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President's Message

Stacie Buck, RHIA, CCS-P, LHRM, RCC
FHIMA President

stacie@southeastrad.com

Members of FHIMA, it is with great pleasure I sit here and write my first message as President of FHIMA. I consider it both an honor and a privilege to serve each of you in our organization. As I begin my term in this new role I am filled with excitement about the opportunities that lie ahead for our organization over this next year. I have just returned from Chicago after attending AHIMA Summer Team Talks and the AHIMA Leadership Conference. This year's theme for the conference was "Louder, Larger, Faster" and I believe this theme describes exactly how we should approach our work within our organization and our profession.

FHIMA has a history of being a great organization, but I truly believe that our greatest days lie ahead of us; however I also believe that we are at a critical crossroads in our profession. Our profession and our world are in a rapid state of change. If we cannot quickly adapt to our changing environment I believe our profession and association will cease to exist as we know each of them. Henry Ford once said "If you don't think about the future, you won't have one". While this thought may seem elementary to some, it seems that sometimes we get so caught up in surviving our day to day lives, we either fail to plan for the future or we are not taking steps toward a plan that we have laid out. I believe the only way that we can meet the challenges that lie ahead of us is for each and every one of us to join together working in the best interest of each other and our association.

We all have heard the famous quote by John F Kennedy "Ask not what your country can do for you, but what can you do for your country." I believe we can apply this same concept to FHIMA. Ask not what your organization can do for you, but what can you do for your organization? FHIMA can only serve you, if you serve FHIMA. As a professional organization we are unique in that our number one resource and our number one customer are the same—YOU, the members of FHIMA. Without participation from each of you, we as state leaders cannot serve you to the best of our ability.

You do not need to be a board member, a committee chair or a regional president to contribute and make a difference. In fact, you do not need any title to contribute and make a difference. It is my hope that everyone realizes that the smallest action can be a catalyst to facilitate great change. I think perhaps the most profound example of this concept is the actions of Rosa Parks. Rosa Parks is a woman who through a simple action during the course of her daily routine changed the course of our nation forever. What if Rosa Parks had not taken a stand on that day? Of course we can only speculate as to how the course of history would have been altered, but what I find interesting is later on in life Rosa Parks commented "The only thing that bothered me was that we waited so long to make this protest."

We cannot wait for the perfect time or the perfect set of circumstances. Your future and the future of our profession depends on every member. Each and every member can add to our influence by making a contribution, no matter how small it may seem. It takes only a single action, a single idea, to move the world.

I know that often we are overwhelmed by life's responsibilities and the last thing we want to do is volunteer or take on another commitment. Many tasks seem too large, but can easily be conquered if we work together. It is only thorough collaboration and team work that we can conquer the challenges set before us. How can we work together to become an unstoppable force? It is a concept that I would like to refer to as the "Power of One", which is the theme I have chosen for the year.

Expanding on concept "The Power of One", imagine if every member of FHIMA gave ONE hour of their time during a ONE year time period, for ONE task. FHIMA has approximately 2,700 members, which would equate to 2,700 man hours. If we convert those hours to ONE FTE, that FTE has worked 40 hours per week for 1 year and 4 months! And that is if every member only gives ONE hour during the course of a year. I know that even the busiest person can sacrifice ONE hour during an entire year.

I am inviting every member to take "The Power of One Challenge" and commit yourself to giving at least one hour of your time to FHIMA or your region this year. Beyond giving one hour of your time consider this –imagine the impact that we can have if each and every one of us mentored one person, or gave one new graduate a chance. The "Power of One" believes that the influence of one person or one idea can alter the whole world in a positive and real way.

You may be sitting there thinking "what can I do?" There are many ways that every member can make a contribution to our organization. Here are just a few ideas: write a letter to your senators and representatives to support advocacy efforts, write an article for e-Coastlines, offer to host a regional meeting at your facility, offer to help plan a meeting, offer to speak at a meeting, teach a class at the local college, accept a student for an internship, or if you identify a need and then take action towards filling it. Perhaps most important is to take inventory of your talents and gifts and ask yourself how those can be utilized for the benefit of our organization. I believe that is when we begin to realize that the possibilities and our potential are truly endless.

I would like to leave you with these final thoughts on the "Power of One": At 211 degrees water is hot. At 212 degrees it boils. And with boiling comes steam and steam can power a locomotive. The ONE EXTRA DEGREE makes all of the difference, and the one extra degree of effort in business and in life separates the good from the great. To get what we have never had we must do what we have never done. Members of FHIMA, I ask you, are you ready to turn up the heat?

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FHIMA News

FHIMA presents... CCS/CCS-P Exam Preparation Workshop

When: Saturday, SEPTEMBER 22nd 8:30am-4:00pm
Location: Wellcare Health Plans Offices
8735 Henderson Road
Tampa, FL 33634

6 CEU'S OFFERED and Continental breakfast and lunch will be provided!

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Articles

Fact! Not Fiction! MS-DRGS has not been postponed!

by: Barbara Flynn, RHIA, CCS
FHIMA Chief Delegate

On August 1, 2007, CMS issued the acute care hospital inpatient prospective payment system (IPPS) final rule. CMS is moving forward with severity adjusted DRGs and a number of other adjustments.

[Read More>>>](#)

Help Wanted

by: Shelley C. Safian, MAOM/HSM, CCS-P, CPC-H, CHA
Sharon Rosin, Director of Career Services, Herzing College

There is a shortage of trained, experienced health information management professionals. You probably already know this. The ads are plentiful, all beginning with the requirement of experience. But, what do you, as an employer, really need to get from this previous experience? What specifically does the experienced candidate have that a recent college graduate does not have? Let's evaluate the requirements for the job.

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Critical Issues Facing the HIM Profession Today:

One Student's Perspective

By: Anquanette Crosby, Senior Health Information Management Student

Health information management (HIM) encompasses the business aspects of health services and the information systems used to plan, finance, and evaluate patient care. The profession focuses on management principles, information systems, finance, legal and ethical issues, quality improvement, clinical data management, and the skills necessary to manage people and systems. The HIM professional works closely with physicians, nurses, researchers, administrators, and others involved in the delivery of healthcare. Health Information professionals are challenged in a number of ways to perform their duties without breaching the integrity and confidentiality of the patient whose medical information they must protect. In my opinion, the three most critical issues HIM professionals face on a daily basis include ethical decision making, workforce deficiencies, and technological barriers.

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PHR Resolution... Your Comments Needed!

by: Stacie Buck, RHIA, CCS-P, LHRM, RCC
FHIMA President

Members of FHIMA, in the very near future the delegates for FHIMA will be asked to vote on the Proposed PHR Resolution below. Please read the resolution and share your thoughts on the Florida CoP. You can also join the discussion on the State Leaders CoP which is open to ALL members, not just delegates and leaders. There you will find additional background information on this important resolution.

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Diversity Resolution... Your Comments Needed!

by: Stacie Buck, RHIA, CCS-P, LHRM, RCC
FHIMA President

Members of FHIMA, in the very near future the delegates for FHIMA will be asked to vote on the Proposed Diversity Resolution below. Please read the resolution and

share your thoughts on the Florida CoP. You can also join the discussion on the State Leaders CoP which is open to ALL members, not just delegates and leaders. There you will find additional background information on this important resolution. Thank you in advance for your thoughtful feedback.

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AHIMA Update

1. House Passes One-Year Delay of Medicare Severity DRGs

An amendment to the inpatient prospective payment system proposed rule to delay the implementation of Medicare severity-adjusted DRGs for one year for fiscal year 2008 overwhelmingly passed the House 412-12 during consideration of HR 3043, appropriations legislation for the Departments of Labor, Health and Human Services, Education and related agencies. The amendment, offered by Representatives John Lewis (D-GA), Jerry Weller (R-IL), and Peter Welch (D-VT), would also stop the implementation of the 2.4 percent behavioral offset. For the provisions of this amendment to take effect, they will have to be included in the final package sent to President Bush. The full Senate has not yet considered its Labor, HHS, and Education (S. 1710) legislation and is not expected to do so until after the August recess. S. 1710 currently does not contain language consistent with the Lewis/Weller/Welch amendment. The House passed HR 3043 on July 19, 276-140.

To learn more about the bill, go to <http://thomas.loc.gov/>.

2. HITSP Seeks Comments on Documents for AHIC Recommendations

The Healthcare Information Technology Standards Panel (HITSP), a multi stakeholder group facilitating the development of interoperable healthcare data standards for the United States, is seeking public comment on documents that will form the basis of the panel's next set of recommendations to the American Health Information Community. The four documents now undergoing review address consumer access to clinical information, emergency responder electronic health records, as well as overarching issues such as quality, security, and privacy. Comments received will be used to inform the HITSP technical committees' ongoing process of standards selection. The input will also assist in the development of detailed guidance documents that will facilitate the implementation of standards to support the secure exchange of patient data across a nationwide health information network.

Stakeholders are encouraged to review the four public review documents, which can be found on the HITSP Web site at <http://www.hitsp.org>, and to submit comments using the automated tracking system through **August 17**. Industry experts interested in participating in the work of the HITSP and one or more of its technical committees may contact Jessica Kant, standards harmonization coordinator, Healthcare Information and Management Systems Society, at: jkant@himss.org

3. NPPES FOIA-Disclosable Data to Be Available on August 1

The National Provider Identifier (NPI) Registry, a query-only database, will be operational on August 1. The NPI Registry will operate in a real-time environment. This means that Freedom of Information Act (FOIA)-disclosable data for newly enumerated providers, as well as updates and changes to enumerated providers' FOIA-disclosable data, will be available in the registry as that information is applied to the National Plan and Provider Enumeration System (NPPES). The registry will enable a user to query by NPI or provider name and will return a list of all NPPES records that meet the query specifications. The user selects from that list the NPPES records he or she wants to see. It will then display the FOIA-disclosable data for

those records. About a week later, the Centers for Medicare and Medicaid Services will make available a file for download that will contain the FOIA-disclosable NPPES data of enumerated healthcare providers. Technical expertise will be required to download that file and to import that data into a relational database or to otherwise manipulate the data. CMS will be furnishing more information about data dissemination, including a "Read Me" file, Header File, and Code Value document for the downloadable file, and will make that information available on the CMS NPI Website.

4. CCHIT Seeks Applications for Inpatient EHR Certification

Last week, the Certification Commission for Healthcare Information Technology (CCHIT) announced that it will accept applications from vendors seeking CCHIT certification for their inpatient electronic health record products starting August 1. The application period will remain open until August 14.

CCHIT recommends that vendors prepare for certification testing by reviewing materials on its Web site at: www.cchit.org

5. House Keeps ONC Funding Stagnant

HR 3043, the House-passed appropriations bill for the Departments of Labor, Health and Human Services, Education and Related Agencies, provides \$61,302,000 for the Office of the National Coordinator for Health Information Technology (ONC). This is the same amount that was made available in 2007. According to the House report on HR 3043, this is \$56,570,000 below the President's request. S. 1710, the Senate's appropriations legislation, currently provides \$71,000,000 for ONC. The Senate will not consider S. 1710 until after the August recess. The House has not yet provided full ONC funding because the House Appropriations Committee has "concerns that this office (ONC) has yet to develop a detailed and integrated implementation plan for achieving the health information technology program's strategic goals, as recommended by the General Accounting Office," according to the appropriations bill.

6. Survey Reveals Little Understanding of PHRs

A recent survey conducted by Aetna revealed that 64 percent of respondents did not know or were not sure what a personal health record (PHR) is. Of the 36 percent of consumers who indicated that they were familiar with PHRs, only 11 percent said they use one to track their medical and health history. Less than 10 percent of those familiar with PHRs said they would use a PHR to access health data during a natural disaster. When asked why they did not use a PHR:

- 35 percent of survey respondents said they had their own system for maintaining health records
- 26 percent said they were concerned about security
- 18 percent said they did not know how to use or manage a PHR

To read more on this study, go to: www.aetna.com/news/2007/0717.htm

7. Study Analyzes EHR Return on Investment

According to a recent report in the July issue of the *Journal of the American College of Surgeons*, electronic health record (EHR) systems can create enough cost reduction to pay for the cost of the system in less than two years. The article, "A Pilot Study to Document the Return on Investment for Implementing an Ambulatory Electronic Health Record at an Academic Center," analyzes the return on investment of EHRs at five ambulatory offices within the University of Rochester Medical Center. The study found that total annual savings were \$393,662 (\$14,055 per provider). The total

capital cost was \$484,577. The first year operating expenses were \$24,539. Total expenses for the first year were \$509,539 (\$18,182 per provider). "Initial costs were recaptured within 15 months, with ongoing annual savings of \$9,983 per provider," according to the study.

8. Survey Finds Number of Family Physicians Using EHRs Continues to Grow

A recent survey from the American Academy of Family Physicians (AAFP) finds that the number of family physicians using electronic health records (EHRs) has risen consistently since AAFP began measuring members' EHR use in 2003. Of the 459 respondents surveyed, half said they had either fully implemented or were in the process of implementing an EHR system in their practice. By comparison, in 2005, about 30 percent of survey respondents reported that they were using EHRs in the practices, and only about 10 to 15 percent of AAFP members had adopted the technology when AAFP initially conducted its survey in 2003. According to the 2007 EHR survey, the physicians who were most likely to have a fully implemented EHR practiced in an urban area, had practiced for seven or fewer years, did not own their practice, and worked in a practice with at least two other physicians. The survey also found that about a quarter of those surveyed said they planned to purchase an EHR in the future. However, 25 percent indicated no plans to implement an EHR in their practice.

9. Report Analyzes the State of the Healthcare Work Force

According to a report from PricewaterhouseCoopers' Health Research Institute, there are more doctors and nurses today than ever before, but they are not being trained, distributed, or deployed efficiently. The report, "What Works: Healing the Healthcare Staffing Shortage," finds that a majority of doctors and nurses is nearing retirement just as the American public will need them most, and healthcare organizations are left with a diminishing pipeline of primary care physicians, new competitions for nurses, and a generation of young clinicians who have different expectations about work-life balance than their predecessors. It also finds that technology is shifting what is done and by whom. Radiologists are now doing work that cardiologists used to do, and cardiologists are now replacing surgeons in some procedures as more people choose less invasive treatments such as stents instead of coronary bypasses.

To read more, go to: www.primenewswire.com/newsroom/news.html?d=122491

10. House of Delegates Resolutions

There are currently two resolutions being considered by the AHIMA House of Delegates. These resolutions are the "Proposed Resolution on Diversity" and the "Proposed Resolution on HIM Adoption of the Personal Health Record." The diversity resolution is intended to advance AHIMA's commitment to a culture that respects diversity throughout its organization, the federation, and the HIM profession at large. To achieve this end, this resolution calls upon AHIMA and its affiliates to:

- Adopt meaningful, actionable, and durable diversity practices to expand the real opportunities available to all HIM professionals, including opportunities to fully participate in AHIMA
- Engage the AHIMA community in advancing the goals of enhanced professional opportunities for all and improved value of the membership experience
- Respect the individual sensibilities, personal beliefs, differences, and privacy and other rights of all HIM professionals and AHIMA members
- Monitor the impact of these practices to improve and strengthen them over time

The PHR resolution charges HIM professionals with the responsibility of creating and maintaining their own personal health record. HIM professionals are ideally suited through their education and professional capabilities to inform consumers and healthcare providers about the benefits of the PHR.

The complete text of the resolutions can be found in the AHIMA Community of Practice at www.ahima.org under the Resources section. Members can review the proposals and provide their comments to their CSA delegate. For a listing of your delegates, see the State Leaders and HOD CoP.

11. Upcoming e-HIM Workflow Analysis Workshop

Workflow is cited as a critical need for implementing EHRs and other information systems in healthcare for which adequate resources are often not available. **“Workflow Analysis: Foundation for Transitioning to e-HIM®”** provides a day and a half of in-depth analysis and practice of the techniques and tools that will equip attendees from any healthcare setting to improve workflow in their organizations as they transition toward an electronic health record. Process framing, present and future state analysis, data modeling, and developing use cases will be explored as useful techniques to respond to the changes occurring in healthcare organizations today. Upcoming workshops will be held:

- August 2–3, Chicago, IL (in conjunction with AOE)
- October 5–6, Philadelphia, PA (in conjunction with the AHIMA Convention and Exhibit)
- November 7–8, Chicago, IL

For information and registration, visit www.ahima.org/meetings

Please refer to source code **MX503** when registering.

12. Northwest Medical Informatics Conference

The Northwest Medical Informatics Conference will be held September 13–14 at the Davenport Hotel in Spokane, WA. Hear from national experts on healthcare IT about other RHIOs, what works and what doesn't for EMRs, certification, and improving outcomes. Keep updated about security issues, legislative activities, and making value-based purchasing decisions. National speakers include Newt Gingrich, former speaker of the US House of Representatives; Mark Leavitt, MD, PhD, chairman of the Certification Commission for Healthcare Information Technology; Mark Frisse, MD, director of Regional Informatics Program, Vanderbilt Center for Better Health; J. Marc Overhage, MD, PhD, Regenstrief Institute, Inc., and Linda Kloss, chief executive officer of AHIMA.

For more information, visit: www.nmis.info

13. CoP News You Can Use

Have a question about studying for the CCS exam? Join the Studying for the CCS Community of Practice and its monthly Chat with Peers, held the third Sunday of each month at 3 p.m. ET, for lively discussion and help. The next chat will be held August 19. You don't need to reserve space or register, and you don't need anything other than your computer with access to the Communities of Practice. Just sign on to the Studying for the CCS community a few minutes before the start time. Other communities also have chats scheduled periodically. Check the community's calendar or watch for e-blasts for the next one.

To be sure that you can join us, you should test the “Chat with Peers” function before

the actual start time. If you have Windows XP, the Java client needed to run chat no longer comes with the Microsoft Windows XP client. If you encounter any problems accessing the chat and have recently started using Windows XP, please visit Sun Microsystems' Web site to download the necessary software. The URL is available when you click on Chat with Peers. Some AHIMA members may experience problems connecting to a chat (a blank gray square appears where the chat is supposed to be). This may be related to the network in a work facility. Please ask your IS department to open port 7777 and port 7877 so you will have access to the Chat with Peers.

If you are new to Chat with Peers or the CoP, click on the help link in the upper right corner of the Chat with Peers on the Studying for the CCS community page or any community page.

To access the CoP, go to www.ahima.org. Go to myAHIMA on the right side and enter your **AHIMA ID number** (seven-digit number on your membership card) and your **password**. Once in myAHIMA, you can click on the CoP logo to enter.

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