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FHIMA

Florida Health Information Management Association

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President's Message

May/June 2002

"Finale of the Symphony"

Mario A. Perez, III, RHIA, CCS, CCS-P



In harmony with my presidential officiating theme of **"Pioneers of the 21st Century...Following the Rhythm of Time,"** as my term comes to its conclusion, so does the Finale of the symphony. As president I have been fortunate to have worked with a fantastic and dedicated Board of Directors, Committee Chairs and Committee members. These individuals have been instrumental in continuing the rhythm of the infrastructure of our association.

With a newly revised strategic plan to carry us through the next years, FHIMA has positioned itself to formulate innovative goals to ensure its perpetuity. Having now a State Community of Practice (CoP) now enables us to communicate, share and educate on issues impacting our profession. However, the functionality of this technology is dependent upon the membership being an active participant. "Each of us has to carry the rhythm in order

for the music to play.”

This year's AHIMA winter team talks held on March 14, 2002 in Atlanta, GA were attended by Sharol Pausal – Noblejas, President – elect and Lori E. Lucas, Executive Coordinator. The highlights of the agenda included and can be found in detail on the AHIMA CoP www.ahima.org:



National Strategic Issues Overview



Certified Healthcare Privacy credentials



Accreditation of Allied Health Education Programs



Advocacy and Public Priorities



Workforce Development



Accreditation Standards



Credentialing Initiatives



Communities of Practice

At this year's FHIMA Annual 2002 convention, the Board of Directors has decided to incorporate into the program's agenda a dynamic online presentation of the use of this communication technology (Florida CoP), in the hope that participants will better appreciate its uses and benefits. The more members that join, the more value this community will have in its functionality and ability to bring each member into the loop of being informed in respect to national and state activities.

The FHIMA HOD to be held on Tuesday, June 4, 2002 will also have a new structure. Rather than breaking out into issue groups as previously done, issues will now be discussed within the general assembly, allowing for a total delegate and member audience participation.

Three issues have been selected and submitted to all regional delegates, which the Board believes will promote a very active and vocal house:

**Regional Structures:**

Restructuring of FHIMA Regions.

**Value of HIM Credentials:**

Strategic and political recognition of credentials at a national level.

**Virtual House of Delegates:**

Proposed changes and implementation
Alignment with AHIMA

Delegates are encouraged to share these issues with their regional constituents; I personally encourage member audience participation at the house as well; all members have a voice, which greatly impacts on voting outcomes.

I look forward to our FHIMA 2002 Annual Convention, to celebrate our profession and have the personal pleasure of meeting with all of you.

I have been fortunate, grateful and honored in serving as your president. I thank you all!

May the rhythm of time always play in your hearts!



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FHIMA ANNUAL CONVENTION

"Pioneers of the 21st Century - Following the Rhythms of Time"

*Judy Gygi, RHIA
Arrangements Chairperson*



Date: June 4-7, 2002

Place:

[Caribe Royale Resort Suites & Villas](#)
8101 World Center Drive
Orlando, FL 32821
407-238-8000 or 1-800-823-8300

Tuesday, June 4, 2002	15 CEU's OFFERED
Registration Hours	11:00 AM – 1:00 PM 4:00 PM - 6:00 PM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
11:00 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)
Wednesday, June 5 2002	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 4:00 PM
Exhibit Hours	10:00 AM - 12:00 PM 2:00 PM - 4:00 PM
7:45 AM - 8:30 AM	New Member Orientation
8:30 AM - 10:30 AM	Keynote Speaker "Selling Yourself" <i>Margaret Stewart, RHIA</i> A dynamic speaker with great advice for selling yourself in the marketplace. (Management Development - 2 CEUs)
10:30 AM - 11:00 AM	Break
11:00 AM - 12:00 PM	Legislative Update <i>Bill Bell, JD</i> A review of proposed state legislation that may impact HIM. (External Forces– 1 CEU)
12:00 PM - 2:00 PM	Membership Luncheon
2:00 PM - 3:00 PM	The "Nuts and Bolts" of Remote Coding <i>Mary Agnes Fields-Hinkle, RHIT</i> A view on the technical aspects of Remote Coding. (Technology – 1 CEU)
3:00 PM - 3:30 PM	Break
	Communities of Practice <i>Lori Eytel Lucas, RHIA</i>

3:30 PM - 4:30 PM	Hear about the advances on the latest on-line initiative offered by AHIMA with a live demonstration. (Technology – 1 CEU)
Thursday, June 6, 2002	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 3:00 PM
Exhibit Hours	10:00 AM - 3:00 PM
8:30 AM - 10:30 AM	"Copying Costs - What's it worth - Under HIPAA?" <i>Rose Dunn, RHIA</i> Analysis of the privacy regulations and the costing methodologies (External Forces – 2 CEU)
10:30 AM - 11:00 AM	Break
11:00 AM - 12:00 PM	AHIMA Advocacy & Update Policy <i>Don Asmonga, MBA</i> (External Forces – 1 CEU)
12:00 PM - 2:00 PM	LUNCH WITH THE EXHIBITORS
2:00 PM - 3:00 PM	HR Issues/Topics <i>Debbi Ruthenbeck</i> (Management Development – 1 CEU)
3:00 PM - 3:15 PM	Break
3:15 PM - 5:15 PM	"Alternate and Emerging HIM Careers" <i>Panel Discussion</i> Exploring careers in the areas of Compliance/HIPAA Officer, Risk Manager, Transcription, Consultant, Hospice, Long Term Care, Mental Health & Radiology Billing. (Management Development - 2 CEU)
Friday, June 7, 2002	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
	AHIMA Update <i>Katherine Byrd, RHIA</i>

8:30 AM - 9:30 AM	A lively update on the latest issues of AHIMA. A presentation on clinical aspects of Cardiology. (Management Development – 1 CEU)
9:30 AM - 10:00 AM	Break
10:00 AM - 12:00 PM	Current Coding Issues affecting HIM Barbara Flynn, RHIA, CCS A physician's perspective on the Electronic Patient Record. (Clinical Data Management - 2 CEU)

Registration Fee Structure:

Registration Type	FHIMA MEMBER After May 2, 2002	NON- MEMBER After May 2, 2002
FULL (6/4-6/7) includes ALL food functions	\$250	\$275
Wednesday Only (6/5) includes Membership Luncheon	\$150	\$165
Thursday Only (6/6) includes Exhibitor Lunch	\$150	\$165
Friday Only (6/7)	\$115	\$130
* Student - includes ALL food functions	\$100 Daily \$35	
* Student - does NOT include food functions	\$30 Daily \$30	
* Students MUST pre-register by May 15, 2002 to qualify for free registration		

* 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 OR for a complete registration form, [CLICK HERE.](#)

Attire: Business Casual

For exhibit space, contact Lori Eytel Lucas, RHIA at fhima@infi.net or (941) 597-1751.

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The "Perfect Place". A plush, regal oasis in Central Florida ideal for business, pleasure or a little of both, the Caribe Royale offers the best of all worlds. Three beautifully statuesque towers, all with spacious two-room suites, are each designed with the purpose of your trip in mind. For Pleasure, Business or Family Vacation the "Caribe" has blended lush landscaping, cascading waterfalls and a calypso of amenities for you...creating its own tropical rendition of classic hospitality, for you and your family to enjoy while on vacation in the Disney Area of Orlando, Florida.

Rates:

Single/Double - \$135
Standard King - \$135
King Deluxe - \$155
Executive Suite - \$235
Villas - \$235

Reservation Phone Number:

1-800-823-8300

Reservations must be received **no later than May 4, 2002**. Reservations must be guaranteed by advance payment of one night's rate.

Resort Activities:

- Thrill-seekers prepare for a rush of adrenaline as you careen down the 75-foot waterslide past the cascading waterfalls into the resort's fabulous heated swimming pool.
- The kids can explore the Children's Wading Pool with interactive water toys and fully equipped children's playground.
- Work out in your choice of two state-of-the-art exercise facilities or serve up a set of tennis on one of the resort's newly surfaced, night-lighted tennis courts.

More Resort Perks...

- Free Parking
- Free Transportation to Theme Parks
- Luxurious Hotel Setting
- Breakfast Included with Room Rate
- Great Water Slide for Kids

Watch for the complete registration and convention information in the March/April issue of e-Coastlines.

For more information contact:

[Lori Eytel Lucas, RHIA](#) at (941) 597-1751

AHIMA BALLOT

Vote For Barbara Mosley, PhD, RHIA

HIA Educator

Council on Accreditation



FHIMA proudly supports Barbara Mosley, PhD, RHIA, for HIA Educator, Council on Accreditation on the AHIMA Ballot. Dr. Mosley is the Program Director, Health Information Management at Florida A & M University.

Watch for your voting instructions in the June issue of the *Journal of AHIMA*. Remember VOTE FOR BARBARA MOSLEY, PhD, RHIA for HIA Educator, Council on Accreditation.

EXTRA! EXTRA! SHIRTS FOR SALE!



FHIMA will be selling logo emblazoned shirts at the Annual Convention in June. Shirts are white with navy logo. The shirts are in a wide variety of sizes and will be on hand for immediate purchase. Price per shirt is \$25.00. Stop by the FHIMA Booth to purchase your shirt. Finalize your sale early! These shirts are sure to be a hot item!

15th House of Delegates
June 4, 2002 1:00 PM -5:00 PM
Issue Group Topics

Michelle Mock, MSM, RHIA
Chief Delegate

Issue #1: Should FHIMA restructure regions to accommodate membership and reinforce participation? If so, should the regions be consolidated as proposed to change regional structure from the current 11 to 5 regions.

Rationale:

The smaller regions continue to report lack of membership participation and meeting attendance. Collapsing / combining regions would allow for a greater member pool to draw from for volunteers. It may also allow for greater meeting attendance for educational opportunities. A task force was formed at the 2001 Leadership conference to discuss possible restructure of Florida HIM Regional Associations. From this task force, a Business Plan was developed to address regional issues.

* Current Regional Structure: There are 11 regions within the State of Florida Currently. These are Panhandle, Northwest, Northeast, Central, Tri-County, Gulfcoast, Suncoast, Broward, Ocean, South, and Southwest. The largest of these regions are Northeast, Central, Gulfcoast and South.

* Regional History: FHIMA functions to serve as a resource to the regions. There is no formal reporting of the regions to FHIMA. All regions are governed by their own bylaws and standing rules. They elect their own officers and conduct their own educational sessions. The only interaction with the regions is at the House of Delegates at the Annual convention and at the Leadership Conference. Each region is responsible for sending delegates to participate at the HOD at the FHIMA Annual convention. The regional Presidents and President-Elects are invited to the Leadership Conference.

Questions to Consider:

1. By restructuring regions, how would this effect the House of Delegates representation at FHIMA?
2. Would member participation truly be increased if members had to drive further to attend?

3. Frequency of meetings?

Facilitators: Sharol Noblejas and Ashlyn Dellenger

Issue #2: Should FHIMA Move the House of Delegate Authority For Voting to the Electronic Platform?

Rationale:

By converting the House of Delegates to a Community of Practice, FHIMA can conduct business concurrently verses the current practice of once per year via the House of Delegates at the FHIMA National Convention. The Virtual House would also be in accordance with AHIMA's current practice and would serve the membership continuously.

AHIMA demonstrated the "timeliness" and "fluidity" of a Virtual House of Delegates in April, with the advent of delegate voting for the new privacy and security credentials. The drawbacks of the virtual voting for our state was that there was not enough time to seek "grass roots" approval of voting preference for the State of Florida.

The CoP is the perfect platform for on-line chats and discussions, but Florida has not advanced quickly in adopting it's use. Less than 200 FHIMA members are signed on to the Florida CoP.

The Benefits of Virtual Voting:

1. Voting could occur outside of the annual meeting.
2. Providing timely approval for change
3. Text background on the rationale behind the change would be expedient and shortened to promote quick reads.

Questions to Consider:

1. Could FHIMA eventually give voice to all members of just delegates?
2. Do we first attempt to change the existing bylaws in accordance with practice?
3. Would members be interested in the ability to respond to topics throughout the year?
4. When will the Virtual House start if this is accepted?

Facilitators: Jacquie Jones and Tara McIntyre Morgan

Issue #3: Should a resolution from FHIMA be proposed to AHIMA to develop a strategy that secures the value of the coding credentials? (CCS, CCS-P)

Rationale:

To establish the value of AHIMA Coding Credentials with requirements established and endorsed by AHIMA that would lobby legislative bodies to introduce requirements that all coders must be certified.

In today's health care environment, coding professionals are enjoying a wealth of opportunity. There is a critical need for qualified coders and an even higher increase of organizations who seek out "credentialed coders".

This would also be in accordance with AHIMA's Strategic Initiatives that relate to Coding. The increased competition in the coding marketplace could erode AHIMA's leadership position. Focused attention should be placed on increasing AHIMA's position in the coding market to insure ongoing influence in the areas of data quality and classification systems.

An example of this effort relates to the state of Hawaii who lobbied and passed a resolution that requires all independent coding/billing reviewers to be CPC certified. FHIMA could propose to AHIMA to lobby to establish a practice that all coders be credentialed with CCS or CCS-P, in accordance with the credentials promoted through AHIMA.

Questions to Consider:

1. How are the current values of the coding credentials perceived in the workforce community?
2. What entities could be lobbied? (JCAHO, CMS, etc.)
3. Do we as a state entity feel that it is of value to develop this resolution from FHIMA to AHIMA to develop a political strategy to secure the value of its coding credentials?

Facilitators: Patricia Schnering and RoseAnn Webb

Gulfcoast Health Information Management

Association
3rd Annual Symposium: Navigating the Healthcare Rapids



Place: Children's Hospital
 Media Room
 (on 4th St South between 7th and 8th Avenues)

Date: May 22, 2002

AGENDA

7:30 - 7:50	Registration/Breakfast
7:50 - 8:00	WELCOME Karla Philippou, RHIT, CCS, CCS-P, GCHIMA President
8:00 - 9:30	HIPAA: New Developments and Preparations Andrew Rock, Attorney at Law, Buchanan Ingersoll
9:40 - 10:50	PEPP – Payment Error Prevention Program Mark Michelman, MD, Medical Director, FMOAI
10:50 - 11:00	BREAK
11:00 - 12:00	APC Update Lori Wytka, RHIA, 3M HIS
12:00 - 1:00	Lunch, Business Meeting and Door Prizes
1:00 - 2:30	Shoulder Arthroscopy Dr. James Ray, MD, FACS, National Training Center Sports Medicine Institute, PA
2:30 - 2:45	BREAK
2:45 - 4:00	Advanced CPT Karla Philippou, RHIT, CCS, CCS-P, CPC, CHCC
4:00 - 4:45	Skilled Nursing Facility Prospective Payment System Adele Katchuk, RHIT, Consultant
4:45 - 5:00	Closing Comments and Door Prizes

Registration Fees:

PRE-REGISTRATION MUST BE RECEIVED BEFORE MAY 15th

\$50 Pre-registration for GCHIMA Members
\$60 Pre-registration for non-members
\$75 Day-of-meeting, on-site registration
\$10 Pre-registration for students (HIM related)

*Registration includes 8 continuing education units,
continental breakfast, lunch and snacks!*

For more information contact Tracy Peabody, 813-249-6394 or Shelley Thewlis 813-994-4314.

**Certified Coding Specialist (CCS) Examination
Review Florida International University
May 31 – June 1, 2002
8:00 a.m. – 5:00 p.m.**



Florida International University's Department of Health Information Management and University Outreach are offering a review course to coding specialist seeking national certification.

Coding practitioners classify medical data from patient records and assign numerical codes for patients' diagnosis and procedures. These professionals may have experience coding data for hospitals, nursing homes, health care clinics or medical providers, or may be researchers or public health officials. Certification will enhance your marketability and validate your professional competence in these fields. FIU can prepare you for the exam by providing you with the knowledge and skills you need to secure successful test results.

The cost is \$150 and includes a continental breakfast and lunch for both days. The review course will be held at the Wolfe Center located at the Biscayne Bay Campus at 3000 N.E. 151 Street in North Miami.

Seating is limited so early registration is encouraged. The deadline to register is May 23 at 5 p.m. For more information, please call Bonnie Brandt at (305) 348-1691 or send an email to outreach@fiu.edu. Details are available at www.outreach.fiu.edu.



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Communities of Practice (CoP)

Lori Eytel Lucas, RHIA



On October 15, 2001, at the 73rd AHIMA National Convention in Miami Beach, AHIMA launched the Communities of Practice (CoP) to the entire AHIMA membership. What an exciting time it was watching Linda Kloss, AHIMA Executive Vice President, hit the enter key and send an e-blast to all 40,000+ AHIMA members inviting them to take the journey and explore the new and thrilling world of Communities of Practice (CoP). I remembering sitting in the front row of the convention center and thinking - WOW - this is great! Now, with Communities of Practice, HIM professionals from all over the United States can communicate with each other on the latest HIM issues without even leaving their office. Even better, membership in the CoP is free to AHIMA members. This is a member benefit that is virtually limitless!

Florida was one of the first states to start its community. We launched the Florida CoP back in February and are still recruiting new members daily. Have you joined the Florida CoP? If the answer is no, then you need to do it **NOW**. Membership in the Florida CoP is not automatic, you must

join the community in order to participate. Don't wait, go directly to the AHIMA web site, www.ahima.org, click on the "Communities of Practice" link. This will take you to the log-in page. The "Member Log-in" box is on the left side of the page. Enter your member ID and password. (Your last name will be your password until you change it.) After accessing the CoP, be sure to add Florida to your personal page.

Remember, with CoP's, you will be able to:

- * Network
- * Share best practices
- * Search for other members in similar situations
- * Access resources and references
- * Problem-solve
- * Find Links to useful sites
- * Create your own opportunities for leadership - if you don't see the CoP right for you, it is quick and easy to create new communities based on your needs and interests.

So, the next time you need an answer to your HIM related issue, use the Florida CoP as your resource. Florida members can now begin to communicate with each other and stay informed on the latest issues effecting our profession.

A Tribute to Carol J. Barr, MA, RHIA, HCRM

Daniel Land, RHIT, CCS



The announcement of the retirement of Carol J. Barr, MA, RHIA, HCRM from her position as Director of the Health Information Management Program at the University of Central Florida [effective August 2002] marks the end of an era in the HIM industry in Florida. During her long and illustrious career, Mrs. Barr has mentored over 400 students and has served in numerous capacities on local, state, and national levels.

A native of Michigan, she moved to Florida from New York in 1956. She is married to William Barr, a partner in the law firm of Raymond, Wilson, Conway, Barr, and Hahl, PA of Daytona Beach. She has three children, Susan [an attorney and full-time mother], William, Jr. [Director of HIM at Lawnwood Regional Medical Center in Ft. Pierce], and David [an attorney at the Fifth District Court of Appeal in Daytona Beach]. They have four grandchildren.

Mrs. Barr's career began in 1955 as a medical records technician and medical transcriptionist in Warsaw, NY. She earned an Associate of Science Degree in Medical Secretarial Science from the State University of New York in 1956, working thereafter as an office manager for a General Surgeon. Upon moving to Florida in 1956, she worked as a medical secretary and transcriptionist for a brief period before her marriage. From 1957-1976 her time was devoted to the rearing of her three children and extensive volunteer work in Daytona Beach. She was an active member of the Junior League of Daytona Beach and is presently a Sustaining Member.

In 1976, she graduated Magna Cum Laude with a BS degree in Medical Records Administration from the University of Central Florida. Thereafter she worked in various capacities including Medical Records Consultant to long term care facilities as well as a consultant for Daytona Beach Community College, in which capacity she wrote the program proposal for the Medical Record Technician Program and the Dental Assisting Program, both of which were approved by the Department of Community Colleges in Tallahassee. She became a full-time faculty member at UCF in 1979; however left in 1983 to take a position with Ernst & Young. In 1986, Mrs. Barr returned to UCF as an Assistant Professor; that same year earning her MA degree in Education from UCF. In 1990, she was named Director of the Health Information Management Program. She received the AHIMA Mentor Award in 2000.

In 1988-1989, Mrs. Barr served as President of the FHIMA. She received the FHIMA Distinguished Service Award in 1991 and the FHIMA Distinguished Member Award in 1994. She chaired numerous FHIMA Committees, donating countless hours of service to the profession. She served as delegate to the AHIMA several times, including Chief Delegate. She also served on the AHIMA Nominating Committee. There are numerous presentations and publications to her credit, including several articles which appeared in the Journal of the AHIMA.

A dedication to quality, professionalism, and volunteerism are the hallmarks of this truly illustrious and productive career. A legion of former students who now are working in productive roles within their profession is one of the greatest legacies that an educator can create. This is certainly the case with Carol J. Barr.

A Quest to Minimize Queries

*Cathy Minan, RHIT, CCS
Charts In Time, Inc.*



A lot has been written and discussed lately about queries. The Centers for Medicare and Medicaid Services (CMS) has recognized this practice. Locally, the Florida Medical Quality Assurance, Inc. (FMQAI), our local Quality Improvement Organization (formerly PRO), has released a position statement on physician query forms as part of their Payment Error Prevention Program (PEPP.) Constantly coders are reminded to "query the physician" when any doubt is raised over proper coding assignment. Inadequate and conflicting documentation occurs frequently with health information and often requires a query by the coder to provide an accurate picture of the patient's condition. But the query process is not simple. A query must utilize precise language in order to adhere to compliance guidelines. Any prompting of the physician is forbidden. Frequently physicians don't even bother to answer queries. Or, if they do, it is merely a request to "stop wasting my fax paper" or "provide me the chart before I can answer." For these reasons the query process takes time, valuable time, and holds up the billing process. Meanwhile, the unbilled dollar amount rises as well as the days of accounts receivable (A/R.) True, a query process must be available if needed. However, accurate coding would not require as many queries if the original information was properly documented. A couple of methods can be utilized to accomplish this task.

One method that would help to minimize the need for queries is ongoing physician education. Many of these clinicians do not know the rules for coding. Coders, or at least the coding supervisor/manager, must use every opportunity to help explain to the medical staff about the process of coding and how proper documentation practices can help provide an accurate data collection. This education process must never stop and can be accomplished in various ways. Problem physicians can be addressed one-on-one. Presentations can be arranged during any meeting frequented by physicians. Articles on the subject of proper documentation and its effect on coding can be provided for a physician newsletter. Eye catching informational poster boards can be displayed in the physician's dining room. The possibilities are endless.

Another method that decreases the need for retrospective queries involves the concurrent review of records. During a process of monitoring the health record, any questions can be answered and documented while the patient is still in-

house. Granted, this endeavor is time-consuming and sometimes requires additional FTE's. However, a cost analysis of this process with the effect on the unbilled accounts could easily prove its worthiness. Concurrent record review provides a level of communication between the coding staff and the physician unsurpassed by the retrospective query. Additionally, it can assist with record completion. The record review can easily encompass areas other than coding issues. Dictation and required signatures can also be monitored and flagged during this process.

As it has been stated time and time again, queries are not a substitute for documentation in the medical record. With this goal in mind, new methods must be explored to accomplish this endeavor.

Outsourcing (ROI) Release of Information

*Nestor Ramos
Manager of Client Services
SOURCECORP HEALTHSERVE*



Release of information has become one of the most sought after businesses by outsourcing companies everywhere. There are many reasons for this, but on the top of the list should be the client vendor relationship, and the customer service aspect. For the most part, outsourcing companies have a clear understanding of the healthcare industry, and provide very good customer and client service. The mission of a good outsourcing company should be to maintain the highest standard of excellence in service, to ensure patient and client confidentiality, and to provide the best in release of information for the health information management services. The company should be dedicated to 100% client and customer satisfaction. These are but a few traits that a good release of information company should have.

When selecting an outsourcing company, it is always good to have several vendors come to the organization and discuss the types of service they can provide. Although companies may provide the same types of service, release of information for example, the technology used and the level of customer and client service may differ greatly. The technology used by some companies may integrate with your existing systems, and this may prove to be a valuable asset to your organization. It may improve the level of

customer service provided to your clients, hence improving the credibility of your HIM department. So it is always good practice not to limit yourself to just one known company.

A bad experience with a fast talking sales representative may damage the image of a company, especially if the sales representative has little clue of how HIM operations are run. Luckily these experiences are few and far between among HIM professionals. This may be due to the fact that most companies train their sales force to be up front with their customers and clients. You still have not yet dealt with the most difficult situation. The best is yet to come.

The real test is placed in the hand of the person making the decision to select the outsourcing company, or rather to find the *best* company with the *best* service. This task can be very time consuming and very tedious. Nevertheless this decision should not be taken lightly, especially knowing that the vast majority of all potential breaches of confidentiality within an organization take place in the releasing of information. The more informed the individual making the decision is on release of information issues, the better the chances of choosing the proper outsourcing company to represent your organization. The better the company, the better the service your organization will receive, and less headaches for those in charge.

Here are just a few key items that may help you in your quest for the proper outsourcing company.

- Ask the company to provide you with a list of clients within the state where your facility is located. If a company cannot provide you with a client list, this may be a sign that their presence in your area is weak. This **may** be a cause for your facility not getting the attention it deserves.
- Call around to other facilities that use this company's service. Ask your fellow HIM professionals about their experience with the company. How is the quality of their service, and what level of customer service is provided by the company? This is one of the best ways to get a feel of what you might be getting into, and also of seeing what type of reputation the company has within the industry.
- Ask the question, How does the company deal with staff turnover, and what is the percentage of staff turn over among field personnel?

- Ask the representative what kind of benefits the company provides their staff. Many of you will say that is none of your concern, but I believe it is because this may give you an indication of how real the percentage of staff turnover is. The company is less likely to have staff turnover when they provide their employees with decent benefits.
- Ask the company if they are compliant with JCAHO standards and the new HIPPA rulings. Also ask how the field staff are trained on these issues.
- What type of support can the field staff expect from middle and upper management?
- What type of tracking reports can be expected, and in what intervals can they be expected?

These are but a few items to think about and discuss before making any decision about which company will be best suited to represent your organization in the releasing of confidential health information. I hope this brief article has shed a glimmer of light in the difficult pursuit of acquiring the proper outsourcing company.

What is a Coder? Part 3 (Anyway, this is the last one)

*Barbara D. Bernstein, RHIA, CCS
Orlando Regional Healthcare Systems*



We have talked about the trials and tribulations of inpatient and outpatient coding. We have discussed the problems of the patient's lack of awareness of coding and the impact coding has on all of us. There is just one area I would like to address, which most of us overlook. Diagnostics. I know what some of you think – this is data entry. One code and you are done. This is true. But what we seem to forget is that these hundreds of one-line codes generate A LOT of money. So what's the problem? Getting the physician or his/her office to give us something to code. Rule out pneumonia is not a code. Neither is chest x-ray. Without a code, we can't code it. If we can't code it, we can't get paid for it. If we don't get

paid for it – well, you know the rest. So, what is this all about? We are back to the same old thing again.

Isn't it funny how we keep coming back to the same problem no matter what area of coding we discuss? I know I have talked to you continuously about these problems. If we can't lock the doctors in a room to teach them about documentation (its impact on people and their payments) we really have to find a way to reach them.

I mentioned to you in one of my articles that one hospital was putting notes in the physicians' charts asking about documentation (diabetes type I or type II, anemia – iron deficiency, acute blood loss, etc.) It is a simple idea, but one worth thinking about. If the physicians keep seeing the same questions over and over again, maybe the answers will become automatic. Lunch and learn is another idea worth considering. I have noticed in my travels that the physicians will find their way to the food. A short session advising them on proper documentation may help. I still think the ideal thing would be to lock them in a room and make them try to code their own charts, but I know that will never happen (I can dream). Some facilities have created a position for coding educators. Maybe physician education should be incorporated into that position (please don't send me hate mail.)

All of the articles I have written have been about coding seen through my eyes. I have tried to keep the articles light and hopefully informative. My main purpose, really, was to start people thinking about ways to correct the problems we have. As a coder, I find it frustrating to go through a chart and not find the information I need. As a patient, I don't want to worry that I am going to walk out of the physician's office with a disease I really don't have. So, if I have started you thinking about ways to begin fixing these problems, then I have accomplished what I set out to do.

Thank you for taking the time to read the articles (and letting me vent my frustrations) and thank you for your positive responses.

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?

FHIMA

Florida Health Information Management Association

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ARTICLES

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AHIMA Update

May/June 2002

HIPPA Changes

On March 21, President Bush announced revisions to the Consent for Treatment, Payment and Operations portion of the Health Insurance Portability and Accountability Act, relaxing the patient consent requirements needed before being able to administer care. However, this change in consent does not eliminate most of the HIPPA implementation required of HIM departments in U.S. hospitals. While patient registration will have to endure the majority of this burden, it will still be necessary to revise existing consent forms to ensure compliance with HIPPA standards, determine all areas of organizations where information is released and develop mechanisms to ensure accountability, and to understand preemption of state laws regarding confidential health information.



HIM Master's Degree

The AHIMA has developed a peer-review process by which institutions of higher learning can be recognized as offering an AHIMA-approved HIM master's degree. To be eligible for approval from the AHIMA, the degree program must be an established HIM program, or a study concentration in a program, leading to a master's degree and be sponsored by an institution of higher learning that has achieved regional accreditation or equivalent recognition. In addition, the master's program curriculum must include a body of

knowledge, understanding, skills, and values relevant to HIM. The curriculum should also provide for integrative coursework through experiential learning opportunities in the work environment. The first HIM master's program to receive AHIMA approval is the College of St. Scholastica in Duluth, MN.

Nursing Home Initiative

Tommy G. Thompson, Health and Human Services Secretary, launched a new federal initiative to improve nursing homes, assigning a key role to Medicare Quality Improvement Organizations (QIOs). Thompson launched the initiative to help people who rely on Medicare and Medicaid find the best nursing homes for their needs. These QIOs will encourage rapid improvement by helping nursing homes assess the quality of their services compared to other facilities. They will also provide information on best practices of other providers. When quality data indicates a nursing home has problems, QIOs will assist in the resolution of these problems. Beginning this year, CMS will publish risk-adjusted quality information about nursing homes in every state. Currently QIOs in various states are focusing on such issues as the prevention and treatment of pressure sores, fall prevention programs, and pain management in end-of-life care.

Medication Errors

A significant number of elderly patients are being prescribed inappropriate medications, according to a study from the US Agency for Healthcare Research and Quality (AHRQ). The study reveals that approximately one-fifth of 32 million elderly Americans not living in nursing homes in 1996 used at least one or more of the 33 different prescription medicines considered to be potentially inappropriate. Almost one million elderly used at least one of the 11 medications that a panel of geriatric medicine and pharmacy experts advising the researchers agreed should always be avoided in the elderly. Those medications include long-acting benzodiazepines, sedative or hypnotic agents, long-acting oral hypoglycemics, analgesics, antiemetics, and gastrointestinal antispasmodics. These findings reveal the need to develop evidence-based programs and ways to improve prescribing practices in the United States.

UPDATE AHIMA MEMBER PROFILE

Help us make Communities of Practice Member Search the best possible networking tool!

We hope that you are visiting Communities often and taking advantage of all the networking and knowledge-sharing opportunities that communities provide to you ... AHIMA members!

While you were there, did you use the member search? The search function can be very powerful as you build your professional network of peers with common interests and challenges. However, if another member who should be in your network conducted a search using demographic criteria, your name would not appear because you haven't completed the entire membership profile.

Completing your profile will take about ten minutes of your time . . . and it will be ten minutes well spent. You not only will be a full participant in the Communities of Practice experience, but you will also be giving AHIMA the information it needs to tailor its services and offerings to meet your unique needs as an HIM professional.

You can use the following link to update your profile now:
<https://imis.ahima.org/Source/security/member-logon.cfm?section=Home>

You can also access your membership record through communities of practice by clicking on the icon "update member profile" at the top of every page. Or, you can get to your profile from the AHIMA web site www.ahima.org and clicking "membership" and then "update member profile."

After you have updated your membership record, you will need to click the "continue editing" button above your information. This will take you to the four windows you need for a complete profile. Simply make your changes and submit for each of the four windows.

This is important . . . for both you and for AHIMA. Please give us ten minutes today!

Contacting AHIMA

For general queries, email info@ahima.org. For professional practice questions, go to the AHIMA Online practice forums at <http://www.ahima.org/bibs/index.html> or send email to: proprac@ahima.org.

If you'd like to update your mailing address or email address, include your full name, member ID number and your new information - send to: info@ahima.org. For general questions, contact [AHIMA Online](#).