




e-Coastlines

November-December 2008

 Print pdf version

President's Message

▶ [Dwan Thomas Flowers, MBA, RHIA, CCS](#)

FHIMA News

- ▶ [FHIMA Call for Elections](#)
- ▶ [FHIMA Service Awards](#)
- ▶ [Attention HIM Program Students](#)
- ▶ [Chat with the FHIMA President](#)

Articles

- ▶ [Legislative Committee: Have a Question on Legal Health Records Topics?](#)
- ▶ [Update from the FHIMA Leadership Conference](#)
- ▶ [HIM & Student Internships: An Analysis of the Current Decline](#)

AHIMA Update

- ▶ [Upcoming Events](#)
- ▶ [Recent Topics](#)
- ▶ [CoP News You Can Use](#)

President's Message

Dwan Thomas Flowers, MBA, RHIA, CCS

S.H.I.N.E.

Share Health Information & Network **Ethically**



Returning from another, successful AHIMA Annual conference always invigorates me. This year, the 80th national conference was held in Seattle, Washington—just about as far away from our lovely state as possible, if you remain within the contiguous states of the USA! The conference was filled with excellent topics and breakout sessions. On the coding front, as you all can well imagine, perhaps the hottest topics were related to the implementation of ICD-10 and ICD-10-PCS. You could find everything from Town Hall meetings to practical, step-by-step instruction in coding procedural scenarios. Other topics focused on Clinical Documentation Improvement

Programs, understanding case mix indices and a plethora of other, related subject matter. Visit www.ahima.org for a complete listing.

Prior to the official start of the conference, AHIMA's 2008 House of Delegates commenced on October 12, 2008. As a member of AHIMA's Professional Ethics Committee (PEC), I had the pleasure of presenting a proposed *Ethics Self-Assessment* to the delegates for discussion; thus, this message's focus on SHINE is appropriate. With the many emerging technologies surrounding eMRs, come many capabilities. We have the ability to access, massage, report, release, edit, enhance, copy, cut and paste protected health information. HIM professionals know that just because we can does not mean we should. Some ethical challenges may emerge as eMR technologies continue to advance. The use of macros, pull down lists, templates and pre-filled documentation as engines become "smarter" pose a risk of exposing ethical, patient safety and quality issues. Additionally, as we embrace nontraditional members within the professional organization, it may be a good time to reflect upon our individual ethical dashboards. The PEC will continue to work on the Ethics Self-Assessment based on the feedback received from the various HOD work teams.



All issues, which were voted upon at the full House, passed. The topics included:

- Proposed Credential in Health Data Analytics
- Proposed Bylaws Amendments on Certification Governance/3rd Party Accreditation
- Proposed Privacy and Security Resolution

Thus, we have a new credential to promote, the certified health data analyst (CHDA)! The information is already available on the AHIMA website.

My only regret about the AHIMA Annual Conference was that I had to cut my trip short. I did not have the luxury of attending the rest of the sessions. I heard great things about the President's reception and envied those who had the opportunity to visit the Space Needle and Pike Place Fish Market, famous for tossing fish and the FiSH! customer service philosophy.

Additionally, since our last communication, FHIMA put on an action-packed Leadership Conference in Tampa at the Marriott Renaissance. On September 19th – 20th, we worked on our strategic plan, ultimately and unexpectedly, changing our mission statement (soon to be published). We had great speakers; Mo Bellio, of the Dottino Consulting Group, spoke about *Cognitive Techniques for Sustaining Passionate Teams*. We had the opportunity to purchase the book, *Grass Roots Leaders: The Brain Smart Revolution in Business*. Additionally, Kathleen Ranahan, Talent Management Resources, spoke about *Leadership Development: What Does it Take to be a Successful Leader?* She was inspired by the turnout and positive energy, and we were inspired by her practical approach to leadership. This is the second year that the conference has been open to others; initially, the intent was to invite Presidents and Presidents-Elect from each region. However, with our commitment to succession planning and developing future leaders, we have opened up registration to accommodate a much wider audience—hopefully, our future leaders are also in attendance. The participants gave wonderful feedback; one Regional leader stated that they will definitely be back next year and will be paying for the rest of their Board members to attend. What an awesome testament to the quality of our offerings! The entire FHIMA team works tirelessly to improve your experiences, and I am grateful for each volunteer.

Speaking of being grateful, this will be the final communication for 2008. Thanksgiving is just around the corner. At this time of the year, I like to take the time to acknowledge how grateful I am for all of the people who make my life experience what it is. The holidays remind us to give thanks in all things. I just wanted each of you to know that I am very thankful for you. Every member counts; every gesture—small or large—towards the advancement of the science of eHIM is significant. Know that you are all well appreciated, and I also challenge each of you to remember to tell those who are special to you how grateful you are for them. We often take our friends, family and loved ones for granted.

So, Happy, Happy Holidays, and remember, "Stars do not struggle to SHINE," and I appreciate your continued commitment to SHINE in 2008-2009.

FHIMA News

FHIMA Call for Elections!

MAKE A DIFFERENCE... FHIMA Needs Enthusiastic Volunteers LIKE YOU!

Each year, we seek candidates for the following positions:

President-Elect: The position is a 3-year commitment. The president-elect is a member of 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 Board Member
- 2) Active Membership in AHIMA and FHIMA

Director: This is a 2-year commitment. Each year **THREE** Directors are voted on to the Board. They serve as liaisons to Committees and conduct business of the Association.

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) FHIMA Board or Committee Chair experience.
- 2) Served as a delegate to FHIMA House of Delegates
- 3) Active Membership in AHIMA and FHIMA.

*FHIMA Board members who fulfill their term obligations will receive a complimentary FULL registration to the FHIMA Annual Convention!

[Click here](#) to obtain the 2009 Nominations Form

For more information, please contact:
Michelle Mock, MSM, RHIA
FHIMA Nominations Chair
Fax: (813) 464-8333
michelle.mock@wellcare.com

Voting will take place electronically in the Spring. Watch for emails and postcard indicating when FHIMA polls are open!

FHIMA Service Awards

Nominate a HIM Professional who deserves recognition!

Nominations will be taken soon for the following awards:

Distinguished Member
Distinguished Service (FHIMA Member or Non-member)
Literary
Outstanding Student
Outstanding New Professional
Outstanding Professional
Educator Award (NEW!)
Mentor Award (NEW!)

We have many deserving members. Be sure to think about your colleagues and nominate them for an award.

[Click here](#) for Service Awards Criteria

[Click here](#) for Service Awards Nomination Form

[top](#)

Attention HIM Program Students!**2008 FHIMA SCHOLARSHIPS INFORMATION**

FHIMA is pleased to announce a continued support of individuals pursuing Health Information Management careers. FHIMA has again voted to provide scholarships this year to students enrolled in both undergraduate and graduate studies related to the Health Information Management field. In addition, FHIMA will again award the Charlotte Stockton Memorial Scholarship.

As in years past, scholarships will be awarded to FHIMA members to defray the cost of a Health Information Management related education.

FHIMA announces that it will again award the Charlotte Stockton Memorial Scholarship. This scholarship honors the memory of Charlotte Stockton (Stat Solutions, Inc. and Professional Outsourcing Solutions, Inc.) who was committed to the HIM Profession. This scholarship will be offered to qualified applicants enrolled in AHIMA approved Coding Certificate programs.

[Click here](#) for general FHIMA Scholarships Application

[Click here](#) for Charlotte Stockton Memorial Scholarship for Coding Certificate Program students

[top](#)

Chat with the FHIMA President!

FHIMA members are invited to chat with the FHIMA President on Friday, December 12 from 4-5pm (EST).

These chat sessions are part of an effort to improve communication with our members regarding FHIMA activities and also allow members to ask questions about FHIMA. This is your opportunity to share anything that is on your mind.

To join the chat on December 12th, on the day of the chat you will need to log on to the **Geographic:**

Florida CoP at <http://cop.ahima.org/COP/GeographicFlorida/>

If you haven't joined the Florida CoP yet, JOIN! It's easy! Go to AHIMA at www.ahima.org and log into myAHIMA. Click on Communities of Practice and this will take you to the CoP Homepage. Click on the passport icon labeled "Join/Visit Communities. Click on "G" for Geographic and look for "Geographic: Florida" (no subtitles). Click on the "join" box to the far right. You are now a member of the Florida Community of Practice!

Once you are in the CoP, you will need to click on the "Chat With Peers" Icon on the left side of your screen to join the chat.

Looking forward to chatting with everyone soon!

[top](#)

Articles

Legislative Committee: Have a Question on Legal Health Records Topics?

Have a Question on Legal Health Records topics?

FHIMA has great resources for you! The FHIMA Legal Manual and the Legislative Committee!

The FHIMA Legislative Committee will be hard at work this year revising the FHIMA Legal Manual to reflect any changes made since the last version was published. Providers are encouraged to purchase the Legal Manual as it is a valuable resource for all Legal health record issues.

The Legislative Committee also welcomes any question from FHIMA members regarding Legal Health Records topics. The Legislative Committee is committed to answering these questions as quickly and accurately as possible. The Legislative Committee does its very best to research your question and provide accurate responses but you should always also consult appropriate legal counsel.

Please contact the Legislative Committee co-chairs Kelly McLendon, kmclendon@hixperts.com, or Eudelia 'Skip' Thomas, ethomas@fccj.edu, with your questions.

[top](#)

Update from the FHIMA Leadership Conference - September 19th & 20th

*By: Kimberly Eichner, MBA, RHIA
President Elect FHIMA*

On September 19th and 20th, the FHIMA Board, Regional Presidents and Presidents-Elect gathered in Tampa at the Renaissance Hotel International Plaza for the annual FHIMA Leadership Conference. What a wonderful experience to gather and "SHINE" with such talented leaders in our profession.

The Leadership meeting kicked off on Friday with a warm welcome and engaging icebreaker facilitated by President Dwan Thomas-Flowers and President-Elect Kimberly Eichner. This first segment of the morning provided an opportunity for collaboration and allowed each individual to "light" up the room with their expectations and goals for the conference.

Kathleen Ranahan, President of Talent Management Resources navigated us through "Understanding the Core Competencies of Leadership". Her presentation was rich in content and filled with real life examples that can be applied in multiple settings. Here are a few key takeaways and some ideas on how to apply to FHIMA.

- **Ask more tell less**

Regional leaders or committee chairs have you asked what your members need? Members have you asked how you can get involved in FHIMA or asked your employer for a platform to educate your workforce or community regarding hot topics in HIM?

- **Set priority and focus on very few**

Everything cannot be a priority Identify a few key areas and stick with it!!

- **Sense of achievement and recognition is what is really important to people and motivates successfully**

Are there barriers to your achievement of success? What are they (lack of knowledge, time etc.) and how can you remove barriers? How are you personally motivating or recognizing another fellow professional?

We closed the day with an informative presentation by Lori Langley our Chief Delegate regarding her experience at AHIMA Team Talks/Leadership including the most recent AHIMA updates and plans for the coming year.

Saturday we spent the day with Mo Bello of Dottino Consulting Group. Mo focused the group on learning cognitive techniques for sustaining passionate teams. The day was so exciting and valuable to the attendees that several hours were extended to the session. Mo filled our heads with ideas and most importantly tools to implement as a method to build and sustain a great organization.

Saturday's Workshop objectives

- Introduce management crisis and how to recognize characteristics
- Identify need for new management model that engages team toward achieving preeminent performance
- Understand principles and functionality of the brain and how it can be harnessed to master communication, creativity and job excellence.

After a delicious and calorie enhanced lunch, we spent time reviewing the FHIMA Strategic Plan and how to align these goals and objectives to Regional plans. Time was also spent assessing the current FHIMA mission and vision statements. As all great organizations and leaders know it is imperative the mission statement guide everything you do and establish culture. After plenty of debate and careful consideration the following mission statement was agreed upon by the group.

"FHIMA is the membership organization of health information management which fosters the professional development of its members through education, communication and advocacy"

Every year the FHIMA Leadership Conference serves as a conduit for our regions to come together not only to focus on leadership development, but also to share our commitment to the Health Information Management profession. This experience was the first step in answering the call by our President Dwan Thomas-Flowers, to SHINE brightly in 2009 by uniting together and follow the lead of FHIMA.

[top](#)

HIM & Student Internships: An Analysis of the Current Decline

By: Dwan Thomas-Flowers, MBA, RHIA, 2008-2009 FHIMA President

With the all of the focus on the national shortage of allied healthcare professionals including Health Information professionals and coders, much discussion has ensued about how to increase mentoring,

how to engage existing professionals in bridging the gap from graduation to employment or how to entice professionals to offer their healthcare facilities as practicum sites. Increasingly, seasoned professionals who may be in a position to accept students for their internships, externships, practicums, management affiliations and the like have revealed an underlying theme, which is different from the usual reasons for declining to participate. 7 of 13

One of the more common reasons offered by HIM professionals is that there is no time to accept a student. This is probably the most popular response followed by, "I cannot afford to take a student right now." However, analyzing these statements further reveals that there is an increasing number of suboptimal student intern experiences. Reports of students' not showing up on time, dressing less than professionally and not being thoroughly prepared with supplies such as a pen and notepad have surfaced. Additionally, some professionals have summed it up in one word—entitlement. It has been stated that students are approaching the internships not as if it is a privilege but as if the experience is something that is due to them. In extreme cases, there have been reports of students sleeping, appearing with less than acceptable hygiene and grooming, asking for lunch money, displaying attendance problems and even borrowing items without permission.

So, where is the onus? Where is the root of the problem? There is no one source of the problem. Although it is ultimately the student's responsibility to prove himself worthy of consideration for an internship, it is also up to the practicum managers to lead by example. Additionally, it has been rumored that the increasingly stringent and ever-increasing amount of state mandates has left little time for covering professional etiquette within the HIM programs. Thus, some of the message is lost while trying to cover all of the program requirements. Some of the behaviors may even be generational. Many of the college-aged students have been stereotypically described with terms such as "feeling sense of entitlement," highly valuing time away from work," and often as "grunge-dressing-independent-thinking-what's-in-it-for-me-ers."

There is another way of describing them. Some have already coined them Generation X, but there is no clearly consistent idea of when the generation begins and ends. It may be fair to say that it could be a generation, or it could be just a movement or mindset, regardless of a person's date of birth. However, there is another way to describe them, which may conjure another view. Technologically-savvy, creative project managers who value work-life balance and acknowledge that re-charging one's batteries is necessary to produce optimally is another description. To grow and embrace the future, it is vital that senior leaders embrace this generation, capitalize on their strengths and mimic their desire to utilize technology to optimal capacity in order to increase productivity.

In any case, it is a joint responsibility of the student, the HIM program manager and the professional who is managing the practicum to ensure that the internship is a valuable experience for all. The student should showcase his or her talents. The HIM program manager and the practicum manager must have a shared vision of the students' goals and must communicate with one another. The practicum manager must also acknowledge that he or she is responsible for managing that experience. A student is not just free labor, but there should be agreed upon projects, tasks and performance standards.

It is indeed a privilege for students to be accepted into a facility as an intern. It would benefit the student to treat the entire episode as if it is an interview. Leaving a good impression on the leaders can pay off in future career pursuits. Making the most of each opportunity for career exposure is paramount. Students have the chance to show how dependable they are, display a level of professionalism that would be a desirable trait for any organization and share new trends and industry insight with the HIM professional.

Still, program directors and educators must take each opportunity to connect the course content to real life examples and scenarios. Punctuality, being prepared to take notes and dressing professionally should be the minimum expectation for any student embarking upon a professional career. Additionally, providing an outline of the activities, student expectations and preceptor expectations to share with the practicum manager should be a requirement. The performance dimensions do tend to vary from program to program.

Finally, HIM professionals in the field who accept students must lead by example. Be respectful of others' time. Turn off cell phones, pagers, PDAs and other distracting devices; ignore the urge to send a text during a meeting. Dress as if you are preparing for the next level of leadership, if you expect the same of the students. Be aware that while it may be mutually beneficial to have students work on specific projects to gain practical experience, it is not about having "free" workers. Someone must still manage the student's experience and hold that student accountable as an employee would be.

So, to those students who are excellent, please continue to SHINE. Unfortunately, a few bad apples can spoil it for the entire bunch. There have been reports of discontinuing contracts or discontinuing the

practice of accepting interns reported on AHIMA's Community of Practice. This is damaging to the relationships that schools have with neighboring facilities. I encourage each professional who has had a bad experience with an intern to reach out to that individual to perhaps establish relationship via mentoring.

Therefore, when the words are uttered, "I can't afford to take a student right now." I challenge each credentialed professional with the statement, "You cannot afford *not* to take a student right now." We have to be prepared to take steps to sustain the HIM profession. Yes, we have generational differences that will affect the workforce, but it is imperative that we each assist in succession planning—growing prepared, credentialed leaders for tomorrow. The knowledge that students can gain from just shadowing a seasoned HIM professional is invaluable. The three-pronged partnership among the student, the instructor and the facility's HIM practicum manager is essential to advancing the science of e-HIM.

[top](#)

AHIMA Update

Upcoming Events

November 17 - ICD-10-CM/PCS National Provider Conference Call for Physicians

Physicians may now register for the CMS ICD-10-CM/PCS National Provider Conference Call on November 17, 12:30–2:30 p.m. EST. [Register for this call](#) or find additional information about this conference call and access the ICD-10 overview presentation that will be discussed during the call by [clicking here](#). The transcript of the CMS ICD-10-CM/PCS National Provider Conference Call for Hospital Staff that was held on October 14 is now available; [click here](#) to download.

[top](#)

November 20 - Coding Clinic update

Faculty: Maria Alizondo, RHIT, and Kristi Stanton, RHIT, CCS, CPC

Coding Clinic Update reviews coding advice published since the last audio seminar update. Increase your awareness of ICD-9-CM diagnosis and procedure code selection recently published in *Coding Clinic*. Facility reporting will benefit from enhanced knowledge of the latest official coding advice. Case scenarios will illustrate these coding principles. Due to the amount of material to be covered, the presentation will last the entire 90 minutes. There will be no question and answer session. For registration and information, [visit here](#) or call (800) 335-5535. Please refer to source code **MX503** when registering.

[top](#)

December 2 – 1 p.m. CST - Medical Identity Theft: A Virtual Meeting

Medical identity theft is costly, destroys lives and financial stability, and it's up to health information professionals to combat it. This virtual meeting will define the issue of medical identity theft, identify its various forms, discuss those involved and affected by it (including stakeholders, perpetrators, and victims), and offer tips on prevention, detection, and responses to this growing problem.

Benefits to participants:

- Understand the differences between identity theft and medical identity theft
- Learn how to fortify your organization's practices to address gaps in security
- Identify a proactive mitigation process to immediately implement if theft occurs
- Develop steps your organization can take to support MIT victims

This is a re-broadcast of the September 8 taping. A live question and answer session will take place after the meeting. [Click here](#) for registration information and early bird savings deadline.

[top](#)

December 18 - CMS Announces Listening Session on HACs

CMS announced in the *Federal Register* [73FR64618] last week that a listening session is being conducted by CMS and the Centers for Disease Control and Prevention to solicit informal comments on hospital-acquired conditions (HACs) and hospital outpatient healthcare-associated conditions in preparation for the fiscal year 2010 inpatient prospective payment system and calendar year 2010 outpatient prospective payment system (OPPS) rulemaking processes. The meeting is scheduled for December 18, 10 a.m.-5 p.m. EST. Further information regarding this listening session will be posted on the [HAC section](#) of the CMS Web site and the [OPPS section](#) of the CMS Web site. The meeting is open to the public, but attendance is limited to space and teleconference lines available. [Register here.](#)

[top](#)

CMS to Announce Medical Home Demonstration Sites in December

CMS Announces Hold on RAC Program The Centers for Medicare & Medicaid Services (CMS) announced Tuesday that an automatic stay has been placed on the contract work of the Recovery Audit Contractor (RAC) program. The action is the result of protests by two unsuccessful bidders for the RAC program filed with the General Accountability Office (GAO), according to the CMS Web site. The automatic stay will stop work for all four RAC regional awards until a determination is made by GAO. GAO has 100 days to issue its decision. To read the notice, go to <http://www.cms.hhs.gov/RAC>.

The Centers for Medicare and Medicaid Services (CMS) is expected to announce sites in December for a new medical home demonstration that will offer eligible physician practices a monthly fee for participating, according to BNA's Health Care Policy. The purpose of the three-year demonstration is to determine whether medical homes reduce costs to Medicare by avoiding unnecessary care, increasing preventive care, improving patient adherence, and avoiding hospitalization. The demonstration was authorized for eight areas by the Tax Relief and Health Care Act of 2006, which considered a medical home as a practice where a physician could provide targeted, comprehensive, and coordinated care for those beneficiaries who require medical monitoring.

Under the current design, eligible practices for the demonstration will have to meet 17 capabilities, including using data to track patients, an electronic medical record, and establishing written standards for patient access to care. View the [fact sheet](#) on the medical home demonstration.

[top](#)

December 9 - CMS Hosts Listening Session on Value-based Purchasing

CMS will conduct a listening session on **December 9** as part of the development of a plan for the transition to a value-based purchasing program for physicians and other professional services as required by section 131(d) of the Medicare Improvements for Patients and Providers Act of 2008. The purpose of the listening session is to solicit comments on an issues paper that will present the range of issues being considered for plan development. Physicians, physician associations, and all others interested in the pursuit of new payment approaches to enhance the quality and efficiency of physicians and other professional services are invited to participate. The issues paper will be posted on the [CMS Web site](#) no later than November 28. The meeting is open to the public, but attendance is limited to space and teleconference lines available. [Click here](#) to register.

[top](#)

January 31 Deadline - Get Involved with AHIMA through Elected Positions

It's not too early to start considering a nomination for an elected position on the AHIMA Board of Directors, Commission on Certification of Health Informatics and Information Management Professionals, or the Council on Certification. This year we have a new, convenient, online application for you to complete. We invite everyone who has an interest in volunteering for an AHIMA elected position to submit an application to serve. **The deadline for elected positions is January 31, 2009.** Click [here](#) for more information.

[top](#)

Recent Topics

Electronic Medical Records: Slow but Steady Growth in Ambulatory Care

The Healthcare Information and Management Systems Society (HIMSS)/HIMSS Analytics Ambulatory Healthcare Information Technology (IT) Survey finds about 30 percent of respondents use some component of the electronic medical record (EMR) in their organization.

Market growth of electronic medical record implementations in ambulatory healthcare settings, such as private medical practices or specialty clinics, continues at a slow but steady pace, according to results from the Ambulatory Healthcare IT Survey, conducted by HIMSS and HIMSS Analytics. The 2008 survey collected information about key technology use in the ambulatory market, such as EMRs and e-prescribing. View the [PDF of the report](#) or the [press release](#).

[top](#)

OIG Report on CMS and HIPAA Security Rule

A recent report states that the US Department of Health and Human Services Office of Inspector General (OIG) has found that CMS has taken limited actions to ensure that covered entities adequately implemented the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security rule. "These actions had not provided effective oversight or encouraged enforcement of the HIPAA security rule by covered entities," the report states.

The HIPAA security rule requires a covered entity, such as a health plan or healthcare provider that transmits any health information in electronic form, to (1) ensure the integrity and confidentiality of the information, (2) protect against any reasonably anticipated threats or risks to the security or integrity of the information, and (3) protect against unauthorized uses or disclosures of the information, the report states. OIG recommended that CMS establish policies and procedures for conducting HIPAA security rule compliance reviews of covered entities. "CMS did not agree with our findings because it believed that its complaint-driven enforcement process has furthered the goal of voluntary compliance. However, CMS agreed with our recommendation to establish specific policies and procedures for conducting compliance reviews of covered entities," the report states.

Read the [executive summary](#) or [full report](#)

[top](#)

Patient Accessible Electronic Health Records: Exploring Recommendations for Successful Implementation Strategies

Providing patients with access to their electronic health records (EHRs) offers great promise to improve patient health and satisfaction with their care, as well to improve professional and organizational approaches to healthcare. Although many benefits have been identified, there are many questions about best practices for the implementation of patient accessible EHRs.

A new report by the *Journal of Medical Internet Research* recommends healthcare professionals and organizations should consider the potential benefits and risks of patient access when developing EHR strategies. Flexible, standardized, and interoperable solutions must be integrated with outcomes-based research to activate effectively patients as partners in their healthcare.

[Click here](#) to read the report.

[top](#)

Study: ID Numbers Would Facilitate Healthcare Quality, Efficiency

A recent study by the Rand Corporation found that creating a unique patient identification number would reduce medical errors, simplify the use of electronic medical records, and protect patient privacy. The report, "Identity Crisis: An Examination of the Costs and Benefits of a Unique Patient Identifier for the US Health Care System," acknowledges that the identification system could cost as much as \$11 billion, but the effort would return more in benefits to the country's healthcare system. The complete report is available [here](#)

[top](#)

HRSA Announces EHR, HIT Grants

The Health Resources and Services Administration (HRSA) recently awarded \$18.9 million in grants to enable health networks and multi-site health centers to adopt and implement electronic health records and health information technology innovations. [Click here](#) for a complete list of grant recipients.

[top](#)

AHRQ Issues Interim Guidance for Patient Safety Organizations

The Agency for Healthcare Research and Quality (AHRQ), as part of the Department of Health and Human Services (HHS), is in the process of developing a final rule to implement the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act). Because of strong interest within the healthcare community, HHS has decided to begin the process of listing patient safety organizations (PSOs) and implementing the protections of the Patient Safety Act prior to the promulgation of the final rule.

HHS has developed interim guidance that outlines the statutory requirements and relevant sections of the proposed rule (issued on February 12) that are binding during the interim period. The interim guidance will be in force until the effective date of the final rule. On such date, any entity that has been listed as a PSO must be in compliance with all of the requirements of the final rule. [Click here](#) for the proposed rule and [here](#) for the interim guidance.

[top](#)

ICD-10 Fact Sheet Now Available

The Centers for Medicare and Medicaid Services (CMS) has developed an ICD-10 fact sheet which provides general information about the tenth edition of International Classification of Diseases, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). The fact sheet includes benefits of adopting the new coding system, structural differences between ICD-9-CM and ICD-10-CM/PCS, and implementation planning recommendations. [Click here](#) to download the fact sheet.

[top](#)

CoP News You Can Use

Do you need help with the CoP or BoK? There are a number of options available for you.

CoP/BoK Quick Help Guides—We've developed handouts to help you use the Communities of Practice (CoP) and the FORE Library: HIM Body of Knowledge (BoK) more effectively and efficiently. There are guides for new CoP users, new BoK users, advanced users (beyond the basics), CoP facilitators, or those interested in becoming CoP facilitators. (*These documents are in PDF format.*) [Click here](#) to access them.

All pages in the CoP have a toolbar at the top, where you will find the help icon (a life preserver); click there for the CoP user guide. This guide is designed to help you understand and use the features of the CoP or send a message to customer relations regarding issues with the CoP or BoK, including technical issues. Each section of the CoP will have a help link on the top right; click on it for help about that particular function.

To go to the CoP or BoK, visit www.ahima.org. Log in using your AHIMA ID number and password in **myAHIMA** on the right side. Then click on Communities of Practice or Body of Knowledge in myAHIMA.

[top](#)



Contact [Webmaster](#)

All Web content © Copyright 2008 FHIMA.
All rights reserved.