

## CHAPTER 9

### LEARNING OUTCOMES

1. Demonstrate Knowledge of the Purpose of Standardizing the Practice of Medicine
2. Understand ICD-11 Chapter 26 Traditional Medicine (TM1) Purpose
3. Learn the Traditional Medicine Standardization History
4. Explore the ICD-11 Chapter 26 (TM1) Overview
5. Demonstrate Knowledge of Conventional Medicine Diagnosis Guidelines
  - 5.1. Diagnostic Principles
  - 5.2. Conventional Diagnosis Coding Rules
  - 5.3. ICD-10 Coding Resources
6. Demonstrate Knowledge of Traditional Medicine Diagnosis Guidelines
  - 6.1. TCM Diagnosis Principles
  - 6.2. TM Diagnosis Coding Rules
  - 6.3. Case Studies
7. Demonstrate Critical Thinking Skills While Adopting ICD-11 Chapter 26 for Non-TCM Acupuncture Styles
  - 7.1. Acupuncture Styles Overview
  - 7.2. Non-TCM Style Coding Rules
8. Demonstrate Knowledge of Documentation Guidelines for ICD-11 Chapter 26 Patterns Diagnosis in the EHR
9. Navigate ICD-11 Navigation Guide
10. Review ICD-11 Chapter 26 TM1 Pattern Descriptions Table
11. Bibliography

### 1. PURPOSE OF STANDARDIZING THE PRACTICE OF MEDICINE

In a 1990 report on medical standards of care, the Institute of Medicine established a taxonomy of standards that remains relevant today. According to this taxonomy, the following types of medical standards are currently used in the United States:

- *Standards of quality*: statements of the minimum acceptable level of performance or results, what constitutes excellent performance or results, and the range in between.
- *Medical (or clinical) practice guidelines*: systematically developed statements to assist practitioners in their decision-making in specific clinical settings.
- *Medical review criteria*: statements used to assess the appropriateness of specific decisions, services, and outcomes in the delivery of healthcare.
- *Performance measures*: specific measures of a quantitative nature that estimate or monitor compliance with medical quality standards, medical practice guidelines, and medical review criteria by health care professionals.

Standards of care should not be thought of as a single, uniform whole. The appreciation of the different types of standards and their different functions facilitates more thoughtful discussion and may even reduce apparent conceptual disagreement. Standards of care are driven from two different sides:

#### *1. Standards from Within: The Healthcare Profession and Its Specialties and Societies*

Healthcare specialists and their societies have been the primary engines for the standards of care development to ensure the quality of clinical practice. In particular, healthcare specialties are interested in maintaining control over the definition of the quality and content of healthcare. The development of conventional medical standards of care took off in the 1980s. Medical professional associations, specialty societies, and voluntary health organizations became involved in developing

### 4.3. COMMUNICATION WITH OTHER PROVIDERS

#### 4.3.1. HIPAA Compliant Care Coordination with Other Healthcare Providers

To coordinate your patient's care with other providers, the Privacy Rule lets you:

- Share information with doctors, hospitals, and ambulances for treatment, payment, and healthcare operations, even without a signed consent form from the patient.
- Share information about an incapacitated patient if you believe it's in your patient's best interest.
- Use health information for research purposes.
- Use email, phone, or fax machines to communicate with other healthcare professionals and with patients, as long as you use HIPAA-compliant safeguards.

#### MEDICOLEGAL ALERT:

If patients' Protected Health Information (PHI) is used for education of professionals not involved in direct patient care, then the PHI must be de-identified.

#### 4.3.2. Use of Protected Health Information for Professional Education, Research, and Publications

The HIPAA Privacy Rule allows the use of PHI without a patient's written authorization for health care operations, including "conduct of training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers." 45 C.F.R. 164.501.

Healthcare organizations and their business associates that want to share protected health information (PHI) in a HIPAA-compliant way for educational, research, and publishing purposes must do so in accordance with the HIPAA Privacy Rule, which limits the possible uses and disclosures of PHI, whereas de-identification of PHI means HIPAA Privacy Rule restrictions no longer apply. A HIPAA-compliant way to de-identify protected health information is to remove specific identifiers from the data set.

*Do healthcare providers' names have to be removed from a data set for PHI to be de-identified?*

Healthcare providers' names have to be removed from a data set for PHI to be de-identified if the name of a provider – individually or with other information – could be used to identify the subject of the data set.

### 4.4. HIPAA COMPLIANT PATIENT PHOTOGRAPHY

In contemporary TCM practice, and especially in fields like dermatology or facial acupuncture that emphasize visual results, photography has become crucial in communicating results and setting patient expectations. Social media or websites are filled with before-and-after photos. U.S. copyright laws stipulate that the right to publish and distribute medical photographs, such as for a research article or for marketing purposes, remains with the person who took the photographs, but the content of the photo is a PHI.

*Cosmetic before and after images* - publishing photographs in this format is accompanied by the fear that patients may form unrealistic expectations based on the results of others. Depending on state laws, misrepresentation of cosmetic outcomes could be considered a breach of warranty or even medical misconduct. With this in mind, all informed consent documentation should include a clause that addresses patient expectations. Consent documents should clearly state that before and after images of other patients do not constitute a guarantee of results.

*Consent* - Under HIPAA, providers should request consent to use the image in academic presentations, teaching, or publications. Many academic journals require proof of consent to publish de-identified medical photographs. Patients should be given the opportunity to view and approve the photograph(s) being considered for publication.

See examples of HIPAA complaint and NOT-compliant pictures below:

#### BEST PRACTICE GUIDELINE:

##### Medical Photography

1. Set Clear Expectations: Essential Elements to Informed Consent.
2. Obtain patient consent prior to obtaining all medical photographs.
3. Always document the following:
  - Explanation of potential uses of a patient's photograph.
  - Statement that any "before and after" images shown to patient do not guarantee similar results.

##### Securely Send and Store Patient Images

- *Sending photographs:* Ensure email and text messaging systems are HIPAA-compliant.
- *Storing photographs:* Ensure storage structures are encrypted, password-protected, and HIPAA-compliant.