



House Ways and Means Committee Hearing
“Efforts to Promote the Adoption and Meaningful Use of Health Information
Technology”

Comments for AHDI/MTIA
July 20, 2010

The Association for Healthcare Documentation Integrity (AHDI) and the Medical Transcription Industry Association (MTIA), are the professional and trade associations representing a sector that produces approximately 60% of the medical record through its nearly 1,700 employers and 300,000 healthcare documentation professionals.

We applaud Congress and the Administration for incentivizing greater adoption and use of health information technology. However, **health IT must be implemented in a standardized, secure, and practical way, factoring in the human intelligence necessary to make automated processes safe and efficient.**

Secure, digital narrative recording of patient encounters must be preserved for improved patient safety, clinical decision support, and more accurate reimbursement. Narrative reports generated from the dictation-transcription process tell the whole patient story and are easier to read and understand among clinicians and patients for coordinating and continuing care. Acknowledge and include the dictation-transcription process as one of the methods to capture health information in Meaningful Use criteria. Physicians will be more likely to embrace the push for greater EHR adoption and find the experience of using an EHR positive and less cumbersome when it comes to the documentation process.

Physicians must have a choice regarding how they document healthcare encounters. EHR systems should be required to have a standardized interface to the dictation-transcription process alongside other data capture methods. The dictation-transcription process is the preferred method for physicians to capture the patient narrative. In many clinical settings it is easier and a more practical way of documenting patient encounters in a fast, safe, and reliable way.

Practical adoption of electronic health record systems, taking into account patient and documentation workflow, creates greater efficiencies without over burdening physicians in delivering care. With more Americans accessing healthcare services through healthcare reform legislation, physicians must be better enabled and assisted in the documentation process and not become data entry clerks. Practical and efficient adoption of EHR systems must include standard, easy-to-learn, and secure methods for ensuring that healthcare personnel use the technology safely.

Enable data tagging technologies as a solution for preserving narrative entry while still capturing discrete data elements that meet meaningful use and other reporting criteria. “Structured narrative” is important to advancing meaningful use reporting criteria while simultaneously facilitating improved communication among clinicians and patients. Healthcare delivery systems should not be forced to assume that narrative capture has no place in the EHR future. Physicians who still prefer narrative entry over point-and-click template choices will be able to preserve that option without compromising data capture goals that are critical to meeting Meaningful Use criteria.

Proposed Questions

1. How do we guarantee that health IT is being implemented in a standardized and secure manner, that is safe and efficient?
2. How do we ensure that more automated processes preserve the full patient health record and that the vendors who build the electronic formats understand the nuances and needs of a narrative medical record that tells the whole patient story?
3. With more Americans likely accessing healthcare services as a result of healthcare reform, how are we going to make sure that these tools better equip physicians and not require them to become data entry clerks?
4. Is it possible to enable technologies as a solution that will preserve narrative entry while still capturing discrete data elements that meet meaningful use and other reporting criteria? How do we guarantee that the computer programs doctors are using do not eliminate full health stories or create more work for physicians who have different technology capacity?