



FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

President's Message

September/October 2005

President's Message

Holly Woemmel, MA, RHIA



It is with great pleasure and excitement that I am writing my first President's message for the 2005-2006 year. My theme this year is Extreme Makeover – HIM edition, where nothing is too big or too small to make the goals and the strategic plan of this association successful. My goals are simple ones. As we move into the electronic age of E-HIM, it will be the goal of this Board to move away from paper. This would entail having the membership vote electronically for the 2005-2006 election of Officers and Directors. We will also look at burning CD's for the 2006 convention and not printing the handouts. In a FHIMA membership survey that was completed during the convention this year, we had an overwhelming response that the membership would be willing to downloading handouts prior to the convention and voting on-line for FHIMA elections, so I feel we are already moving in the right direction to make this happen.

The Board and the Regional Presidents will also be meeting September 15th through the 17th for our annual Leadership meeting in Orlando. Our main goal is to update the strategic plan of this association so that we can move our membership towards the E-HIM era. This will be the

roadmap for the next three years of this association. I would love to hear from any of the members regarding ideas that would move this association forward. We will also have Beth Friedman from AHIMA coming to train us on the Personal Health Record initiative that our national organization would like our profession to promote. The Regional Presidents will then be training their regions on becoming the broker for patients on how to store their records electronically. Michelle Mock, our President Elect, has an exciting agenda for this meeting and we are looking forward to working with our regions.

Please make sure that all of you look at the updates from the House of Delegates that are posted as well. Environmental Scanning and "Bridging the Gap" – Education to Employment Resolution were the two main issues discussed. The feedback for these issues was great and will give some guidance to Board in the upcoming year. This year we also did a major overhaul on the Bylaws during the House. Please make sure that you become familiar with most updated set of bylaws that are posted on the website.

Also posted is the article that AHIMA has put together for FHIMA in regards to receiving a CORE service award for the Legislative and Regulatory Advocacy Award category. This award is in regards to the Association doing "Hill Day" this past March. It is a great honor for our association to be given this award and it brings FHIMA to the forefront. Make sure that you take the time to read this on the website as well. FHIMA is also proud to support an initiative in regards to the proposed amendment to the AHIMA bylaws. This change proposes to move authority for setting dues to the AHIMA Board of Directors. We will be discussing this in length at the AHIMA HOD in San Diego in October. I will keep everyone abreast of what comes from this proposed amendment change.

I also encourage everyone to take the time to vote in the AHIMA elections. Polls are open and it is our duty to make sure that you have a voice in who is leading us at the National level.

In another note, I would like to state that I know everyone is thinking about the victim's of the latest Hurricane, Katrina. I think I speak for everyone in saying our hearts go out to them as well as our prayers. Unfortunately, many of us are still dealing with the Hurricanes of 2004 in our own communities and can appreciate the struggle that they are all going through.

This is a great time for FHIMA to lead the way in E-HIM and the many opportunities that are being brought forth to our profession. I am excited and looking forward to

leading this association in the right direction to making these opportunities happen! I always welcome feedback from the members, so feel free to e-mail me at hwoemmel@ositranscription.com.

Again, with your support, I know FHIMA will have a great year!

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HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

FHIMA News

September/October 2005

FHIMA Service Awards 2005



Distinguished Member Award

Perry Ellie, MA, RHIA, FAHIMA

Perry has served HIM in every capacity possible over more than 25 years covering local, state, and national levels. This past year, Perry was awarded Fellow status with AHIMA.

Perry has written numerous articles and had many speaking engagements. Many state associations have asked him to speak at their state conferences. He is best known for being the Career Management expert in our field.

Perry has a BS in Medical Record Administration and a MA

in Health Care Administration. One colleague noted "Perry goes above and beyond the call of duty and has served FHIMA and the HIM profession extremely well."

Distinguished Service Award

Elizabeth Whitmer, RHIT, FAAMT

Elizabeth has gone above and beyond the call of duty at both the regional and state levels. She has served 2 consecutive years as FIRE Committee Chairman with great success having numerous articles published about the HIM profession and facilitating the CDROM project. She is also serving her second term as President-Elect of Southwest HIMA this year!

Elizabeth is not only admired by her peers in the state association, but by her colleagues at Southwest Florida Heart Group. As an ARNP stated, "It is clear to many when you need help getting a job done – go see Elizabeth."

Outstanding Professional

Stacie Buck, RHIA, LHRM

Stacie Buck has shown dedication to her work and is a strong representative for our profession. Stacie proved to be a dynamic leader while serving on the board of Suncoast Health Information Management Association. She was able to place key people in the right positions to help her attain her goal of increasing membership. Her work with SHIMA just scratches the service.

Stacie has been actively involved in FHIMA's efforts to get involved in Hill Day. Stacie contacted AHIMA's Don Asmonga to find out how to start the Hill Day effort in Florida.

Literary Award

Stacie Buck, RHIA, LHRM

Stacie Buck has been a very busy woman! Stacie has been involved in authoring over 25 audio seminars and publications during the past 4-½ years. Most recently she authored three new publications for HCPro. Stacie has been a contributor or contributing editor to numerous other publications.

Stacie is not only an accomplished author, she has served the HIM profession on various committees covering local, state, and national levels. She succeeded in promoting the profession by having numerous articles published

throughout Florida. Stacie has true dedication to her work and makes a strong representative for our profession.

Outstanding Student

Colleen O'Sullivan

Colleen has been a student at the University of Central Florida for the last few years. While attending UCF, she has managed to maintain a job, complete several internships, participate actively in various student activities on campus, and serve as president of the Student Health Information Management Association, all while maintaining an overall GPA of 3.6. Colleen has been said to be a wonderful role model for her fellow students.

One of her internship supervisors stated that Colleen has "outstanding organizational abilities, positive attitude, dedication, and reliability...Colleen has demonstrated leadership skills, vision, and determination throughout her years at UCF, and is most deserving of the FHIMA Outstanding Student Award."

On Tuesday, July 26, 2005, the 2005/2006 Board of Directors were installed at the Annual Membership Luncheon. The new officers are:

President

Holly Woemmel, MA, RHIA

President-Elect

Michelle Mock, MSM, RHIA

Past President/Director

Barbara Flynn, RHIA, CCS

Directors

Dwan Thomas Flowers, RHIA, CCS

Tanya Kuehnast, MA, RHIA

Stacie Buck, RHIA, LHRM

Elizabeth Whitmer, RHIT, FAAMT

Anita Doupnik, RHIA

Jennifer Carter, RHIA

Chief Delegate

Pat Schnering, RHIA, CCS

Executive Director

Carolyn Glavan, MS, RHIA

FHIMA Scholarship Recipients

HIM Program - 4 Year

Byron J. Pitts

University of Central Florida

HIM Program - 2 Year

Barbara S. Wood

Santa Fe Community College

Thanks to the following who contributed to the scholarship fund this year.

DRS Imaging
HIM Quality Solutions, Inc.
Medware, Inc.
Outsourcing Solutions, Inc.
Professional Outsourcing, Inc.
Stat Solutions, Inc.

FHIMA also wants to thank the following regions for their contributions as well: Gulfcoast, Northeast, Southwest and Suncoast Health Information Management Associations. It is such a worthy cause for the future of our Health Information leaders and FHIMA is proud to be able to provide these scholarships for many years to come!

HIM & ONCOLOGY SUPPORT SERVICES

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Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARDPRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

Articles

September/October 2005

Summary of the Issues at the 2005 FHIMA House of Delegates

This article summarizes the 2 main issues discussed during the FHIMA House of Delegates. The issues discussed were "Bridging the Gap" resolution and Environmental Scanning.

Issue #1: "Bridging the Gap" – Education to Employment Resolution

To enhance dialog and actions to facilitate the employment of graduates from CAHIIM-accredited HIM programs at the baccalaureate and associate degree levels, and the AHIMA-approved coding programs at the pre-degree level.

This resolution proposed to the AHIMA House of Delegates originated by the FHIMA passed the house. This issue focuses on employing our students as they complete accredited and approved educational programs and begin their professional careers. This "hot topic" focuses on the challenging situation our current students are in.

The 2005 FHIMA House of Delegates came up with the ideas listed below to prioritize as an organization to help "Bridge the Gap" between education to employment.

Area of discussion: Gain Active Employment.

Actions discussed:

A. Student Responsibility

Students should:

Be pro-active – volunteer in the workforce if necessary to develop skills, make connections that will open the door to their progress to the desired position.

Be willing to start at the bottom if necessary "entry level"



Seek out mentors

Be realistic – look for alternative work settings to gain experience

Be willing to relocate

Be aggressive – promote yourself and demonstrate eagerness...be a star!

Accept non-traditional roles, if necessary

B. FHIMA Responsibility

Greater recognition of students at the state level

Ribbons for students at FHIMA annual convention

FHIMA website – have a contact list of experienced professionals in various positions/organizations as resources for students..."Knowledge Pool of Professionals"

During the FHIMA convention, have a reception for students "Meet the Next Generation"

FHIMA to work with the State of Florida to encourage/mandate credentialed professionals in the HIM field (i.e., Coders, Management, etc.)

FHIMA to write letters/educate insurance carriers/providers about certified Coders and the value for them to employ.

FHIMA to develop reward/recognition programs for sites or professionals who go above and beyond in mentorship programs and student development

C. AHIMA Responsibility

Work with State/JCAHO and other regulatory agencies to mandate the employment of credentialed professionals for Coding, Management, etc.

Work with State to continue to market our professionals to insurance companies and other non-traditional environments.

D. Educator Responsibility

The quality of current new professional applicants is poor due to education received.

Focus more on review of on-line Coding classes that do not provide thorough education or hands on experience.

Have more hands on clinical experiences vs. classroom work

Instructors and program developers should attend site clinical experience with students to see what they are learning and to assist with "Bridging the Gap" between facility, management, and students.

Assist and promote to facilities to develop a partnership for education with school.

Work with facilities in development of a co-op program for three (3) months of on-site training for new Coders.

E. Facility/Employer Responsibility

Allow/promote HIM student volunteer programs in the workforce.

Encourage and be willing to always accept students for clinical site affiliations.

Develop Coding ladder "tiered approach" for new Coders.

Develop a preceptor program or internship program for student within the facilities (like Nursing profession).

Commit to training program for new Coders.

Make clinical site experience count for students. Experienced professionals must be willing to take the time to mentor.

Facilities could hire a Coding Educator to help with training of new graduates.

Issue #2: Environmental Scanning

Environmental Scanning is based on a concept of a well-proven model that subdivides the environment into sectors. It classifies the sources of strategic trends.

The delegates were asked to list issues or trends as part of the environmental scanning, develop action plans and then to prioritize the trends from highest to lowest priorities. The following were identified:

1. Implementation of EHR.

How do we work with vendors, implement facilitate with physicians, and educate all parties about the role of HIM professionals?

Potential Action Plan(s)

Education of physicians and community

Develop a network of regional representatives for research and education to bring AHIMA's knowledge to other professions

Educate employers on EHR solutions

Enhance the education of our students in EHR.

2. Advocacy and Promotion of our Profession.

Potential Action Plan(s)

More education on career paths within and outside of HIM

Regional members be visible at college "career" days. Promoting the profession and assisting with questions and answers

Continue with Hill Day to make our mark and value in legislative issues

3. Graduates Not Sitting for the Exam.

Potential Action Plan(s)

Make the credentials a job description requirement

FHIMA should refund part of the fee exam for students if they take and pass the exam (reward system)

Market credentials as a JCAHO requirement for HIM

AHIMA is diminishing the value of existing credentials by lowering the standards on the national exam.

FHIMA Wins First Place Award with AHIMA Core Services Achievement Awards in Legislative Category



FHIMA has received an award from AHIMA for our legislative work within the state of Florida. AHIMA has awarded FHIMA **First Place** in the category of Legislative for our efforts during our 2005 Hill Day in Tallahassee. Our Hill Day efforts serve as a model and has provided other CSA's with the information they need to conduct Hill Day events in their own states. During the summer, a FHIMA Board member, Karla Philippou, accepted the award in Chicago during the AHIMA Leadership Conference. The following is a press release from AHIMA to the media announcing the award:

The Florida Health Information Management Association (FHIMA) was awarded first place in the Legislative and Regulatory Advocacy Award Category of the first annual American Health Information Management Association's (AHIMA) Component State Association (CSA) Core Service Achievement Awards Program. The awards recognize excellence in CSA efforts, as well as provide all AHIMA's 52 CSAs with information and ideas that can be applied to their own state.

FHIMA exhibited exceptional work in its creation of "FHIMA Hill Day, Tallahassee, Florida." The program began in March 2004 to increase awareness among legislators about the HIM profession and its key issues. The Florida CSA made appointments with 33 Florida legislators to personally discuss HIM, including the importance of HIM professionals and their work, the fast and efficient implementation of electronic health records (EHRs), and Florida HIPAA compliance. In addition "Hill Day" participants addressed how the U.S. must adopt ICD-10 medical coding and the need for all Florida HIM professionals to have Registered Health Information Administrator (RHIA) and Registered Health Information Technology (RHIT) credentials. The day-long event was served as a learning experience for both FHIMA members and legislators.

"CSAs serve as an important forum for communicating issues and keeping members informed of regional affairs that affect HIM," commented AHIMA president Mervat Abdelhak, PhD, RHIA. "We are honored to grant FHIMA a Core Service Achievement award for its work and for serving as an example to other CSAs."



DRG Dilemma: Coding for High Dose Infusions, Such as Interleukin-2

by Marsha K. Weeks, RHIA, CCS & Dwan Thomas-Flowers, RHIA, CCS

The diagnosis coding of cancer for patients undergoing Interleukin-2 therapy has proven to be more difficult than is evident upon first glance. There are concerns regarding proper reimbursement, correct coding and presentation of information from drug manufacturers that appears to conflict with the current the coding guidelines.

Many hospital patients receive the Biologic Response Modifier drug Interleukin-2 in its high dose form. It appears that one should assign the code 00.15 for the high dose infusion of Interleukin-2 and the code for the specific type of malignancy as the principal diagnosis. According to Coding Clinic advice in Coding Clinic, Fourth Quarter 1994 Page 51, this is the correct coding for patients receiving immunotherapy.

Following the advice published by Coding Clinic, the DRG logic within various groupers groups to the DRG for the specific malignancy instead of DRG 492 (Chemotherapy with Acute Leukemia as Secondary Diagnosis or with use of High-Dose Chemotherapy Agent). Information received from the manufacturer of Interleukin-2 (Chiron) states that V58.1, "Encounter for Chemotherapy", should be used as the principal diagnosis. If this advice from the drug manufacturer is followed, the coder is directed to DRG 492.

Apparently, many have had questions regarding this area of coding. The Centers for Disease Control and Prevention (CDC) proposed that ICD-9-CM further specify the V58.1 category into V58.11, Encounter for antineoplastic therapy, and V58.12, Encounter for immunotherapy for neoplastic condition. Although, this is evidently an excellent proposal, the proposed codes, if enacted, would also have to be included in DRG 492. You may review the above-mentioned CDC proposal at the following website <http://www.cdc.gov/nchs/data/icd9/agendaapril05.pdf>.

After reviewing the new ICD-9-CM codes for release in October 2005, it appears as if the CDC's proposal for new codes was not added. This is concerning, since facilities may not be receiving adequate reimbursement for these patients. This population of patients is severely ill. They have many chronic conditions and consume a variety of resources during their hospital visits.

If your facility is experiencing concerns with DRG and code assignment for patients receiving high dose infusions, I would encourage you to contact the ICD-9-CM Coordination and Maintenance Committee for clarification and/or comment in future Coding Clinic publications. There is strength in numbers. The contact information is as follows:

National Center for Health Statistics

ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Rd, Rm 2402
Hyattsville, Maryland 20782
Phone: (301) 458-4200
Fax: (301) 458-4022

If you have more insight regarding coding for high dose infusions and proper DRG assignment, please feel free to share your comments via the Coding Community of Practice (CoP) or the Florida CoP at www.ahima.org.

Update from the AHIMA Summer Team Talks and Leadership Conference

by Pat Schnering, RHIA, CCS, FHIMA Chief Delegate

On July 22, 2005 Karla Philippou and I attended AHIMA Summer Team Talks in Chicago, Illinois. It was a pleasure to represent FHIMA, and we thank you for the honor to serve the association.

Our AHIMA president, Mervat Abdelhak, welcomed us and talked to us about the five best practices of leadership.

1. Challenge the process (look at the risks and benefits and create our future)
2. Inspire shared vision (create strategies)
3. Enable others to act
4. Model the way (first to show how to progress)
3. Encourage the heart (recognize others and celebrate successes)

She talked about planning for the future being a key leadership function.

We reviewed the strategy maps and short term priorities to be used in the strategic view of the next 10 to 15 years look at the profession and the association.

Our focus on eHIM, work force development, academic reform, outreach and collaboration have helped in advancing AHIMA. Now, we need to show how the AHIMA Association can support the realization of an interconnected health information system.

The strategies were built on consideration of the environment, the health information management workforce, and the association community serving that workforce.

In past years, we have been addressing influencing the schools that prepare new professionals. Recently, we have begun to play more of a role in developing national policy and this activist approach has yielded result. With this, a strategic framework for the transformation of AHIMA over the next decade has been developed.

The key elements of Strategic Directions for the Future are:

1. From planning accommodation of health record content and format variance to advocacy for standardization.
2. From academic only to academic and performance based certification
3. From exclusivity to inclusive membership driven by role, aspirations and interests
4. From autonomy and self-sufficiency to working alliance with like-minded bodies
5. From traditional leadership to governance adept at advancing change.
6. From passive responsiveness to vendors to system-building certification of offerings.

Getting to the vision: the strategic discussion:

Before working on these key elements, the group considered the environment from three perspectives:

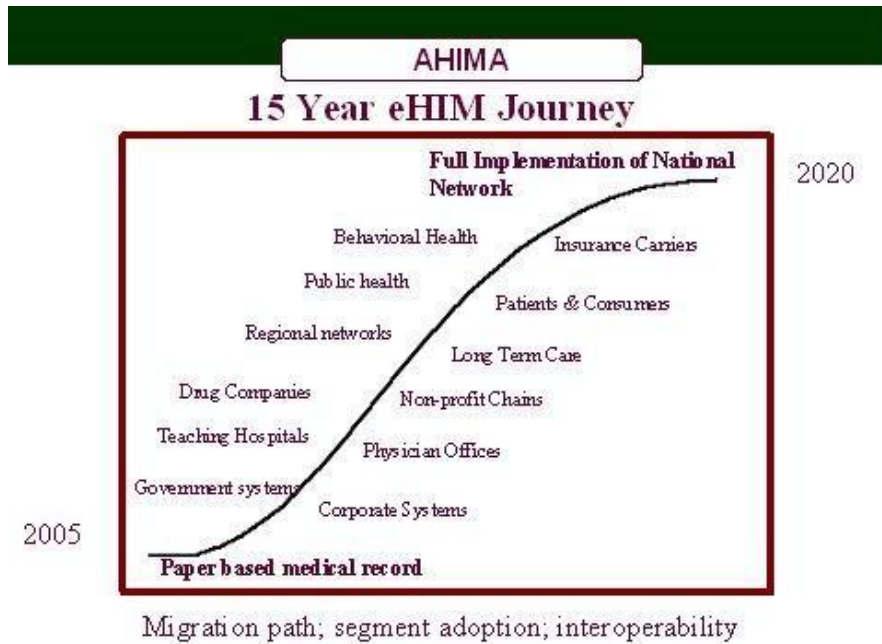
1. The emerging health information infrastructure
2. The Health Information management work force
3. The association community

Environmental perspectives:

1. The emerging health information infrastructure

Figure 1 is a picture of industry adoption of the emerging health information infrastructure over the next decade. Segments are placed along the slope to illustrate the breadth of change and show that the pace of change will continue to accelerate.

Figure 1:



The board discussed how HIM was viewed historically and what the desired future state might look like. It concluded that the e-HIM vision captured the need to shift from back-end, post-care processing to front-end value adding for the care delivery process:

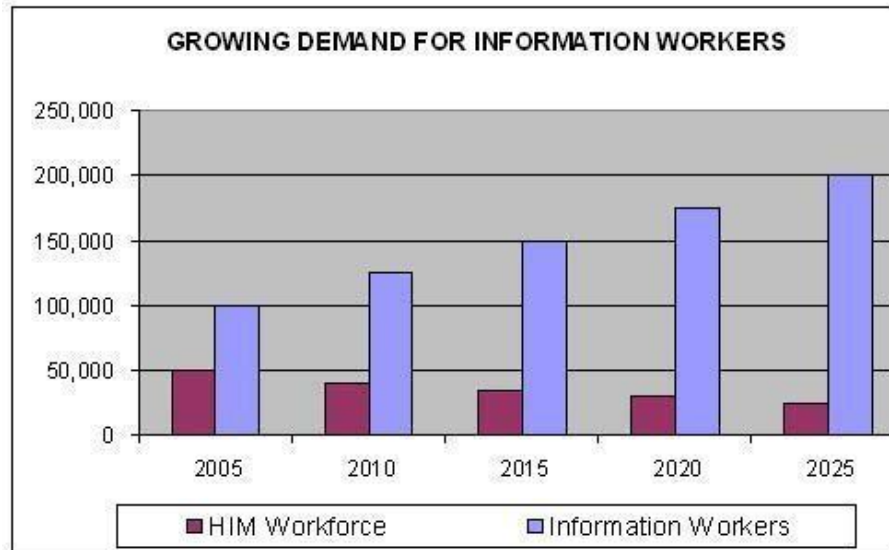
Vision of e-HIM

Health information management will be the body of knowledge and practice that assures the availability of health information to facilitate real-time healthcare delivery and critical health related decision-making for multiple purposes across diverse organizations, settings, and disciplines. (AHIMA, 2003)

2. The Health Information management work force

To support the full implementation of an HER, a larger HIM work force will be required. Our workforce is aging and many experienced professionals will retire in the next 15 years. Secondly, we have a modest growth of school programs and enrollments. Due to these two problems the HIM workforce is flat or declining at a time when the demand is ramping up very quickly. Both clinical and information technology professional have and will continue to enter the HIM practice domain in larger numbers. Unless we find ways to affect these changes, our overall influence within HIM practice could substantially erode.

Figure 2 shows the HIM workforce projections.



The Board believes that we must find ways to bring professionals from other disciplines into HIM through non-traditional avenues. Further, thriving in the EHR environment of tomorrow requires competencies that are not necessarily those most prized in practice today. Privacy and coding are core competencies, but they are not necessarily competencies that will be central in the future. Our idea of health information management may be too narrow for current and future practice.

3. The association community

The national agenda is being moved forward through greater and greater collaboration among organizations.

New synergies across the health information professions must be explored to build a work force that will be sufficient to accelerate the adoption of EHRs and achieve the vision for an NHIN. Like HIM, other domains face work force shortages that will limit the pace of change. Synergies should be explored to better leverage the contributions of each domain. These may take the form of jointly defining competencies, greater collaboration in education and certification.

Strategic engagement:

Next, the six strategic directions were discussed at the Winter Team Talks

with delegates. In addition they were shared with committees, councils, CAHIIM and other groups within the association and with trusted advisors in other organizations

The following feedback from discussions on the six strategic directions was generally positive with:

Strong support for involvement in external directions (i.e. product design and data content standards)

Strong support for working more closely with other associations and like minded bodies within the health information management arena

Concern related to how we could change certification and membership to preserve the best of what has made us successful while being responsive to a changing environment and workforce.

Agreement that this is an aggressive agenda and that the resources and our capacity for change may affect the rate at which these directions are undertaken.

Based on this feedback from the above discussion, the decision was made by the board to move forward and prepare strategy maps for the six strategic directions. These strategy maps were created to more fully describe each strategy and provide some direction on what steps should be taken in the near future.

These maps contain a starting point: "Where we are 2005 and a destination: "Where we are going 2015'. They assemble a set of short term actions presented on the first line and then future milestones that should be met along the way to reach our destination. These maps will be reviewed and used by FHIMA leaders at the September 2005 FHIMA Leadership Conference to build the 2005-2007 FHIMA Strategic Plan.

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?

FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

AHIMA Update

September/October 2005

1. Support for Hurricane Victims



AHIMA extends its sympathies to all those affected by Hurricane Katrina. We hope that all HIM professionals in Louisiana, Mississippi, Alabama, and Florida come through this catastrophe safely. We encourage donations to the American Red Cross (<http://www.redcross.org>) and other organizations that provide aid to those in need. AHIMA is monitoring the Department of Health and Human Services' efforts to establish emergency field hospitals in affected areas and will support these efforts.

In addition to the immediate threats to safety and property, it is clear that many healthcare organizations will face a tremendous challenge in cleanup and recovery. At such a time, members of the HIM community can help each other by sharing their knowledge. Members who have thoughts to share or recovery tips can participate in discussions and watch for further updates in the AHIMA and State Leader/HoD Communities of Practice at <http://www.ahima.org>. AHIMA is also compiling a list of links to helpful HIM resources on disaster planning and recovery, which is posted in the CoP in the "HIM Body of Knowledge" section and on the [AHIMA Web site](#).

2. CDC Announces Office for Terrorism Preparedness and Emergency Response

The Centers for Disease Control and Prevention (CDC) has announced the establishment of the Coordinating Office for

Terrorism and Preparedness and Emergency Response (COTPER) (70FR46527). COTPER's mission is to "protect health and enhance the potential for full, satisfying, and productive living across the lifespan of all people in all communities related to community preparedness and response." To read more, visit the August 10 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a050810c.html.

3. HHS Seeks Comments on Proposed Changes to Healthy People 2010

The Office of Disease Prevention and Health Promotion within Health and Human Services (HHS) has announced that it is in the process of undertaking a midcourse review of the "Healthy People 2010" project (70FR47206). The group is seeking proposed revisions that would establish baselines and targets, change the language of objectives, delete objectives, and create new subobjectives and baseline and target revisions. In 1990, HHS initiated the Health People Project. In January 2000, a new project was initiated with two overarching goals by 2010: increase the quality and years of healthy life and eliminate health disparities. Those interested in submitting recommendations can find the full text of the announcement in the August 12 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a050812c.html. For more information about Healthy People 2010, visit <http://www.healthypeople.gov>.

4. HIPAA National Provider Identifier Roundtable Conference Call

On September 14 at 2 p.m. EST, the Centers for Medicare and Medicaid Services will host a HIPAA national provider identifier roundtable conference call. The call in number is (877) 203-0044 and the identification number is 5580762. There is no cost or registration requirement to participate in the conference call.

5. eHI Foundation Releases National Report on Health Information Exchange

The majority of state, regional, and community-based health information exchange initiatives are already beginning to exchange electronic healthcare data, and funding is the major barrier in their collaborative effort to connect for faster, safer, and better quality healthcare, according to a study by the eHealth Initiative Foundation. The study, the first of its kind to report trends in health information exchange, takes the pulse of progress of more than 100 multistakeholder efforts across the country. It shows that these state, regional, and community efforts are rapidly advancing through the steps necessary to electronically

exchange health information in an effort to improve healthcare quality and safety and healthcare savings while preserving the security of individual healthcare information. To read the press release, go to <http://www.ehealthinitiative.org/pressrelease825main.msp>.

6. Study Links PDAs, Improved Physician Response Times

Technologically advanced devices such as combined mobile phones and personal digital assistants could improve communication in hospitals, according to a study recently published in *BMC Medical Informatics and Decision Making*. The study examined how one such device compared with pagers in a London hospital. The authors found that doctors equipped with a personal digital assistant rather than a pager responded more quickly to a call and had a lower failure-to-respond rate. "Clinicians also found this technology easy to adopt, as seen by a significant reduction in perceptions of nervousness to the technology over the six-week study period," the authors write. To read "Handheld Computers and the 21st Century Surgical Team: A Pilot Study," go to <http://www.biomedcentral.com/1472-6947/5/28/abstract>.

To view detailed biographical information on the candidates, click on the individual's name on the ballot. To view discussions with the candidates from the Candidate Community of Practice (CoP), go to the resources section in the AHIMA CoP and look for "National Ballot, Candidate CoP Forum Discussion." You can also find the candidates' brief bios, job descriptions, and photos in the July/August *Journal of AHIMA* (pages 80–84) for the candidates' brief bio, job description, and photo. Be sure to visit <http://www.ahima.org/> for upcoming national election details. Help us in our "Success by Association" by getting the message out to your fellow HIM professionals to cast their votes.

7. Upcoming Leadership Seminar

Sharpen the skills you need to lead a successful transition to an electronic healthcare landscape, while dramatically broadening your take-charge abilities in all areas of life. "Renaissance for the 21st Century: Leading the Change to e-HIM®" helps you look inside to become the best leader you can be. Gain expert information and unique insight. For example, do you know how to predict the reaction to change within your department or hospital and how to be ready to effectively manage it? You will after the conference. Best of all, the cost includes personal coaching after the seminar!

Sign up today! The next seminar will be held on October 20-21 in San Diego, CA, in conjunction with AHIMA's

Convention and Exhibit. Visit

<http://www.ahima.org/renaissance> for complete information and registration.

8. HI&T Week Planning Kit Available Now

Mark your calendars for National Health Information and Technology Week, November 6–12, 2005, sponsored by AHIMA and the Canadian Health Information Management Association (CHIMA). The annual event was started 16 years ago to recognize the work of HIM professionals who maintain and protect the health information of individuals nationwide. The theme of this year's celebration is "Information for a Healthy Nation," and we have prepared a kit to help you plan your week. To access the planning kit online, visit <http://www.ahima.org/hitweek>.

9. Upcoming AHIMA seminars

ICD-9-CM Code Updates for 2006

September 15

Faculty: Lizabeth Fisher, RHIA, and Mady Hue, RHIA, CCS

Be ready for code implementation on October 1. This seminar will help you develop an in-depth understanding of the new ICD-9-CM diagnosis and procedure codes and how to use them appropriately. Avoid coding errors and sharpen your skills in both diagnostic and procedure coding with case scenarios. For registration and information, visit <http://imis.ahima.org/orders/productByType.cfm?t=1> or call (800) 335-5535.

Camera Phone and Internet Privacy and Monitoring

September 20

Faculty: Philip L. Gordon

Camera phone use can pose a unique risk for privacy and security in healthcare. Internet communications pose similar risks. This seminar helps you develop appropriate policies and procedures for dealing with these new threats. Raise your awareness and get the tools you need to address these privacy and security risks. For registration and information, visit <http://imis.ahima.org/orders/productByType.cfm?t=1> or ca