patient records.
- **Lack of consistent data standards and consistent application of existing standards.** Collection of patient data can vary between, and among, hospitals, clinics, and providers.⁴ Data inconsistencies can include legal name versus nicknames, middle name versus middle initial, use of suffixes and hyphens in names, address standards, and number of gender options available. Identity management is a key part of ensuring accuracy and completeness in data quality and integrity. How to handle various sources of patient data can also be a challenge, such as standardizing information that comes from narrative or text reports. Further, the lack of standardization and consistency of clinical information, such as consistent definition of terms and data elements, as well as a lack of consistency in what information is captured (including social determinants of health data), is an ongoing challenge. Varying documentation standards and coding and billing guidelines across payers also hinders data quality and integrity and the ability to analyze information in a consistent, standardized, and meaningful way across different payers.
- **Lack of workforce training in healthcare technology and proper clinical documentation practices.** A 2021 study found that 28 percent of healthcare employees do not believe their company gives them adequate technology training needed to succeed. Lack of training in healthcare technology can directly impact the quality of patient data being recorded in EHRs and transferred between institutions, as well as with public health reporting.⁵ Additionally, more comprehensive education on how to effectively and efficiently produce high-quality clinical documentation must be addressed.

² ECRI Institute PSO Deep Dive: Patient Identification: Executive Summary. Available at: https://www.ecri.org/Resources/Whitepapers_and_reports/PSO%20Deep%20Dives/Deep%20Dive_PT_I_D_2016_exec%20summary.pdf.

³ Available at: <https://www.jmir.org/2020/12/e23382>.

⁴ Available at: <http://library.ahima.org/doc?oid=302840#.YQAlqOhKhPY>.

⁵ Available at: <https://journal.ahima.org/making-the-electronic-case-reporting-transition/>.

Current Situation:

The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 and its focus on shifting the healthcare payment models from fee-for-service to value-based-care has accelerated the need to improve data quality and integrity. Care coordination is a large focus of value-based care, and relies heavily on accurate, complete, and timely data for patients. Further, the transition to value-based payment models means that providers must rely on quality metrics, such as the proportion of patients that undergo preventive care screenings, and therefore must rely on accurate health information.

Since passage of the HITECH Act, strides have been made to improve the timeliness of health data. In 2021, the ONC Cures Act Final Rule went into effect, banning practices that are “likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information.” This rule supports timely access of health data, one of the core tenets of data quality and integrity.

At the same time, the US is beginning to contemplate a transition from ICD-10 to ICD-11. As the US Department of Health and Human Services undertakes its ICD-11 evaluation activities and development of a transition strategy to move forward, there remains an opportunity to more fully realize the benefits of ICD-10 and further demonstrate ICD-10’s return on investment. Since ICD-10 was implemented in the US for morbidity use just six years ago, the growing amount of high-quality ICD-10 data offers opportunities to further leverage the increased specificity and level of detail in ICD-10-CM and ICD-10-PCS and begin to realize some of the longer-term benefits of ICD-10.

The COVID-19 pandemic has highlighted the need for increased data quality and integrity, especially when patient data is imported into public health systems. Legislatively, much of the attention to data quality and integrity has been in response to the COVID-19 pandemic. The Health Standards to Advance Transparency, Integrity, Science, Technology Infrastructure and Confidential Statistics (Health STATISTICS) Act of 2021 would require the Office of Management and Budget (OMB) to issue guidance on federal health data collection that covers ensuring data quality and integrity and increasing access to health data for research. Further, the CARES Act, passed in 2020, included \$500 million to modernize public health infrastructure, which includes the accuracy and timeliness of public health data.

As policymakers seeks to improve data quality and integrity, AHIMA and its members are prepared to lend their knowledge and expertise to the conversation.