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Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARDPRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

President's Message

March/April 2005**President's Message***Barbara J. Flynn, RHIA, CCS*

We've taken off and we're heading for a new frontier. It has been an exciting couple of months.

On March 10th, representatives of FHIMA went to Tallahassee for our second annual Hill Day. The FHIMA Board of Directors and volunteers included: Don Asmanga from AHIMA, Stacie Buck, Monica Cole, Ashlyn Dellenger, Anita Douppnik, Kim Eichner, Perry Ellie, Barbara Flynn, Carolyn Glavan, Carnell Hansley, Monica Hardy-Johnson, Lori Lucas, Kelly McLendon, Mark Michelman, Karla Philippou, Linda Renn, Martin Smith, Dwan Thomas-Flowers and Holly Woemmel and FAMU HIM student Quinton Blocker. The appointments with our Florida legislators were made by Holly Woemmel, Carolyn Glavan and myself on the phone the week prior to this event. We managed to talk to many legislators and legislative aids. It was a very beneficial experience. I wish to thank all of you for attending. We couldn't have done it without YOU!

The March board meeting was held the next day and we had a lot to discuss including AHIMA House of Delegates resolutions, FHIMA Bylaws changes, the FHIMA Annual Meeting, to name a few. When we took a good look at our bylaws, we found that there were many inconsistencies and grammatical errors that needed to be cleaned up. The Bylaws Committee has also received proposed bylaw amendments from FHIMA members that will be voted on at the 2005 FHIMA HOD.

You should have received the 2005 FHIMA Ballot for President-Elect, incoming Directors, and AHIMA delegate. **Don't forget to vote!**

Behind the scenes the Data Quality Committee has been putting together a 2-day educational conference in conjunction with AHIMA that will take



place September 1-2, 2005. Stay tuned for additional details later.

The FHIMA Annual Convention brochure has been printed and mailed. So don't forget to sign up early to receive an advanced registration discount. This is going to be a great event for networking and professional development.

Until next time.

Barbara J. Flynn, RHIA, CCS
President FHIMA



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HOME
SEARCH
BULLETIN
BOARD

e-Coastlines

PRESIDENT'S
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FHIMA NEWS

ARTICLES

AHIMA UPDATE

FHIMA News

March / April 2005

FHIMA Annual Convention - 2005

"FHIMA: ON THE WINGS OF CHANGE FOR A STRONGER ASSOCIATION"



Date:
July 25-28, 2005 (Monday - Thursday)

Place:
[Gaylord Palms Resort & Convention Center](#)
6000 Osceola Parkway
Kissimmee, FL 34746
(407) 586-2000

Monday July 25, 2005	(TENTATIVE SCHEDULE) 18 CEU's OFFERED
Registration Hours	10:00 AM – 1:00 PM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
10:00 AM – 1:00 PM	Registration
1:00 PM – 5:00 PM	House of Delegates <i>All members are encouraged to observe the FHIMA Legislative process</i>
6:00 PM – 8:30 PM	Leadership Dinner (By Invitation Only)
Tuesday, July 26, 2005	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 12:00 PM 2:00 PM - 4:00 PM
Exhibit Hours	10:00 AM - 12:00 PM 2:00 PM - 4:00 PM
8:30 AM - 9:30 AM	"Mutual Value Integration in Healthcare" <i>Dr. Tray Dunaway, Keynote Speaker</i> Success comes to those who understand collaboration and cooperation – "fly in" to hear how VALUES are invaluable! (Management Development – 1 CEU)
	Florida's Health Information Infrastructure Project

9:30 AM - 10:30 AM	<p><i>Michael Heekin, Chairman of Governor Bush's Advisory Board for FHII.</i></p> <p>Updated information on Florida's "ballooning" advancement towards RHIO's</p> <p>(Technology – 1 CEU)</p>
10:30 AM - 11:00 AM	Break in the Exhibit Hall
11:00 AM - 12:00 PM	<p>Confessions from a Medical Record Delinquent! <i>Dr. Tray Dunaway</i></p> <p>Hear a "mad" doctor rave about record completion strategies</p> <p>(Management Development – 1 CEU)</p>
12:00 PM - 2:00 PM	Membership Luncheon
2:00 PM - 2:45 PM	<p>Legislative Update from the Hill <i>Bill Bell, FHA</i></p> <p>A view on the current legislative issues impacting Florida</p> <p>(External Forces – 1 CEU)</p>
2:45 PM - 3:15 PM	Break in the Exhibit Hall
3:15 PM - 4:15 PM	<p>Service Driven Culture <i>Lynn Ehrmantraut, RHIA</i></p> <p>Learn how to fly solo with customer service as the altimeter</p> <p>(Performance Improvement – 1 CEU)</p>
4:15 PM - 5:00 PM	<p>EMR Implementation <i>Tanya Kuehnast, RHIA and Judy Smith, RHIA</i></p> <p>If interested in "solo" lessons on implementing electronic health records, this is a must see!</p> <p>(Technology – 1 CEU)</p>
Wednesday, July 27, 2005	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 2:00 PM
Exhibit Hours	10:00 AM - 2:00 PM
8:30 AM - 10:30 AM	<p>Documentation Improvement <i>Dr. Robert Gold</i></p> <p>An "ultra-light" presentation on implementing a documentation improvement program, which captures critical pieces of information for accurate severity, mortality and case mix.</p> <p>(Management Development – 2 CEUs)</p>
10:30 AM - 11:00 AM	Break in the Exhibit Hall
11:00 AM - 12:00 PM	<p>AHIMA Update <i>Angela Kennedy, MBA, RHIA, CPHQ</i></p> <p>Navigate AHIMA's continuing mission with a mission specialist and place yourself in the AHIMA cogs of the future.</p> <p>(Management Development – 1 CEU)</p>
12:00 PM – 2:00 PM	Lunch with Exhibitors
	<p>Legibility Repair: NO Sutures Required <i>Kate Gladstone</i></p> <p>Learn how to "fly" in the face of the illegible</p>

2:00 PM – 4:00 PM	<p>from a nationally recognized handwriting and remediation consultant (includes an illegible authenticator demonstration)</p> <p>(External Forces – 2 CEUs)</p>
4:00 PM – 5:00 PM	<p>Electronic Death Certificates <i>Michael Grant, AHCA</i></p> <p>The electronic transformation of processing death certificates is ready to "sail" around the state!</p> <p>(External Forces - 1 CEU)</p>
Thursday, July 28, 2005	
Registration Hours	7:00 AM – 10:00 AM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
8:30 AM – 9:30 AM	<p>Assigning Appropriate Inpatient Codes <i>Todd Husty, MD</i></p> <p>To code or not to code is the question with multiple principal diagnoses and secondary conditions. This presentation is coding selection made simple!</p> <p>(Clinical Foundations – 1 CEU)</p>
9:30 AM - 10:30 AM	<p>The Nuts and Bolts of APC, CPT, CDM and ER Coding <i>Margi Brown, RHIA, CCS, CCS-P</i></p> <p>A detailed review on navigating the coding grind in an outpatient setting.</p> <p>(Clinical Data Management – 1 CEU)</p>
10:30 AM – 11:00 AM	BREAK
11:00 AM – 12:00 PM	<p>Sepsis - What Every Coder Needs to Know <i>Jeff Slepik, MD, MBA, FACEP</i></p> <p>The clinical recognition and management of sepsis is one of the most interesting and challenging diseases impacting health care today.</p> <p>(Clinical Data Management – 1 CEU)</p>
12:00 PM – 2:00 PM	<p>LUNCH PROVIDED WITH CODING ROUNDTABLE TOPICS</p> <p>Before the convention, please send specific topics you are interested in to fhima@infionline.net !</p> <p>Topics to date include:</p> <ol style="list-style-type: none"> 1. Complication Coding - Postoperative vs. Complication 2. Non-active GI bleeding 3. Respiratory failure vs. Respiratory insufficiency 4. Renal Failure vs. Renal insufficiency
2:00 PM – 3:00 PM	<p>Florida's Local Medical Record Review Policies <i>Kathy Reep, FHA</i></p> <p>Learn about the impact of local medical review policies.</p> <p>(External Forces - 1 CEU)</p>
3:00 PM - 4:00 PM	<p>Yoga Exercises for the Sedentary Coder <i>Miheala Dragut, MD, CCS</i></p> <p>Incorporate basic yoga techniques to relieve</p>

Dress Comfortably today!

physical stress caused by long periods of sitting!

(Management Development – 1 CEU)

Registration Fee Structure:

Registration Type	FHIMA MEMBER Advance (by June 17, 2005)	FHIMA MEMBER Late	NON-MEMBER Advance (by June 17, 2005)	NON-MEMBER Late
FULL (7/26-7/28) includes ALL food functions	\$295	\$320	\$320	\$345
Two Days Only (7/26-7/27) includes Membership Luncheon and Exhibitor Luncheon	\$210	\$235	\$235	\$260
One Day Only (7/26, 7/27 or 7/28) includes food functions for the day specified and admittance to the exhibit hall on 7/26 & 7/27 Please Specify Date: _____	\$145	\$170	\$170	\$195
* Student - includes ALL food functions	\$90	\$110		
* Student- does NOT include food function	\$25	\$50		
Exhibit Hall Only	\$50	\$50		
Additional Tickets for Membership Luncheon	\$35	\$35		

* HIM students - to qualify for the discounts, you **MUST** be an AHIMA member, a member of FHIMA **AND** have your Program Director sign the registration form.

To register on-line with a credit card, [CLICK HERE.](#)

[Click Here For Printer Friendly Registration Information](#)

[Click Here For Exhibitor Information](#)

Attire: Business Casual

For exhibit space, contact Carolyn Glavan, MS, RHIA at fhima@infionline.net or (813) 792-9550.

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407-586-2000

Reservations must be received **no later than June 25, 2005**. Reservations must be guaranteed by advance payment of one night room deposit.

For more information contact:
Carolyn Glavan at (813) 792-9550.

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[back to top](#)



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HIM & ONCOLOGY SUPPORT SERVICES
Backlog woes?

FHIMA
 Florida Health Information Management Association

- HOME
- SEARCH
- BULLETIN BOARD

- PRESIDENT'S MESSAGE
- FHIMA NEWS
- ARTICLES
- AHIMA UPDATE

e-Coastlines

Articles

March/April 2005



AHIMA Dues Increase - What is your opinion?

AHIMA is proposing a dues increase that will effect all Active, Associate and Senior members beginning in 2006. The details of the motion to the AHIMA House of Delegates are attached for your review. Your five Florida Delegates will be voting on this issue in early May, 2005. Although the deadline is approaching, we are still soliciting your feedback at this time. Send your input to fhima@infionline.net and we will receive your feedback.

AHIMA's Proposed Dues Increase - Questions and Answers

These questions and answers were developed to help CSA leaders and state delegates answer inquiries from members. The March and April issues of *AHIMA Advantage* will also contain notices about the proposal. Feel free to distribute this document as you see fit; however, be advised that it is likely to be updated from time to time. For the most current information, go to the State Leaders and HOD Community of Practice at www.ahima.org. Questions posted in the discussion threads will be answered by members of the Business and Audit Team of the AHIMA Board of Directors and staff.

What is the proposed dues increase?

If the proposal is approved, effective January 1, 2006, dues for active and associate members will be raised an additional \$20 per year. Dues amounts for students and new graduates would not change. Dues for senior members would increase by \$10. The increase would be as follows:

Class	2005	2006
Active	\$135	\$155

Associate	\$135	\$155
Student	\$35	\$35
New Graduate	\$100	\$100
Senior	\$50	\$60

(Note: These prices do not include CE assessment fees.)

Why is a dues increase needed now?

The dues increase is being proposed as a business decision. Its timing is partly a response to the concerns expressed in 2001 when the House of Delegates last enacted a dues increase (which was the first since 1993). In effect, members asked us "not to wait so long" next time, indicating that they would prefer smaller increases over shorter periods of time.

Today, AHIMA has a number of opportunities that did not exist in 2001. As movement toward a national health information infrastructure and e-HIM grows, there is more pressure than ever on AHIMA to take advantage of these opportunities for the HIM profession and provide new products and services. Despite stringent expense management, the price of member benefits and services continue to increase, thanks to inflation. To meet current demands and still balance the association budget, a dues increase is necessary.

A dues increase will help a strong organization remain strong. A corresponding increase in rebates to the component state associations (CSAs) will ensure that the states stay strong as well. CSA's currently receive 20% of dues, which totals \$1,060,000 in 2004. That amount will increase with the proposed dues increase to \$1,220,000.

Where do my dues dollars go?

AHIMA uses dues revenue dollars for three purposes:

1. **CSA rebates:** CSAs receive 20 percent of AHIMA membership dues annually.
2. **Direct member benefits:**
 - a. Communications: *Journal of AHIMA*: Showcasing the HIM profession in an award-winning publication with a broad array of practical content
 - b. Other communications: Bringing you the latest news about the association and the profession in publications like *AHIMA Advantage*, the electronic newsletter E-Alert, and the online research journal *Perspectives in HIM*.
 - c. Online services: Offering timeliness and information with other electronic forms of communication, like the ahima.org Web site and Job Bank
 - d. Communities of Practice: Encouraging information sharing among members with a one-of-a-kind online networking and collaboration tool.
 - e. The FORE Library: HIM Body of Knowledge: Opening research possibilities with an online repository of HIM and industry content for members only.
 - f. FORE Foundation: Support of programs advancing the HIM profession - research, e-HIM funded initiatives, leadership development, and scholarships.
 - g. Volunteer support: Supporting state leaders, councils, committees, and task forces while they address association and practice-related issues.
 - h. Professional practice support: Expanding and improving professional content in all member benefits and throughout the industry publications.

3. Support for the HIM profession:

a. Professional practice - Standards development: Achieving new levels of cooperation with other organizations to build consensus on standards for the industry.

b. Legislative: Influencing legislative and regulatory actions to advance HIM positions as well as communicate these to members.

c. Education: Ensuring high-quality educational programs and providing support to educators.

d. Accreditation: Strengthening accreditation of academic programs through the work of the Commission on Accreditation for Health Informatics and Information Management Education.

e. Public relations: Enhancing the image of the profession and spreading the word throughout the healthcare industry.

This chart shows the total cost of benefits and services per member:

Category	Dollars/Member
CSA Rebates	\$ 21
Communications	7
Membership Department	16
Communities of Practice/ Body of Knowledge	10
FORE Foundation	5
Volunteer Support/ Governance	24
Professional Practice	33
Legislative & Regulatory	23
Education/Accreditation	7
Public Relations/ Image Marketing	9
Total Cost of Benefits & Services	\$ 156

What portion of member benefits and HIM professional support is not covered by dues?

The financial strength of a membership association such as AHIMA is determined by membership growth and retention, its ability to generate revenue other than dues, and the health of its fund balance or reserves. All three of these factors have been in good alignment for AHIMA. Because of this financial strength, the association has been able to expand programs and undertake new initiatives on behalf of its members.

An important factor is our ability to generate non-dues revenue. **Currently, dues revenue comprises just over 25 percent of total AHIMA revenues.** In contrast, the dollar amount of dues an individual member pays is low compared to the services provided and the value of the benefits he or she receives. Currently, active members pay \$135 per year and receive \$156 in benefits.

Portion of member benefits not covered by dues

Total dues revenue and the net profit from other revenue sources_

Category	Per Member Cost
Cost of Member Benefits and Services	(\$ 156)
Dues Revenue (average of all categories: active, associate, student, etc.)	\$ 106

Net Profit from other Revenue Sources	\$ 55
Interest/Dividend Income	\$ 9
Net Income	\$ 14

What are the non-dues programs that make the other 74 percent of total revenues?

AHIMA 2004 Revenues:

- Other (Donations, Investments, etc.) = 6%
- Audio Seminars/Distance Education = 16%
- Corporate Partners = 11%
- Meetings = 8%
- Publications = 15%
- Certification, Exams and Maintenance = 18%
- Dues = 26%

Why can't revenues other than dues cover the shortfall for the costs of member benefits not covered by dues revenue?

While revenues other than dues opens opportunities for AHIMA to do some things, the association can't rely on it to cover all expenses, for these reasons:

- AHIMA must focus on its mission. Over reliance on pursuing non-dues revenue may compel us to lose focus on the mission or chase opportunities that may not mesh with the mission. In addition, one aspect of our mission is to provide professional development opportunities that may only be important to a small segment of the membership.
- AHIMA wants to keep prices for its products reasonable. This necessarily limits the profitability of any given product.
- Non-dues revenue does not generate automatically; it has to be re-earned each year. The levels of non-dues revenue generated may vary from year to year.
- There is the risk each year that markets and the economy may change quickly and the non-dues revenues would be significantly reduced in a short period of time.
- We're spending it as we make it. Currently, all profit from non-dues revenue is being directed to support other products or member benefits.

Why can't we use money from our fund balance (reserves) to cover the shortfall?

AHIMA thinks of its fund balance or reserves as a savings account. They are resources for an emergency or a one-time opportunity. It may help to think of the fund balance the way you would think of your retirement savings—good financial management would indicate you wouldn't use this money to pay your day-to-day bills. In the same way, AHIMA does not want to enter into a situation of deficit spending where it is permanently spending more than it takes in.

The fund balance is currently at a level of 127%, meaning it could subsidize 127% of AHIMA's operations for a year in the absence of any revenue. This level of funding gives the association the security to weather a short-term financial crisis or to invest in new opportunities without an immediate payback.

Similarly, investment returns cannot be counted on in the short term to fund operations. Our returns were excellent in 2003 and good in 2004, but these are not guarantees that future years will be just as good. (Remember how your 401K statements looked in 2000, 2001, or 2002?)

Will maintenance of certification fees remain the same?

Yes, there are no increases in maintenance fees scheduled for 2005 or 2006.

What are dues trends in other associations?

An analysis conducted in January 2005 shows that dues in other associations vary widely, but many are as high or higher than those paid by AHIMA members and some include additional state or local chapter dues.

Association Name	Annual dues	Dues Information	State Rebate/Support
American Health Information Management Association	\$135	.	Yes
American Medical Informatics Association	\$250		No
American Association for Medical Transcription	\$135 \$45-\$60/3 year cycle	. State/local chapters may charge additional dues . Does not include maintenance fees	No
American College of Healthcare Executives	\$220/<3 years \$285/3-5 year \$325/> 5 yrs	. \$110 application fee	Yes
Healthcare Financial Management Association	\$225		Yes
Canadian Health Information Management Association	\$215	. Includes both dues and maintenance fee . Provinces usually charge additional dues	Yes
American Physical Therapy Association	\$245	. Does not include state dues - range from \$0-180	No
Medical Group Management Association	\$355	. \$95 application fee	No

American Dietetics Association	\$175		Yes
American Academy of Professional Coders	\$85		Yes
American Nursing Association	\$171 - \$400+	Dependent on state licensing fees	Yes

Are there ways I may be able to convince my employer to pay my dues?

Yes, AHIMA has put together a number of talking points for members to use to help convince their employers to pay their membership dues. The "Value of Membership" flyer explains how employers benefit from AHIMA members being on staff and how paying for membership supports education, leadership, quality, and employee retention. The flyer is available at http://www.ahima.org/membership/value_membership.cfm.

Can I pay my dues in installments?

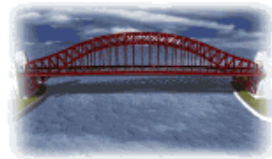
AHIMA will pilot test a payment plan for active and associate members.

Here's how it would work for an active member without a CHP or CHPS credential (higher annual certification maintenance fees for the privacy/security credentials):

- three \$60 dues payments over six months
- includes an up-front processing fee of \$15
- includes a \$10 annual certification maintenance fee (for active members)

The payments will be set up as automatic withdrawals from bank accounts or applied as charges to credit cards.

We hope this document has helped you better understand the dues increase proposal. For the most current information, go to the State Leaders and HOD Community of Practice at www.ahima.org. Questions posted in the discussion threads will be answered by members of the AHIMA Board of Directors and staff.



AHIMA HOUSE OF DELEGATES PROPOSED RESOLUTION BRIDGING THE GAP! EDUCATION TO EMPLOYMENT

Note: The following resolution will be voted on for adoption at the virtual AHIMA HOD meeting in May, 2005. This resolution was written by FHIMA's Chief Delegate, Perry Ellie, MA, RHIA, FAHIMA in conjunction with FHIMA.

The intent of this resolution is to enhance dialog and actions to facilitate the employment of graduates from CAHIIM-accredited HIM programs at the

baccalaureate and associate degree levels, and the AHIMA-approved coding programs at the pre-degree level.

Background information:

Employment is a goal of our students as they complete accredited and approved educational programs and begin their professional careers. Although many are successful at graduation, it seems that an ever increasing number are being challenged to achieve the entry-level experience qualifications desired by employers. This seems especially true in the coding arena. As employers are pressed to have optimal productivity from every employee from start date, new graduates find it difficult to Bridge the Gap from Education to Employment.

Thus the expanding "Catch 22" for students, "Everyone wants experience and how do I gain experience if I am unable to gain employment in my desired area" appears to be becoming more acute. If this apparent trend is allowed to continue, it will challenge our ability to recruit the next generation of students into our accredited and approved programs.

AHIMA is addressing the clinical practice education issue with the creation of the E-HIM Virtual Learning Laboratory to facilitate ongoing skill development for all. This action is applauded, but it is not a full substitute for onsite clinical experiences. Another area of action is for organizations to create "Preceptor" programs to smooth the transition from education to employment. Many facilities have these programs in place for new nursing graduates, why not HIM? It is desired that this document will generate the sharing of additional education to employment transition models that can be duplicated in other settings.

Compounding the issue is the ongoing expansion of a student base from newly created educational programs. Many of these new programs are not CAHIIM-accredited HIM offerings at the baccalaureate and associate degree levels, and are not the AHIMA-approved coding programs at the pre-degree level. We have all seen the "become a coder in 3 – 6 months" type promotions! HIM related educational offerings that do not meet AHIMA accreditation and approval standards cause confusion that challenges the integrity of our profession.

Preamble:

Whereas, HIM students are the future of our profession;

Whereas, The goal of HIM students is to gain active employment in the HIM profession upon completion;

Whereas, Initial employment appears increasingly challenging to qualify for;

Whereas, HIM employers appear to be requiring more skills and HIM experience before offering employment;

Whereas, HIM student/new graduate employment is necessary to continue to optimally recruit the next generation of HIM students;

Be it Resolved, The HIM profession must heighten it's awareness of this apparent phenomena to take corrective actions; and

Resolved, HIM accredited and approved educational programs will solicit feedback from Advisory Boards and others to determine the actual employment skills desired by employers; and

Resolved, HIM accredited and approved educational programs will, in cooperation with employers, attempt to provide optimal preparation to meet the skills expectations desired in the workforce; and

Resolved, HIM employers must enhance their efforts to provide clinical education to HIM students from HIM accredited and approved educational programs to better prepare them for the workforce; and

Resolved, HIM employers must further advance their efforts to employ recent HIM graduates from HIM accredited and approved educational programs by creating entry-level opportunities; and

Resolved, AHIMA will continue to support the development of the E-HIM Virtual Learning Laboratory to facilitate ongoing skill development for all members; and

Resolved, AHIMA BOD will continue to prioritize and be responsive to the development of new ideas and concepts addressing student education to employment transitional support; and

Resolved, AHIMA, Component State Associations (CSA's), Regional Associations and others are requested to promote the CAHIIM-accredited HIM programs at the baccalaureate and associate degree levels, and the AHIMA-approved coding programs at the pre-degree level in their respective areas via websites or other means to reduce confusion with unapproved options; and

Resolved, AHIMA, FORE, educational programs and/or members need to support formal research to statistically verify student employment at a base level and to evaluate the effectiveness of corrective actions toward improvement on an ongoing basis.

Resolved, All parties that have had experiences with "preceptor" transitional type programs are requested to share them in the CoP's. This will facilitate others evaluation of the feasibility of developing similar models that will facilitate "Bridging the gap from education to employment."



ONE PERSPECTIVE - IMPLEMENTING THE EHR

Jill Finkelstein, RHIA

Throughout the healthcare industry, consensus has been reached among Health Information Management professionals supporting the myriad benefits of implementing electronic health records (EHRs) in the acute care hospital setting. Most of the HIM literature underscores the direct and indirect cost savings, process improvement and increased physician satisfaction. Less common among the articles written (please see "The Strategic Importance of Electronic Health Records Management, AHIMA 2004), is straightforward guidance of how to plan for the implementation. After experiencing the ups and downs of implementing an EHR program for myself, here are some of my findings may be helpful in your planning:

- A. *Detailed project plan.* In order to appreciate the size of the effort, the best starting place is to develop a big picture view of what must be done. Be sure to include the head of the Information Technology department in the planning stages. The IT department will be instrumental in determining whether the existing computers and equipment meet the minimum requirements to run the new software. If equipment (i.e., scanners) must be purchased, make sure to perform the due diligence prior to the selection and purchase.

- B. *Strong coordination between departments is essential.* It is imperative that you communicate what is expected of each department head in terms of staff training, timelines and technical support. Ensure all deliverables have an owner and completion date to assure a successful implementation.
- C. *Strong coordination within the HIM department is essential.* As roles and responsibilities of the HIM staff change, careful consideration should be paid to such important items as communicating new roles, training the staff and possible redesign of the office configuration.
- D. *Standard forms must comply with software specifications.* All of the forms that make up the medical record must meet specific specifications in order to be scanned appropriately. Make sure to include tasks within the project plan to address the potential redesign of the facility's standard forms and ample time for each department to complete the effort. In addition, make sure that if you work with a vendor to redesign the forms that ample time is allotted for testing the scanning of the forms into the system.
- E. *Determine workflow.* Prior to implementation, consideration must be given to the design and mapping of the workflow in HIM and throughout the organization. For example, once the record is scanned, what needs to happen to the records? Should the record map to the IP coding queue versus the OP coding queue? The logic must be mapped for all cases.
- F. *Establish procedures to set up system security and user access.* Access to the system is an important aspect of implementation. You must work with each department to understand the access that each user will need and partner with IT to establish procedures for adding and removing users as necessary.
- G. *Training the physicians.* It can be a great challenge to train physicians; however, obtaining the physicians' buy-in to the EHR is paramount to the success of the project.

For most of us, the implementation of an electronic medical record is a question of when rather than if. Having a well-developed plan can make the difference between success and failure. We all understand that change can be difficult; however, I believe that taking the steps above can help mitigate the impact to the organization. The project can be a driver to building a stronger partnership between departments within the facility and to achieve the objectives of commitment to quality care and improved patient outcomes.

References

AHIMA Work Group on Electronic Health Records Management. "The Strategic Importance of Electronic Health Records Management: Checklist for Transition to the EHR". Journal of AHIMA 75, no.9 (October 2004): 80C-E

AHIMA HILL DAY AND WINTER TEAM TALKS

Carolyn Glavan, MS, RHIA

Riding on the success of FHIMA's Hill Day (see President's message for details), three FHIMA members (President-Elect Holly Woemmel, Chief Delegate Perry Ellie and Executive Director Carolyn Glavan) traveled to the United States Capitol in Washington, DC to participate in AHIMA's Hill Day. The day started out with a breakfast briefing meeting and there was standing room only. 76 AHIMA members traveled to Washington on behalf of our profession! 29 states were represented and over 125 US Senators and Representatives were visited!!! Our Florida

members met with staff from Senator Bill Nelson's office and Representative C.W. Bill Young. We specifically asked our legislators to support HR 215 bill and S 475 bill "Allied Health Reinvestment Act." We discussed the importance of legislators supporting Allied Health education to meet the rapidly growing need for qualified Allied Health professionals. In our meetings with the staff, we also discussed the electronic health record, genetic nondiscrimination and supporting the implementation of ICD-10-CM and ICD-10-PCS. Overall, our FHIMA members had effective, educational meetings with our legislators representing Florida at the US Capitol. We found the legislator's staff to be somewhat knowledgeable about the HIM field and we were able to increase their knowledge, promote our profession and offer our assistance on HIM related legislation. I strongly encourage all FHIMA members to participate in future AHIMA Hill Days and FHIMA Hill Days!

The next day, we participated in AHIMA's Winter Team Talks. We discussed AHIMA's Strategic Goals and Direction regarding e-HIM, education and certification, promoting the HIM profession and achieving a successful association. Members discussed the evolving concept of the National Health Information Network and we offered input on our experience thus far with Governor Bush's Health Information Infrastructure initiative. In small groups, we performed an "environmental scan" and shared with the entire group issues facing the HIM profession, our CSA's and AHIMA as well. In addition, we spent considerable time discussing the proposal to increase AHIMA dues and we were provided with budgetary information used to develop the need for the proposal. This issue will be voted on electronically in early May by our AHIMA Delegates. Please review ALL the information from AHIMA regarding the proposal and if you haven't done so already, please forward your thoughts to your FHIMA Delegates (you can send your comments to fhima@infionline.net). Another proposal that will be voted on for adoption in May will be the "Bridging the Gap! Education to Employment resolution written by Perry Ellie, Chief Delegate Florida in conjunction with FHIMA. Both of these important issues are included in this issue of e-Coastline so please take the time to educate yourself!

FHIMA members meet with Senator Bill Nelson





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HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

AHIMA Update

March/April 2005

AHIMA Update

1. Genetic Nondiscrimination Legislation Introduced in House

Representatives Judy Biggert (R-IL), Louise Slaughter (D-NY), and a bipartisan host have introduced HR 1227, the Genetic Information Nondiscrimination Act, into the House of Representatives. Identical to the unanimously passed Senate bill S. 306, the legislation would establish protections to prohibit genetic discrimination with respect to health insurance and employment. Currently, the bill has 52 cosponsors that hope to follow the Senate's lead and quickly pass this legislation. This legislation will be sent to three separate committees: the House Education and Workforce Committee, the House Energy and Commerce Committee, and the House Ways and Means Committee. If history holds true, the primary committee with jurisdiction, the House Education and Workforce Committee, will pose the biggest challenge to passing the legislation. As a member of the Coalition for Genetic Fairness, AHIMA will continue to work with its allies to ensure the passage of this important legislation—but we need your help. To lend your support and learn more about this legislation, visit the Advocacy Action Center of the AHIMA Advocacy Assistant at <http://www.ahima.org/dc/aa>.

2. CMS Proposes Rule Changes for Hospital Conditions of Participation

The Centers for Medicare and Medicaid Services (CMS) has posted proposed rules to change the Hospital Conditions of



Participation requirements for completion of history and physical (H&P) examinations, authentication of verbal orders, securing medications, and postanesthesia evaluations (70FR15266). Responses to the proposals are due May 24. CMS has three years to issue a final rule (under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003). CMS would like to formalize its 2002 clarification preadmission H&P examinations (<http://www.cms.hhs.gov/medicaid/survey-cert/012802.asp>). CMS also addresses the authentication of verbal orders, a significant issue for many HIM professionals. AHIMA will review and comment on the proposed rules. The proposed rules and links to previous CMS transmittals are available in the March 25 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a050325c.html.

3. CMS to Work toward Ensuring Accurate Medicare Payments

CMS has announced new initiatives to provide clear guidance on Medicare billing and a new demonstration project using recovery audit contractors (RACs) as part of CMS's efforts to ensure accurate payments. The demonstration will use RACs to search for improper Medicare payments that may have been made to healthcare providers and that were not detected through existing program integrity efforts. CMS believes that its education and training resources, such as the customized provider Web site (<http://cms.hhs.gov/providers>) and the Medicare Learning Network (<http://www.cms.hhs.gov/medlearn/matters/>), will help providers with more guidance.

The RAC demonstration will occur in California, Florida, and New York. RAC will work on claims that are at least a year old. RAC will request claim history and medical records, if necessary, to determine if over- or underpayments exist. The RACs will also audit to determine if a patient's primary insurer and Medicare have both been billed appropriately.

CMS will be holding an open door forum in the near future to discuss the recovery audit contractor demonstration. Visit <http://www.cms.hhs.gov/opendoor> for more information.

4. CMS to Hold HIPAA Security Teleconference

CMS is holding a HIPAA security conference call on April 13 at 2 p.m. EST. The call will come one week before the HIPAA rule will go into effect for most covered entities. The call-in phone number is (877) 203-0044, and the conference code number is 4587639. The agenda for the

meeting will be posted shortly on at the CMS HIPAA Web site at
<http://www.cms.hhs.gov/hipaa/hipaa2/events/default.asp>.

5. CMS Announces Eight Days of HCPCS Public Meetings

CMS announced that the Healthcare Common Procedure Coding Systems (HCPCS) public meetings will be held in June at its Baltimore, MD, headquarters (70FR15340). The meetings will begin on June 7 and end on June 23; CMS notes, however, that all eight meetings may not be necessary. The meetings will discuss preliminary coding and payment determinations for all new public requests for revisions to the HCPCS. A final confirmation of meeting dates, times, and agenda items will be posted three weeks before each scheduled meeting on the HCPCS Web site, <http://www.cms.hhs.gov/medicare/hcpcs>. Instructions for registration, comments, and presentations can be found in the March 25 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a050325c.html.

6. CMS Sets Procedures for Non-privacy HIPAA Complaints

CMS has issued a notice providing the procedure for filing complaints of non-compliance by a covered entity under HIPAA's administrative simplification rules (45CFR parts 160, 162, and 164) (70FR15329). The notice also describes the procedures that CMS will employ to review complaints. The effective date for this rule is April 25. This process does not cover the privacy provisions of the HIPAA regulation. The process is described in the March 25 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a050325c.html.

7. CMS Continues HIPAA Security Series

The latest in a series of CMS educational papers providing information on the HIPAA security rule has been published. It addresses physical safeguards and can be accessed on the CMS Web site at <http://www.cms.hhs.gov/hipaa/hipaa2/education/Physical%20Safeguards%20final.pdf> or in the FORE Library: HIM Body of Knowledge at http://library.ahima.org/xpedio/groups/public/documents/government/bok1_026363.pdf.

8. NCVHS Subcommittee to Examine HIPAA ROI

The National Committee on Vital and Health Statistics (NCVHS) has announced that its Standards and Security Subcommittee will meet April 6–7 in Washington, DC (70FR15091). The meeting will focus on HIPAA implementation, with testimony from providers, payers, and

others concerning the return on investment (ROI) from HIPAA implementation to date. Details are included on the NCVHS Web site at <http://ncvhs.hhs.gov/> and in the March 24 *Federal Register* notice http://www.access.gpo.gov/su_docs/fedreg/a050324c.html.

[back to top](#)

9. CDC Announces Information Contact Center

The Centers for Disease Control and Prevention (CDC) announced a new consolidated consumer response service for health information inquiries called the CDC-INFO Contact Center (70FR13506). The CDC will phase out numerous existing hotlines and clearinghouses serving the same purpose. The change will take two to three years to complete. The announcement was made in the March 21 *Federal Register* and can be found at [back to top](#)

10. Call for Participation – HL7 Privacy/Security Expert Panel

HL7 seeks volunteers for an expert panel to identify key EHR system functions that support and ensure health record privacy and security. The expert panel will:

- Identify HL7 EHR system functions related to privacy and security
- Recommend elaboration and clarification of function statements and descriptions, where appropriate
- Identify functional gaps in the draft standard for trial use and recommend new functions from privacy and security perspectives, as appropriate
- Identify relevant privacy and security standards for specific reference
- Propose conformance criteria from privacy and security perspectives, focusing on existing HL7 functions and new HL7 functions under development
- Forward recommendations to the functional model work groups

A conference call is planned for the week of April 18. To volunteer, send contact information to Harry Rhodes at harry.rhodes@ahima.org. For more information on this panel, go to the "Call for Participation - Participation in HL7 Privacy/Security Expert Panel" document in the AHIMA Community of Practice in the Community News section at <http://www.ahima.org>.

11. Nominating Committee Announces the 2005 Ballot

In March, the AHIMA Nominating Committee met in Chicago

to prepare the ballot for the leadership positions in 2005.
The candidates are listed as follows:

President-elect

Bryon D. Pickard, MBA, RHIA (TN)
Vera Rulon, RHIT, CCS (NY)

Directors

Meryl Bloomrosen, MBA, RHIA (DC)
Rita K. Bowen, MA, RHIA, CHPS (TN)
Bonnie S. Cassidy, MPA, RHIA, FAHIMA (GA)
Peggy Chapo, MS, RHIA (MI)
Karen G. Grant, RHIA, CHP (MA)
April Robertson, MPA, RHIA, CHP (CA)

**Commission on Accreditation for Health Informatics
and Information Management Education (CAHIIM)**

RHIT Practitioner

Ann Waters, RHIT, CCS (WA)
Lynn-Marie Wozniak, MS, RHIT (NY)

HIT Educator

Carol A. Campbell, DBA, RHIA (GA)
Ann Peden, MBA, RHIA, CCS (MS)

HIA Educator

Marie Conde, MPA, RHIA, CCS (CA)
Donna Wilde, MPA, RHIA (WA)

Council on Certification

CCS Professional

Marion K. Gentul, RHIA, CCS (NJ)
Lois Yoder, RHIT, CCS (FL)

CCS-P Professional

Bridget Forsberg Avikainen, RHIA, CCS-P (MN)
Deanna D. Mandley, RHIT, CCS, CCS-P (OH)

HIA Educator

Donald Kellogg, MS, RHIA (KS)
Marion Prichard, MEd, RHIA (OK)

Privacy Professional

Brenda Olson, RHIA, CHP (KS)
Deborah Thoman, RHIA, CHP (IA)

We invite you to interact with the ballot candidates on the Candidate Community of Practice. The Candidate CoP will be open August 1–15; the polls will open August 23 at 12 a.m. and close September 10 at 11:59 p.m. Members will be able to cast their vote via the AHIMA Web site or by

telephone. The July/August *Journal of AHIMA* will have the candidates' brief bios, job descriptions, and photos, while the CoP will house a more detailed profile of the candidates and their position statements. Be sure to visit <http://www.ahima.org/> for upcoming details of the national election.

Thanks to the nominating committee members:

- Barbara Siegel, MS, RHIT - Chair
- Nikki Adams, RHIT
- Dorine Bennett, MBA, RHIA, FAHIMA
- Donna Bowers, JD, RHIA, CHP
- Shelia Carlon, PhD, RHIA, FAHIMA
- V. Rebecca Hancock, RHIT, CCS
- Cheryl Homan, MBA, RHIA
- Susan Parker, MEd, RHIA
- Lou Ann Schraffenberger, MBA, RHIA, CCS, CCS-P

12. 2005 FORE Merit Scholarship Applications Now Available

The 2005 FORE Merit Scholarship Applications are now available at <http://www.ahima.org/fore/programs.cfm>. Last year 63 scholarships were awarded to HIA and HIT students from 32 states. Scholarships ranged from \$1,000–\$5,000.

You are eligible for one of the scholarships if you are:

- Admitted in a HIA or HIT program accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
- Enrolled in at least six hours a semester
- Maintaining a GPA of at least 3.0

If you meet the eligibility requirements, please check the Web site for more detailed information. 2005 scholarship applications are due no later than May 27. If you have questions, please contact Tamara Dailey at (312) 233-1100 or info@fore.org.

13. CoP News You Can Use

Do you access the Communities of Practice on a daily basis? If you want to save some time, you can bypass the log-in process using the "Remember Me" feature. Select this function by checking the "Remember Me" box under your log-in information. Selecting "Remember Me" will store a cookie on your computer so you don't have to log in to AHIMA's CoP on every visit. You should not select this function if you share your computer with others. You can access the CoP at <http://www.ahima.org> and click on the

Communities of Practice icon on the top right of your screen.

To log in to CoP, insert your member ID number in the box labeled "AHIMA ID Number" and your password in the box labeled "Password." Your password may be your last name unless you joined AHIMA online or have changed it in the Member Profile. If you have forgotten your password, just click on the "Retrieve Lost Password" link and it will be sent to you at your e-mail address on file with AHIMA. If you do not have an e-mail address on file, please call Customer Service at (312) 233-1100.