



HIMSS
2008 Legislative Principles
Approved: April 11, 2008

SUMMARY

The members of the Healthcare Information and Management Systems Society (HIMSS) believe lives can be saved, outcomes of care improved, and costs reduced by transforming the delivery of healthcare through the appropriate use of information technology (IT) and management systems. Our mission is to lead change in the healthcare information and management systems field through knowledge sharing, advocacy, collaboration, innovation, and community affiliations.

Since 1961, HIMSS has been the healthcare industry's membership organization exclusively focused on providing global leadership for the optimal use of healthcare IT and management systems for the betterment of healthcare. Today, with offices in Chicago, Ann Arbor, Washington D.C., Brussels, and other locations across the United States and the world, HIMSS represents more than 20,000 individual members and over 350 corporate members that collectively represent organizations employing millions of people.

Each year, HIMSS creates legislative principles for all stakeholders to consider for inclusion as provisions in any legislation proposed by the U.S. Congress or State Legislatures to transform healthcare. For 2008, HIMSS addresses eight separate categories of principles:

1. Funding and Incentives
2. Healthcare Delivery Transformation
3. Standards
4. Privacy and Security
5. Legal
6. Structural
7. Consumer Empowerment
8. Population Health Monitoring

Most importantly, HIMSS believes that the United States has a broad healthcare IT adoption gap. This gap is evidenced in every report published on this topic by reliable sources, and it is ever-widening. To address the gap, we believe that:

- Funding of Health IT needs to tie directly to adoption incentives, and
- Legislation needs to be enacted to promote healthcare IT initiatives by endorsing the integration of IT into the delivery of patient care and the support of health and wellness.

By linking these principles, HIMSS believes our nation can successfully transform healthcare.

2008 HIMSS Legislative Principles

1. Funding and Incentives

- 1.1. Fully fund all federal initiatives to provide critical resources to complete the goals of the President's Health Information Technology Executive Order for most Americans to have an electronic health record by 2014 or sooner. Initiatives include informing clinical practice, interconnecting providers, personalizing care, engaging diverse individuals and communities, empowering consumers with access to electronic health records and telemonitoring services, and improving population health¹.
- 1.2. Reform reimbursement methodologies to: (a) provide incentives and ongoing reimbursement for higher quality of care, with a focus on preventive medicine and use of enabling health IT services; (b) enable health improvements through information technology; (c) overcome the broad adoption gap that is growing nationally, and (d) encourage that standard reimbursement be provided to independent licensed practitioners that use HIT to deliver clinical consultations and direct patient care services. Incentives need to have end dates once the preferred behavior/wide adoption has been achieved such as a sliding scale of financial incentives so that those who adopt sooner would receive a higher amount than those who choose to stall the initiative.
- 1.3. Establish clinical performance goals and reimbursement that can be supported to the largest extent possible by health information technology infrastructure.
- 1.4. Provide sustainable funding business models (including grants, loans and redefining reimbursement structures involving providers, payers, and healthcare information exchange (HIE) service providers) for the secure exchange of health information to federally recognized local/regional/state collaborations of providers, health settings, health plans, consumers, employers and others, grants and loans for enabling the secure exchange of health information in accordance with standards and policies as established by Department of Health and Human Services (HHS).
- 1.5. Provide funding such as grants and loans, or other incentives such as significant tax benefits, to healthcare providers, employers, health plans and other health entities for adoption of information technology that meets national interoperability standards or certification criteria for providing patient care.

¹ Strategies to implement initiatives included in Executive Order 13335: Incentivizing EHR adoption, reducing the risk of EHR investment, promoting EHR diffusion in rural and underserved areas, fostering regional collaborations, developing a national health information network, coordinating federal health information systems, encouraging use of Personal Health Records, enhancing informed consumer choice, promoting use of telehealth systems, unifying public health surveillance architectures, streamlining quality and health status monitoring, and accelerating research and dissemination of evidence.

- 1.6. Provide grants and other incentives to establish HIT Empowerment Zones that demonstrate effective practices for promoting the adoption of HIT by individuals from vulnerable populations, as well as by providers who care for patients who are medically underserved and are impacted by health and/or digital disparities.
- 1.7. Provide grants to assess the potential impact of non-adoption of HIT among providers serving racial/ethnic, low-income and other vulnerable, medically underserved populations with respect to the possible exacerbation of health gaps in healthcare quality, treatment and outcomes.
- 1.8. Require that Federal and State government agencies remove barriers to the adoption of HIT across all healthcare segments and constituents. Encourage the interoperability of HIT systems across healthcare segments and constituents and the integration of interoperable data into existing information technology systems to support the workflow of all end users.
- 1.9. Continue to support and expand research funding for HIT in organizations such as the Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), Veterans Affairs (VA), Department of Defense (DoD) and appropriate state, private, and non-profit entities.
- 1.10. Support the harmonization of international HIT standards and establish funding mechanisms for accelerating the processes for standards development/publishing organizations to offset potential resource shortages.
- 1.11. Implement policies and funding that will ensure a robust HIT workforce in the future.
- 1.12. Provide public and private incentives that encourage and educate consumer utilization of electronic health information.

2. Healthcare Delivery Transformation

- 2.1. Support a nationwide health information technology infrastructure that facilitates the use and maintenance of a lifelong electronic health record.
- 2.2. Require the HHS' Office of the National Coordinator for Health Information Technology (ONC), working with a broad community of stakeholders², to establish a prioritized health transformation roadmap and timeline that sets goals and priorities for healthcare improvement, including the creation of a national roadmap for clinical decision support. The roadmap should be the basis for implementing other transformation activities including incentives, process and technology improvements, and legal reform.
- 2.3. Encourage quality forums such as the National Quality Forum (NQF), the Healthcare Information Technology Standards Panel (HITSP), and other

² Stakeholders include, but are not limited to providers, consultants, consumers, employers, federal and state agencies/coordination bodies, industry alliances, payers/insurance companies, providers (including safety net providers), public health agencies, purchasers, quality organizations, researchers, standard development organizations, think tanks, and vendors. Recommendations from an AMIA developed roadmap (<http://www.amia.org/inside/initiatives/cds/>) should be considered and incorporated where appropriate into any proposed legislation or regulation.

- nationally recognized entities that provide healthcare-related quality metrics, protocols and guidance to develop measures that support and implement these priorities based on electronic sources of data.
- 2.4. Require HHS to collaborate with diverse stakeholders to build consensus and endorse sets of commonly defined quality measures utilizing health IT that could be used to reward providers that demonstrate performance excellence in providing patient-centric care.
 - 2.5. Oppose mandating nurse-to-patient ratios that are fixed and universal. Instead, support initiatives that voluntarily apply the processes of incorporating information technology and ancillary department support to nursing; accommodating facility and layout features, patient turnover, patient acuity and the education and training of nursing staff when determining staffing ratios. Proper integration of management engineering, process improvement, and information technologies, regardless of the care setting, can have significant impact on personnel efficiency, staffing requirements and high quality patient outcome. Therefore, support the use of these techniques and technologies to optimize the productivity of personnel, while adjusting workload based on variations in patient requirements and the local hospital environment.
 - 2.6. Encourage the responsible use of data at the secondary level by those with access to such data consistent with the AMIA Recommendations on Secondary Use of Data, including but not limited to:
 - 2.6.1. Transparent policies and practices for the secondary use of health data;
 - 2.6.2. Focus on data control rather than data ownership per se;
 - 2.6.3. Consensus on privacy policy and security;
 - 2.6.4. Public awareness;
 - 2.6.5. Comprehensive scope (beginning with a taxonomy); and
 - 2.6.6. National leadership
 - 2.7. Encourage healthcare transparency in all operational aspects of administrative, financial, and clinical initiatives.
 - 2.8. Encourage and facilitate the portability of electronic health information based upon standards established by HITSP.
 - 2.9. Encourage electronic prescribing as part of a full medication management plan integrated into an electronic health record with clinical decision support as a way to save lives, reduce medication errors and reduce costs.
 - 2.10. Encourage and support the use of HIT technologies to support telemedicine/telehealth applications for remote patient monitoring, e-visits, telehomecare services, consultations and direct patient care using interactive audio/visual systems.

3. Standards

- 3.1. Require that Federal and State agencies' healthcare information technology architectures and system purchases conform to the interoperability specifications established by HITSP. These systems should be certified by a compliance certification authority and should require the adoption of HITSP interoperability specifications for their use in government agencies' health programs and operations to promote health information exchange, including the electronic reporting of health data.
- 3.2. Require that private sector organizations doing business with, submitting data to, or otherwise exchanging health information with Federal and State agencies utilize the same standards and information policies established by HITSP.
- 3.3. Support upgrades to modern coding systems, as defined by HITSP, on a timely and regular basis and streamline the healthcare standards' implementation process by working with the industry in its rule-making process to determine how best to afford flexibility in keeping standards in pace with the industry through a timely and predictable process.
- 3.4. Promote development of harmonized standards to support the coding and reporting of defined quality measures.

4. Privacy and Security

- 4.1. Encourage that electronic health information be made available in a private and secure electronic manner to individuals, except as exempted by law.
- 4.2. Promote measures to protect the confidentiality, integrity and availability of personal health information and that acknowledge and support healthcare as a dynamic, collaborative process among the patient, patient's family, healthcare providers, healthcare payers, and associated healthcare organizations.
- 4.3. Support measures that enable consumer empowerment by providing the individual with consent rights that enable him/her to make decisions associated with the use of their personal health information.
- 4.4. Support measures that enable providers to access an individual's medical records in order to ensure timely, appropriate and quality healthcare.
- 4.5. Support measures that help individuals understand privacy and health risks associated with access decisions.
- 4.6. Ensure the privacy and security of an individual's health information by requiring compliance with the Health Insurance Portability and Accountability Act (HIPAA) by entities that collect, store, or exchange health information.
- 4.7. Promote the use of information technology and telecommunications infrastructure that have been independently verified to provide the appropriate levels of information security.
- 4.8. Support measures that are consistent with the National Committee on Vital and Health Statistics (NCVHS) recommendations regarding the privacy and security of health information.

- 4.9. Support existing or proposed legislation that is consistent with (a) HIPAA; (b) HIPAA-compatible state legislation; and (c) IHE (Integrating the Healthcare Enterprise), HITSP, CCHIT (Certification Commission for Healthcare Information Technology), and HHS.

5. Legal

- 5.1. Reform Physician Self Referral regulations, as well as relevant sections of the Internal Revenue Code, to expand the recent regulatory actions by creating broader “exceptions and safe harbors” that will provide statutory protection for donors and encourage investment from the widest possible range of potentially interested parties. This should expedite the widespread adoption and use of community-wide health information exchanges that enable secure, community-wide portability and access to patient electronic health information for all authorized users. Facilitate the development of health information networks at the regional and national level by permitting the individual to opt-out/opt-in of such networks consistent with HIPAA.
- 5.2. Reduce the cost of health information exchange network development and facilitate adoption by providers by making such networks immune from liability for merely transmitting information, and by limiting civil liability for those providers who in good faith rely upon patient data provided through such networks.
- 5.3. Promote tort reform that minimizes medical liability that arises from the use of interoperable HIT systems.
- 5.4. Support clinician liability protection related to electronic health information entered by a non-clinically licensed entity (such as patients or family members) while ensuring individual provided data is presented in the clinician view of the patient record.

6. Structural

- 6.1. Support a Congressionally-chartered and funded Office of the National Coordinator for Health Information Technology (ONC) as a direct report to the Secretary of HHS, which is charged with ensuring the participation in ONC activities of stakeholders who are fully representative of the U.S. population.
- 6.2. Support HITSP’s public-private standards harmonization process for development of interoperability specifications including work products (e.g. standards, implementation guides, integration profiles, technical reports) to meet the critical common health information exchange needs as identified by HHS. HHS should provide guidelines for CCHIT to use in developing test scripts and criteria.
- 6.3. Promote sustainable organizations that facilitate the free flow exchange of electronic health information and ensure the protection of individual privacy.

7. Consumer Empowerment

- 7.1. Support the use of technology to facilitate individual control of health decisions to assure patient privacy, increase patient/provider communications; reduce medical errors; increase patient safety; improve the transparency of price, cost and quality; and positively impact the health and quality of life for all individuals residing in the United States.
- 7.2. Facilitate development and ongoing operation of private and secure interoperable systems that allow patients to view and contribute to their complete clinical record, including individual controlled personal health technologies, and make determinations regarding how the information is shared and/or used for secondary purposes.
- 7.3. Promote free access to electronic health information by individuals hampered by the “digital divide,” (e.g., using public libraries to promote access to medical records through Internet access without degrading secure channels).
- 7.4. Require measures that are consistent with the AHIMA e-HIM™ work group’s Personal Health Record (PHR) recommendations³, including the definition and attributes of the PHR, minimum common data elements to be included in a PHR, and consumer education and tools to promote the PHR.
- 7.5. For individual electronic health information, require measures that are consistent with the HIMSS e-PHR definition and position statement.⁴
- 7.6. Support creating electronic registries for living wills to provide clear direction to physicians on patients’ choices, enable organ donation requests to be clearly delineated, and ensure that optimal and palliative care is given without necessarily prolonging life without patient consent/intent.
- 7.7. Support the data collection in the PHR of patient/consumer’s medical directive, including Advanced Care Directives (to direct a person’s medical care if he or she becomes unable to do so) and organ donations with the long-term goal of incorporating real-time interoperability between PHRs and the electronic registries for living wills.
- 7.8. Support initiatives to improve efficiency and effectiveness of healthcare and reduce fraud in order to enable any savings to be used to expand coverage for those individuals with no healthcare options at all.
- 7.9. Support outreach efforts to promote HIT adoption by acquainting diverse communities with HIT utilization options, benefits, and privacy safeguard, utilizing activities and strategies that are culturally appropriate and engage, to the fullest extent possible, community stakeholders in the development, execution and evaluation of such efforts.
- 7.10. Allow individuals to electronically transfer their data to third parties.
- 7.11. Require measures that acknowledge and support the role of the individual in managing privacy and health through his/her dynamic control of the collection, use, disclosure, and exchange of personal health information.
- 7.12. Require that personalized quality measure alerts and reminders be available to individuals in their PHRs.

³ <http://www.myphr.com>

⁴ <http://www.hims.org/content/files/PHRDefinition071707.pdf>

8. Population Health Monitoring

- 8.1. Encourage the use of electronic health records and secondary use services to enable rapid detection and on-going characterization and monitoring of public health events for the purpose of triggering appropriate early response including resource management, facilitates planning and modeling.
- 8.2. Support initiatives that facilitate the flow of reliable health information among population health and clinical care systems necessary to protect and improve the public's health while ensuring the patient's privacy.
- 8.3. Encourage the development and utilization of HIT-related data collection and analysis strategies that will inform policymakers regarding the possible disparate impacts on specific population groups of public health events.

CONCLUSION

HIMSS is prepared to assist and support all stakeholders to ensure that these principles are enacted into law to transform our healthcare system. We are prepared to devote our available resources to help make these principles a reality. Please contact HIMSS at advocacy@himss.org.