



For Immediate Release

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Association of Health Information Outsourcing Services Raises Concerns Over Impact of New Illinois Medical Record Acts

BOSTON, Mass., February 20, 2008 — As of January 1, 2008, Illinois became the first state to mandate that health records maintained in electronic or digital format be provided electronically to authorized requestors if they request the information electronically and if the facility that maintains the records is able to do so. The Association of Health Information Outsourcing Services (AHIOS), an organization committed to promoting excellence in the handling and dissemination of confidential patient-identifiable information, has serious concerns about the Acts' potential impact on healthcare providers in Illinois, as well as the precedent it sets for other states.

“Good legislation needs to be two things: fair and precise,” said Bonnie Coffey, president of AHIOS. “First, laws governing the dissemination of protected health information must establish fees that appropriately reimburse hospitals for the costs they incur in providing the information to requestors to avoid creating an unnecessary cost burden for hospitals. Second, laws must carefully consider all of the many steps in the release-of-information (ROI) process, ensuring that any changes to the process make sense and are easy for hospitals to comply with; this is important to both expedite information release and minimize the type of confusion that so frequently has led to lawsuits in the past. Unfortunately, these new Acts fall short in a number of critical ways.”

The Illinois laws (Public Acts 095-0478 and 095-0480) attempt to clarify ambiguity in the state's original legislation concerning ROI and add electronic documents to the media formats already covered. The laws provide fee guidelines when providing electronic information — half the per-page charge allowed for paper records — and describe the ROI processes to which healthcare practitioners and their service providers must adhere. If healthcare practitioners use electronic

record systems but are unable to provide information electronically upon request, they are required to supply a written explanation for why they are unable to comply.

One of the major issues with the new laws is that they reflect a common misconception that providing copies of patient health information is a straightforward process, made even easier with the use of electronic medical record technology.

“Since its inception in 1996, AHIOS has worked to educate the industry about the complexity and risk involved in the ROI process and help requestors understand that it is an entirely different process from getting a stack of papers copied at the local copy center,” Coffey explained. “As more facilities convert paper records to electronic formats, we now confront the perception that all a facility needs to do is click a button to send someone information.

“Unfortunately, the reality is that the majority of hospitals keep records in a variety of formats — paper, electronic, microfilm, microfiche — and in a range of locations, including offsite storage areas. Compiling all the records for a specific request and making sure that the requestor is authorized, that only the authorized information is released and that all sensitive information is excluded are time-consuming steps, regardless of record format. Pricing that fails to recognize the care that is taken to safeguard against improper information release unfairly penalizes healthcare practitioners and even provides a deterrent to more widespread healthcare information technology adoption.”

Another point of contention with the new acts is that they continue to use language that can be widely interpreted, such as the ability to “charge for the reasonable cost of all duplication of record material or information that cannot routinely be copied or duplicated on a standard commercial photocopy machine” — wording that has led to costly lawsuits brought by requestors. In addition, as Coffey points out, the acts supersede and directly conflict with sections in the federal Health Insurance Portability and Accountability Act, causing confusion for healthcare practitioners seeking to remain in compliance.

Although the acts specify that each request must be fulfilled in 60 days, AHIOS member organizations fear that that confusion about how to comply with requests and the need to

communicate with requestors about the inability to supply records electronically if they are so requested, confirming that paper delivery (and its associated fees) will be acceptable before the service is provided, will significantly slow request turnaround and create another opening for litigation. “Instead of making the ROI process faster and more cost-effective, which is everyone’s goal, these acts are likely to have the opposite effect,” Coffey concluded.

AHIOS will continue to support any legislation that makes it easier for healthcare organizations to produce information efficiently and cost-effectively. It also encourages state legislators who are considering similar legislation to become fully educated about the ROI process before passing new laws and offers its support in this endeavor. Interested parties are encouraged to contact Coffey at 800-688-9644 or bonnie@cminfospec.com.

About the Association of Health Information Outsourcing Services

Established in 1996, AHIOS promotes, strengthens and enhances the health information management outsourcing industry while ensuring excellence in the handling and dissemination of confidential patient-identifiable information. Its goals are to increase awareness of the value, importance and complexity of the industry’s services; establish standards of excellence for the industry of health information management outsourcing; pursue fair and equitable treatment of the industry through legislative, regulatory and legal processes; and create educational and networking opportunities for members.

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