Health IT (HIT) Standards for Health Information Management (HIM) Practices: 2016 Activities

AHIMA Standards Task Force, Call-12-07-15
Presentation Outline

- Efforts to Date: 2015 AHIMA-IHE White Paper Overview

- 2016 Activities
  - Outline
  - Deliverables
  - Participants
  - Timeframe
  - Project support
Presentation Outline

- Efforts to Date: 2015 AHIMA-IHE White Paper Overview

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The Need:
Addressing Challenges with HIT Adoption

- Health Information Systems (HIS) design flaws
- Poor HIS usability and improper use
- Inappropriate documentation capture in HIS
- Errors related to design and use of clinical decision support
- Errors related to faulty support of HIM practices in HIS
- Outdated organizational policies to support information capture, management, sharing and use in electronic environment because these policies were developed for the paper-based environment
- Inadequate training for HIM personnel and clinicians to operate HIS and
- Errors related to vendor’s upgrades of HIS systems (product release cycle management)
The Need: Addressing Challenges with HIT Adoption

5-year US NIST study of EHR users
The Need: Care Safety

Addressing Challenges with HIT Adoption

Health Information Systems Should Support HIM Practices

Standards Developers Should be Informed about HIM Practices

Health Information Systems (HIS) Built Based on Standards Should Support HIM Practices
To address challenges with HIT adoption, in 2015, AHIMA joined the **Integrating the Healthcare Enterprise (IHE, www.ihe.net)**

**IHE** is an international collaborative of HIT vendors, professionals associations and governmental entities to develop interoperability standards in healthcare to improve the quality, value, and safety of healthcare by enabling rapid, scalable, and secure access to health information at the point of care.

**IHE** engages public and private entities to develop, test, implement, and use standards-based solutions for all health information needs.
Providers, Public Health and Software Developers Working Together to Deliver Interoperable Health Information Systems in the Enterprise and Across Care Settings
Integrating the Healthcare Enterprise (IHE) specifies harmonized interoperability standards (Technical Frameworks, Integration Profiles, Content Profiles) for:

- Information Technology Infrastructure (ITI)
- Patient Care Coordination (PCC)
- Laboratory
- Cardiology
- Radiology
- Quality Research and Public Health (QRPH)
- Medical Devices
- and other domains

Integrating the Healthcare Enterprise (IHE). URL: www.ihe.net
Integrating the Healthcare Enterprise (IHE). URL: www.ihe.net
IHE Connectathon: Interoperability Standards Testing Event

- NIST serves as a proctor for the tests
- Passing tests is a pre-requisite to participation in HIMSS Interoperability Showcase
- IHE Connectathons run in
  - North America
  - Europe
  - Asia
  - Japan
  - Australia

Integrating the Healthcare Enterprise (IHE). URL: [www.ihe.net](http://www.ihe.net)
Successfully Tested Standards Demonstrated at HIMSS Interoperability Showcase™

- Major HIT event conducted at Health Information Management and Systems Society (HIMSS) Annual Conventions
- Scripted Use Case Scenarios are played at the vendors’ kiosks
- Attended by thousands of clinicians and CIOs from various healthcare organizations and practices worldwide

HIMSS. URL: www.himss.org

Successful IHE Connectathon testing is a pre-requisite for the HIMSS Showcase!
AHIMA-IHE White Paper - 2015:
HIT Standards for HIM Practices

Published September 18, 2015
URL: http://qrs.ly/lb4vec0
The White Paper -- part of AHIMA’s globally-focused Information Governance (IG) initiative -- marks the first time effort for HIT vendors and HIM professionals to work together to ensure that interoperability will be addressed from an HIM perspective.

“Identifying HIM practice needs and a means to address them in standards is the first step in achieving our shared goal of the interoperability and overall governance of health information” (AHIMA, 2015).
AHIMA-IHE White Paper, 2015: Overview
HIT Standards for HIM Practices

Original Goals and Achieved Outcomes:

- **Informed** IHE developers about HIM practices

- **Outlined a methodology** for aligning HIM practices with the capabilities of HIT products through standards

- **Developed a roadmap** for developing HIT standards to support HIM practice
AHIMA Information Governance (IG) Framework: Organizational Policies & Processes for Information Lifecycle
1. Specify **business requirements** by Information Governance Principle

2. Specify **functional requirements** for HIT products via **HIM Practice Checklist** and **Use Cases** by Information Governance Principle

3. Conduct **Standards Gap Analysis** by Information Governance Principle

4. Develop **Recommendations** for developing HIT standards to support HIM practices
Information Governance Principles in Healthcare

1. Accountability
2. Transparency
3. Integrity
4. Protection
5. Compliance
6. Availability
7. Retention
8. Disposition

AHIMA, 2014
AHIMA-IHE White Paper - 2015: Overview
Selected Information Governance Principles

1. Accountability
2. Transparency
3. Integrity
4. Protection
5. Compliance
6. Availability
7. Retention
8. Disposition

AHIMA, 2014
From IG Principles to HIT Standards

Project Phases

2014

- IG Principles
- HIM Business Requirements by Principle
- HIM Practice Checklist
- Use Cases
- HIT Standards

AHIMA, 2014
From IG Principles to HIT Standards

Project Phases

2014
- IG Principles

2015
- HIM Business Requirements by Principle
- HIM Practice Checklist
- Use Cases
- HIT Standards

AHIMA, 2014
AHIMA-IHE White Paper, 2015
From IG Principles to HIT Standards

Project Findings

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>IG Principles</td>
<td>HIM Business Requirements by Principle</td>
</tr>
<tr>
<td>#=3 Availability #=10</td>
<td>#=13 Integrity #=13 Protection #=9</td>
</tr>
<tr>
<td>HIM Practice Checklist</td>
<td>Use Cases</td>
</tr>
<tr>
<td>Availability #=9</td>
<td>Availability #=5</td>
</tr>
<tr>
<td>Integrity #=5 Protection #=6</td>
<td>Integrity TBD Protection TBD</td>
</tr>
<tr>
<td>HIT Standards</td>
<td></td>
</tr>
<tr>
<td>Availability TBD</td>
<td>Availability TBD</td>
</tr>
<tr>
<td>Integrity TBD</td>
<td>Integrity TBD</td>
</tr>
<tr>
<td>Protection TBD</td>
<td>Protection TBD</td>
</tr>
</tbody>
</table>

AHIMA, 2014

AHIMA-IHE White Paper, 2015
Information Availability Principle*

**Use Case 1.** All documents in the episode of care record are accounted for

**Use Case 2.** Episode of care record is complete and closed

**Use Case 3.** Release of Information (ROI) to external requestor

**Use Case 4.** Audit for the episode of care record

**Use Case 5.** Audit for the ROI

*Focus on Inpatient Settings*
AHIMA-IHE White Paper - 2015: Use Cases and Episode of Care Record Lifecycle

2015 Use Cases
1. All documents in the episode of care record are accounted for
2. Episode of care record is complete and closed
3. Release of Information (ROI) to external requestor
4. Audit for the episode of care record
5. Audit for the ROI
### AHIMA-IHE White Paper - 2015: Media Coverage

| Clinical Innovation+Technology | Oct. 26, 2015 | 1,273 |
| Fierce Health IT | Oct. 26, 2015 | 4,938 |
| "How Health IT Standards Fit in With Information Governance" | Susan D. Hall | Pick up of AHIMA press release; quotes Lynne Thomas Gordon. |
| For the Record | Oct. 23, 2015 | 8,947 |
| "How Health IT Standards Fit in With Information Governance" | No byline listed | Pick up of AHIMA press release; quotes Lynne Thomas Gordon. |
| Government Health IT | Oct. 28, 2015 | 5,708 |
| "AHIMA, HIMSS, IHE Lay Out Map to Interoperability Standards" | Jack McCarthy | Pick up of AHIMA press release; quotes Lynne Thomas Gordon. |
| Health IT Interoperability | Oct. 27, 2015 | 176 |
| "HIM and HIT Fields Team Up on Interoperability Governance" | Frank Irving | Pick up of AHIMA press release; quotes Lynne Thomas Gordon. |
| Health IT Outcomes | Oct. 23, 2015 | 3,278 |
| "AHIMA, HIMSS and IHE International White Paper Calls for Interoperability" | No byline listed | Pick up of AHIMA press release; quotes Lynne Thomas Gordon. |
| Health IT SmartBrief | Oct. 27, 2015 | 97,374 |
| "HIMSS Releases Data Governance Report With AHIMA, IHE" | No byline listed | News brief links to 10/26 Healthcare IT News article. |
| Health Leaders | Oct. 27, 2015 | 17,244 |
| "HIMSS, AHIMA, IHE Map Data Governance Strategies" | No byline listed | News brief and link to 10/26 Healthcare IT News article. |

Published September 18, 2015
URL: [http://qrs.ly/lb4vec0](http://qrs.ly/lb4vec0)
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<tr>
<th>Media Source</th>
<th>Date</th>
<th>Views</th>
<th>Summary</th>
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2016 Methodology and Scope

A. Specify **business requirements** by Information Governance Principle (remaining five principles)

B. Continue to specify **functional requirements** for HIT products via HIM Practice Checklist

C. Develop new **Use Cases**

D. Conduct **standards gap analysis**

E. Develop **proposal** for IHE 2017
A. Specify **business requirements** by IG Principle

1. Accountability
2. Transparency
3. Integrity
4. Protection
5. Compliance
6. Availability
7. Retention
8. Disposition
A. Specify **business requirements** by IG Principle

1. Accountability
2. Transparency
3. Integrity
4. Protection
5. Compliance
6. Availability
7. Retention
8. Disposition
<table>
<thead>
<tr>
<th>Business Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to capture maintain information in a manner that ensures <em>timely, accurate (complete and correct), and efficient access</em> and retrieval.</td>
</tr>
<tr>
<td>2. Ability to search, identify, locate and retrieve patient specific information in continually expanding volumes of information and across multiple systems including various electronic HIS and manual systems (paper-based document locations, storages, etc.). This requirement is focused on <em>tracking sources where information resides (HISs, other HICT products and manual systems)</em>.</td>
</tr>
<tr>
<td>3. Ability to access information across various systems (electronic and manual) and across patient populations. This includes the abilities to search, identify, locate, and retrieve the information required to support organization’s ongoing activities via queries. This requirement is focused on <em>how information from various sources is accessed</em>.</td>
</tr>
<tr>
<td>4. Ability to assemble information from disparate electronic systems, both internal and external to the actual or virtual location(s) of the organization.</td>
</tr>
<tr>
<td>5. Ability to address multiple demands for having the right information available at the right time for the right requestor.</td>
</tr>
<tr>
<td>6. Ability to access information created with legacy hardware and software systems. In case of impending system obsolescence, information with organizational value should be migrated to currently supported hardware and/or converted into a machine-readable format.</td>
</tr>
<tr>
<td>7. Ability to maintain metadata services across all participating systems assigning structural and descriptive characteristics to information including data provenance information (authors and dates of creation, modification, sending, receipt, access, etc.).</td>
</tr>
<tr>
<td>8. Ability to ensure levels of redundancy, failover, contingencies and other risk management practices to minimize risks of non-availability of information due to a disaster, system malfunction, or data corruption.</td>
</tr>
<tr>
<td>9. Ability to maintain the workforce capabilities on the most current methods to capture, maintain and access information assuring the work processes consistencies despite of workforce turnover.</td>
</tr>
<tr>
<td>10. Ability to enable trust of requestor in information by ensuring the timeliness, accuracy (completeness and correctness), and efficiency of information availability based on implementation of business requirements 1-9 above.</td>
</tr>
</tbody>
</table>
2016 Activities: Checklist Examples

B. Update/model/harmonize HIM Checklist Examples

- **IG Principles**
  - Availability = 8

- **HIM Business Requirements by Principle**
  - Availability = 10
  - Integrity = 13
  - Protection = 9
  - Accountability = ?
  - Transparency = ?
  - Compliance = ?
  - Retention = ?
  - Disposition = ?

- **HIM Practice Checklist**
  - Availability = 9?
  - Integrity = 5?
  - Protection = 6?
  - Accountability = ?
  - Transparency = ?
  - Compliance = ?
  - Retention = ?
  - Disposition = ?
### Appendix A: HIM Practice Checklist

<table>
<thead>
<tr>
<th>Business Requirements</th>
<th>HIM Practice Checklist Example</th>
<th>Use Case</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Information Availability (A)</strong>&lt;br&gt;1. Ability to capture, maintain, and disseminate information in a manner that ensures timely, accurate (complete and correct), and efficient access and retrieval.</td>
<td>A1. All documents can be accounted for and the record cleared as complete within a specific time period past patient discharge in accordance with governmental regulations, accommodation requirements, or organizational policy.</td>
<td>A1.1 and A1.2 (above)</td>
</tr>
<tr>
<td>2. Ability to search, identify, locate, and retrieve patient-specific information from continually expanding volumes of information and across multiple systems including various electronic HIS and manual systems (paper-based document locations, storage, etc.). This requirement is focused on tracking sources where information resides (HISs, other HIMT products and manual patients).</td>
<td>A2. Single or multiple groups of documents within the electronic medical record can be viewed by or released to the requesters.</td>
<td>A2.1 and A2.2 (above)</td>
</tr>
<tr>
<td>3. Ability to access information across various systems (electronic and manual) and across patient populations. This includes the ability to search, identify, locate, and retrieve the information required to support organization’s ongoing activities as required.</td>
<td>A3. Single or multiple groups of documents within the electronic medical record can be viewed by or released to the requesters.</td>
<td>A3.1 and A3.2 (above)</td>
</tr>
<tr>
<td>4. Ability to assemble information from disparate electronic systems, both internal and external to the actual or virtual location(s) of the organization.</td>
<td>A4. Single or multiple groups of documents within the electronic medical record can be viewed by or released to the requesters.</td>
<td>A4.1 and A4.2 (above)</td>
</tr>
<tr>
<td>5. Ability to address multiple demands for having the right information available at the right time for the right requesters.</td>
<td>A5. Single or multiple groups of documents within the electronic medical record can be viewed by or released to the requesters.</td>
<td>A5.1 and A5.2 (above)</td>
</tr>
</tbody>
</table>

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## 2016 Activities: Use Case(s)

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Documents in a Episode of Care Record are Accounted for</td>
<td>Data Quality</td>
</tr>
<tr>
<td>Episode of Care Record is Complete and Closed</td>
<td>Copy and Paste</td>
</tr>
<tr>
<td>Record is Assembled for External Requestor</td>
<td>Patient Registration</td>
</tr>
<tr>
<td>Audit for the Episode of Care Record</td>
<td>Patient Matching</td>
</tr>
<tr>
<td>Audit for the Request for Information</td>
<td>Transitions of Care</td>
</tr>
</tbody>
</table>
Episode of Care Record Lifecycle

2015 Use Cases
1. All documents in the episode of care record are accounted for
2. Episode of care record is complete and closed
3. Release of Information (ROI) to external requestor
4. Audit for the episode of care record
5. Audit for the ROI
Episode of Care Record Lifecycle: Functions

Episode of Care Functions

1. Registration/Admission
2. Triage
3. Assessment
4. Lab/Diagnostic Test
5. Diagnosis & Care Plan
6. Prescription
7. Discharge/Transfer

Episode of Care Record Components

- Patient, Facility Demographics, Consent for HIE
- Triage Notes, Vital Signs
- Medical Summary, Prelim Diagnosis and Care Plan
- Consent for Test, Test Order, Test Result Report
- Confirmed Diagnosis and Updated Care Plan
- Meds Order Dispense Report
- ADT Record

2015 Use Cases are applicable to each function!

1. All documents in the episode of care’s function are accounted for
2. Documents in the episode of care’s function are complete and closed
3. Release of Information (ROI) from the function to the next function
4. Audit for the episode of care record’s by function
5. Audit for the ROI by function
## Episode of Care Record Lifecycle: Functions

<table>
<thead>
<tr>
<th>Record is Open</th>
<th>Record Entry</th>
<th>Record Entry</th>
<th>Record Entry</th>
<th>Record Entry</th>
<th>Record Entry</th>
<th>Record Entry</th>
<th>Record is Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration/Admission</td>
<td>Triage</td>
<td>Assessment</td>
<td>Lab/Diagnostic Test</td>
<td>Diagnosis &amp; Care Plan</td>
<td>Prescription</td>
<td>Discharge/Transfer</td>
<td></td>
</tr>
</tbody>
</table>

### Episode of Care Functions
- **Registration/Admission**
- **Triage**
- **Assessment**
- **Lab/Diagnostic Test**
- **Diagnosis & Care Plan**
- **Prescription**
- **Discharge/Transfer**

### Episode of Care Record Components
- **Patient, Facility Demographics, Consent for HIE**
- **Triage Notes, Vital Signs**
- **Medical Summary; Prelim Diagnosis and Care Plan**
- **Consent for Test, Test Order, Test Result Report**
- **Confirmed Diagnosis and Updated Care Plan**
- **Meds Order Dispense Report**
- **ADT Record**

### 2016 Use Cases
- 6. Data Quality
- 7. Copy and Paste
- **8. Patient Registration**
- 9. Patient Matching
- **10. Transition of Care**
Cross-Enterprise Interoperability Context

Transition of Care:

Use Case(s):
1. All Documents are Accounted for by Function:
   I. Registration
   II. Triage
   III. Assessment
   IV. Testing
   V. Diagnosis/Care Plan
   VI. ADT (Referral)
2. Information is assembled for External Requestor (Referral)

Use Case(s):
1. All Documents are Accounted for by Function:
   I. Registration
   II. Triage
   III. Assessment
   IV. Testing
   V. Diagnosis/Care Plan
   VI. ADT (Referral)
2. Information is assembled for External Requestor (Feedback to Referring Provider)
Workflow and Data Flow

1. Define all documents by episode of care’s function (Registration, Triage, Assessment, Testing, Diagnosis/Care Plan, Admission/Discharge/Transfer)

2. Define content for each document by function (data specification and rules/roles for completion)

3. Define data representation in each document

4. Define the process for data capture including rules/roles for populating the document

5. Validate data capture (data quality verification/risks and risk mitigation)
Workflow, Data Flow and Scope

1. Define all documents by episode of care function
   - (Registration, Triage, Assessment, Testing, Diagnosis/Care Plan, Admission/Discharge/Transfer)
2. Define content for each document by function (data specification and rules/roles for completion)
3. Define data representation in each document
4. Define the process for data capture including rules/roles for populating the documents
5. Validate data capture (data quality verification/ risks and risk mitigation)
<table>
<thead>
<tr>
<th>Workflow Step</th>
<th>HIM Standards</th>
<th>HIT Standards Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define All documents by function</td>
<td>Clinical Pathway</td>
<td>HL7 Infobutton</td>
</tr>
<tr>
<td>2. Define content for each document</td>
<td>Case Definition Templates</td>
<td>IHE Content Profiles, HL7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implementation Guides</td>
</tr>
<tr>
<td>3. Define data representation</td>
<td>Conformance criteria (TBD)</td>
<td>CDA, HL7 V2.x, FHIR, SNOMED,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICD, LOINC, etc.</td>
</tr>
<tr>
<td>4. Define process for data capture</td>
<td>Conformance criteria (TBD)</td>
<td>IHE SDC, SMART RFD/FHIR, ISO 11179</td>
</tr>
<tr>
<td>5. Validate data capture</td>
<td>Conformance criteria (TBD)</td>
<td>IHE-AHIMA White Paper</td>
</tr>
</tbody>
</table>
IHE Standards: Examples

- XDS: ITI-61 Register On-Demand Document Entry
- XDS: ITI-52 Update Document Set (Metadata Update Supplement)
- XDS: ITI-62 Delete Document Set (Metadata Update Supplement)
- XCDR: ITI-80 Cross-Gateway Document Provide (Supplement)
- XDS: ITI-43 Retrieve Document Set
- XCA: ITI-39 Cross Gateway Retrieve
- XDM: ITI-32 Distribute Document Set on Media
- XDS: ITI-18 Registry Stored Query
- XCA: ITI-38 Cross Gateway Query
- MPQ: ITI-51 Multi-Patient Query
- XCF: ITI-63 Cross Gateway Fetch
- MHD: ITI-65 Provide Document Bundle
- MHD: ITI-66 Find Document Manifests
- MHD: ITI-67 Find Document References
- MHD: ITI-68 Retrieve Document
2016 Activities: IHE Standards Review


2. Patient Identifier Cross-Referencing (PIX)

3. Patient Demographics Query (PDQ)

4. Basic Patient Privacy Consents (BPPC)

and participate in the development of a new IHE standard “Advanced Patient Privacy Consents (APPC)” (Patient Registration and Transition of Care)
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2016 Activities: Deliverables

1. **AHIMA White Paper** on business requirements and functional requirements for HIT products via HIM Practice Checklist and Use Cases by IG principle with recommendations for
   1. HIM professionals and
   2. Standards developers

2. **Comments** to IHE on reviewed standards: Affinity Domain, PIX, PDQ, BPPC and APPC

3. **New proposal** for IHE 2017 Development cycle
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2016 Activities: Participants

AHIMA 2015 Task Force: HIT Standards for HIM Practices

Kathleen Addison, Alberta Health Services, Canada
Linda Bailey-Woods, Plante Moran
Kevin Baldwin, UCLA
Alane Combs, Coastal Healthcare
Funmilola Daniel, Quest Diagnostics
Vicki Delgado, Kindred Hospital Albuquerque
Elisa Gorton, St. Vincent's Medical Center
Sandra Huyck, Beaumont Health
Satyendra Kaith, Kaplan Higher Education Group
Susan Lucci, Just Associates
Amber Martinez, Precyse
Lori McNeil Tolley, Boston Children's Hospital
Denese Miller, Kennestone Regional Medical Center
Megan Munns, Just Associates
Neysa Noreen, Children's Hospitals and Clinics of Minnesota
Michael Nusbaum, M.H. Nusbaum & Associates Ltd., Canada
Deane Stillar, Alberta Health Services
DeAnn Tucker, Owensboro Health
Lee Wise, Summit Medical Center

Members of AHIMA Transition of Care Practice Council and other AHIMA groups
2016 Activities: Participants’ Expertise Needed

(a) *information privacy and security* to work on patient consent standards
(b) *patient identity management* to work on patient identification and matching standards
(c) *clinical documentation improvement (CDI) and coding* to work on content standards
(d) *health information exchanges* to work on information sharing standards
(e) *data quality and documentation integrity* to work on document management standards
(f) *legal aspects of information management and use* to work on standards for policy representation in HIT products, and so on.
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<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – February</td>
<td>Business requirements analysis</td>
</tr>
<tr>
<td>February– April</td>
<td>Checklist update and harmonization</td>
</tr>
<tr>
<td>March – June</td>
<td>Use cases development</td>
</tr>
<tr>
<td>January – August</td>
<td>Standards review</td>
</tr>
</tbody>
</table>
2016 Activities: Participation

Conference Calls

1. AHIMA Standards Task Force
   (bi-monthly January-June)
   Mondays, 1-3pm ET starting Jan 4, 2016

2. For interested AHIMA experts
   IHE Calls on Advanced Patient Privacy Consents
   (bi-monthly December – August)
   Tuesdays, 9-10.30am ET starting Dec 15, 2015
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2016 Activities: Project Support

Project Staff - AHIMA Standards Team

- Business requirements – Diana Warner, Lead
- Checklist – Harry Rhodes, Lead
- Use cases – Anna Orlova and Harry Rhodes, Co-leads
- Standards review – Harry Rhodes, Lead and Consultant(s)

Project Management – Diana Warner

Questions