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Florida Health Information Management Association

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President's Message

May / June 2003

Are We Winning The War?

Sharol P. Noblejas, MBA, RHIA, HCRM



Everywhere we turn, the discussion of war with Iraq is discussed. We hear the countless experts talking about how they are planning for war, the battles we have won and the lives we have lost. Most recently, talk of the release of POW's can be heard. It seems that the war is drawing to a close, though work still needs to continue to rebuild the country.

In the State of Florida, significant issues are arising in health care that will directly affect our profession. With the economy in a slump, there has been talk of Orlando Regional Medical Center's Trauma Center closing. The rising cost of medical malpractice insurance is forcing our physicians to strike. In Jacksonville, the surgeons have decided to stop practice beginning May 2 and possibly resume one month later.

So, what does this mean to the Health Information

Management professional? More than likely, work will be shifted to another hospital. Hopefully, that hospital is staffed with qualified HIM professionals to be able to handle the increased workload. If not, the crisis in our profession will be evident.

I cannot emphasize the need for each of us to assist in recruitment and retention in our profession. Ask yourself, have you taken a student this year? Have you mentored a budding new HIM professional? Have you recruited at least one person into the profession? If each of us were to recruit, we would be prepared for any crisis that comes our way.

FHIMA continues to work together with AHIMA to enhance our profession. In February, Holly Woemmel had the opportunity to attend the AHIMA Winter Team Talks in Boston. Two issues will be discussed at the AHIMA HOD in Minneapolis, MN. Both pertain to the ability of AHIMA to adjust dues based on the cost of living.

Plans for the [FHIMA Annual Convention, July 14 – 17, 2003](#), are underway. The program committee and arrangements committees have been working hard to make this truly a spectacular event. Some of the topics include, Healthcare Fraud and Abuse, Bioterrorism, Corporate Integrity Agreements, what the OIG expects, Genetics, Compliance of Birth Records, The Latest and Greatest in Medical Transcription. We will also have a Keynote Speaker talking about Laughter in Healthcare. An additional 4 CEU's will be added to our program this year as we will have a full day of topics dedicated to Coding on the last day of the convention.

The convention will be held at the Gaylord Palms Resort and Convention Center, a beautiful 5 –star hotel in Orlando, Florida. The hotel offers many amenities such as parking, bottled water, local and 800 calls, in-room internet access, access to the hotel spa and transfers to the Disney theme parks. Members should take advantage of what the hotel has to offer after a great day of educational sessions and networking with new and old colleagues.

Tanya Kuehnast, RHIA and her committee have been hard at work on updating the legal manual. Sections have been added specific to HIPAA. The revised legal manual will be on sale at the convention and on our website.

One way in which we can promote our profession is to nominate students and professionals for FHIMA's Service Awards and Scholarships. The information was mailed to each of our members and is available on our website.

America is now at war and so are we. The only way in which Health Information Management will survive is for each member to actively promote our profession. Eleanor Roosevelt wrote,

"You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face.... You must do the thing which you think you cannot do."

Promoting our profession will not be easy, but we must at least try! Take the time in the next month to recruit at least one person into the Health Information Management profession. Mentor those that are unsure about our profession. I promise you, the rewards will be endless!!





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FHIMA ANNUAL CONVENTION 2003

"United We Stand"

Date:

July 14-17, 2003 (Monday - Thursday)

Place:

[Gaylord Palms Resort & Convention Center](#)

6000 Osceola Parkway

Kissimmee, FL 34746

(407) 586-0000



Monday July 14, 2003	(TENTATIVE SCHEDULE) 18 CEU's OFFERED
Registration Hours	11:00 AM – 1:00 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)
Tuesday, July 15, 2003	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	9:00 AM - 12:00 PM 2:00 PM - 4:00 PM
Exhibit Hours	9:00 AM - 12:00 PM 2:00 PM - 4:00 PM
8:30 AM - 9:30 AM	"Maintain Professionalism & Learn to Lighten Up" <i>Paul E. McGhee, PhD,</i> <i>Keynote Speaker</i> <i>President, The Laughter Remedy</i> Learn how a good sense of humor is an essential survival tool. (Management Development – 1 CEU)
9:30 AM - 10:30 AM	"Healthcare Fraud and Abuse ~ Fact or Fiction" <i>Tim Delaney, Unit Chief, Health Care Fraud Unit</i> Information and perspectives from a FBI agent. (External Forces - 1 CEU)
10:30 AM - 11:00 AM	Break
11:00 AM - 12:00 PM	Our Genetic Information <i>Barbara Fuller, JD, RHIA</i> Hear about the ethical and legal issues surrounding this topic. (Clinical Foundations – 1 CEU)
12:00 PM - 2:00 PM	Membership Luncheon
	HIPAA – Where are we &

<p>2:00 PM - 3:00 PM</p>	<p>where are we going? <i>Hugh P. McDermott, Esq.</i></p> <p>A view on the current issues and trends with HIPAA.</p> <p>(External Forces – 1 CEU)</p>
<p>3:00 PM - 3:30 PM</p>	<p>Break</p>
<p>3:30 PM - 4:30 PM</p>	<p>A Bold Look at New Technologies in HIM <i>Kelly McLendon, RHIA</i></p> <p>An insightful glance at what the future holds for HIM.</p> <p>(Technology – 1 CEU)</p>
<p>4:30 PM - 5:30 PM</p>	<p>Wine & Cheese Reception <i>Sponsored by the FHIMA Board of Directors.</i></p>
<p>Wednesday, July 16, 2003</p>	
<p>Registration Hours</p>	<p>7:00 AM – 11:00 AM</p>
<p>Hospitality Hours</p>	<p>10:00 AM - 2:00 PM</p>
<p>Exhibit Hours</p>	<p>10:00 AM - 2:00 PM</p>
<p>8:30 AM - 9:30 AM</p>	<p>AHIMA Update <i>Katherine Byrd, RHIA</i></p> <p>A lively update on the latest issues of AHIMA.</p> <p>(Management Development – 1 CEU)</p>
<p>9:30 AM - 10:30 AM</p>	<p>"The Revenue Cycle" <i>Karolyn Broussard, MBA, RHIA</i></p> <p>Discover how this cycle impacts your organization.</p> <p>(Performance Improvement - 1 CEU)</p>
<p>10:30 AM - 11:00 AM</p>	<p>Break</p>
<p>11:00 AM - 12:00 PM</p>	<p>Corporate Integrity Agreements: What the OIG Expects <i>Mario Perez, RHIA, CCS, CCS-P</i></p> <p>A lively presentation on the OIG's Great Expectations.</p>

	(External Forces – 1 CEU)
12:00 PM – 2:00 PM	Lunch with Exhibitors
2:00 PM – 3:00 PM	Biterrorism – How Real is the Threat? <i>Speaker - TBD</i> The latest facts from an active military officer. (External Forces – 1 CEU)
3:00 PM – 4:00 PM	Compliance for Birth Records <i>Sharon B. Dover</i> <i>Office of Vital Statistics</i> Informative information for filing timely birth records. (External Forces – 1 CEU)
4:00 PM – 5:00 PM	The Latest & Greatest in Medical Transcription <i>Brenda Hurley, CMT, FAAMT</i> A look into what is new in the Transcription field. (Technology – 1 CEU)
Thursday, July 17, 2003	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
8:00 AM – 9:00 AM	2004 Coding Changes & Challenges <i>Barbara Flynn, RHIA, CCS</i> A lively update on the latest and greatest changes. (Clinical Data Management – 1 CEU)
9:00 AM – 10:30 AM	Documentation & DRGs <i>Mark Michelman, MD and</i> <i>Lauri Bernick, RHIT</i> Learn about physician documentation & higher adjusted DRGs. (Clinical Data Management – 1.5 CEU)
10:30 AM – 10:45 AM	BREAK
	APCs ~ A Current Look <i>Arlene Baril, MS, RHIA</i>

10:45 AM – 11:45 AM	A detailed presentation on APC's. (Clinical Data Management – 1 CEU)
11:45 AM – 1:00 PM	LUNCH (on your own)
1:00 PM – 2:00 PM	<p>Interventional Radiology <i>Margaret Kendrick, RHIA, CCS</i></p> <p>Information from an expert in Interventional Radiology; presentation includes a Q&A session. (Clinical Data Management – 1 CEU)</p>
2:00 PM – 2:15 PM	BREAK
2:15 PM – 5:00 PM	<p>CODING ROUND TABLE <i>Moderators: Rae Glover, RHIT, CCS, Barbara Flynn, RHIA, CCS, Jacquie Jones, RHIA, Karla Philippou, RHIT, CCS, CCS-P, CPC, Susan Brown, RHIA, Jerry Jorgensen, RHIA, CCS, Brandy Ziesemer, RHIA, Katherine Baus, RHIA, CCS-P, Becky Dicus, RHIA, Tandra Kipp, RHIA</i></p> <p>Participate in educational discussions on four hot topics in Coding, and brainstorm with other professionals on specific coding issues. Today's speakers will be available to offer guidance during the discussions.</p> <p><i>2:15-3:30pm : Individual table discussions.</i> <i>3:30-4:30pm : 15-minute presentation from each table.</i> <i>4:30-5:00pm : Overview of final conclusions.</i></p> <p>(Clinical Data Management – 1 CEU)</p>

Registration Fee Structure:

	FHIMA MEMBER	FHIMA MEMBER	NON-MEMBER	NON-MEMBER
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Registration Type	Advance (by June 16, 2003)	Late	Advance (by June 16, 2003)	Late
FULL (7/15-7/17) includes ALL food functions	\$285	\$310	\$310	\$335
Two Days Only (7/15-7/16) includes Membership Luncheon and Exhibitor Luncheon	\$200	\$225	\$225	\$250
One Day Only (7/15, 7/16 or 7/17) includes functions for the day an admittance to the exhibit hall on 7/15 & 7/16	\$135	\$160	\$160	\$185
* Student - includes ALL food functions	\$90	\$100 Daily \$35		
* Student - does NOT include food functions * Students MUST pre-register by June 16, 2003 to qualify for free registration.	\$0	\$35 Daily \$35		
Exhibit Hall Only	\$50	\$75		
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 OR for a complete registration form, [CLICK HERE](#).

Attire: Business Casual

For exhibit space, contact Lori Eytel Lucas, RHIA at fhima@infionline.net or (239) 597-1751.

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[Lori Eytel Lucas, RHIA](#) at (239) 597-1751

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Email Address Change

Effective immediately, the new email address for FHIMA is fhima@infionline.net. Remember to update your address book.



**Be Sure to Vote in the AHIMA National Election
and Support our Florida Members:**

Denisha Torres-Lich, MS, RHIA, LHRM
AHIMA Board of Director

Angela Picard, MEd, RHIA
Council on Accreditation, RHIT Educator

AHIMA is celebrating 75 Years of Service and has made it very easy to vote this year! Eligible voters (members with active, senior, and honorary status holding a valid AHIMA credential as of April 4, 2003) can choose between voting online at <<http://cop.ahima.org/COP/>> or voting via the telephone, toll free (800) 866-512-6995. Voting began at 1:00 a.m. ET on April 14th and will continue until 11 p.m. on May 30, 2003. Click on the link that says 2003 National Election Ballot, above the section on the left side above the Search box (only eligible voters will have this link on their personal page). Your browser will open a new window, displaying detailed instructions. Brief biographies and photos of all the candidates will also be in the May Journal of AHIMA. Don't wait do it NOW and make Florida celebrate with the highest voter turnout!

Gulfcoast Health Information Management Association 4th Annual Symposium

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

Date: May 21, 2003

Topics:

- * APCs
- * Coding Pitfalls
- * E-Coding
- * FHIMA Update
- * Dr. David Skaer

\$75 On-Site Registration. Registration includes 8 continuing education units, continental breakfast, lunch and snacks!

16th House of Delegates July 14, 2003 1:00 PM -5:00 PM Issue Group Topics

*Holly Woemmel, MA, RHIA
Chief Delegate*



Issue #1: Should FHIMA support AHIMA's proposed bylaw Amendments? The amendments are: a) approve dues for all membership classes except for those powers and duties delegated to the board, b) the Board may authorize a cost of living adjustment to dues. Such an adjustment would be based on the actual prior year cost of

living adjustment. Any proposed increase over 8% would require approval by the House of Delegates.

Rationale:

AHIMA would like to permit the Board to authorize a cost of living adjustment to membership dues if the economy and economic situation warrant this action. The maximum amount of the annual adjustment in any given year would be limited to the prior year cost of living increase in the United States . The board's authority would be limited to the prior year cost of living increase in the United States . The Board's authority would be limited to an 8% adjustment, and any increase needed in excess of the 8% would require action by the House of Delegates.

Benefits to the Proposed Bylaw Amendment

This proposal is being presented for the long range financial planning to have a balanced budget no later than 2006. The elements of the plan are membership growth, adjustment to dues, continuing to increase revenue from sources other than dues, and holding the line or reducing the growth rate of expenses for member benefits/services.

When the 2000 House of Delegates approved an increase in due from the base of \$100 to a new base of \$135, the delegates asked at that time that future increases be done in smaller increments. It was suggested that the bylaws provide for a cost of living adjustment.

CSAs would receive an increased rebate from the higher level of dues. The rebate is set at 20% of dues. This will help to offset the effect of inflation at the CSA level.

If the fund balances increase due to a good economy, AHIMA would not assess the fees for that year. The House of Delegates is geared to look at strategic planning and not running the operations of the association.

Example: 2002 cost of living raise that was published was 1.58%. The dues increase for the year 2003 would be \$2.13. This would be implemented with the 1/1/04 dues cycle.

Please refer to the Questions and Answers regarding AHIMA's proposed bylaw amendments.

Questions to Consider:

1. Does FHIMA support proposed bylaw amendment of approving dues for all membership classes except for those powers and duties delegated to the board?
2. Does FHIMA support proposed bylaw amendment of the board

authorizing a cost of living adjustment to dues? Such an adjustment would be based on the actual prior year cost of living adjustment. Any proposed increase over 8% would require approval by the House of Delegates.

Facilitators: Holly Woemmel and Perry Ellie

Issue #2: Increase recognition of HIM and value of AHIMA credentialed professional in the market through the FIRE Committee.

Rationale:

The FIRE Committee for FHIMA has been diligently working this year through the local chapters in promoting the HIM profession. The FIRE Committee has written several articles in Coastlines promoting recruitment activities and marketing activities. The most current activity has been collecting data for a recruitment CD-ROM project, like the one AHIMA has established in the past year. Other tools that have come out of the AHIMA workforce initiatives is member get a member and mentoring program.

The FIRE Committee has solicited volunteers and ideas for the recruitment CD-ROM project. Great ideas came out of this solicitation, such as:

- a. A section with positions and position descriptions representing the various career opportunities that HIM professionals have,
- b. Asking the students up front what they want in a career and gearing it towards that,
- c. Creating the CD that will have two tracks, one for the first time student and a track for the 2nd career student,
- d. Using the power of persuasion towards ethnic backgrounds and gender,
- e. Addressing the variability in working environments and standards of living one could expect to achieve, and
- f. Addressing the workforce shortage in the HIM profession.

The US Bureau of Labor Statistics (BLS) projects the need for about 97,000 new medical and health information technicians through 2010 to fill new jobs and replace workers who leave the field, making this one of the fastest growing health occupations. The BLS also projects the need for 123,000 new medical and health services managers per year, the category that includes health information administrators with bachelors or higher degree. Thus, approximately 6,000 new HIM workers are needed each year to

replace those who retire or leave the field. Today, roughly 2,000 new professionals and technicians graduate from academic programs and enter the field each year.

The HIM Workforce and Workplace 2002 Educator and Student Survey have been completed through the Center for Health Workforce Studies at the University of Albany . These studies encompassed developing an accurate description of the AHIMA membership in 2002, describing the HIM employment environment in the US in 2002 and gather information and insights about AHIMA-accredited education programs in 2002. These studies correlate with BLS projections for the needs of bringing to the forefront workforce shortages for the HIM profession. These studies will also enable AHIMA to quantify future workforce needs to:

- a. Provide more complete and accurate information on the current employment situation,
- b. More fully describe future roles, competencies and workforce needs,
- c. Support and strengthen the network of academic programs in HIM at the associate's baccalaureate and master's degree levels,
- d. Set direction for professional education curriculum and accreditation policies,
- e. Support efforts to recruit students into educational programs.

The FIRE committee is looking for the regional chapters in representing the HIM profession at our local schools and community colleges. It takes all of us to promote the HIM profession and promote it as the job of choice.

Questions to Consider:

1. What suggestions does the membership have in regards to the CD-ROM project?
2. How do we appeal to the first career student and then the second career student?
3. What can the local chapters do to help with the workforce recruitment and mentoring efforts?

Facilitators: Michelle Mock, RoseAnn Webb and Stacie Buck

Issue #3: Should FHIMA pursue through legislation having our credentials be required in healthcare agencies and healthcare organizations in the State of Florida?

Rationale: To establish the value of AHIMA credential of RHIA, and RHIT. FHIMA should lobby legislative bodies to introduce requirements that our certifications be required in healthcare organizations in the state of Florida . Once these two credentials are in the established into law, FHIMA will work with the credentials of CCS, CCS-P, CHP, CHS and CHPS to seek legislation requiring these credentials to be used in healthcare organizations in Florida .

Certification provides both personal validation and validation for employers and consumers of professional competence through:

- a. Demonstrating to colleagues and superiors a dedication to quality healthcare and to the highest standards for managing confidential healthcare information,
- b. Presenting solid evidence to employers that an employee has trained and has been tested to implement best practices and apply current technology solutions, abilities that in turn advance the organization,
- c. Setting a person apart from uncredentialed job candidates,
- d. Assuring current knowledge through continued education, possession of field tested experience and verification of base level competency,
- e. Holding value to employers because it supports a worker's ability to uphold industry standards and regulations thereby potentially saving organizations from fines and penalties due to errors or noncompliance,
- f. Catalyzing career development by augmenting resumes and adding recognition to candidates' capabilities. Since credentials appear after a person's name, they announce expertise with every signature.

The states of Tennessee , Rhode Island , Kentucky and California have language that requires a credentialed RHIT or RHIA supervising the medical record services. FHIMA could propose to State Legislators that our credentials with RHIA and RHIT. The wording on legislation for the state of California is as follows: "The medical records service shall be under the supervision of a registered records administrator or accredited records technician. The registered record administrator or accredited record technician shall be assisted by such qualified personnel as are necessary for the conduct of the service."

Questions to Consider:

1. Do we as a state association feel that is of value to develop this lobby for legislation to introduce our credentials be required in Healthcare Organizations?

2. Do the local chapters feel that they could give the commitment to increase our recruitment and professional recognition?
3. What entities could be lobbied? Example, FHA, VHA, HCA Shands Organization, etc.
4. What model language would FHIMA like to have in the legislation?

Facilitators: Tara McIntyre-Morgan and Mario Perez



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May / June 2003

FIRE Committee Update

*Stacie L. Buck, RHIA, LHRM
FIRE Committee Chairperson*



Summer is quickly approaching and my service as FIRE Committee Chair will soon be coming to an end. I would like to thank all of the FHIMA members who participated in Finding, Inspiring, Recruiting & Educating the next generation of HIM professionals this past year. A FHIMA recruitment CD-ROM is in the planning stages and once completed will be a valuable tool in assisting regional representatives with local recruitment efforts.

Although the FHIMA FIRE Committee continues to make progress in its recruitment efforts, we still have a long way to go as a professional association. According to a *JAHIMA* article published in April 2002 entitled "A Recruitment Partnership for the Future", enrollment in HIT & HIA programs continues to decrease as demand for these professionals increase. The article specifically points out that an AHIMA survey reported that HIA program enrollment had decreased over the last several years by 37% and HIT program enrollment had decreased by 31%. At the same time the Bureau of Labor Statistics (BLS) has identified the health information technician as one of the top 10 fastest-growing occupations, predicting that HIT positions will increase by 49% by the year 2010. HIA positions are expected to grow by 32% in this same time

period.

I believe it is up to all of us as current HIM professionals to see that enrollment in HIM programs increases dramatically. Over the years many HIM professionals have complained (myself included) that we do not receive the recognition we deserve, and that we are overworked and underpaid for the important role that we play within our organizations. As another year passes with this resounding criticism, we have no one to blame but ourselves. If we are not prepared to "toot our own horn" then surely we cannot expect someone else to do it for us. Rather than sitting on the sidelines pointing out what is wrong with our profession, it is time that each of us stood up and took an active role in commanding the respect we deserve and devoting some of our time to serving in professional associations at the regional, state and national level. Just as some believe "it takes a village to raise a child", I believe it takes our *entire* profession to raise new HIM professionals and to prove to the healthcare industry that we as HIM professionals are invaluable assets within our organizations. We cannot continue to rely on a select few leaders to keep us surviving. If we do not persist in moving forward as an association, we will slowly begin to lose the ground that we have gained. Sooner or later healthcare organizations will look to fill positions that were intended for a credentialed HIM professional with other under qualified individuals.

Finally, I would like to extend a special thank you to Elizabeth Whitmer, RHIT & the Southwest Health Information Management Association for all of their hard work and dedication to promoting the HIM profession in the Southwest region. I asked Elizabeth if she would share her experiences as FIRE representative with the entire state and she eagerly accepted the opportunity to provide FHIMA with the benefit of her experience. It is my hope that all regions will look to SWHIMA and follow their lead in recruitment activities.

Article citation:

Kaplan-Quinn, Genia, and Robert Garrie. "A Recruitment Partnership for the Future." *Journal of AHIMA* 73, no.4 (2002): 50-52.

SWHIMA FIRE Update

Elizabeth A. Whitmer, RHIT



When I think to myself, what does Bill Gates, Norman Schwartzkopf, Sam Walton and Jon Gruden, have in common with you and me? They all had a specific goal to accomplish something. A goal that then became a driving, sincere passion, knowing very little limitation and then...that final accomplishment! That is how stimulating being an active member of the FIRE Committee should be.

You too, can develop that drive to help achieve something for our HIM fields. I would like to share with you what appeared to be the greatest challenge for the Southwest FL , FIRE Committee and then share our outcome.

It all begins, by emailing as many HI members you can. Explain to them that you have planned a luncheon, and the purpose is to involve them in a brainstorming attempt, as representatives of the FIRE Committee. You need to remind them that we are **all** FIRE Committee members.

For us, a luncheon was great and it won the presence of 13 hungry HIM professionals from the southwest area. It was then that I presented them with a rough draft of an article, for their review and edit, about the HIM field and its important role in the health care field. After collaborating together for three hours, we were looking at 1200 words. With the efforts of everyone, and the AHIMA website, our final draft presented us a clear, comprehensive view of what we have all been representing for all these years, and happy to say in lay mans terms. We wanted to have it simple to read and understand it was a success. That greatest challenge was not so bad. Ahead? More challenges, but none so difficult as the first. You too, can accomplish this achievement, with a renewed reminder of what we are and what we represent to our diverse HIM fields.

As many of you should know, the vision of the FIRE Committee is to create awareness and widespread recognition of HIM professionals throughout the health care industry, as well as establish an effective recruitment process to attract new HIM professionals in an effort to eliminate the shortage of qualified HIM professionals. Our mission is to be

committed to finding, inspiring, recruiting and educating future generations of HIM professionals and promoting the value of individuals possessing HIM credentials and skill sets.

This too, was easily defined and everyone can easily see what is expected of us. Our article then endured further revision, over and over via email to other members that were not able to attend the luncheon, we had a final unanimously approved article. I would rather refer to it as our piece of ammunition to accomplish the rest of our goals. Our next focus was the target to aim for. This was not difficult. We were successful in notifying 8 local area radio stations about the upcoming HIM & T celebration week. Of course they received a "Readers Digest" version for the air. When we informed them that it was a public service announcement, that made it simple and free.

After many inquiring telephone calls we found out that the southwest area newspapers, were hungry for something new. Seeking a good sales pitch was not difficult. Many listened with great interest and learned of a career they knew nothing about. Our article appeared as a Spotlight Career article in the Ft. Myers News Press. We had a smaller editorial version, in the Naples Daily News. We have begun a series of "Bio" Spotlight articles in the Ft. Myers News Press, written by our own area HIM professionals. The editor of the paper informed us, she could sponsor as many Career Spotlight Articles as she can to bring continual public awareness to this very exciting and informative career.

Currently we are working with a Tampa Tribune writer, to do an employment interview with two HIM professionals, including a spotlight for HI colleges in their area. "Today's Nurse" has also committed to an upcoming article for their publication. (We'll keep you apprised)

You see, targets to promote the HIM are not difficult. There are so many out there, as you will agree with me, that do not know a whole lot about the HIM field. Newspapers are hungry for articles (especially if they are already written) and having public service announcements on the radio, just prior to HIM & T week was received with outstanding results. Along the way, I met people that were a major tool to us. Listening to their questions, comments, and in return obtaining another great idea for our promotion.

I guess the bottom line is, make a continued effort to the

FIRE Committee, then add to your resume, "accomplished in HIM sales and service".

HOW ACCURATE IS YOUR HOSPITAL PROFILE?

Kathleen Wahl, MS, RHIA



We've heard it before – "My patients are sicker." The challenges associated with that statement are how the patients are being portrayed in the public arena from a diagnosis-reporting standpoint. It is no longer enough to just get the correct DRG; coders must be able to completely record all diagnoses monitored, evaluated or treated. Why is this important? Increasingly, third-party entities are evaluating and profiling hospitals pertaining to patient severity of illness (SOI), resources used to care for the patients, and monitoring outcomes – are patients dying in appropriate risk categories?

Several SOI and Risk of Mortality (ROM) systems exist to measure outcomes. However, this article will focus only on the APR-DRG (All Patient Refined DRG) system. This classification instrument bases the SOI and ROM classifications entirely on coded data reported for billing, utilizing the UB-92 form. The challenge associated with this is that coded data is dependent entirely on physician documentation in the patient record. Why does this challenge exist? Physicians think and write the clinical aspects of patient care – but not always in terminology that is easily translatable into ICD-9-CM diagnosis codes. Consider how often we as coders see documentation such as:

- a. "Hgb 5.2, will transfuse" (with no diagnosis of anemia, much less the specific type of anemia)
- b. "Will rehydrate patient" (with no documentation of dehydration); "IV boluses" (with no corresponding diagnoses)
- c. Patients admitted with a list of home medications, with no corresponding diagnoses
- d. Semantics issues – "Urosepsis" vs. "Sepsis," "LUL infiltrate," "pulmonary congestion"

The APR-DRG system is a refinement of the All Patient DRGs (AP-DRGs), a system that is more representative of non-Medicare populations such as pediatric patients. After a series of consolidations, additions and modifications to the AP-DRG system, there were 357 APR-DRGs, each with two scores – one to identify patient SOI and the other to identify patient ROM. Similar to the CMS DRG system, the

SOI subclasses are assigned relative weights. Although reimbursement is not a factor at this point, hospitals in Maryland are piloting a process to reimburse hospitals using the APR-DRG system. More than 30 states, including Florida, use the APR-DRG classification to give report cards to hospitals on a regular basis.

Subclass Severity * Subclass Mortality

1 Minor 1 Minor
2 Moderate 2 Moderate
3 Major 3 Major
4 Extreme 4 Extreme

Differences between the CMS DRG and APR-DRG systems are that ALL secondary diagnoses have the potential to affect SOI/ROM (not just CCs), just as patient age, sex and discharge status contribute to the assigned subclasses.

The patient population shopping for healthcare is increasingly utilizing information on web sites. Sites such as www.healthgrades.com have outcome data utilizing a system of one to five stars for specific diagnoses and procedures. State databases and Medpar are the data sources. CMS is compiling quality indicator data for its web site for patient awareness. Maryland, Arizona and New York are participating in a pilot program to facilitate patient education by publishing quality indicators for the diagnoses of pneumonia, heart failure and heart attacks. This is only the "first step," according to HHS Secretary Tommy Thompson in an AP article published in December 2002. Results are expected in early 2004, with pilot program completion expected in 2005.

In summary, awareness of SOI/ROM quality indicators is a reality for the present and the future. It is critical for hospitals to be proactive in understanding and implementing accurate coding of diagnoses in order to facilitate accurate profiling of hospitals and physicians. When DRGs were implemented in 1983, the coded data used to design and implement this reimbursement system was flawed at best. Awareness, now, of potential reimbursement system refinements may be key to hospitals' being appropriately reimbursed in the future.

HIPAA IS HERE TO STAY!

*Linda Noel, M.Ed., RHIA
Corporate Privacy Officer
Orlando Regional Healthcare*



Notice of Privacy Practices

HIPAA requires that healthcare facilities provide a notice to all patients that describes how they use and disclose protected health information (PHI) and the rights of the patient in respect to PHI. Each patient must receive the NPP one time (unless the notice changes, at which time each patient must receive a copy of the revised notice). Some facilities will provide its Notice of Privacy Practices (NPP) to patients at registration. Registration personnel should be able track the distribution of the NPP in the registration system and ask that each patient acknowledge receipt of the NPP. The NPP will summarize how PHI is used or disclosed for treatment, payment and health care operations. The NPP will also explain uses and disclosures for situations such as research and marketing, and it will explain patients' rights regarding PHI, which are to:

- Inspect and copy
- Request amendments
- Receive an accounting of disclosures
- Request restrictions on uses
- Request an alternate method of communication
- Obtain a paper copy of the NPP.

FINAL HIPAA SECURITY RULE RELEASED


The new HIPAA regulations on information security were issued on February 21, and healthcare providers must be in compliance by April 2005.

These new rules adopt standards for the security of electronic protected health information (PHI). Under the rules providers must:

- Ensure the confidentiality and integrity of electronic PHI
- Protect against anticipated security threats (hacking, for example)
- Protect against unauthorized uses

- Ensure compliance by employees

To access a copy of the rule, go to <http://aspe.hhs.gov/admsimp/>. For AHIMA's analysis of the new rule, go to http://www.ahima.org/dc/analysis_2_26_03.cfm.



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May / June 2003

AHIMA 2003 NATIONAL ELECTION VOTING CONTINUES UNTIL MAY 30

Eligible voters (members with active, senior, and honorary status holding a valid AHIMA credential as of April 4, 2003) can choose between voting online or voting toll free via telephone. Voting continues until 11 p.m. on May 30. You will be permitted to cast only one ballot. Individuals who use both voting methods will have both ballots declared invalid. Biographical details and position statements for each candidate are available online in a special candidate COP at <http://www.ahima.org>. Brief biographies and photos of all the candidates will also be in the May Journal of AHIMA.

Don't Forget To Vote and Support Our Florida Members!

Denisha Torres-Lich, MS, RHIA, LHRM

AHIMA Board of Director

Angela Picard, MEd, RHIA

Council on Accreditation, RHIT Educator



AHIMA Announces New Peer-Reviewed Journal *Perspectives in Health Information Management*

Perspectives in Health Information Management is a scholarly, peer-reviewed research journal whose mission is to advance health information management practice and to

encourage interdisciplinary collaboration between HIM professionals and others in disciplines supporting the advancement of the management of health information. The primary focus is to promote the linkage of practice, education, and research and to provide contributions to the understanding or improvement of health information management processes and outcomes.

While the main focus of the publication is on health information management, submissions from specialists in healthcare-related disciplines related to the use of health information are welcomed. Manuscripts must be explicit in their analysis of the implications for health information management. Contributions may include research papers, case studies, evaluation and historical research, literature reviews, and commentaries on issues and practices.

Submitted formats are subject to a rigorous peer review process. This review process is designed to help authors improve their manuscripts and to ensure that only manuscripts that comply with general quality criteria, especially originality, clarity, and validity of results and conclusions, are published. AHIMA intends to document the publication's rejection rate

For more information go to
<http://www.ahima.org/perspectives/>

FORE MERIT SCHOLARSHIPS & EDUCATIONAL LOANS

Application deadline May 30, 2003.

AHIMA's Foundation of Research and Education (FORE) offers merit scholarships to outstanding students pursuing degrees in the HIM field. For more information or to download an application, visit the FORE section of AHIMA's Web site

For more information go to
<http://www.ahima.org/fore/programs.html>

SEMINAR - ACHIEVING CODING EXCELLENCE

June 13 to June 14, Kansas City, MO at the Hyatt Regency
September 12 to September 13, Boston, MA at the Sheraton Boston

These seminars address critical information for both hospital and professional service reporting, and will meet the needs of practicing coding professionals. Participation in these sessions will bring your coding skills and

knowledge up to even more proficient levels, by providing you with the latest information on practices, policies, and procedures. Case studies, tip sheets, sample audit forms, coding guidelines, and compliance references are all included in a valuable take-home resource book.

For more information go to

http://www.ahima.org/coding/coding_meetings.cfm

PRACTICE SOLUTIONS AWARDS

Application deadline June 27, 2003

Practice Solutions are programs that have had a positive impact on the daily practice of HIM. Winning submissions to FORE's Practice Solutions programs will be listed in the Best Practice Clearinghouse on the FORE page of AHIMA's website, and will receive cash awards of \$250.

For more information on the program or to download an application visit the FORE website at

<http://www.ahima.org/fore/practice.html>

AHIMA EVENTS

May 30	Application Deadline - FORE Merit Scholarships & Educational Loans
June 13 to June 14	Seminar - Achieving Coding Excellence
June 27	Application Deadline - Practice Solutions
September 12 to September 13	Seminar - Achieving Coding Excellence
September 26	Application Deadline - Grant-in-Aid & Dissertation Assistance Awards
September 26	Application Deadline - Practice Solutions
October 18 to October 23	2003 AHIMA National Convention and Exhibit
October 31	Application Deadline - Best Practice Awards
December 5	Application Deadline - Practice Solutions

October 9, 2004 to October 14, 2004	2004 AHIMA National Convention and Exhibit
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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](#).
