December 17, 2020

President-Elect Joseph R. Biden
1401 Constitution Ave. NW
Washington, DC 20230

Dear President-Elect Biden,

On behalf of the American Health Information Management Association (AHIMA), we congratulate you on being elected the 46th President of the United States of America and we applaud your dedication to improving the country's health system and ending the COVID-19 pandemic.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Health information is complex, nuanced, and ever-changing. It's an electronic signifier of identity and its integrity is as essential as a fingerprint or social security number. The data that comes with every healthcare experience – every conversation, knee tap, and blood draw – generates essential information that can significantly impact our personal and collective wellbeing. The responsible collection, protection, and analysis of health information allows practitioners to provide effective care, fosters innovation, encourages researchers to make life-saving discoveries, and offers individuals an opportunity to maintain good health.

The importance of health information has never been more apparent than during the COVID-19 pandemic. Across the country, individuals from patients to public health experts have relied on accurate, timely, and secure patient health information to address everything from test results, to contract tracing, to studying the long-term effects of the disease. Managing the access and use of health information has been integral to the healthcare ecosystem's response to the pandemic.

As an organization representing health information professionals, we would like to outline our top priorities as your administration works to bolster the health system as a whole and address the COVID-19 pandemic.

Patient Identification

One of the most pressing issues for patient safety and interoperability within the health system today is the lack of a national strategy around patient identification. Today, there is no consistent and accurate way of linking a patient to their health information as they seek care across the continuum. Countless times every day a patient record is either mismatched or goes unmatched. Medications are prescribed, allergies are missed, and duplicate tests are ordered. In addition to safety concerns, this problem

increases costs to patients and providers. A 2018 Black Book market research survey found that the average expense of repeated medical care because of duplicate records cost a reported average of $1,950 per patient per inpatient stay and more than $800 per emergency department visit. Inaccurate patient identification costs the US healthcare system over $6 billion annually.[1]

Beyond costs, there are serious patient safety concerns when data is mismatched and important data is missing. A 2016 survey found that 86 percent of respondents have witnessed or know of a medical error that was the result of patient misidentification.[2]

The ability to identify patients across the care continuum is critical in our efforts to address the COVID-19 pandemic. Accurate identification of patients is one of the most difficult operational issues during a public health emergency. Patient data collection at field hospitals and temporary testing sites intensifies these challenges. Ensuring the correct patient medical history is accurately matched to the patient is critical for future patient care, patients' long-term access to their complete health record, and for tracking the long-term health effects of COVID-19. Furthermore, any large-scale immunization programs will depend on accurate patient information to identify who has had the disease, who has been vaccinated, and what their outcomes are.

AHIMA strongly encourages your administration to make patient identification a priority for patient safety and public health, and recommends that policy around patient identification:
- Support the adoption of a nationwide patient identification strategy;
- Address factors beyond technology by taking a holistic approach to consider underlying and fundamental data integrity and quality processes and practices;
- Prioritize privacy concerns, and;
- Embrace the role of health information professionals and their expertise in the development and prioritization of data elements, mitigation and remediation of patient identification errors, and improving data quality.

Public Health

Public health is a vital component of our health system, and AHIMA encourages policies around public health to ensure the soundest, most reliable, and responsible use of health information. For too long, our public health system has been underfunded and has had to contend with inaccurate and incomplete patient data in electronic health records (EHRs), inconsistent and duplicative data reporting requirements at the state and federal level, and inadequate patient privacy and security protections. AHIMA strongly recommends that policies around public health:
- Encourage standards to ensure accurate and timely data are used for public health responses and initiatives;
- Adequately fund public health infrastructure to improve interoperability and sharing of public health data;
- Adopt modern technical standards and requirements to enhance interoperability, decrease unnecessary reporting duplication, and ensure data is consistent, comparable, and meaningful across the US and internationally;

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[1] Improving Provider Interoperability Congruently Increasing Patient Record Error Rates, Black Book Survey, https://www.newswire.com/news/improving-provider-interoperability-congruently-increasing-patient-20426295
[2] 2016 National Patient Misidentification Report, Available at: https://www.psqh.com/resource/ponemon-institute-2016-national-patient-misidentification-report/#

- Enhance communication and transparency with patients, and;
- Protect patient privacy and security.

Individuals' Access to their Health Information

AHIMA supports the right of individuals to access their accurate and complete health information in a timely manner. Today, despite technological advances and the right to access health information under HIPAA, individuals continue to struggle with access to their health information and often are confronted with a cumbersome, opaque record request process.

In March 2020, the Office of the National Coordinator for Health IT (ONC) made great strides in enhancing individuals' access to their health information by finalizing the Cures Act Final Rule, which in part establishes secure, standards-based application programming interfaces (APIs) to support individuals' access to their electronic health information. Today, preparation for compliance with the ONC Cures Act Final Rule is still underway. However, as we move forward with policies that enhance individuals' access to their information, AHIMA recommends that policy:
- Guarantee an individual's right to access his or her health information regardless of where that information travels;
- Address complex record request workflows and processes;
- Leverage APIs and modern technical standards to support such access;
- Encourage a common interpretation of the designated record set under HIPAA, and;
- Embrace the role of health information professionals to facilitate and support individuals' access while adhering to state and federal requirements.

Social Determinants of Health

AHIMA strongly supports the use of public policy to encourage the collection, access, sharing, and use of social determinants of health (SDOH) to enrich clinical decision-making and improve health outcomes, public health, and health iniquities in ways that are culturally respectful. Today, there are a lack of data standards to encourage the collection and use of SDOH data, and a lack of digital infrastructure and robust technical capabilities to support functional, structural, and semantic interoperability across clinical and community-based organizations and service providers. As your administration works to address SDOH issues, AHIMA recommends that policy:
- Establish global standards to promote the capture, use, maintenance, and sharing of SDOH data;
- Promote healthcare delivery and financing models designed to integrate SDOH into the clinical setting in ways that are culturally respectful;
- Build patient trust and foster positive patient-provider relationships to encourage patients to share their social challenges;
- Enhance the sharing of SDOH data across clinical and community-based organizations and service providers;
- Prioritize privacy;
- Recognize workforce training needs;
- Promote the ethical collection and use of SDOH data, and;
- Embrace the role of health information professionals.

Integrating Clinical and Administrative Data

According to the 2019 CAQH Index[1], providers electronically submit 3.4 billion claims per year, which amounts to 9.3 million claims per day. And according to federal data, virtually all hospitals (96 percent) and most physicians (80 percent) have adopted EHRs certified through a federal program run by the Office of the National Coordinator for Health Information Technology (ONC).[2]

However, processes that require the exchange of clinical data to support administrative processes generally involve a considerable amount of manual work, including phone calls, faxes, and using payer portals. Inpatient authorizations, medical necessity reviews and prior authorizations for tests, procedures, and medications all impose significant burdens on providers and patients, while raising administrative costs. In some cases, they delay treatment and negatively impact patient outcomes.

Better integrating administrative and clinical health data, including tools for automation, could bring significant benefits for improved patient experience and decreased provider burden. However, significant barriers beyond the technical approaches will need to be overcome. As your administration considers the best path forward, AHIMA believes that policy in this area must:
- Improve processes for patients and providers;
- Address factors beyond automation in a holistic manner;
- Maintain the stability of the revenue cycle;
- Consider operations and the role of health information professionals;
- Address coding accuracy;
- Account for workforce training needs, and;
- Prioritize privacy and security of health information.

Cybersecurity and Information Security

Data breaches are an ever-growing threat in healthcare. The average total cost of a data breach in the healthcare industry is $6.45 million: 65 percent higher than the average data breach across all sectors.[2] The healthcare sector today continues to face challenges in information sharing. While steps have been taken to increase cybersecurity, there is still a patchwork of laws and regulations and a lack of resources that must be improved and harmonized. As your administration tackles the issue of cybersecurity and information security within the health sector, AHIMA recommends that policy:
- Enhance and improve information sharing of cyber threats, risks, and cyber hygiene practices in real time while providing strong and clear leadership to the industry on cybersecurity threats and risks;
- Support each principle of the CIA triad[3] (confidentiality, integrity, availability) at the highest level possible;
- Harmonize laws and regulations, including state and federal laws, and;
- Provide funding and/or incentives to bolster the healthcare workforce and resources for information security and cybersecurity.

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[1] Available at: https://www.caqh.org/sites/default/files/explorations/index/report/2019-caqh-index.pdf.
[2] IBM Security: Cost of a Data Breach Report 2019. Available at: https://databreachcalculator.mybluemix.net/complete-findings.
[3] The CIA Triad is a well-known, venerable model for the development of security policies used in identifying problem areas, along with necessary solutions in the arena of information security. Available at: https://www.forcepoint.com/cyber-edu/cia-triad.

Thank you for your leadership and attention to the many pressing health issues the country contends with today. We encourage your administration to ensure that health information is a central tenet of addressing these health issues. And we look forward to working with you to bolster the use of accurate, timely, trusted and complete health information in our nation's health system.

Sincerely,

Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer
AHIMA