

HIM & ONCOLOGY SUPPORT SERVICES

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Let The Expedition Begin!

*Ashlyn Dellenger, RHIA
FHIMA President*



Let the Expedition begin! Your FHIMA Board of Directors met in Orlando in early September. We discussed the Committees reports and everyone is well underway. It is going to be a great year!

The FHIMA Leadership Conference was held in early September as well. Unfortunately, there were several regions that were not represented. A big thank you to Gulf Coast, Central, Northeast, SunCoast and Southwest regions for their input and attendance. We had the pleasure of listening to Don Asmonga, MBA, AHIMA Government Relations Manager. He provided our group with a demonstration of the Advocacy Assistant. This tool, which is located on the AHIMA website, enables members to easily make contact with Congressional leaders within the country. Don showed us how the system can send letters, press releases, and other communications easily. AHIMA is purchasing individual state versions of the Advocacy Assistant. Florida will be one of the pilot states for that project.

Stacie Buck, RHIA, Legislative Chairman, is working closely with Don. The Legislative Committee is putting together FHIMA's first ever Hill Day. Mark your calendars, because on March 4, 2004, FHIMA is going to Tallahassee! FHIMA is going to meet with key state senators and representatives and introduce our organization to them. The Legislative Committee recently notified everyone about the letter writing campaign. This letter writing campaign is to create awareness of our profession and our organization. If you have not sent your letter as of yet, please do so.

Elizabeth Whitmer, RHIT, FIRE Chair, has also been busy at work with her Committee. Elizabeth informed the attendees at the Leadership Conference of the many plans in the works for the FIRE Committee. The FIRE Committee would like to see the regions reaching out to other organizations to inform them and educate about our profession. The FIRE Committee really needs the support of the regions, not only for recruitment, but for marketing as well.

Your AHIMA Delegates survived the Great White North at the AHIMA 75th Anniversary House of Delegates and Convention. The convention was well planned and the speakers were well chosen. Linda Stone, RHIT, FHIMA Chief Delegate has reviewed the AHIMA House of Delegate business in her report, so as not to steal her thunder, I will direct you to her report for the specific AHIMA HOD outcomes.

FHIMA has a lot of ground to cover this year, many different territories to discover. The longest journey begins with the first step, but as usual, our dedicated leaders and committee chairs are blazing their trails with leaps and bounds!

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FHIMA'S CALL FOR NOMINATIONS

MAKE A DIFFERENCE...

FHIMA Needs Enthusiatic Volunteers LIKE YOU!

*Mario A. Perez, III, RHIA, CCS, CCS-P
FHIMA Nominating Committee Chairperson*



Each year, we seek candidates for the following positions:

President-Elect*: The position is actually a 3-year commitment. The president-elect sits on the Board and works closely with the President and Management Steering Committee. The 2nd year is the President, and the 3rd year, sits on the Board as Past President/Director.

Qualifications: 1) Experience serving as an FHIMA Committee Chair or officer in a regional association or prior HIM leadership role in another state. 2) Active Membership in AHIMA and FHIMA. Prior experience on FHIMA Board is preferred.

Director*: Each year THREE Directors are voted on to the

Board. They serve as liaisons to Committees and conduct business of the Association. This is a 2-year term.

Qualifications: 1) Experience serving as an FHIMA Committee Chair or officer in a regional association or prior HIM leadership role in another state. 2) Active Membership in AHIMA and FHIMA.

Delegate to AHIMA: This is a 2-year commitment. The first year the AHIMA Delegate attends the AHIMA Annual meeting, and the second year, attends the AHIMA Meeting AND sits on the Board as Chief Delegate*.

Qualifications: 1) Previous or present FHIMA Board experience, 2) Served as a delegate to FHIMA House of Delegates, or 3) Previous service as a delegate to AHIMA, 4) Active Membership in AHIMA and FHIMA.

* FHIMA Board members have registrations fees waived to the annual meeting.

Click here to obtain [2004 FHIMA Nomination Form](#).

For more information, please contact:

Mario A. Perez, III, RHIA, CCS, CCS-P
1251 SW 138 Court
Miami, FL 33184
Mperez1251@aol.com
305-903-9414

The deadline is December 31, 2003.

CMS Publications



9/24/2003: Medicare Announces Plan to Accept HIPAA Non-Compliant Electronic Transactions after October 16, 2003 Compliance Deadline.

For more information visit:

<http://cms.hhs.gov/media/press/release.asp?Counter=870>>

FHIMA LEGISLATIVE COMMITTEE UPDATE

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

Letter Writing Campaign



The Legislative Committee kicked off its letter writing campaign on September 22nd. This was the first step in creating awareness of our profession and our organization among our state legislators.

Participation in the campaign was disappointing with only 36 members reporting their participation. These 36 individuals managed to contact 28 members of the House of Representatives and 22 members of the Senate. For the remaining 110 Senators and Representatives, I sent letters to each one on behalf of the FHIMA Legislative Committee.

Speaking Engagements

Do you find it difficult to secure speakers for your meetings? The Legislative Committee can help you. A Legislative Committee member would like the opportunity to speak at one of your regional meetings.

The committee plans on reaching out to each region, by sending a committee member to attend a meeting to educate members about FHIMA's advocacy efforts as well as provide a demonstration of AHIMA's Advocacy Assistant. A power point presentation is currently being developed and each regional president will receive a copy along with the name of the individual who has been assigned to speak to that region. I strongly encourage each region to take advantage of this opportunity.

Hill Day

Mark your calendars for March 4, 2004! On this date FHIMA will be storming our Capitol!

The next step in our awareness campaign is meeting face-to-face with our state legislators. Since this is our first experience with Hill Day, the FHIMA Board has decided to proceed conservatively this year. The Board has decided to cover Hill Day expenses for the Board members and the

Legislative Committee Chairperson. All other individuals wishing to attend must finance their trip. This may be accomplished by each region sponsoring a representative or seeking a vendor to sponsor a representative for Hill Day.

For those unable to attend, but still wanting to participate, please consider visiting your local legislators in their local offices before the start of the general legislative session.

Look out Tallahassee!!!

Don't forget to check out the Legislative Committee CoP. It is listed under Geographic: Florida Legislative Committee. Join the CoP to keep up to date with our latest activities and access the many advocacy resources that are posted in the community.

FHIMA MEMBER WINS 2003 AHIMA TRIUMPH VISIONARY AWARD

Kelly McLendon, RHIA



Minneapolis, MN & Boca Raton, FL - October 21, 2003 Health information management (HIM) expert, Kelly McLendon, RHIA, of Eclipsys Corporation®, The Outcomes Company®, won the 2003 Triumph Visionary Award from the American Health Information Management Association (AHIMA).

The award was presented at AHIMA's 75th Annual National Convention and Exhibition in Minneapolis, MN. The award recognizes McLendon for his leadership in the field of electronic records and HIM.

Presented through AHIMA's Foundation of Research and Education (FORE), the Triumph Visionary Award honors professionals who are shaping the future of HIM. The award spotlights professionals who are embracing new ideas, exploring visionary approaches to practice, and applying health information principles in new areas. Congratulations Kelly!

THREE FHIMA MEMBERS



RECEIVE AHIMA FORE SCHOLARSHIPS

Chicago, October 2003 - The American Health Information Management Association's (AHIMA) Foundation of Research and Education (FORE) is proud to announce that the following individuals have been awarded the FORE Merit Scholarships:

Rhonda Buchenhain received the FORE Diversity Scholarship, underwritten by a generous grant from the Foundation of Research and Education.

Mary O'Leary received the FORE scholarship, underwritten by a generous grant from the Foundation of Research and Education.

Dwan Thomas-Flowers, RHIA, CCS received the Julia Le Blond Memorial Scholarship, established by St. Anthony Publishing/Medicode, Ingenix Companies.

The FORE Merit Scholarship program is just one of the programs benefiting from contributions to the Foundation's Fast FOREward Campaign - a two year campaign aimed at raising \$1 million to fund initiatives that will help anticipate and plan for the future of HIM; educate current and future practitioners; and support innovations that advance the profession. For additional information about the FORE Merit Scholarship program or the Fast FOREward campaign, visit AHIMA's web site at <http://www.ahima.org/fore/>.

NEWS FROM AROUND THE STATE



Suncoast Region

*Stacie Buck, RHIA, LHRM
President*

The Suncoast Region held an all day seminar on November 14, 2003 in Stuart. Hospice of Martin and St. Lucie, Inc. - Center of Hope was the host facility. This year Suncoast is actively supporting the FHIMA FIRE Committee by contacting high schools about speaking to student as well as supporting the FHIMA Legislative Committee through a letter writing campaign.

A logo contest is underway with Indian River Community College for the students to design a new logo for the region for a \$50 prize.

The officers for the Suncoast Region this year are:

President

Stacie L. Buck, RHIA, LHRM

President-elect

Tamara Merrill, RHIA, CCS-P, CPC

Secretary

RoseAnn Webb, RHIA, LHRM

Treasurer

Fred McCall, RHIA

Education Director

Diana Spaulding

Past President

Martha Taylor, RHIT, CCS

Florida Association for Medical Transcription (FAMT)

The Florida Association for Medical Transcription (FAMT) announced at its July 2003 meeting of the FAMT Board of Directors, a change in the 2004 annual meeting dates and hotel room rates. Please note the following information and update your records accordingly.

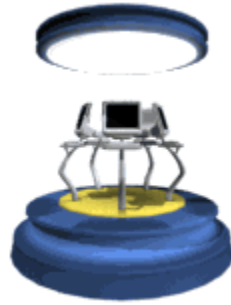
- FAMT annual meeting will be held April 29-May 2, 2004, at the Radisson Deauville Resort on the beautiful Miami Beach.
- The 2004 FAMT annual meeting theme has been established as *Oceans of Opportunities*.
- Hotel room rate for this FAMT meeting will be \$98 per room per night, single through quad. The resort fee has been waived.
- Ocean front rooms are available at \$145 per night.
- Valet parking is \$12 per day.

Mark your calendars now for Oceans of Opportunity, April 29 - May 2, 2004, where the only thing we will overlook is the ocean!

Document Imaging System Seminar

McKesson Corporation

Orlando, Florida



McKesson Corporation will be holding a seminar "Successfully Implementing a Document Imaging System" at the Orlando Marriott Downtown on December 4, from 9:30 am to 2:00 pm. Lynn Henderson, MHA, RHIA, Director, Health Informatics, Spartanburg Regional Health System will be explain how her department was able to meet their goals of improving patient care, reducing costs, and improving productivity by moving to a paperless environment. McKesson will also discuss the steps necessary to transform into a virtual e-HIM department, and provide a demonstration of how a document imaging system functions. If interested, please contact Steve Bence at (404) 338-2962 or via email at steve.bence@mckesson.com. Space at this event is limited. Please include name, title, organization, and phone number on any email communications."

SAVE THE DATE!



FHIMA Annual Convention 2004
July 12-15, 2004 (Monday - Thursday)
Gaylord Palms Resort
www.gaylordpalms.com

Experience the sun like never before! Here are some of the perks that the resort has to offer:



Complimentary self parking



No charge for local and 800 calls



Complimentary in-room internet access

(T-1 capacity)



Bottled water, orange juice, coffee & tea in each room replenished daily



Access to fitness club at the Canyon Ranch Spa



Free transfers to and from Disney Theme Parks



Complimentary transfers to and from Falcon's Fire at Gaylord Palms Golf Course and FREE range balls



GET THE ALL NEW 2003 Medical/Legal Guide to Health Care Records in Florida

The new Medical/Legal Guide to Health Care Records in Florida is now available and ready for purchase. The manuals are \$135. Students enrolled full-time in an accredited HIT/HIM program may purchase the guide for \$65.

Click here for an [ORDER FORM](#).

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The Emergency Medical Treatment and Acitve Labor Act (EMTALA) and the Impact on Management of Health Information

*Dwan Thomas Flowers, RHIA, CCS
FHIMA Legislative Committee*

EMTALA has recently become a subject for much discussion among hospitals, once again. In an attempt to provide increased protection for patients against being "dumped" and to clarify the previous proposed rule, published in May of 2002, the final rule was published in the Federal Register on September 9, 2003 and will take effect on November 10, 2003. A review of the history of EMTALA, a high level overview of the changes, and the effect on medical record documentation, thus management of health information, will assist HIM professionals in being prepared.

Background

EMTALA evolved as a result of our nation's lack of common law regarding the duty of a physician to initiate care. Although physicians had an obligation not to abandon their patients once treatment had begun, they could refuse to enter a physician-patient relationship for any reason, even if the individual suffered from a life-threatening condition. In the early 1980s, the public acknowledged that there was no guaranteed treatment upon entering the ED. Efforts to correct this concern were few. The federal

government tried to remedy the situation via anti-discrimination statutes; nineteen states imposed statutory obligations on hospitals. Many hospitals agreed to provide a reasonable volume of uncompensated care under the Hill-Burton Act. These attempts were rarely enforced; thus began highly publicized incidents of "patient dumping". As an attempt to close gaps in the Hill-Burton Act and other statutes, Congress enacted EMTALA in 1986 as a part of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. The statute imposed a duty upon Medicare provider hospitals "to afford medical screening and stabilizing treatment to any patient who seeks care in a hospital emergency room". Unlike previous attempts at regulating dumping, EMTALA gave a right to emergency treatment to everyone who entered a qualified hospital. CMS last amended the regulations in April 2000, and published proposed rules for clarification in May 2002. CMS hopes to clarify the intent and lessen the burden of compliance by hospitals with this most recent rule.

When is EMTALA Applicable?

Hospitals with a "dedicated emergency department" that receive federal funding and have executed a Medicare provider agreement are obligated under this rule. One of the major clarifications of the rule includes the definition of a dedicated "emergency department", which is an entity that is licensed by the state, holds itself out to the public as an emergency department or provided at least one-third of its outpatient treatment for emergency medical conditions in the preceding calendar year. Although it may appear that EMTALA refers only to emergency departments at first glance, urgent care centers, labor and delivery units and certain mental health units may be affected in certain instances. EMTALA does not apply to patients who receive scheduled or unscheduled outpatient services, but it does apply to those who experience an emergency medical condition while at the hospital.

Other Main Focuses for Clarification of the Previous Rule

Besides the clarifications defining "dedicated emergency department" and the applicability to different patient types, hospital-owned ambulances and the availability of "on-call" specialty physicians are addressed. The final rule allows hospital-owned ambulances to take patients to other facilities when their parent hospital is on "divert" or when operating under community-wide EMS protocols.

Finally, the government attempted to relax the "on-call" requirement to allow hospitals to establish expectations and schedules for their medical staff with the intention of making it easier for hospitals to comply with this rule. However, this may cause more strain on hospital-physician relations. With physicians resigning in order to avoid "on-

call” duties at multiple hospitals and without any real way of knowing how much coverage is enough, it remains to be seen whether or not the impact of this change will be a positive one.

If medical staff members are led to believe that they can now reduce the amount of specialty coverage available to the emergency department without violating EMTALA, it may leave the hospital with a greater need to transfer patients. Some of the downstream effects include increased risk to the patient, patient dissatisfaction, loss of potential revenue and a rise in complaints about EMTALA from receiving hospitals. Ultimately, the receiving facility might incur EMTALA liability for “reverse dumping” by refusing to accept an appropriate transfer.

Documentation Impact

It is no surprise to HIM professionals that increased regulation leads to increased documentation. Since delayed screening examinations, delayed initiation of stabilization treatment and the conditions under which a patient is transferred are major focuses, it is paramount that these elements are documented in the medical record. Screening and stabilization cannot be delayed due to acquiring insurance authorizations or inquiring about a patient’s ability to pay.

So, what happens when a patient with an emergency medical condition leaves or does not consent to the screening exam, stabilizing treatment or transfer to another facility? The medical record must contain a description of the examination or treatment refused; the hospital must make take reasonable steps to obtain written, informed refusal. This document should indicate that the patient has been informed of the risks and benefits. Similarly, if transfer is refused, the medical record must contain a written description of the transfer proposal in addition to a written, informed refusal with the risks and benefits of the transfer and patient’s reason for refusal.

How HIM Professionals are Impacted and Involved

With several challenging documentation requirements, including maintaining an Emergency Department log of all patients presenting for emergency care; documentation of appropriate medical screening examinations, stabilizing treatment and transfers; maintaining an “on-call” schedule for specialty physicians and the creation of policies and procedures to ensure compliance, once again, the expertise of HIM professionals is necessary. This is the time to take the lead on initiatives to ensure continued compliance.

Compliance tips to avoid EMTALA violations:

§ Include emergency department medical records in your routine medical record reviews. Collect information on the appropriateness of documentation of medical screening exams, stabilization treatment, transfers and the refusal thereof.

§ Consider suggesting or initiating an EMTALA taskforce of respected medical staff leaders (or at least a physician champion), administrators and department directors to emphasize the ground rules, ensure that policies and procedures related to on-call emergency physician scheduling and other intricacies of the rule are appropriate for your facility.

§ Create an EMTALA-compliant means for communication with the patient, when he or she may bring up the discussion of insurance or ability to pay at an appropriate time. A script or policy to contact a leader may be helpful.

§ Become involved in the education and audit tools that the emergency room leaders must use to educate their staff.

§ Ensure that anyone who may be involved in copying the medical record to accompany the patient during transfer is well educated on the handling of confidential patient information.

Summary

Regulations such as EMTALA bring forth legal exposure for hospitals and allow individuals the opportunity to claim damages for personal injury, which may potentially have an enormous effect on the growing malpractice concerns in the state of Florida. Universally, courts have held that plaintiffs may bring these actions only against hospitals and not against physicians. However, hospitals and responsible physicians may be fined up to \$50,000 per violation by the federal government.

The emergency department continues to be a significant source for litigation. With fines and increased risks to patients associated with non-compliance, documentation is key. As the medical record documentation experts, HIM professionals have the opportunity to display their talents by becoming involved with EMTALA compliance initiatives.

You can view CMS commentary and the final rule by, [clicking here](#) .

**2003 AHIMA HOUSE OF DELEGATES
MINNEAPOLIS, MN
October 19, 2003**

*Linda Stone, RHIT,
Chief Delegate, FHIMA*



Your FHIMA delegates attended the 2003 AHIMA House of Delegates with enthusiasm. Thanks to Ashlyn Dellenger, Barbara Flynn, Sharol Noblejas, and Perry Ellie for their participation in the very important business before the HOD. Fortunately for us Floridians, Minneapolis was having a very warm fall, with temperatures in the 70's for most of the week. It could have been snowing! But, it's always warm inside the Mall of America!

The delegates attended the five Issue Forums in the morning, and participated in discussions on: COLA (Cost of Living Adjustment) and CHEA Resolution; Standards for Maintenance of Certification and CE Domain; HIM Education Framework; Code of Ethics: Professional Conduct Committee Name Change and Practice Perspective; Telling the Workforce Study and HIM Environmental Scan. A summary of each Issue Forum was given at the HOD in the afternoon.

The HOD opened in the afternoon with 202 voting members, including all 52 CSA's. Four action items requiring a vote from the HOD were presented.

1. Standards for Maintenance of Certification: Passed

The HOD approved the proposal to change the standards for maintenance of continuing education units for AHIMA credentials. This was developed by the Council on Certification in an effort to simplify the process of maintenance requirements for people who hold multiple credentials. The revised standards create two categories for purposes of CE maintenance: associate-based (RHIT, CCA, CCS, CCS-P), and baccalaureate-based (RHIA, CHP, CHPS). Every two years, members holding an associate-based credential need to take 20 CEUs, plus 10 CEUs for each additional credential held. Members holding a baccalaureate-based credential need 30 CEUs, plus 10 CEUs for each additional credential. Those holding a coding credential would need 10 hours of mandatory self-assessment for each coding credential; however, these are not in addition to the 10 required for the additional credential. The new standards would cap the total number of CEUs at 60 for a two year period.

A motion proposed by the Oregon delegation to add an

amendment related to applying CEU activity to multiple credentials was defeated.

2. COLA Bylaws Amendment: Defeated

In a very close vote, the COLA Bylaws Amendment was defeated by the HOD. The amendment required a two-thirds majority to pass. The initial vote was 125 in support and 73 opposed, and then in a revote (due to some house members' confusion) the supporting vote was 130 with 68 opposed, which was not a two-thirds majority of votes cast.

This amendment would have allowed the AHIMA Board to authorize a cost of living adjustment to dues, keeping the adjustment in line with expenses without large periodic increases. Under the defeated bylaw, the Board of Directors would have had the authority to make modest cost of living adjustments to dues, but not to exceed the prior year's official US cost of living index. The HOD would have had to approve any increase above 8%.

Because the amendment was defeated, the related motion proposed by the California delegation reducing the maximum level of cost adjusting to 5% was not considered.

During the discussion phase of the amendment, some delegates felt that since the HOD is now a virtual, year-round house, the control of dues adjustments should be left to the HOD and not the AHIMA Board.

3. Professional Conduct Committee Bylaws Amendment: Passed

The HOD approved a bylaw amendment that changed the name of the Professional Conduct Committee to the Professional Ethics Committee. The change was suggested to keep AHIMA up to date in the nomenclature used by association leadership.

This Committee is also working on revising the AHIMA Code of Ethics, which will reflect current HIM practice and the current business climate.

4. CHEA Resolution: Passed

The HOD voted to approve a resolution drafted from the Council on Accreditation addressing HIM academic program education. AHIMA now believes that independent recognition by the Council for Higher Education (CHEA) will better serve the needs of all stakeholders in HIM education. The current process involves AHIMA making recommendations on accreditation decisions to a different entity, the Commission on Accreditation of Allied Health

Education Programs (CAAHEP), which serves as the final authority on published Standards and awarding accreditation decision. CHEA recognition is highly prestigious and it requires AHIMA's accreditation process to be top notch. This recognition would enable AHIMA to more directly influence the quality of HIM education. It would also require that AHIMA, rather than CAAHEP, assume responsibility for being accountable to the public served by accreditation. To achieve recognition, certain current procedures will need to be adjusted. The resolution describes what these changes entail.

The members of the 2004 Nominating Committee were announced. They are:

Barbara Odom-Wesley, PhD, RHIA, Chair
Doreen Bennett, MBA, RHIA
Donna Bowers, JD, RHIA, CHP
Nadinia Davis, MBA, CIA, RHIA
V. Rebecca Hancock, RHIT, CCS
Monica Pappas, RHIA

The results of the 2004 Board of Directors Election were announced. They are:

President-Elect: Mervat Abdalhak, PhD, RHIA (PA)

Directors: Gail Graham, RHIA (VA)
Keith Olenik, MA, RHIA, CHP (MO)
Catherine Porto, MPA, RHIA (NM)

Council on Accreditation

RHIA Practitioner: C. Jeanne Solberg, RHIA (MN)
HIT Educator: Angela Picard, Med, RHIA (FL)

Council on Certification

RHIA Practitioner: Winnona Vachon, RHIA, CCS, CCS-P (NH)
HIT Educator: Nancy Coffman-Kadish, MS, RHIA (IN)

It was a pleasure to represent FHIMA as Chief Delegate, and I thank you for the honor to serve the association. You had a great group of delegates that represented the association well. My sincere thanks go to Ashlyn Dellenger, Barbara Flynn, Sharol Noblejas and Perry Ellie, for your enthusiasm and professionalism in representing FHIMA.

A Team Approach to Quality Documentation

*Patricia Vignau, RHIT, CCS, CPC
Manager*



Over the course of a four-week period, Memorial Hospital Pembroke's Clinical Resource Managers and physician advisor were involved in an educational program designed to improve documentation. The intent of this program was to achieve a better-documented reflection of a patient's severity of illness and capture revenue that could be lost due to poor documentation.

The program focused on common documentation issues such as:

symbols documented in progress notes instead of medical terminology (i.e. \bar{K} vs. hypokalemia)

lack of specificity (i.e. unspecified pneumonia when cultures identify specific bacteria, or unspecified anemia when diagnostic studies show acute blood loss)

confusing terms such as urosepsis versus septicemia

addressing treatments that were given upon admission to the ER (i.e. bolus of IV fluids to treat dehydration)

treatment or medications being given to patients without supporting diagnoses to substantiate the treatment rendered

writing CVA when a cerebral infarction is identified on a CT scan

The group met for an hour each week and the discussions focused around specific body systems. We felt that targeting specialists like cardiologists and pulmonologists would make the greatest impact.

The Director of Clinical Resource Management developed a worksheet to assist the clinical resource managers in addressing these documentation issues with physicians. The coder then removes the worksheet from the medical record, reviews it and comments on the information. At the end of each month, statistics are compiled and shared with the Clinical Resource Management Department for physician education on additional opportunities to enhance documentation. We feel the team approach, of physicians, clinical resource managers, and coders, is the best way to accomplish our goal.

Memorial Healthcare System and the PACS Clinical

Information Systems Initiative



This article is the first in a series focusing on the Picture Archival Communication System (PACS) of a Clinical Information System initiative.

The Clinical Information Systems Strategy and PACS

With the arrival of the new millennium, we find ourselves embracing the "Information Age" not only in our personal life but also in HealthCare. Memorial Healthcare System's (MHS) "millennial" strategic vision includes a clinical information systems initiative. This initiative seeks to improve interdepartmental information exchange between systems. This will be accomplished through the provision of instant caregiver access to relevant patient information at the point of care, the reduction of medical errors, costs, and increased staff and system efficiency.

Creating a structured healthcare clinical information system to better manage patient information is not a new idea, however the current day approach is much more integration oriented, and continually evolving. Historically, many systems were developed as monolithic, stand-alone systems without information transfer between adjacent data systems. Most systems that did transfer data laterally were forced to conform to required interfaces or translators in order to share information. These interfaces required many resources and commonly, unique customizations.

As a result of the data transmission and standardization initiatives of the Healthcare industry, mechanisms to share patient data from adjacent and disparate ancillary systems can occur. Some of the more prevalent standards include HL7 (Health Level 7), DICOM (Digital Imaging and Communications in Medicine) and the latest IHE (Integrating the Healthcare Enterprise). These standards further reinforce the Healthcare industry movement toward and support of integrated clinical information systems.

The Memorial Healthcare System embarked upon its Clinical Informatics initiative late in 2002 with the purchase of IDX® Carecast™ and IDX® Imagecast™ PACS, two systems developed by the IDX Corporation. These two systems became the foundation for achieving

the strategic vision of creating an integrated Clinical Information System (CIS). Visioning and planning for an endeavor of this magnitude is not for the faint hearted, nor was it accidental. The Imagecast PACS and Carecast systems took parallel planning routes, to ensure the best system solution with broad interoperability, and the creation of a seamless CIS. The MHS Clinical Informatics initiative sought to address and provide clinician access via one information portal to allow centralized scheduling, pharmacy operations, bar code enabled administration, Emergency Department patient tracking, computerized physician order entry (CPOE) and access to medical images through the Picture Archival Communication System. This article describes the planning and selection of the PACS component of the MHS clinical information system initiative.

PACS Planning and Selection

Three years prior to implementation and planning for the PACS component of the CIS, MHS began investigating the product through gathering of information. PACS systems then were beyond infancy in the imaging industry. These systems appeared to have stagnated, and offered only stand-alone functionality without much hope of system performance beyond access to images on bulky custom hardware. After two years of researching PACS, MHS decided the timing was right for a PACS purchase and a Consultant was hired to assist as a system technical expert.

MHS formulated a PACS committee with a broad array of clinical and technical expertise and sent out a PACS Request for Proposal (RFP) in May of 2002. Seven vendors replied to the RFP. All vendors were given a tour of the MHS facilities and an overview of the MHS strategic vision for the PACS component of the CIS. Technical review of each vendor's bid became an overwhelming task due to the diversity in the responses to the RFP. The technical review encompassed areas such as system functionality, features, infrastructure, accuracy and cost. While the RFP was prepared with a great level of specificity, the bids received presented varying views, representing different interpretations by each vendor. Many of the RFP responses required careful assessment of potential inequities in the methods of quoting required system specifications; for example: image storage space.

Review and clarification of each bid continued over the next two months. By mid-August each vendor participated in a one on one technical evaluation by the MHS PACS committee at our facility. Each vendor was allotted a set time to answer predetermined questions designed to provide a true vendor-to-vendor comparison. The results

of the technical evaluations were compiled into a matrix for further future evaluation. Subsequently, vendors were invited to participate in a two-day onsite workstation demonstration, targeting the Radiologist and select referring physicians. User functionality components were assessed, to include ease of use, image quality and system features. Upon completion of that review, MHS selected three preferred vendors.

Site visits became the next task, allowing MHS to further evaluate vendor systems in a live environment. Hospitals were selected that were most similar to the MHS profile. Site visit attendees included Administrators, Directors, IT managers, an Imaging Engineer, Radiologist, Nursing staff, and referring physicians. This allowed for a complete evaluation by all clinical user representatives. Site visits were conducted over a one-month time frame to minimize travel and workplace disruption. The site visit experiences were extremely beneficial to the final vendor selection phase and to the system rollout of PACS.

The last aspect of the selection process was a parallel negotiation with the final two vendors. A contract was signed between MHS and IDX in December of 2002 for their PACS product. The December signing of the contract was comforting as we went into the holidays, however, it brought home the reality of the next larger task – installation and implementation of PACS.

Differentiating Factors in the PACS Vendor Selection

The integrated RIS/PACS

MHS purchased the DECrad Radiology Information System (RIS) in the 1980s. The current platform is called Imagecast. Imagecast offers a RIS and PACS product structured for seamless integration, providing for a “complete” operational and clinical radiology solution. Most PACS systems, in the past, were sold as stand-alone systems and used a broker interface to provide a loose interconnection with the RIS. These brokers (interface computers) presented a single point of failure resulting in mismatches of data fields in the RIS and PACS – including such data elements as patient identification.

Enterprise wide distribution of images

The selected PACS system was designed to run on current Internet web based technology using Internet Explorer browsing software. This was a key differentiating feature. Other PACS use proprietary workstations to view images from within the walls of Radiology, and used Web servers for the distribution of images to the enterprise (both intranet and internet). These web servers compress the

original images from 6:1 to as high as 10:1. This resulted in sub par image readings that were not of diagnostic quality. High-end workstations would be required for all areas needing diagnostic readings. The selected vendor had partnered with another vendor and developed specialized software using cutting edge Wavelet technology, efficiently sending images to the end user. The resulting full fidelity image set is sent to the end user efficiently over standard networks. (For the technologically oriented, the theory behind this is much like that of the Fourier transforms mapped to the frequency domain). Images can be viewed on any PC internal and external to the HealthCare System. An "off the shelf" PC and specialized monitor are all the hardware that is needed in order to view images.

Images online all the time

The selected PACS solution allows for image availability online, all the time. This is facilitated by a "Just in Time memory" strategy. Storage memory is added when needed, continually building image storage space until clinically sufficient. Images from other PACS systems used a tiered image storage system: current images are sent to a temporary storage (usually 6 months) media, and are then populated to storage tapes. In most cases, this required manual retrieval of the tape and back loading to the PACS system to review historical images. These types of PACS required 'Ad Hoc' queries that checked current scheduled patients against the database for previously scheduled exams, requiring a technician to load tape or disk back into the system for retrieval of images for comparison. The selected system allows for image and report accessibility on line, all the time. MHS radiology reports dating back to the late 1980's are available for review and access via the same system as the images.

Conclusion

Creating a vision of a CIS is key to planning for its components. The PACS component of the MHS CIS required considerable advance planning and development of key selection criteria. Careful evaluation, enterprise wide staff, physician participation and buy in, and critical assessment of vendor systems' differentiating factors, including performance, are critical to a successful system selection.

The next article in this series will discuss PACS deployment and implementation strategies.

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?**FHIMA**

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARDPRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

AHIMA Update

November/December 2003**HIM E-REPORT**

Don't miss this exciting resource provided by AHIMA.

To view:

http://www.ahima.org/marketing/resources_november.html**NCVHS Votes to Recommend Adoption of ICD-10-CM, ICD-10-PCS**

On Wednesday, the National Committee on Vital and Health Statistics (NCVHS) voted to recommend that the secretary of the Department of Health and Human Services (HHS) take steps to adopt ICD-10-CM and ICD-10-PCS "as HIPAA standards for national implementation as a replacement for current uses of ICD-9-CM, Volumes 1, 2, and 3." The committee adopted a letter of recommendation that calls for the secretary to "initiate the regulatory process for the concurrent adoption" of the two classification systems. The committee stressed that such adoption would not replace other existing HIPAA medical code sets, including CPT-4 or Level II HCPCS. A notice of proposed rule making will be the next formal step in the process.

"This is truly a milestone to celebrate," said AHIMA Executive Vice President and CEO Linda Kloss, who was present at the NCVHS meeting. "However, there is still a lot more to do to ensure that these classification systems make it through the federal rule-making process [required under HIPAA]," Kloss said.

Kloss also noted that AHIMA "plans to be involved in the implementation process, both to ensure HIM involvement and direction in the changes to the coding and information systems necessary to accommodate the new classification systems," and the training necessary to "hit the ground running" when the new codes become effective. It is expected that implementation would not occur until 2006 at the

earliest.

Watch upcoming AHIMA communications for more information on the NCVHS decision. (See Item 10 for information about AHIMA's ICD-10 resources.)

Do you want to help AHIMA develop testimony on the HIPAA privacy rule? AHIMA is asking members to complete a survey on their experiences implementing and complying with the HIPAA final privacy rule. The Subcommittee on Privacy and Confidentiality of NCVHS has invited AHIMA to testify on specific HIPAA privacy implementation and compliance issues facing HIM professionals. The completed survey information will be used to develop AHIMA's mid-November testimony to the subcommittee. The subcommittee will use the witness testimony as a basis for the next round of recommendations on potential modifications to the privacy rule, which are expected sometime in 2004. Don't miss this opportunity to let your voice be heard, as this survey will only be active until **November 12**. To join in our efforts, just complete the survey at:
<http://www.e-surveymaker.com/esurvey-bin/nph-display?521702=1069=1065711348=86624>.

CMS Called on to Enforce HIPAA Transaction, Code Set Standards

HHS Secretary Tommy Thompson announced October 15 that the Centers for Medicare & Medicaid Services (CMS) will be responsible for enforcing the transaction and code set standards that are part of the administrative simplification provisions of HIPAA. "To accomplish [the goals of administrative simplification] will require an enforcement operation that will assure compliance and provide support for those who file and process healthcare claims and other transactions," Thompson stated in a press release. "CMS is the agency best able to do this."

Thompson's announcement also noted that the HHS Office for Civil Rights (OCR) will enforce the HIPAA privacy standards and that CMS and OCR will work together on outreach, enforcement, and issues such as application of security standards or exception determinations. The new CMS office, the Office of HIPAA Standards (OHS), will establish and operate enforcement processes and develop regulations related to the HIPAA standards for which CMS is responsible. The full press release is available at: <http://www.hhs.gov/news/press/2002pres/20021015a.html> and the October 23, 2003, *Federal Register* notice (68FR60694) is located at: http://www.access.gpo.gov/su_docs/fedreg/a031023c.html.

OHS Issues Transaction, Code Set Complaint Form

CMS' newly formed OHS (see item #3), has issued a complaint form to assist healthcare providers, health plans, clearinghouses, and others in submitting

written complaints regarding the HIPAA transactions and code sets rule. The OHS has also developed a compliance tool (the ASET Compliance Tool) for the online submission of a compliant form. The form, tool, and instructions are available at:

http://www.cms.hhs.gov/hipaa/hipaa2/enforcement/paper_complaint_form.pdf.

Your Help Needed to Take Action on NHI I Legislation

Legislation intended to pave the way for a national health information infrastructure (NHII) is a priority for AHIMA and it will remain one of our key policy issues in the coming year. With AHIMA's input, HR 2915, the National Health Information Infrastructure Act, was drafted and introduced by Rep. Nancy Johnson (R-CT), chair of the House Ways and Means Health Subcommittee. This legislation will enable the secretary of HHS to develop or adopt voluntary interoperability standards that are critical for the seamless communication among the various health information technology systems in existence and under development. HR 2915 also requires the secretary to appoint a national health information officer to coordinate NHII activities and to develop a national strategic plan, which will include the integration of an electronic health record.

How can you help? Just visit the Advocacy Action Center of the AHIMA Advocacy Assistant at: <http://www.ahima.org/dc/aa>, click on the action alert for the NHII letter, input your contact information, click on submit, and you will forward a letter to your member of Congress asking for his or her co-sponsorship of HR 2915. Help us make a difference!

AHIMA Expects Introduction of Allied Health Work Force Legislation

For more than a year, AHIMA has been assisting in the development of the Allied Health Reinvestment Act, legislation to provide for the education and training of allied health professionals, including HIM professionals. In the coming weeks, we expect bipartisan legislation to be introduced in the US House of Representatives by Rep. Ted Strickland (D-OH) and Rep. Cliff Stearns (R-FL). The legislation will establish and reauthorize allied health education programs under Title VII of the Public Health Service Act and also create and authorize new educational initiatives. Keep watching the Advocacy Assistant at: <http://www.ahima.org/dc/aa> and E-alert for further developments on this legislation. Upon introduction, AHIMA will be initiating an advocacy campaign for additional support, co-sponsorship, and passage.

Hospital Outpatient PPS Changes to be Posted

Changes to the Hospital Outpatient Prospective

Payment System (PPS) and calendar year 2004 payment rates went on display at the Office of the *Federal Register*, Friday, October 31, and will be published Friday, November 7, at: <http://cms.hhs.gov/providers/hopps>. The changes include the addition of a section on hospital coding for Evaluation and Management (E/M) services that provides details about the proposal to replace the CPT codes now used for APC reimbursement with HCPCS "G" codes. A table is provided that illustrates crosswalks of 2003 HCPCS codes to the proposed "G" codes. The guidelines and use of these codes are still under review. According to the notice, "We do not expect to implement these new codes and guidelines any earlier than January 2005."

New AHIMA Logo Unveiled

A new logo for AHIMA was unveiled on October 22 by AHIMA incoming president Melanie Brodnik, PhD, RHIA. "We have a lot to accomplish in the next 12-24 months and beyond but we realize . . . the time is now, and we have a clear vision and a solid plan to guide us. To support our plan, we thought it was important to have a new visual representation to remind us of our mission and to lead us into the future" Brodnik said. In the next few months AHIMA will begin to use the logo in its communications. To view the new logo, go to: http://www.ahima.org/marketing/email_images/2003/Communications/new_ahima_logo.htm.

Video Presentation Tells AHIMA's Story of 75 Years of Success

Throughout 2003, AHIMA has celebrated its 75th anniversary. Most recently, participants at last month's National Convention attended a screening of "75 Years of Advancing Healthcare through Quality Information," an 11-minute video presentation celebrating how far the HIM profession has come. The video, which was distributed to Convention attendees as a CD-ROM, showcases the expertise and diversity of the HIM profession. It's now available via AHIMA's Web site at: <http://www.ahima.org/about/history.cfm>. The video is sponsored in part by Quadramed Corporation.

ICD-10-CM, ICD-10-PCS Resources Available from AHIMA

AHIMA has resources available now to help you get a jump start on the new coding systems including books, audio seminars, Web-based training, and "Achieving Coding Excellence" regional coding seminars. See the professional development section of <http://www.ahima.org> to find out more information about the following products:

- ICD-10-PCS Audio Seminar (December 18, 2003; for information about audio seminars, go

to
<http://imis.ahima.org/orders/productByType.cfm?t=1>)

- ICD-10-CM Overview Audio Seminar (June 26, 2003)
- ICD-10-CM Preview (Book)
- ICD-10-CM Overview: Deciphering the Code (Web-based training course) available online at <http://campus.ahima.org>
- "Achieving Coding Excellence" (regional seminar series in six locations around the country conducted in partnership with component state associations and coding community roundtables throughout 2004)

Watch the Web site and Community of Practice news for more details.

2004 Nominating Committee Members Announced

AHIMA wishes to announce the newly elected and appointed members of the 2004 Nominating Committee. These members will be part of the committee that identifies qualified candidates for open positions on the AHIMA Board of Directors, the Council on Accreditation, and the Council on Certification. AHIMA Past President **Barbara Odom-Wesley, PhD, RHIA**, was appointed chair of the 2004 Nominating Committee. Board-appointed members of the committee are **Nadinia Davis, MBA, CIA, CPA, RHIA**, and **Monica Pappas, RHIA**. The results of the electronic House of Delegates ballot were declared, and the results are: **V. Rebecca Hancock, RHIA, CCS** (Tennessee HIMA); **Donna Bowers, JD, RHIA, CHP** (Texas HIMA); and **Dorine Bennett, MBA, RHIA** (South Dakota HIMA).

Your Great Idea Could Earn You a Cash Award

The spring deadline for the Foundation of Research and Education (FORE) Practice Solutions Awards program is coming up soon. Don't miss this chance to be recognized professionally and awarded financially for your important practice improvements. Practice Solutions are programs that have had a positive impact on the daily practice of HIM. Submission deadline is **December 5**.

Winning submissions to FORE's Practice Solutions program will be listed in the Best Practice Clearinghouse on the FORE page of AHIMA's Web site and will receive cash awards. To download an application or learn more about previous award-winning practices, visit: <http://www.ahima.org/fore> or contact us at (312) 233-1100 or via e-mail at fore@ahima.org.

AHIMA Accepting Applications Online for CCS, CCS-P Exams

AHIMA is now accepting applications online for the 2004 CCS and CCS-P exams. The exams will be administered on June 12 and September 18, 2004. To access the online registration and the 2004 CCS & CCS-P candidate handbook, log onto the Certification Web site at: <http://www.ahima.org/certification>.

CoP News You Can Use

This week is Health Information & Technology (HI&T) Week. To boost awareness of the impact AHIMA's members make on HIM and technology, the Association instituted HI&T Week 14 years ago. It has been a great success, both as an opportunity for education and as a cause for celebration. The AHIMA CoP is featuring special information about HI&T Week. Visit this CoP to share what you are doing. This year's theme is Managing the Records of Life. For more information, visit the AHIMA Web site or log on to the Communities of Practice (CoP) at: <http://www.ahima.org>.

New CoPs to Open Soon:

HI Copy Services—Angie Kibler, facilitator

Urgent Care Clinics—Audrey Says, CCS-P, Nicole Theriot, CCS-P, facilitators

CoP Name Change

e-Health is now e-HIM—Lynda Mitchell, RHIA, CPHQ, Brenda Burton, Julie Wolter, RHIA, facilitators

Upcoming Audio Seminars

November 11, 2003

Selecting and Implementing the “Right” Security Controls

Faculty: Tom Walsh, CISSP

Cosponsored by AHIMA and HFMA

Selecting and implementing security controls is a balancing act. If your security controls are too restrictive or create hardship for your work force, they will bypass the security controls. If your security controls are too loose, then the organization is vulnerable. In addition, with hundreds of security products available, how would you know which products are best suited for your organization? Learn how to select security controls and how to effectively implement them.

For registration and information, visit:

<http://imis.ahima.org/orders/productByType.cfm?t=1>

or call (800) 335-5535.

November 18, 2003

Release and Admissibility: Managing Paper and Electronic Health Records

Faculty: Mary Brandt, MBA, RHIA, CHE, CHP, and Kristen Rosati, JD

Many healthcare institutions are in the process of migrating to the use of electronic health records, but still maintain the traditional paper record as well. Having a "hybrid record" poses special challenges in determining what information to release to patients, how to respond adequately to subpoenas and discovery requests, and how to ensure admissibility of the record in court. This seminar takes a practical look at addressing these issues in your organization.

For registration and information, visit:

<http://imis.ahima.org/orders/productByType.cfm?t=1>
or call (800) 335-5535.

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](#).
