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e-Coastlines

July - August 2009

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President's Message



Dwan Thomas Flowers, MBA, RHIA, CCS

S.H.I.N.E.

**Solidify Health Information
Networking Events**



Although it is cliché, time really does fly when you are having fun. As I write my final FHIMA President's Message, I can express my gratitude with such sincerity. There was so much activity related to HIM on a state level; it certainly has been an exciting year. Due to the efforts of another highly effective group of Board

members, FHIMA soared to new heights in its attempts to meet the needs of the membership during the 2008-2009 term. The efforts of every, single volunteer shine through in each event, activity and festivity sponsored by FHIMA. Thanks for all that you do.

The upcoming 2009 Convention and Exhibit, *It's H.I. Time to S.H.I.N.E.*, will set the tone for provocative discussion on future opportunities to shine. Back for a repeat performance as our keynote speaker, Simon T. Bailey will be "releasing his brilliance" as he shares tips on "Sustaining Brilliance in Times of Change!" We can expect a powerful delivery from this high-energy speaker and acclaimed author to get us started on the right foot. Also, I cannot wait to see, "What Would Happen if I DID Cut Off the Mattress Tag?" The answer will be provided by our second keynote speaker, Nancy Coey. Many accolades to Rosanne Webb and the entire Program committee! Enjoy specialty tracks, an awesome location and numerous hotel amenities as you take advantage of this learning and networking event.

Reflecting on the many, memorable milestones during this term, I am particularly proud of some of our advocacy efforts. Linda Renn, our Advocacy Liaison, remains hard at work on the job. She kept us informed of all the activity surrounding the EHR legislation. This year, EHR legislation passed, resulting in Florida Statute 408.051, which creates the Florida Electronic Health Records Exchange Act, providing standards for sharing health information, electronically. We appreciate Ms. Renn for all of her continuing efforts. For the first time, FHIMA offered audio-seminars. Additional CCS and CCS-P Prep Workshops took place in locations that were convenient to all members—Tampa, Orlando, Jacksonville and Miami. The reviews have been very positive, and we will soon offer a similar audio-seminar to reach all who may have an interest. Also, our state has the first myPHR Task Force, led by Julie McCall, to emphasize the importance of a personal health record. The Bridging the Gap and FIRE activities remain strong during this term. These groups support the very fabric of the association; without sustaining HIM as a profession, none of the other activities will matter!

One of our strategic goals encompassed networking with other professional organizations with similar missions—in other words, **S**olidify **H**ealth **I**nformation **N**etworking **E**vents. Although these efforts can always be improved, this year, we have speakers from HIMSS and AAPC represented at the convention. Additionally, several of our FHIMA members also speak at AAPC conventions and serve on multiple HIMSS workgroups; it's a start! We intend for these trends to serve as stepping stones to collaborations that will be the norm in the future.

The rewards of volunteerism are everlasting. The most precious part for me is the relationship-building. There are so many opportunities to meet new people from a variety of backgrounds and to establish closer bonds to existing colleagues! I strongly encourage each of you to contribute in any way that you can to the advancement of HIM. Once again, I acknowledge the work of each volunteer. This humbling experience will always be of the most memorable for me, and will say, one final time, that I thank you each for entrusting me to serve as your state's HIM leader! I will proudly continue to serve during 2009-2010 under Kimberly Eichner's leadership!

Sincerely,

Dwan Thomas Flowers, MBA, RHIA, CCS
President, FHIMA 2008-2009

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FHIMA News

Ready to volunteer with FHIMA?

FHIMA has many opportunities for you to get involved with your professional association!

[Click on this link](#) and let us know what you'd like to do! You'll learn about the various positions and what's involved! Committees are forming now for the next term 7/1/09-6/30/10. In addition, if you'd like to run for an elected position with FHIMA, tell us that too!

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FHIMA House of Delegates Meeting Issue Topics

At the July 13th FHIMA House of Delegates meeting during the FHIMA Annual Convention, delegates from the 9 regions around the state will be discussing the following issue items. Look for a summary article in the September edition of e-Coastlines.

1. ICD-10

- Update on ICD-10 Final Rule.
- Overview of the system changes.
- Impact of coding system change.
- Transition planning and preparation.

2. American Recovery and Reinvestment Act (ARRA)

- What you need to know about ARRA and the Health IT provisions.
- Privacy and Security: "HIPAA II".
- What is AHIMA doing?
- What does FHIMA need to focus on?
- What HIM needs from health reform?

3. Leadership Succession Planning

- How do you communicate with members of your region about volunteer opportunities in your region? Do you actively share information about volunteer opportunities at the state level?
- Are you aware that descriptions of the FHIMA volunteer positions are posted on the website?
- Did you know FHIMA has detailed job descriptions for each volunteer position?
- Does FHIMA provide sufficient communications about volunteer opportunities?
- Does FHIMA do enough volunteer recognition?
- At a state and regional level do we make it easy for people to volunteer? What barriers might be preventing people from volunteering? How can we remove the barriers?
- Are we inclusive – do we look beyond our own inner circle of colleagues for volunteers?

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Congratulations to Dwan Thomas Flowers, MBA, RHIA, CCS Winner of AHIMA Triumph Mentor Award!



AHIMA has selected Dwan for the AHIMA Triumph Mentor Award based on her outstanding and enthusiastic achievements in regards to encouraging students to enter the HIM profession and encouraging colleagues to realize their full potential.

Dwan will be honored at the 2009 AHIMA Annual Convention in Dallas, Texas in October! Congratulations!

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In Memory - Monica A. Cole, RHIA, CCS



1961-2009

On Sunday, June 28, 2009, the HIM profession lost a kind and dedicated person. Her contributions to the HIM profession were numerous, from dedicated involvement at the regional HIM association level to her current position on the FHIMA Board of Directors. Her gentle spirit, kind heart and numerous contributions to our profession will never be forgotten.

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Articles

It is Never Too Late!

By Lisa Shelar, RHIT

How many times have you instilled upon your children the importance of a good education? Well are you willing to step up to the plate for yourself?

I always knew I wanted a career in healthcare. While in my early 40's I was a wife and mother of 3 active boys and worked a fulltime job. At this point in my life pursuing an education and going to college seemed unrealistic. A mentor at my job described her experience in going to college later in life to become the physician she was. She further explained that age was a constant and it was never too late. This was the incentive I needed to challenge myself. I made an appointment with a career counselor at Florida Community College to look at my options. The Health Information Management field was recommended because the classes could accommodate my personal schedule and fulfill my interest in the healthcare industry.

I knew from the first day of school that this was the right decision. Not only did I study during my lunch hour, but worked on homework in the evening and weekends. During the two years it took to complete my degree, I became a stronger individual and good role model for my children. My treasure in life will always be my parents remarking how proud they were after receiving a letter from the Dean of school to acknowledge my placement on Dean's List.

Shortly before graduation, our professor Eudelia "Skip" Thomas said that our learning had not stopped, but would continue as we pursued careers and goals in life. What a statement! I graduated in December 2005 and later obtained my RHIT credentials. I encourage you to reach for your goal, and realize it is never too late.

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State Consumer Health Information and Policy Advisory Council Meeting Summary

By Robin Allen, Senior Student & Kyesha Austin, Senior Student, Division of Health Informatics and Information Management, Florida A&M University

Note: The authors of this article are 2 students in the HIM Program at Florida A&M University. They attended this meeting in Tallahassee and composed this summary of the meeting for our members.

The State Consumer Health Information and Policy Advisory Council held its quarterly meeting on June 18, 2009, in Tallahassee. This Council recommends improvements for purposes of public health, policy analysis, and transparency of consumer health care information and consists of the following ad hoc issue-oriented technical workgroups:

- Health Plan Workgroup
- Health Care Facilities Workgroup
- Physicians Data Workgroup
- Public Relations Workgroup
- Health Information Exchange Coordinating Committee

At the meeting, Tina Nye presented updates from the Agency for Health Care Administration (AHCA) since its last meeting in May. She announced that the proposed Health Information Exchange. Plan was signed by Governor Crist on June 16, 2009. The plan allocates \$300 million, at a minimum, for state planning and implementation activities relative to Health Information Technology. It was stated that the plan will hopefully resolve issues and barriers that exist in Florida laws.

E-prescribing was another topic update that was introduced. It was stated that in one year, E-prescribing usage jumped from 3% to 9%. Representatives from the American Recovery and Reinvestment Act (ARRA) are willing to go out and help train more physicians in using the E-prescribing service.

After the updates, Beth Eastman demonstrated the new website - floridahealthfinder.gov. The website is still a

work in progress with attempts to revise the facility locator by adding more detail to the search criteria. The front screen of the website has been streamlined and plans are to introduce a social networking aspect to it like a Q&A, rather than a blog. It was also brought up that plans are to focus on medical terms that users will be able to understand and will help them to navigate effortlessly through the website. Hopes are to go-live in the next few weeks.

Kim Streit, from the Florida Hospital Association, followed up with a presentation on reducing readmissions in Florida. AHCA released "potentially preventable" readmission rates in June 2008 and a collaborative began in September 2008 that included 27 hospitals/health systems (100 hospitals total) in Florida. Forces have joined together to focus on reducing potentially preventable readmissions to hospitals within 15 days and 30 days. Members of the collaborative meet quarterly and participate in monthly conference calls to discuss issues surrounding readmissions. For example, the pneumonia readmission rate is at 7.5%, but the target rate is less than 4%. The collaborative is focusing its research on heart failure, heart attack, pneumonia, bypass surgery, and hip replacements rates. A few strategies to reduce the readmissions include, but are not limited to, understand who is being readmitted and why, improve patient understanding of discharge instructions, assess risk for rehospitalization, standardize discharge process, improve communication between care givers, and improve transitions to other care settings.

The next meeting is scheduled for Thursday, September 17, 2009.

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RAC-Identify Your Risk!

By: Lori Brocato, HealthPort & Nancy Hirschl, Hirschl and Associates, Laguna Niguel, CA. Reprinted with permission.

Fear is defined as something important plus something unknown combined with a perceived inability to cope. Of these three, something unknown is the easiest to control. You simply ask questions and learn more. This month we'll explore the second most important step in recovery audit contractor (RAC) preparedness-a financial risk assessment.

Common Areas for Risk

Throughout the 3-year demonstration project providers reported the financial impact of RAC was plain and simple-it was costly! Not only in dollars paid back to Medicare but also in additional resources to manage the process.

As RAC implementation moves forward we are better prepared to understand the financial impact and forecast risk. The second step in preparing for RAC-a financial risk assessment-will set expectations, provide a baseline for financial planning and minimize fear. A financial risk assessment can be done internally or through a third-party consultant. Either way, there are four important steps to take as part of risk assessment and financial forecasting for RAC:

- Step One: Take clues from the RAC demonstration project. What did they review?
- Step Two: Know your weaknesses in coding and clinical documentation. What do you already know?
- Step Three: Data mine your existing information. What can you easily find out?
- Step Four: Conduct internal audits before the RAC arrives. What will they uncover?

What Did They Review?

The 3-year demonstration project gave us some insight into which DRGs and dollars will be "at risk." While there is no guarantee that the permanent RAC program will investigate the same types of cases, it is highly probable and a good place to start.

The RACs conducted two types of targeted reviews: automated and complex. Automated reviews were focused on outpatient cases where the RACs felt overpayments were "probable" based on review of billing data. Automated reviews were commonly conducted for:

- units of services as they pertain to blood transfusion services,
- dosage of Neulasta,
- duplicate claims,
- same procedure billed multiple times on 1 day,
- non-covered services, and
- medically unlikely or impossible services.

Complex reviews were conducted mostly for inpatient cases and 1-day stays. For complex reviews, cases were

reviewed for DRG accuracy and medical necessity.

Common DRGs Reviewed for Accuracy	Description	Common DRGs Reviewed for Medical Necessity	Description
870/871/872	Sepsis	313	Chest Pain
207/208	Mechanical ventilation with respiratory system diagnoses	641	Electrolyte imbalance without MCC
463/464/465	Excisional debridement	312	Syncope
291/292/293	Heart failure / shock	552	Back pain
189	Respiratory failure	392	Gastroenteritis
981	Extensive OR procedure unrelated to principal diagnosis	287/286	Cardiac catheterization
		690	UTI without MCC
		249	Percutaneous cardiovascular procedures with non-drug eluting stents

What Do You Already Know?

For most HIM directors and coding managers, specific areas of weakness in coding and clinical documentation are already well-too familiar. These same areas could be problematic when RAC arrives at your door. Now is a good time to revisit the final results of any coding reviews conducted within the past 12 months. Check-up on any process improvements and educational programs put into place following the review and measure progress. Any improvements made now may avoid losses later. Furthermore, if you haven't had an outside agency complete a coding review within the past year now is a good time to do so.

What Can You Easily Find Out?

Data mining tools are your strongest ally when preparing for RAC. When it comes to RAC ignorance is NOT bliss! Organizations should data mine on specific points of risk-including historical RAC targets, charges and length of stay.

What Will They Find?

The second easiest factor to address in the "fear" equation is your perceived inability to cope. While perceptions are hard to change, they can be easily calmed. Conduct your own internal RAC audit. By conducting internal audits in advance of RAC implementation your entire team will gain confidence and control.

In a recent survey, [77 percent](#) of HIM directors interviewed said they had already conducted an internal audit ("Hospital HIM Director's Survey Sheds Important Outlook on RAC Program." Benson, Sean. ADVANCE for Health Information Executives. Available online at: <http://health-care-it.advanceweb.com/>). Many of you are already one step ahead of the RAC! Practice makes perfect. So in addition to conducting internal audits to identify financial risk, use mock audits to assess what new processes, human resources and technology tools you will need to survive RAC.

Latest RAC News

While the next 17 states wait to receive a revised RAC implementation schedule, the permanent RAC program has announced which claims will be excluded from review. These include:

- Physician E/M codes levels (but includes outpatient E/M code levels)
- Hospice and Home Health Services
- Claims previously reviewed by another Medicare contractor
- Claims involved in potential fraud investigation
- Claims from a demonstration project.
- Medicare managed care services
- Medicare drug program
- Cost report issues

- Beneficiary payment responsibility

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Quality Documentation/Quality Coding

Susan M Lucci, RHIT, CMT, AHDI-F

Vice President Transcription Operations – Transcend Services

With EHR adoption rates on the rise, one of the challenges that we face is to ensure the quality of all documents within the EHR system regardless of the entry method. Some systems support a point and click process and others are encouraging clinician self-entry and some are still in the hybrid model with a blend of electronic information and scanned information.

The documentation in a patient's chart is essential that it captures the entire patient stay and provides the right information at the right time in order to provide information for the next event of care and the next care-giver, document that the care required was the care provided and in so doing, helps to make the coding process smooth and efficient. Additionally with a sharpened focus on coding accuracy¹, there must also be the same focus and emphasis on documentation quality.

RAC audits have brought focus to the importance of conducting external audits² and in this process, the auditing results are provided with the goal of helping coders understand coding errors so that they will learn from those errors. When there is a shortage of experienced coders, coding audits can provide tremendous support in terms of educational opportunities. Quality auditing in healthcare documentation has long-served this very same educational purpose for transcriptionists.

In April, 2009 at the MTIA Conference in Louisville, KY, a Quality Summit was convened inviting stakeholders from many areas of healthcare documentation including HIM professionals, MTSO executives, QA professionals, Health IT managers and many others to develop a new standard in quality measurements for healthcare documentation. This group is meeting monthly and will next meet at the end of this month at the AHDI Annual Convention and Expo in Nashville, TN at the Gaylord. The ultimate goal of this group is to produce an industry-wide quality standard for healthcare documentation. The previous standard was published in 2005 and is long overdue for an update. The timeline for publication is anticipated in October, 2009 at the AHIMA Convention in Grapevine, TX.

Quality standards are key in healthcare. Documentation is the primary source for care history, coding and so logically, excellence in quality coding can be directly attributed to level of excellence in quality healthcare documentation. Shortcutting or abbreviated entries could lead to a significant inability to optimize coding³. The dictation and transcription of patient encounters will continue to capture the nuances and granular details of each patient's unique set of circumstances.

At a time when accurate coding which results in optimal reimbursement, maintaining the process of high quality transcribed documentation is of supreme importance. Templates and self-entry potentially limit details of patient information and may restrict the physician's time with the patient. There are increased caseloads for physicians and dictation continues to be the preferred method for documenting patient encounters.

Keeping quality standards at the forefront for both healthcare documentation as well as coding are a pairing that not only just makes good sense, it is vital to patient safety and optimal patient care.

1. Garrett, RHIT, Gail. Present on Admission: Where are we Now. *Journal of AHIMA*, July 2009, 80/7, pp 22-26.
2. Brownfield, RHIA, CCS, Cathy and Didier, MEd, RHIA, CCS, Donna M. Making the Most of External Coding Audits. *Journal of AHIMA*, July 2009, 80/7, pp. 34-38.
3. Sturgeon, CCS, Judy. DRGs: Still Frustrating After All These Years. *For The Record*, May 25, 2009, Vol. 21 No. 11, pp 14-17.

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AHIMA Update

Upcoming Events

7/16/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar/webinar: Physician Practice E&M Auditing](#)

7/21/2009 - 12:00 PM to 1:30 PM CT

[Webinar: MPI Clean Up: It's a Must!](#)

7/23/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar/webinar: APC Revenue Cycle: Tips for Success](#)

7/28/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar: Hospital-Acquired Conditions and Never Events: What This Means for You](#)

8/6/2009 - 11:00 AM to 1:30 PM CT

[Audio seminar/webinar: Coding for Peripheral Vascular Disease \(PVD\)](#)

10/3/2009 to 10/8/2009

[2009 AHIMA Convention and Exhibit — Grapevine, TX](#)

9/25/2010 to 9/30/2010

[2010 AHIMA Convention and Exhibit — Orlando, FL](#)

10/1/2011 to 10/6/2011

[2011 AHIMA Convention and Exhibit - Salt Lake City, UT](#)

9/26/2012 to 10/4/2012

[2012 AHIMA Convention and Exhibit - Chicago, IL](#)

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Recent Topics

AHIMA Responds to FTC Breach Rule

AHIMA submitted comments related to the Federal Trade Commission's (FTC's) April 20 Proposed Rule for Health Breach Notification last week. The FTC rule will apply to non-HIPAA entities designated under the February American Recovery and Reinvestment Act (ARRA), and specifically relates to personal health record operators and those that support such products. The proposed rule can be found [here](#), under FTC. AHIMA's comments were drawn from Practice Council discussions and staff analysis and can be found [here](#). The FTC expects to have its final rule promulgated in August and effective in September. The Department of Health and Human Service is expected to issue a similar proposed rule shortly.

Senator Kennedy Releases Health Reform Priorities

Senator Edward M. Kennedy (D-MA), chair of the Senate Health, Education, Labor and Pensions (HELP) Committee has released a briefing paper on healthcare reform, "A New Vision for American Health Care: Strengthening What Works and Fixing What Doesn't." The paper outlines the goals for reform that include:

- assuring reliable, high quality, and affordable health insurance for all Americans
- improving value by creating a higher quality, more efficient delivery system
- building a new framework to enhance prevention and wellness
- creating a durable structure of long term supports and services for seriously disabled Americans
- rooting out fraud and abuse in the public and private health systems
- establishing shared responsibility and paying appropriately and fairly for reform

Legislative language is expected from Senator Kennedy shortly and Senate HELP Committee hearings may begin next week. The committee may consider the legislation by the week of June 15. Both the House and Senate hope to pass their proposals by the August congressional break. Find the complete [briefing paper](#).

HELP Bill to Address Additional HIT Issues

The briefing paper on healthcare reform, "A New Vision for American Health Care: Strengthening What Works and Fixing What Doesn't," released by Senator Edward M. Kennedy (D-MA) on June 1 contains additional elements on health information technology. One of the goals outlined by the paper is "improving value by creating a higher quality, more efficient delivery system." Three of the six criteria to achieve this goal are:

- preventing medical errors by using innovative tools and methods
- improving the efficiencies in the delivery system by maximizing the use of health technology and simplifying administrative procedures
- strengthening the health work force by increasing the number of practitioners and providing training and quality initiatives for existing practitioners

The paper calls for establishing a Patient Safety and Clinical Delivery Institute within the Agency for Healthcare Research and Quality that will strengthen best practice research and dissemination. To improve efficiencies, the intent is to:

- reducing administrative costs through computerization of routine transactions
- streamlining health plan enrollment and documentation,
- promoting evidence-based medicine
- promoting patient-centered health information by improving health literacy

For additional information visit www.help.senate.gov.

NEHI Research Examines Primary Care Crisis

In response to the growing crisis threatening primary care delivery in the United States, the New England Healthcare Institute (NEHI) recently released a report, "Remaking Primary Care: From Crisis to Opportunity," which identifies the challenges facing primary care and offers new approaches that could improve care quality and outcomes. [Read](#) the full report.

eHealth Initiative Survey Finds Consensus Among HIT Stakeholders on Plans for Regional Extension Centers

Health information technology regional extension centers should be designed with local needs in mind and focus on providing implementation and technical assistance to clinicians, according to a new survey released by the eHealth Initiative. [Access](#) the full report.

CoP News You Can Use Join the Candidate CoP

The Candidate Community of Practice will be open until June 5 at 5 p.m. CT. If you have been a member of this community in the past, you will again see it under My Communities. If not, follow the steps below to join the Candidate Community and participate.

- To access the CoP, go to <http://cop.ahima.org>.
- Enter your **AHIMA ID number** (seven digit number on your membership card) and your **password**.
- To join the Candidate CoP, click on the **Join/Visit Communities icon** on the top toolbar. Click on the letter C for Candidate Community. Place a check mark in the **Join** box at the right of Candidate CoP. Then click the **Join Communities** button at the bottom of the page. The screen displays a confirmation.
- Click the Personal Home link to return to your Personal Page. The community will now be listed in the "My Communities" panel. Click on it and you can join in the important discussion with the candidates.

New AHIMA Publication Available

Basic Current Procedural Terminology and HCPCS Coding, 2009 edition

Beginning and intermediate coding students will excel with the 2009 edition of [Basic Current Procedural Terminology and HCPCS Coding](#). Delivering basic training and practice in the application of procedural codes from the Current Procedural Terminology (CPT®) and the Healthcare Procedural Coding System (HCPCS), this book explains CPT® codes effective January 1, 2009, and HCPCS codes as of October 1, 2008. A thorough learning experience is offered through real-world exercises, detailed specifics and subsets of coding, and demonstration of code use in reimbursement. [Order here](#) and remember, AHIMA members save 15–20 percent on AHIMA book purchases. [Join now](#).

Get Certified in Health Data Analysis with the CHDA

[The Certified Health Data Analyst](#) (CHDA) designation was created to meet the demands of an HIM industry that continues to become more data-driven and data dependent. Individuals who earn the CHDA designation will achieve recognition of their expertise in health data analysis, and validation of their mastery of this domain. This prestigious certification will provide practitioners with the knowledge to acquire, manage, analyze, interpret, and transform data into accurate, consistent, and timely information, while balancing the “big picture” strategic vision with day-to-day details. [Learn more](#) about the CHDA and other AHIMA certifications.

Cantwell Reintroduces Allied Health Reinvestment Act

Senator Maria Cantwell (D-WA) has reintroduced the “Allied Health Reinvestment Act,” legislation to amend the Public Health Service Act to promote and improve the allied health profession. S. 1176 was introduced on June 3 and referred to the Senate Health, Education, Labor and Pensions Committee. The bill has been introduced in a number of consecutive Congresses but has yet to see any legislative action. AHIMA has been working with healthcare reform staff in the House and Senate to address this critical issue in whatever healthcare reform proposal is considered. For a copy of the legislation, access the Action Center of the [Advocacy Assistant](#).

Community-Based Healthcare Retraining Act Introduced

Senator Russell Feingold (D-WI) has introduced S. 1163, the “Community-Based Healthcare Retraining Act,” legislation that would allow local work force development boards to partner with institutions of higher education and other community leaders to design programs that can retrain dislocated workers for jobs in the healthcare industry. Work force development boards are important components for retraining workers at the community and local level. This legislation was referred to the Senate HELP Committee. Visit the Action Center of the [Advocacy Assistant](#) for additional information on this legislation.

Council for Comparative Effectiveness Hosts Recovery Spending Meeting

The Federal Coordinating Council for Comparative Effectiveness Research held the last of three meetings this week to gather public input on how to spend \$1.1 billion appropriated in the economic stimulus law to assess the strengths and weaknesses of various medical treatments. The American Recovery and Reinvestment Act appropriated \$300 million to the Agency for Healthcare Research and Quality and \$400 million to the National Institutes of Health. It also appropriated \$400 million in discretionary funds to the Secretary of Health and Human Services for other initiatives to support comparative effectiveness research.

The council will assist federal agencies in coordinating research and advise HHS Secretary Kathleen Sebelius on priorities for the \$400 million in discretionary funds. These funds must be used for initiatives that accelerate development and dissemination of research. Access the [June 4 Federal Register](#) for more details on the meeting.

ONC Releases “Meaningful Use” Draft Definition

The Office of the National Coordinator for Health IT released a draft definition for the “meaningful use” of EHRs prepared by a workgroup of the Health IT Policy Committee on June 16. The definition will in part determine which providers are eligible to receive incentive payments for the use of health IT under the American Recovery and Reinvestment Act. Providers who are “meaningful users” of health IT can receive up to \$44,000 in increased Medicare and Medicaid payments over five years.

Public comments on the definition are due June 26. The proposed definition features a series of evolving objectives and measures for 2011, 2013, and 2015. The objectives are keyed to five healthcare outcomes policy priorities. The draft also recommends that “meaningful use” vary by healthcare setting, meaning that requirements could differ for ambulatory and hospital settings. Read more at [the Journal of AHIMA Web site](#).

AHIMA Comments on ONC Regional Extension Program Description

Last week AHIMA submitted comments in response to a call from the Office of the National Coordinator (ONC) for comments regarding the draft description of the program for establishing regional centers to assist providers seeking to adopt and become meaningful users of health information technology. Modeled after agricultural extension centers, the regional extension centers would provide support ranging from developing and providing materials to be widely disseminated to furnishing direct, individualized, and on-site assistance with HIT implementation. AHIMA supports the development of regional extension centers, but cautioned ONC to implement the program in a thoughtful and well-planned manner to avoid confusion and disruption within the healthcare industry. [Read AHIMA’s complete response to ONC](#).

NQF Project Seeks Comment on Quality Data Set

A recent National Quality Forum (NQF) project seeks to identify frameworks and recommendations for the quality data set and associated dataflow to enable automated, patient-centric, and longitudinal quality measurement from electronic information sources. The Health Information Technology Expert Panel (HITEP) convened in Washington, DC, in February and May 2009. Separate quality data set and dataflow work groups made recommendations to HITEP during February and April 2009 work group meetings. [Public comments](#) are due by June 30 and NQF member comments are due by July 7. Review the [complete draft panel report](#).

KLAS Report Takes a Comprehensive Look at Potential Components of Meaningful Use

KLAS, an organization that monitors and reports on healthcare IT vendor performance, has released a comprehensive report outlining which acute care electronic medical record products are best positioned to achieve whatever meaningful use standard is adopted. "Meaningful Use Leading to Improved Outcomes" takes a broad look at the electronic medical record market and assesses how well core clinical vendors are delivering solutions for computerized physician order entry, nursing automation, medication administration, and other key areas. [View a sample of the report](#).

HISPC Releases Action, Implementation Manual

The Health Information Security, and Privacy Collaboration (HISPC) has completed its third phase to develop state-level solutions to the privacy and security challenges presented by electronic health information exchange. The third phase focused on multistate collaboration, which resulted in the formation of seven multistate privacy and security teams focused on developing tools and strategies to educate and engage consumers, a toolkit to educate providers, and tools to help harmonize state privacy laws, as well as analyzing consent data elements in state law. Each multistate collaborative was charged with developing common, replicable solutions that have the potential to reduce variation in and harmonize privacy and security practices, policies, and laws. The result is an [action and implementation manual](#) which serves as a guide for each of the seven multistate collaborative tools and templates.

Report Identifies Lessons from Patient-centered Medical Home Project

Transforming a primary care practice to a patient-centered medical home is possible, but more difficult than generally appreciated, according to the first report of the independent evaluation team of the National Demonstration Project, a two-year pilot project undertaken by TransformMED and supported by the American Academy of Family Physicians. The report, "[Initial Lessons from the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home](#)," appears in the May/June 2009 *Annals of Family Medicine*.

AHLA White Paper on Red Flags Rule Now Available

At the heart of the HIM profession is the common desire to protect a patient's right to privacy and confidentiality. HIM professionals provide the day-to-day infrastructure for any organizational endeavor to assure personal identifiable information is kept secure. The Federal Trade Commission will implement their new Red Flags Rule on August 1. To provide members with the latest information, AHIMA has partnered with the American Health Lawyer Association (AHLA) on the white paper, "Red Flag Compliance for Healthcare Providers: Protecting Ourselves and Our Patients from Identity Theft." [Order the white paper](#)

Clinical Practice Sites/Professional Practice Experiences Guide Available

The House of Delegates Team on HIM Higher Education and Workforce created a [Clinical Practice Sites/Professional Practice Experiences Guide](#) that provides information and best practices about serving as a clinical practice site and hosting students who are completing their required professional practice experiences. The guide provides specific information for site managers, department mentors, component state associations, academic programs, and students. The guide is available in the AHIMA and State Leaders Communities of Practice.

Plan Ahead for 2009 AHIMA Summer Meetings

Plan now to visit Chicago, IL, in July for summer meetings, including the Community Education Coordinator session (by invitation only), Summer Team Talks, Leadership Conference, and the Coding Roundtable Summit. Join your colleagues for these great meetings and receive CEUs for all of them.

July 16—Education Coordinator Session (by invitation only)

July 17—Summer Team Talks

July 18–19—Leadership Conference
July 19—Coding Roundtable Summit

All of these meetings will be held at the Wyndham Hotel in Chicago, IL. [Register now](#). Please note that those who register for the meetings plus the Summer Team Talks Reception online will receive an e-mail confirmation. The registration deadline is July 13 and the hotel registration cut-off date is June 19.

CoP News You Can Use

New Community of Practice
Clinical Research—Patricia Seidl, RHIA, CCDM; facilitator

Participate in AHIMA's Volunteer Opportunities

You can volunteer for AHIMA's appointed positions (committees, task forces, work groups, and practice councils) by completing the online [Application to Serve](#). Complete the application to be considered for volunteer positions. Most positions will be appointed by early August, so complete your application early.

Getting involved in your professional association benefits you through networking opportunities and enhancing your skills and benefits the profession when new professionals are recruited. Complete the [Application to Serve](#) today to reap the benefits of volunteering.

Upcoming Meetings

2009 Legal EHR Summit

August 17–18
Chicago, IL
Chicago Marriott Downtown

Attention health lawyers, directors, risk managers, and other professionals invested in the electronic health record's (EHR's) future. Don't miss this great learning and networking opportunity. What are the issues in integrating external health records? What are the barriers and restrictions? How does ARRA affect the legal EHR? These questions and others will be discussed at this comprehensive two-day summit, along with practical advice on critical HIM issues.

Sessions include:

- Exploring ARRA and the Touch Points with the Legal EHR
- EHR Ownership Issue
- Fraud Management Responsibilities

Register now and take advantage of early bird discount pricing. Call (800) 335-5535 or [register now](#).

Achieving Coding Excellence

August 17-18 in Chicago, IL
August 20-21 in Bloomington, MN
September 14-15 in Seattle, WA

Learn the latest on coding and reimbursement issues with sessions covering coding guidelines and diagnostic and procedural coding. Regulatory and industry changes are also addressed, with best practices on integrating them into the coding and data reporting process. Attendees will learn effective techniques on the transition to ICD-10 in order to successfully lead the transition in their facilities. Coders will identify gaps in their knowledge of anatomy and physiology needed to effectively transition to ICD-10-PCS. Learn more about [registration and discount deadlines](#).

AHIMA 2009 Convention and Exhibit

Registration Is Open

81st AHIMA Convention and Exhibit

Pre-Convention Events October 3–4
Convention and Exhibit October 5–7
Post-Convention Events October 8

Grapevine, TX (home of the Dallas/Ft. Worth Airport)

Everything is bigger in Texas, and this year's AHIMA Convention and Exhibit is no exception. Join us at the Gaylord Texan Resort and Convention Center for a great experience at an exceptional value. Register by September 4 and take advantage of discount pricing.

This year brings great changes and challenges to the healthcare environment. Join your colleagues from around the world to gain the latest news on hot topics such as the transition to ICD-10 and the *American Recovery and Reinvestment Act* (ARRA). Take advantage of the opportunity to hear renowned speakers such as *Wall Street Journal* columnist Jeffrey Zaslow, the co-author of the current international bestseller *The Last Lecture*. And don't miss the information-packed session during AHIMA Prime Time immediately following Monday's general session.

AHIMA has planned an impressive lineup of industry experts to lead educational tracks and sessions covering topics affecting HIM professionals. Take advantage of this opportunity for education, networking, and discovery, delivered conveniently and economically in one location. [Register now](#).

Data Analyst Institute October 8

Grapevine, TX (In conjunction with the [AHIMA Convention and Exhibit](#))

The May 13 Data Analyst Institute in Chicago sold out but there will be another Data Analyst Institute taking place in conjunction with the 81st Annual AHIMA Convention and Exhibit.

As healthcare continues to be data-driven, the analysis of this data is vital to an organization's success. Join your peers in Texas to attend the Data Analyst Institute where the following topics will be discussed:

- explore types of data individuals or organizations may choose to analyze, and review the importance of analysis
- review potential internal and external data sources and various analysis methods. Benchmarking and its importance will also be discussed
- participate in hands-on practice of data analysis skills
- demonstrate knowledge of data analysis and presentation skills reviewed in the institute

This institute has limited seating available. [Register now](#) and save a \$100. Please contact AHIMA Customer Relations with any questions at (800) 335-5535.

AHIMA Live Learning Center—Revisit the ICD-10 Summit

The AHIMA Live Learning Center has added "ICD-10 Summit: Beyond Compliance to Strategic Advantage" to its roster. The summit was a primary source for information, education, training, and resources for ICD-10 preparedness and implementation. Now, all the sessions from the two-day summit are available for purchase. If you couldn't make it to the summit or want to review the information you gathered there and share it with your colleagues, the Live learning Center lets you download a session MP3, ready for immediate playback. Available sessions (purchased separately or in packages) include:

- perspective on ICD-10 and its significance
- ICD-10 strategic planning and collaboration
- building a project team for strategic advantage
- your strategic IT plan: back to the drawing board?
- projecting impact on claims, revenue, and collections

The AHIMA Live Learning Center was created to help busy HIM professionals learn about current industry issues and events. Access a host of recorded knowledge from select AHIMA meetings, conferences, and events—all at affordable prices and without the added cost of travel. Visit the [Live Learning Center](#) today. The ICD-10 Summit is just a click away.

New Online Courses Available

[Announcing Exam Prep: RHIT Domain 4—Health Information Technology and Services, and Exam Prep: RHIT Domain 5—Organizational Resources](#)

These six-lesson online courses are designed to assist students in successfully completing a particular section of

their RHIT certification exam. These two courses are the fourth and fifth in the RHIT Exam Prep series, completing the series. For information and enrollment, [visit here](#).

Online Cancer Registry Management Program Available

Cancer registrars are skilled healthcare professionals who apply clinical and technical knowledge to maintain disease-related data collection systems, in all types of facilities, and manage and analyze clinical cancer information in multiple healthcare facilities. AHIMA collaborated with the [National Cancer Registrars Association](#) (NCRA) to build you an online program providing the necessary training to excel in this respected, high-demand profession. The 10-course Cancer Registry Management program is an NCRA-accredited component for Certified Tumor Registrar (CTR) exam route two eligibility. For more information, [visit here](#).

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