Strategic Pathfinders Sessions – 1:40-2:30 pm

Topics	**STRATEGIC PATHFINDERS SESSIONS** Objectives: Using the AHIMA Strategy as a baseline, Delegates are asked to react to assumptions on the future of health information topics and help inform AHIMA's future through management of health information. This session supports the role of the House as thought leaders. Topics & Facilitators: 1. Taking the Lead in Data Governance – *Jeannine Cain, MSHI, RHIA, CPHI and Patty Buttner, MBA-HCM, RHIA, CHDA, CDIP, CCS* 2. The Future of Patient Identification and Matching – *Melany Merryman, MSL, RHIA and Lauren Riplinger, JD* 3. The Role of the HI Professional in Shaping Health Equity – *Laura Shue, MPA, CHDA, CPHIMS and Julie Pursley, MSHI, RHIA, CHDA, FAHIMA* 4. Public Health, Ethics, and Health Information – *Aurae Beidler MHA, RHIA, CHPS, CHC and Melanie Endicott, MBA/HCM, RHIA, CHDA, CDIP, CPHI, CCS, CCS-P, FAHIMA* 5. Revenue Cycle Challenges for Health Information – *Mary Stanfill, MBI, RHIA, CCS, CCS-P, FAHIMA and Gina Sanvik, MS, RHIA, CCS, CCS-P* 6. Telehealth in the Future – *Lori Richter, MA, RHIA, CHPS, CPHIT, CPEHR and Tammy Combs, RN, CDIP, CCS, CCDS*
House Action Being Requested	• Review the strategic pathfinder session paper for your chosen topic. • Solicit input from CSA colleagues. • Attend the session and provide your recommendation on which hypothesis will be more feasible for the future. • Share your rationale, additional resources, and your insights on the pathfinder session. ☐Approval ☐Discussion ☒Recommendation ☐Informational
Relevance to Strategy	☒1. Advance and advocate for the creation and use of trusted information across the evolving health continuum ☐2. Shape the health information profession by growing the influence and competitiveness of health information skillsets. ☐3. Drive strategic transformation and renewed growth as a great partner and place to work.
Attachments / References	Strategic Pathfinders Session Papers are attached.

Session Objective and Purpose

Objective: Using the AHIMA Strategy as a baseline, Delegates are asked to react to assumptions on the future of health information topics and help inform AHIMA's future through management of health information. This session supports the role of the House as thought leaders. Rather than focus on products or services AHIMA can develop related to each of these topics, Delegates are asked to focus on AHIMA's position within these areas to inform AHIMA's work.

Purpose:
- Expand field awareness and understanding of the operational realities faced by health information professionals as they seek to address each topic.
- Apply newly learned material to a new situation
- Analyze data to build connections among ideas
- Support content which furthers AHIMA's mission, vision, and core purpose.

AHIMA's Strategic Outcome: 1. Advance and advocate for the creation and use of trusted information across the evolving health continuum.

Session Directions:
- **August 28-September 11**: Choose the session you would like to attend. Confer with the other Delegates from your CSA to determine which session you will attend.
- **August-mid-October**: Please share your Strategic Pathfinders Session Papers with colleagues who are also knowledgeable about the topic and/or working in the area. Ask for their opinions on the hypotheses to help you form your recommendation on the hypotheses.
- **Planning for the session:** Come to the session with your choice of hypothesis and why. There will be a vote held in the session to determine your recommendation. Be prepared to share your conclusion on why you chose the specific hypothesis. We encourage you to begin a discussion on your topic on the State Leaders and House of Delegates Community on Engage.
- **During the session**: You will be discussing two (2) hypotheses for the future of health information in a specific area. Based on your knowledge of the area, you will provide your recommendation of which hypothesis you see as more likely to occur and why. You will be asked to also share how you developed your conclusion. Then you will be asked to answer questions related to the topic. Your response, plus those of your fellow delegates within the session, will be used to inform AHIMA strategy on the best way to move forward in this area. We will ask you to share via Chat.

- **After the session:** The session outcomes will be shared with AHIMA staff working on the topic area to inform AHIMA's future work and advocacy efforts. Work efforts from the outcomes will be reported in the quarterly House Leadership Dashboard on the State Leaders and House Engage Community in December.

Ground rules:
- Focus on the position or hypothesis for the future; not products and services needed.
- Allow all delegates a chance to speak.
- Delegates will complete a poll on the hypothesis chosen.
- Delegates then share 6 key words for why the hypothesis was chosen verbally or in Chat.
- Delegates will have share responses to the questions in the concept paper.
- Keep discussions at a high level.

Strategic Pathfinders Sessions Outline

Topic	Activity	Time
Review objective and purpose	**Objective**: Using the AHIMA Strategy as a baseline, Delegates are asked to react to assumptions on the future of health information topics and help inform AHIMA's future through management of health information. This session supports the role of the House as thought leaders. Rather than focus on products or services AHIMA can develop related to each of these topics, Delegates are asked to focus on AHIMA's position within these areas to inform AHIMA's work. **Purpose**: • Expand field awareness and understanding of the operational realities faced by health information professionals as they seek to address each topic. • Apply newly learned material to a new situation • Analyze data to build connections among ideas • Support content which furthers AHIMA's mission, vision, and core purpose.	1:40-1:45
Hypotheses review	Review each Hypothesis	1:45-1:50
Vote	Vote on Hypotheses. Allow 1 minute. Share results.	1:50-1:55
Obtain Conclusions on Why	Ask participants the reason for choosing hypothesis.	1:55-2:15
Evaluating the Future	Review the questions listed on the concept paper.	2:15-2:25
Review Synopsis	Review overall responses – Facilitators will review the overall discussion that will be shared during the Summary Session.	2:25-2:30

Strategic Pathfinders Session #1: Taking the Lead in Data Governance

Topic Rationale: Why is it important to Health Information (HI) in the future?

HI's role in data governance is defined in the "Pocket Glossary of Health Information Management and Technology, Fifth Edition" as:
1. The overall management of the availability, usability, integrity, and security of the data employed in an organization or enterprise. (Data Governance Institute 2013).
2. A specific enterprise information management (EIM) function that supports coordination among all other EIM functions. It is the enterprise authority that ensures control and accountability for enterprise data through the establishment of decision rights and data policies and standards that are implemented and monitored through a formal structure of assigned roles, responsibilities, and accountabilities.

The use of electronic health records and data exchange has created a tremendous amount of electronic health data. The integrity and security of the captured data is vital to all stakeholders. Policies and procedures related to health data standardization, collection, analysis and use are of the utmost importance to ensure the integrity of the captured data. "Data is the key for making good clinical decisions."[1] "Organizations need to understand how to analyze and utilize this data in order to be successful. …Through analyzing data, we can study trends, compare past performance to current performance, and use this information to develop good business strategies."[2]

A growing challenge in healthcare is the maintaining and facilitating the sharing of healthcare information. To take advantage of all the data that is available, technologies such as machine learning or APIs can used. "Leveraged correctly, health information technology can help automate efforts, increase transparency, and reduce miscommunication between health plans, providers, and healthcare organizations."[3]

Health information professionals are pivotal in the management of an organization's data governance program. Health data flows in and out of organizations at various levels and must be managed. The program includes the standardization, collection, analysis, and use of the health information created by the data. Yet, it is a collaborative effort throughout healthcare; involving staff from patient registration, finance, health information, clinical area's as well as providers who must coordinate how ,what, and where data is being collected and help to identify what is needed to provide information that will result in better outcomes and quality of care while being cost effective. What is the key for this to happen? What is the role of HI professionals in Data Governance Programs?

Hypotheses:
1. If HI professionals are involved in the data governance program as part of a collaborative team, the integrity of health data will be maintained throughout healthcare and the data lifecycle.

2. If HI professionals are not involved in the data governance program the integrity of the health data collected, analyzed, and used is at-risk.

Discussion: Which hypothesis are you seeing as most likely **and why**?

Questions:
- What can HI professionals be doing now to get involved in or take the lead in data governance?
- What are we missing?
- What is the view 5 years from now? What does the future look like?

Resources

1. Clack, Lesley. "Why All Healthcare Professionals Need to Learn Data Analytics" *Journal of AHIMA* September 19, 2018. https://journal.ahima.org/why-all-healthcare-professionals-need-to-learn-data-analytics/

2. Clack, Lesley. "Why All Healthcare Professionals Need to Learn Data Analytics" *Journal of AHIMA* September 19, 2018. https://journal.ahima.org/why-all-healthcare-professionals-need-to-learn-data-analytics/

3. Dean, A. Andrews. "The Future of Healthcare Data Exchange." *Journal of AHIMA.* https://journal.ahima.org/the-future-of-healthcare-data-exchange/

"Hospitals Looking to Implement 'Mission Control' Centers Powered by Data Analytics." *Journal of AHIMA.*https://journal.ahima.org/hospitals-looking-to-implement-mission-control-centers-powered-by-data-analytics/

"Analytics and Informatics Turn Data into Information Assets." *Journal of AHIMA.* https://journal.ahima.org/analytics-and-informatics-turn-data-into-information-assets/

Newly Added 10.1.20 as a Reference– Data Governance White Paper: Accurate Provider Data Governance Essential for Patient Care. https://journal.ahima.org/accurate-provider-data-governance-essential-for-patient-care/

Strategic Pathfinders Session #2: The Future of Patient Matching and Identification

Topic Rationale: Why is it important to Health Information (HI) in the future?

Identifying and matching patients to their health data is widely recognized as critical to enhancing patient safety, achieving better patient outcomes, and ensuring accurate health information exchange. Without the ability of clinicians to accurately connect a patient to their medical record, lives have been lost and medical errors have needlessly occurred. AHIMA focused on this issue for years and has identified this as one of its advocacy issues to be addressed in 2020 and beyond. Please see the Legislative History of Patient Identification for a synopsis of this issue (attached).

Recently, AHIMA, along with other healthcare organizations have created the Patient ID Now Coalition to help move this initiative forward through Congress. Patient ID Now, a coalition of leading healthcare organizations, including the American College of Surgeons, the American Health Information Management Association (AHIMA), the College of Healthcare Information Management Executives (CHIME), Healthcare Information and Management Systems Society (HIMSS), Intermountain Healthcare and Premier Healthcare Alliance, was formed to collaborate on changing an archaic section of the federal budget that has prevented the US Department of Health and Human Services from working with the private sector to develop a nationwide patient identification strategy.

This recently launched coalition is bringing attention to the critical challenges of patient misidentification that afflict the country's health system. Failure to accurately identify patients to their data raises patient safety and quality of care concerns, and those concerns have been exacerbated during the COVID-19 pandemic. On July 31, the US House of Representatives took an important step forward in repealing the longstanding ban in its Labor, Health and Human Services, Education, and Related Agencies appropriations bill that stifles innovation around patient identification.

"We are very excited that the House of Representatives has taken this step towards addressing the harmful effects of patient misidentification," said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. "This bipartisan effort is a true demonstration of lawmakers working to protect patient safety, public health, and lessening the burden on the health system." Yet the work continues as the Senate must also pass legislation on this issue before any consideration of how patient identification will be accomplished.

Today, without a national strategy, we must depend on the people, process, and technology approach to identify our patients and maintain a low duplicate record error rate. *People*, which refers to properly training registrars to capture the correct information when patients present for care; *Process*, which involves managing the duplicate queue and duplicate reporting; and *Technology*, which can include tools such as patient matching algorithms, biometric devices, and third-party data sources.

Please discuss the following two (2) hypotheses for the future of health information related to **Patient Matching and Identification**. Based on your knowledge of the area, provide your recommendation of which hypothesis you see as more likely to occur and why. Share how you developed your conclusion.

Hypotheses:
1. If the Federal Government doesn't repeal the ban on the Labor, Health and Human Services, Education, and Related Agencies appropriations bill around patient identification, then the private sector must tackle the issue of patient identification by investing in the development and widespread adoption of new, affordable technology.

2. If the Federal Government repeals the ban on the Labor, Health and Human Services, Education, and Related Agencies appropriations bill around patient identification, then the industry is free to discuss what

a national patient matching strategy looks like and how public and private sectors can work together to develop approaches to solve the patient identification problem.

Discussion: Which hypothesis are you seeing as most likely **and why?**

Questions:
- What can HI professionals be doing now to better identify our patients and lower our duplication record rates?
- What are we missing?
- What is the view 5 years from now? What does the future look like?

Resources

Patient ID Now Coalition Pleased Congress is Addressing Patient Misidentification
https://ahima.org/news-publications/press-room-press-releases/2020-press-releases/patient-id-now-coalition-pleased-congress-is-addressing-patient-misidentification/

Why Patient Identity Management is Critical for COVID-19 Surveillance
https://journal.ahima.org/why-patient-identity-management-is-critical-for-covid-19-surveillance/

The Impact of Patient Misidentification
https://patientidnow.org/impact/

COVID-19 Magnifies Urgent Need for Patient Identification Strategies
https://journal.ahima.org/covid-19-magnifies-urgent-need-for-patient-identification-strategies/

Focus On: Patient Identification and Matching
https://journal.ahima.org/pim/

Who Are You? The Quest for a Unique Patient Identifier
https://journal.ahima.org/who-are-you/

Patient ID Now Website: patientidnow.org

A Realistic Approach to Achieving a 1% Duplicate Record Error Rate.
https://ahima.org/media/m1pldevh/ahima-pim-whitepaper.pdf

Strategic Pathfinders Session #3: The Role of the HI Professional in Shaping Health Equity

Topic Rationale: Why is it important to Health Information (HI) in the future?

Social determinants of health (SDOH) are the economic, social, and behavioral conditions that influence the health and quality of life of individuals and populations[1]. As the leading voice of health information, AHIMA believes that health information professionals bring a uniquely comprehensive view to the collection, access, sharing and use of SDOH data to enrich clinical decision-making and improve health outcomes, public health and health inequity.

The use of data reflecting SDOH remains much more limited across healthcare[2]. Socials factors related to health equity may include factors such as food insecurity, housing instability, and access to transportation. Connecting clinical data from healthcare organizations with data collected from community-based organizations (CBOs) together is needed to address whole person healthcare.

The Office of the National Coordinator (ONC) for Health IT prioritized the integration of health and social services data in its Draft 2020-2025 Health IT Strategic Plan which includes[3]:
- Facilitating bi-directional, secure exchange of data across healthcare and human services settings to improve care and effectively administer social programs
- Assess and address unmet health and social needs for individuals and communities and available health IT solutions that can be utilized for improvement
- Capturing and integrating SDOH into EHRs to assist in care processes such as clinical decision support and referrals Integration of medical and social care, and address health disparities in a manner that is ethical and consistent with routine patient care[4].

Examples of important initiatives may include:
- Identification of a set of standard SDOH measures, development and testing of consensus-based standards for data capture and transmission and addressing medical coding vocabulary gaps will enable the electronic exchange of SDOH data.

The COVID-19 pandemic has brought the need for this integrated data front and center.

Hypotheses:
1. If clinical data and community based organizational data are collected and appropriately exchanged by a facilitated bidirectional infrastructure (per the Draft ONC 2020-2025 Health IT Strategic Plan), the promise of whole-person healthcare will be achieved.
2. If the Final ONC 2020-2025 Health IT Strategic Plan does not include language to support a bidirectional infrastructure, the promise of whole-person healthcare will not be achieved.

Discussion: Which hypothesis are you seeing as most likely **and why?**

Questions:
- What can HI professionals be doing now for the role of the HI professional in shaping health equity?

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[1] https://journal.ahima.org/social-determinants-of-health/
[2] https://www.healthit.gov/topic/health-it-health-care-settings/social-determinants-health
[3] https://www.healthit.gov/sites/default/files/page/2020-01/2020-2025FederalHealthIT%20StrategicPlan_0.pdf

- What are we missing?
- What is the view 5 years from now? What does the future look like?

Resources

https://journal.ahima.org/social-determinants-of-health/

https://journal.ahima.org/addressing-social-determinants-of-health-with-technology-during-public-health-emergencies/

https://journal.ahima.org/reporting-social-determinants-of-health/

Newly Added 10.8.2020 as a Reference:

https://www.healthit.gov/topic/health-it-health-care-settings/social-determinants-health

https://www.healthit.gov/sites/default/files/page/2020-01/2020-2025FederalHealthIT%20StrategicPlan_0.pdf – See page 14, Objective 1c.

Strategic Pathfinders Session #4: Public Health, Ethics and Health Information

Topic Rationale: Why is it important to Health Information (HI) in the future?

Public health reporting varies by state and is dependent upon the healthcare provider's timely and accurate reporting. We are witnessing wide gaps in reporting during the pandemic, due in part to the continued use of paper-based systems. This manual approach of individually faxing, emailing, and making phone calls to public health agencies is time consuming, error-prone, and inefficient—and it reduces an epidemiologist's ability to investigate potential cases in a timely manner. Health information (HI) professionals are data stewards who support public health reporting by governing the collection, management, protection, and sharing of quality health information. They serve as a bridge between clinical documentation and the accuracy of reported data. HI leadership's evaluation of current public health reporting workflows in their facilities is crucial; moving from a paper-based reporting system to an electronic one should be prioritized to ensure community and state leaders have the timely, reliable information they need to make good decisions.[1]

How can HI professionals impact the accuracy of public health reporting during the pandemic?

Hypotheses:
1. If public health data is reported accurately, the COVID-19 data will be valid and trustworthy, which will allow federal, state, and local health officials to safely and appropriately make decisions on opening businesses, schools, etc.
2. If public health data is not reported accurately, the COVID-19 data will be invalid and untrustworthy, which will inhibit federal, state, and local health officials from safely and appropriately making decisions on opening businesses, schools, etc.

Discussion: Which hypothesis are you seeing as most likely **and why?**

Questions:
- What can HI professionals be doing now for public health and ethics and health information?
- What are we missing?
- What is the view 5 years from now? What does the future look like?

Resources
1. https://journal.ahima.org/electronic-public-health-reporting-now-available/
2. https://journal.ahima.org/health-information-management-best-practices-for-quality-health-data-during-the-covid-19-global-pandemic/

Strategic Pathfinders Session #5: Revenue Cycle Challenges for Health Information

Topic Rationale: Why is it important to Health Information (HI) in the future?

The Health Financial Management Association (HFMA) defines revenue cycle as "all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue. In plain English, a revenue cycle refers to the entire life cycle of a patient account from start to finish."[1] Healthcare institutions must create and maintain a workable system which includes many different disciplines including administration, patient registration, financial services, providers, as well as the health information (HI) teams. HI professionals are critical for determination of what data to collect, training staff, assuring proper coding and more. And it is only becoming more complex and challenging.

As identified here, there are many revenue cycle challenges:

- Decreased operating income related to declining reimbursement
- Increasing revenue cycle costs
- More complicated, higher-risk compliance issues
- Increased business intelligence to support technology challenges
- Increased denials and revenue leakage
- Migration to value-based reimbursement
- Staffing issues caused by higher-skilled workers who are harder to attract and retain[2]

All will need to be considered and addressed within an institution and identify who and how teams will be involved.

Additionally, it has been identified that there is a need for providers to thoroughly understand how to document clinical data so that it can be properly used. "The documentation should always be clear, concise, and to the highest level of specificity so that it paints the most accurate clinical picture. Although ICD-10-CM is used to report diagnoses in all settings, different guidelines apply for inpatient and outpatient settings, which may not be understood by providers working in both settings."[3] Training for providers by HI professionals is critical to assure the proper documentation is included initially. HI professionals with expertise in clinical documentation integrity (CDI) can help providers by keeping up with regulation changes and providing education.

Another aspect of revenue cycle that is changing rapidly is in the area of natural language processing (NLP). "It is playing a fundamental role in transforming health care operations by unlocking massive amounts of unstructured data contained in medical records and making it accessible for vital clinical and administrative functions within a medical facility. Nowhere is this more evident today than in the hospital revenue cycle."[4] It is being used increasingly in clinical documentation to tap into the unstructured information that is contained in health records. "Drilling deeper into clinical documentation to get a fuller picture of a patient's health can have a far-reaching operational impact in areas such as care coordination, quality reporting, revenue cycle and more. This is especially important as health care shifts from fee-for-service to value-based models."[5] As NLP and AI become more wide-spread, HI professionals must become knowledgeable to use their expertise in this area.

As revenue cycle management becomes more complex and challenging, what are the next steps for HI professionals? Is this an area where there are growth opportunities for HI professionals?

Hypotheses:
1. As revenue cycle management becomes more complex and challenging, the HI professionals' role will become even more critical in identifying the data to capture, training providers and staff, and coordinating the patient's story from beginning to end.

2. As revenue cycle management becomes more complex and challenging with the incorporation of NLP and AI, the HI professionals' role will need to transform.

Discussion: Which hypothesis are you seeing as most likely **and why?**

Questions:
- How will HI professionals be impacted by Revenue Cycle pressures to meet financial demands?
- What are we missing?
- What is the view 5 years from now? What does the future look like?

Resources

1. Seven New Opportunities for a Sustainable Revenue Cycle, Crystal Clack,
https://journal.ahima.org/seven-new-opportunities-for-a-sustainable-revenue-cycle/

2. HIM Plays a Big Role in the Clinically Integrated Revenue Cycle, Geoff New.
https://journal.ahima.org/him-plays-a-big-role-in-the-clinically-integrated-revenue-cycle-sponsored/

3. Practice Brief: Evolving Roles in Clinical Documentation Integrity: A Provider's Guide to the Art of Documentation.
https://journal.ahima.org/practice-brief-evolving-roles-in-clinical-documentation-integrity-a-providers-guide-to-the-art-of-documentation/

4. Natural language processing: A catalyst driving revenue cycle transformation
https://journal.ahima.org/?s=Natural+language+processing%3A+A+catalyst+driving+revenue+cycle+transformation

National Language Processing: A Catalyst Driving Revenue Cycle Transformation, May 1, 2019,
https://journal.ahima.org/natural-language-processing-a-catalyst-driving-revenue-cycle-transformation/

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Strategic Pathfinders Session #6: Telehealth in the Future

Topic Rationale: Why is it important to Health Information (HI) in the future?

The Health Resources Services Administration defines Telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Telehealth is different from telemedicine because it refers to a *broader scope of remote healthcare services* than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services. [1]

Telehealth has enjoyed a gradual but steady rise in adoption over the past decade. More doctors and patients have come to accept—and even prefer—virtual care as an alternative to some in-office visits. The technology has grown more advanced and secure. Telehealth has also notched inconsistent but promising wins on the reimbursement front.

COVID-19 has made telehealth an indispensable service for an overwhelmed U.S. healthcare system. While some health systems enjoyed robust telehealth programs long before the emergence of the novel coronavirus, many hospitals will be jumping into the deep end of the telehealth pool in the middle of the most significant public health crisis in modern history. Telehealth and other remote services have been heavily adopted during the COVID-19 pandemic. [2]

Please discuss the following two (2) hypotheses for the future of health information related to **Telehealth in the Future**. Based on your knowledge of the area, provide your recommendation of which hypothesis you see as more likely to occur and why. Share how you developed your conclusion.

Hypotheses:
1. If the COVID pandemic is eradicated in 2021, telehealth will continue to accelerate.
2. If the COVID pandemic is not eradicated in 2021, the adoption rate of telehealth will remain consistent with the rate seen at the end of 2020.

Discussion: Which hypothesis are you seeing as most likely **and why?**

Questions:
- What can HI professionals be doing now to advance telehealth services in the future?
- What are we missing?
- What is the view 5 years from now? What does the future look like?

Resources

1. https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine
2. https://journal.ahima.org/ready-or-not-telehealth-takes-center-stage-in-a-pandemic/
3. https://journal.ahima.org/?s=telehealth
4. https://journal.ahima.org/think-ahead-for-telehealth-security-and-covid-19/