MaHIMA
AHIMA Affiliate
Massachusetts Health Information Management Association

CONNECT NEWSLETTER

Editor's Note
By: Laura Caravetta, RHIA

Happy Spring! It is refreshing to have some warmer temperatures, and see Massachusetts emerge from a cold and snowy winter.

I personally want to thank everyone who took a moment of their time to connect with the Representative and Senate. While the bill was still passed through and signed into law, it was refreshing to see all the support and outreach within our organization.

Spring is a time of change and growth in nature. It should also be a time of change and growth for each of us professionally.

Now is the perfect time to take action to enhance your professional skill set, to grow your professional network, and to assess your continuing education needs for the upcoming year.

Spring presents many opportunities, whether it is in the form of serving in a volunteer position at the national or state level, taking continuing education courses, or attending the Annual MaHIMA .

I welcome your feedback and suggestions for future content. Please e-mail all suggestions and ideas to laura_caravetta@dfci.harvard.edu

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President Message

By: Nancy LaFianza, MBA, RHIA

Spring is here, days are longer, and our energy levels tend to increase with sunny days. Many of us are busy planning for ICD10 (or 11!), but we cannot lose sight of needing to be prepared for the future.

During this time, I challenge each of you to put some of this "extra" energy into thinking about how you can help improve the perception of Health Information Management (HIM) professionals and how to transform your staff to ensure they're prepared for the changing future, that's coming so quickly upon us.

So where to start? A few suggestions: First, ask whether or not you and your staff are viewed as "task oriented" opposed to the preferred "strategy creators."

Are you carving out time for creating strategic goals? Hard to do but if not able to, thus far, make a plan such as scheduling yourself in Outlook to block off time. Create goals as to how you will transform your team to collect data to the extent that you can govern it and use it effectively. Perhaps, Excel training or workshops relevant to specific needs are needed.

Clinical and administrative decisions are being based on data we oversee, so wouldn't it be great to share data before being asked!

Second, have you recruited the best and brightest to provide innovative solutions for capturing, processing, and creating intelligence based on health data?

If not, what's your strategy to address? And third, have you empowered consumers to optimize their health through management of their personal health information? If not, how will you partner with industry allies to do this?

Last, set time goals for completing tasks that will ultimately lead to your achieving your strategic goals.

MaHIMA is here to support you achieve your goals! A friendly reminder that registration for this year's MaHIMA Annual Conference, May 18-20, is open.

Our Annual Conference can help you obtain the knowledge and skills to achieve current goals and prepare for the future.

There will be approximately 250 Health Information Professionals to network with and an array of exhibitors to be able to see the latest and greatest technology and services all at one site!

Continuing education topics include those on Healthcare Policy, ICD10, Informational Governance, Leadership, AHIMA, Revenue Cycle and Denial Management to name a few. Please visit www.mahima.org for a full agenda.

Looking forward to seeing you all at the annual conference!!!

For more information about the MaHIMA Annual Conference, Please visit

Legislative Affairs
By: Bibi Von Malder, RHIT

The MaHIMA Legislative Affairs Committee is pleased to announce our **MaHIMA/NE HIMSS 10ᵗʰ Annual Beacon Hill Day & Legislative Seminar** at the Massachusetts State House in Boston MA, on Thursday June 5, 2014.

Heather Hedlund, Karen Griffin and Norma Chitvanni have done a great job putting together a great seminar with the collaboration of NEHIMSS. We have some great speakers this year, John Halamka, MD., SVP and Chief Information Officer of Beth Israel Deaconess Medical Center is going to speak on Mass Highway.

The Senate and House Committee Members will speak on Legislative updates from Joint Committee on Health Care Financing. Larry Garber, M.D. Medical Director for Informatics, Reliant Medical Group and Jim Brennan, Clinical Relationship Manager, Massachusetts eHealth Institute will speak on the IMPACT program (improving Massachusetts Post-Acute Care Transfers).

There will also be a group legislative office visits, the attendees will be grouped geographically according to home and/or work locations for office visits.

Please come and join the MaHIMA Legislative Affairs & Advocacy Committee along with NEHIMSS on our 10ᵗʰ Annual Beacon Hill Day & Legislative Seminar.

We are always looking for new members to join the Legislative Affairs Committee if you are interested please contact me at bibi.vonmalder@steward.org.

Finance
By: Linda Hyde, RHIA

Income for the first six months of our fiscal year was $60,615 with adjusted* expenses of $82,358.

Seventy-five (75) % of our income for this period is from our educational meetings and initial exhibitor registrations for this year's annual meeting.

Additionally, 10% of income came from corporate partners and advertising and 10% from AHIMA member rebates.

Forty-eight (48) % of our expenses are from educational programs including initial expenses for the annual meeting.

The remainder is from administrative costs, AHIMA Leadership and House of Delegate meetings for our delegates.

The increase in expense over income for our year to date is primarily due to initial outlay of expenses for the 2014 annual meeting and only a 20% of our expected AHIMA rebate income received so far.

*Expenses exclude those paid out in July and August for the 2013 annual meeting due to the late date of our meeting last year.

As of the end of December MaHIMA has $ 109,845 in assets with 81 % ($89,078) in our investment accounts for reserves. This represents approximately 6 months of expenses.

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AWORDS

Awards

By: Susan Pepple

MaHIMA Honors Five Members at Winter Meeting

Members recognized for individual achievement and contribution to the association.

January 31, 2013, Attleboro, MA - The Massachusetts Health Information Management Association (MaHIMA) presented five members with awards recognizing their individual achievement and contribution to the association. The awards were presented during the MaHIMA winter meeting on January 31, 2014.

The MaHIMA Outstanding New Professional Award recognizes the best of new talent in Health Information Management. The winner of this award demonstrates significant potential for future leadership, innovation, creativity, and administrative capacity.

The 2014 MaHIMA Outstanding New Professional Award was given to two members: **Laura Caravetta**, Information Security and Privacy Coordinator for the Dana-Farber Cancer Institute in Boston, and **Christopher Rushbrooke**, Technical Coding Advisor for Partners HealthCare.

The MaHIMA Champion Award is given to an MaHIMA member to recognize their volunteer service to the association. The 2014 MaHIMA Champion Award was given to **Jeanne Fernandes**, Corporate Manager of Health Information Services for Partners HealthCare.

The MaHIMA Professional Achievement Award honors a MaHIMA member for numerous and long-term contributions to the HIM profession.

The 2014 MaHIMA Professional Achievement Award was given to **Joy Rose**, CEO of Beacon Coding and Consulting and former Program Director and faculty member of the Healthcare Information Management program at Bristol Community College (BCC) in Fall River, MA.

The MaHIMA Distinguished Member Award, MaHIMA's highest honor, recognizes a member for their exception history of contribution to MaHIMA through dedicated volunteer service and association leadership. MaHIMA Distinguished Member Award was given to **Sue Marre**, Director of Coding for Steward Medical Group.

Picture Caption: MaHIMA honors five members at winter meeting. Shown Left to right:, Laura Caravetta, winner of Outstanding New Professional Award; Susan Pepple, Chair, MaHIMA Awards Committee,; Susan Marre, winner of Distinguished Member Award; Christopher Rushbrooke, winner of Outstanding New Professional Award; Jeanne Fernandes, winner of Champion Award; Nancy LaFianza, President of MaHIMA; Joy Rose, winner of Professional Achievement Award

AWARDS

BIDMC Privacy Team receives recognition from MaHIMA

When Beth Israel Deaconess Medical Center recognized the need to improve its privacy program, a new Senior VP was hired for the Office of Compliance and Business Conduct, and within that department the new privacy team and program was organized. BIDMC and its Privacy Team was honored with a 2014 HIM Team Excellence Award from MaHIMA.

The goal of the BIDMC privacy team is to promote, educate, and bring information security and privacy awareness to the BIDMC workforce. The Privacy Officer recognized the lack of training and education and incorporated a new Information Security and Privacy Training program.

Popular aspects of the Information Security and Privacy Training program include:

- The "KIP" initiative. KIP, for Keep Information Private, includes an internal website with resources and policies, and a "KIP" campaign that included posters, table tents,
- "Did You Know" labels, and monthly contests to encourage involvement and privacy awareness.

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Annual HIPAA training; OMNIBUS as well as incident specific trainings OCR Mock Audits that include over 80 privacy elements.

- A PHI Disposal Task Force to review disposal practices and select a new vendor for shredding
- A Confidentiality Statement Task Force to identify where the statement should appear
- A Pager Task Force to review current practices and proposed
- Privacy articles to appear in the Executive Newsletter and be presented at departmental and leadership meetings.
- Implementation of "Proof Point" email encryption program
- Conducted environmental Privacy Rounds at over 53 departments within BIDMC and satellite locations.

The outcomes have been amazing! Leadership from all areas of the medical center have been engaged. Policies have been reviewed, created and rolled out. Calls from workforce members have increased by 30% due to the increased awareness brought about by the KIP website, KIP campaign, presentations, and training modules.

AWARDS

Whittier Rehabilitation Hospital and KYOS System, Inc. team-up to win MaHIMA HIM Team Excellence Award

The MaHIMA Team Excellence Award focuses on the team efforts, especially those that cross departmental barriers. With the 2014 Award, the recognition goes to team members not only from different departments but from two separate companies working to achieve important goals.

Whittier Rehabilitation Hospital, a multi-campus provider of rehabilitation service, teamed with KYOS Systems, Inc. a software development company that specializes in document data management for healthcare to achieve Whittier's medical records goals.

According to Sophia Shanahan, RHIT, Director Health Information at Whittier, "Going electronic without losing the benefits of paper was a challenge to all staff. Our HIM and IT staff worked with a small Massachusetts company called KYOS to modify their hybrid paper-electronic medical records system to meet our needs and address our issues.

"It was a team effort made by all staff and I am proud to report that it has been successful!" The project involved the design, implementation and continuous improvement of paper record scanning, documentation management and quality assurance. The teams were faced with a set of needs to address:

- The Physician's signing their medical records in a timely manner.
- Paper documents taking up a very large space.
- Rising costs for storage of paper charts - off site.
- Difficult access to records after hours and at different locations.
- Quality analysis on the scanned records before destruction.
- Back filing of over 1000 large medical records before destruction.
- Release of Information required taking staff off other duties for extended periods.

The project has been successful in several ways:

- Scanning, indexing, document quality control, storage and retrieval were customized to fit the needs of the three Whittier hospital sites.

HIM staff and the healthcare providers were able to learn the system very quickly and have been performing admirably.

⇒ The electronic versions of the records are available 24/7 and fully searchable.

⇒ The need for offsite storage has been eliminated.

⇒ Coding times are reduced from 20-30 minutes to approximately 6 minutes per record using the coding virtual folder.

As a result of not having to constantly retrieve records and manually QC all charts and records contents, staff at each location has been reduced and/or has been given other responsibilities. Release of Information efforts are now much easier, quicker and more accurate.

AWARDS

Family Health Center receives HIM Team Excellence Award

"The Scanning Project" completed by the HIM team at Family Health Center in Worcester is the proud recipient of a MaHIMA HIM Team Excellence Award for 2014.

According to Steven Malchman, RHIA, Director of Medical Records, "I nominated the entire Medical Records Department for their outstanding effort in scanning over 20,000 paper charts. It was a big effort and I am so proud of my team."

The scanning project was first discussed with Center's Executive Administration to meet the upcoming criteria of Meaningful Use, which has large financial implications for the Center. Timing was also an issue as the Medical Records Department was scheduled to move to a new location in December, 2013. The goal was for the Department to be as paperless as possible.

The first solution tried was to solicit proposals to outsource the scanning. The projected cost was over $100,000, at which point it was decided the work would be done internally. Working in conjunction with provider leadership, it was determined that paper reports would be filed into electronic categories such as cardiology, radiology, OB, etc. so the providers could clearly access documentation. The resulting 76 categories was a daunting standard and resulted in more work trying to determine which paper documents belonged in which categories.

Further discussions and setup work was completed in December 2012. The project finally launched right after New Year 2013. The original goal was to have all records scanned by October 2013 which at the time that seemed very optimistic.

The staff was divided into teams and assigned specific duties. In sequence, three employees prepared the documents for scanning, removing staples, photocopying light documents, writing in missing medical record numbers, etc. One employee was dedicated to physically scanning the records. Another group of three filed the scanned copies into the categories. Others boxed and indexed records so they could be sent offsite. The correspondence group did scanning pertaining to patient forms and records from other health settings. Another employee abstracted key information into the system for Meaningful Use and other health-related criteria.

Providers were concerned that the documents be correctly filed and they demanded a quality plan. The lead supervisor for the project meticulously audited each day's work. A nurse practitioner also did weekly audits. The result was the department had a filing success rate of well over 99 percent.

In August, well ahead of schedule, the last paper record was shipped offsite. There was an afternoon celebration and the Chief Medical Officer brought in two bottles of expensive champagne. Since then the Department has finished scanning all the dental records and is currently scanning the charts of a large satellite facility.

Communications

By: Jeanne Fernandes, RHIA

The Communications Committee continues to focus on our website redesign project. We are in the final stages of converting website content from our existing platform to our new WordPress platform. The website redesign team is also taking this opportunity to update our content and eliminate outdated content and update our images and graphics in the process.

Once we are live on our new platform, we will have the tools we need to easily manage our website content and format. This will allow us to be more agile and responsive in our online communications. The WordPress platform also allows us to take advantage of website features such as blogs and forums. Our team will focus on these new features as part of phase 2 of the project. Stay tuned for additional communications on our go-live plan.

Susan Pepple, our Awards Committee Chair, has led the Awards Committee for several years. Under Susan's leadership, the MaHIMA awards program was restructured to better recognize individuals and groups who excel in areas of health information management of relevance to the profession today. Susan has also done a great job implementing, promoting and managing the restructured program. With the program in great shape, Susan will be passing the baton to Sherisse Monteiro, who will assume the role of Awards Committee Chair in July 2014. I would like to thank Susan for dedicating her time and talent to MaHIMA in this capacity. I would also like to thank Sherisse for volunteering to assume the role for our Association. I know that Sherisse will lead the Committee with enthusiasm and creativity.

The Connect newsletter team continues to work on enhancements to our newsletter. In addition to fresh content and layout, Laura Caravetta, our editor, is focused on integrating content from our newsletter with our social media. We welcome your feedback. Do you have ideas for new newsletter content or other improvements to the newsletter? Please feel free to contact Laura with your ideas.

The Social Media Team invites you to join your HIM colleagues on our social media sites. Our team is focused on providing an online interactive forum for member and non-member HIM professionals to network, share thoughts, and to get news of events of interest to the HIM profession.

If you have an interest in working with the Committee on any of these initiatives, please contact me.

Newly Credentialed Professionals

Jennifer Mason, CCS
Norma Chitvanni, CHPS
Paula Moran, CHPS
Cheryl Theriault, CCA
Andrea Kawachi-Tenan, CCS
Arline Egyud-Moritz, CCA
Carolyn Babb, CCS
Karen Souza, CCS
Marianne Murphy, RHIT
Deborah Hennessey, CCS
Rebecca Dayton, CCS
Deborah Hanrahan, CCS
Lisa Secher, CCS

Alexandra Urquhart, CCS
Robin Talbot, CCS
Meaghan Marcisz, CCA
Christine Griffin, CHPS
Randolph Niles, CCS
Nancy MacDonald, CCS
Kim Willand, CCS
Jason Chamberland, CCA
Konstantina Georgiopoulos, CCS
Anne Noel, CCS
Caroline Young, CCA
Sherry Brown, CCS

Darlene Pshenishny, CCS
Karen Cincotta, CCS
Jeanne Fernandes , CHDA
Denise Molloy, CCS
Maria Torres, CCS
Lisa Henke, CCS
Shellie Roney, CCS-P
Ivetta Zeidel, CCS
Lidya Abay-Asmerom, CCS

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The Elusive Paper Trail

By: Martha Hamel

Although we are moving toward a "paperless" world at our places of work, whether it is online medical records, billing information, etc; it seems there will always be paper in the mix. We all are aware of the Health Information Exchange that will be coming down the pike soon; but even then, there will always be paper documents that contain PHI, PI or other sensitive business information that will be printed by someone for one reason or another.

For instance, a resident may need to print out his census report so he knows what patients he will be visiting that day. Often times, these types of documents are stuffed in lab coat pockets during a busy day. This creates a scenario whereby the document could easily be lost.

I am sure many of us have gotten that call saying "I'd like to report a lost document that contains patient information".

This seems to be an ongoing issue at many institutions. Another challenge is workforce members who travel with documents that contain PHI or PI as part of their job (or perhaps not).

So, what can we do about it? Educate! Send out reminders to staff, have managers talk about it at staff meetings, and beef up policies if this information is not included already.

First and foremost, workforce members should be reminded to re-evaluate if the document really needs to be printed and carried around. Is there another option such as sending the information via secure email that can be accessed through an encrypted mobile device?

If a workforce member really needs to travel with PHI/PI in paper form as part of their job, these documents need to be secured in a briefcase, box, secured file folder, zipped bag, etc. and must be kept with them at all times.

Workforce members should never leave this information unattended whether it is at home, in the car and especially in public places such as a subway or café.

Workforce members should also be reminded that when they no longer need the documents, that they need to be disposed of in an appropriate manner via shredding.

Something else to consider is our patients. Often times they will receive a visit summary or other documents after a visit. Workforce members should always verify the patient's identity prior to handing over paper documents that contain PHI or PI. This will reduce the possibility of a patient receiving another patients' information. This small step really helps to protect our patient's privacy, which is what we are all striving to do!

Special Announcement: CALL FOR WRITERS!!!!!

MaHIMA is seeking content writers for the Connect Newsletter! These individuals play a vital role in developing topics, drafting articles, and compiling ideas for future content. If you are interested or would like more ion about becoming more involved with Connect, please contact Laura Caravetta, RHIA at laura_caravetta@dfci.harvard.edu.

Patients Gain Access to Lab Test Reports in 2014

By: Pat Rioux, RHIT
Project Manager,
Elsevier Clinical Solutions Continuum of Care

"Laboratories subject to CLIA may provide the patient, the patient's personal representative, or a person designated by the patient, as applicable, with copies of completed test reports that, using the laboratory's authentication process, can be identified as belonging to that patient."

Federal Register: CLIA Program and HIPAA Privacy Rule; Patients' Access to Test Reports

Another barrier to patient access of medical record information is falling with the final rule recently published by the Centers for Medicare & Medicaid Services (CMS), Office for Civil Rights (OCR), and the Centers for Disease Control and Prevention (CDC). The final rule amendment gives patients or their personal representatives direct access to completed lab test reports. The regulations are effective on April 7, 2014 and HIPAA-covered entities have until October 6, 2014 to comply.

In a move that supports patient engagement, the federal government agencies modified the federal CLIA (Clinical Laboratory Improvement Amendments) regulatory standards for all clinical laboratory testing to permit a CLIA laboratory to disclose test results to: (1) the authorized person, (2) the person responsible for using the test results in the treatment context, and (3) the laboratory that initially requested the test.

According to the final rule, laboratories are not required to interpret test reports for individuals; however, they may provide additional educational or explanatory materials regarding the test results to individuals. They must also update their Notice of Privacy Practices to reflect the new CLIA regulations. Individuals who live in states that do not allow them to access their own test results must go through their health care providers.

HIPAA-covered laboratories must comply with the same fee limitations at § 164.524(c)(4) of the Privacy Rule and may charge an individual a" reasonable, cost-based fee that includes only the cost of:
(1) Labor for copying the protected health information requested by the individual, whether in paper or electronic form;
(2) supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media;

(3) postage, when the individual has requested the copy be mailed; and
(4) preparation of an explanation or summary of the protected health information, if agreed to by the individual."

FEDERAL REGISTER: https://www.federalregister.gov/articles/2014/02/06/2014-02280/clia-program-and-hipaa-privacy-rule-patients-access-to-test-reports

Pat Rioux, RHIT, is a Product Manager, Continuum of Care, for Elsevier Clinical Solutions. Her previous experience includes project management for clinical decision support software and product management for an ambulatory electronic medical record software company. She serves on MaHIMA's Communications Committee (including Social Media).
LinkedIn profile: www.LinkedIn.com/in/patrioux
Twitter handle: @pat_rioux

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My Pursuit of the Certified Health Data Analyst (CHDA) Certification

By Jeanne M. Fernandes, RHIA, CHDA

As all sectors of the healthcare industry becomes more data driven, competency with data management, analysis and reporting will become increasingly important for health information management professionals. Subbu Ravi, COO of Amphion Medical Solutions shared his thoughts about the "skills gap" that exists in HIM in his *article "Moving HIM to the Forefront; Exploring the evolving role of HIM in ACOs and other risk-sharing models"* the February 2014 publication of Health Management Technology magazine. In the article, Ravi emphasizes the importance of data governance and analytics to the success or failure of ACOs. He advocates strongly for HIM's involvement and leadership pointing to the fact that HIM already owns much of the data and processes and already has the trust of providers. However, he cautions that "several skills gaps must be closed" for HIM to effectively lead.   Included in these gaps is the "Lack of understanding of analytics tools and techniques and formal knowledge of business modeling." He points to the AHIMA Certified Health Data Analyst (CHDA) certification as holding promise for closing this gap.

Recognizing the importance of developing my data analysis skill set made me think about pursuing the CHDA credential. It was already clear to me that developing a better understanding of data analysis concepts would enhance my ability to perform my job. I also felt that earning the CHDA designation would allow me to grow in the field by validating my competencies.

The certification focuses on three domains; Data Management, Data Analytics, and Data Reporting. Areas of study include: database structure/design, data validation technique, referential integrity, data Standards (xml, HL-7), data mining, statistical programming and, advanced statistical methods.

To get started, I reviewed the candidate handbook, recommended study materials, and I spoke with others who had earned the credential. While my interest remained constant, I was taking a slow and steady approach to seeking certification with no real deadlines in mind.

Last summer, while I was contemplating my trip to Atlanta for the AHIMA Annual Meeting in October, I was pleased to find that AHIMA was offering a CHDA Exam Preparation session during the weekend prior to the Annual Meeting. I made the decision to register for the session, and chose the

option which included the exam fee. As it turns out, this package deal was just the formula I needed to get me to the testing center. The fact that I had invested time and money, coupled with the requirement that I take the exam within 90 days of the course was exactly the incentive I needed to move me along the path to certification.

The two day exam preparation course was led by Susan White, PHD, CHDA , author of the CHDA study guide "A Practical Approach to Analyzing Healthcare Data" and MaHIMA's own Linda Hyde, RHIA, who has extensive knowledge of data standards and data quality and regularly speaks and publishes on these topics. Susan and Linda teamed up to help prepare a group of about 40 CHDA hopefuls to navigate through the study materials. The course helped me to realize areas where I was strong as well as the areas where I needed to concentrate more of my study efforts. Attending the course also allowed me to network with the other class participants throughout the study and period.

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When I returned from Atlanta, I scheduled my exam, choosing an exam date as close to the 90 day deadline as possible to maximize my study time. From December to the end of February, I spent 2-3 hours most evenings and 3-4 hours each weekend pouring over the study guide and recommended reading materials.

When exam day arrived, I have to admit that I was very anxious. Although I felt that I had a good handle on the materials in the study guide, I worried that the questions might be asked in a way that I was not accustomed to, making it more difficult to choose the right answer.

I also envisioned myself having to report a failed test result to my boss and my family who had been very supportive of my efforts. I consciously refocused my thoughts to more positive thoughts and promised myself that if I was not successful, I would use the experience to help me target my study efforts and try again.

The exam challenged me to prove what I had learned. After spending 3 ½ hours working on it, I was ready to learn the results of my efforts. I held my breath, confirmed my test submission, and my results appeared........

Congratulations on your achievement. You have passed. Whew!

While it is not my goal to hold a position where data analysis is my main focus, I have already begun to see a return on my investment. I have already begun to see a return on my investment. Having a deeper understanding of the concepts and application of data analysis in healthcare and HIM narrows my "skills gap", allowing me to contribute to my organization and the HIM profession in a more insightful way.

Fisher College

By: Valerie McCleary, RHIA

The Medical Coding Certificate, Health Information Technology associate degree, and Health Information Management baccalaureate degree are all incorporating state-of-the- art technology through lessons from Neehr Perfect in the Blackboard learning management system. The use of the AHIMA Virtual Lab continues in a limited capacity until the new version is released.

The Medical Coding Certificate program at Fisher College continues to flourish and is close to total conversion to ICD-10-CM/PCS. The first credential exams containing questions on ICD-10-CM/PCS will appear in April 2014. Coding classes have been greatly enhanced with detailed feedback, easy access to anatomical charts, medical terminology review, and video animations of many different types of procedures. Collaborate webcam sessions promote student comprehension of accurate clinical coding practices.

The RHIT Exam Preparation (non-credit) course has generated positive student feedback. *This course is offered at no cost to Fisher students within one year of graduation.* This course is open to the public for those seeking a comprehensive study program led by an instructor and the opportunity to study with other students planning to take the exam. Live webcam class sessions with the instructor are held periodically throughout the course.

The Health Information Management baccalaureate degree program is in Candidacy Status, pending accreditation review by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). Fisher is very excited to move forward with the work on the accreditation process!

The online ICD-10 Work Force Training program continues to be offered each term to the public. This program earns continuing education credits in ICD-10. This is a low-cost, self-paced course with an assigned instructor.

Making Patient Matching an HIO Priority

By Beth Haenke Just, MBA, RHIA, FAHIMA

In February, the ONC released its final report on patient matching challenges and best practices. In doing so, it provided health information organizations (HIOs) with a blueprint for resolving one of their most significant challenges: accurate patient matching. (Read the original article on Health Management Technology.)

The report includes recommendations that will help the healthcare industry support a zero tolerance policy for patient matching. It also makes clear that HIOs must place a much higher priority on accurate patient matching than they have in the past—a lack of awareness that has led many to implement policies with the potential to damage data integrity and jeopardize patient safety.

To that end, the report reveals a number of best practices HIOs should implement. These include:

- Evaluate a system algorithm's record matching capabilities with threshold testing to eliminate auto-linking of false-positive matches and to optimize functionality with a goal of reducing false-alarm and false-negative matches

- Require HIO database users to enter several identifying data points or a combination thereof during front end record searches to help ensure the appropriate record is received and to minimize the number of inadvertent disclosures.

- Store and utilize the last four digits of a patient's Social Security Number, without revealing them to the HIO users

- Develop comprehensive data management and governance policies and procedures

- Train HIO staff on correcting cross-system overlaps

- Audit record-matching algorithms' effectiveness

- Establish a comprehensive (and mandatory) data sharing agreement

The ultimate goal for HIOs should be a zero-tolerance policy for patient matching errors. Implementing the best practices recommended by the ONC will bring us much closer to achieving that life-saving goal.

Beth Haenke Just, MBA, RHIA, FAHIMA is founder and CEO of Just Associates (www.justassociates.com), a healthcare data integration consulting firm focused on patient matching, data integrity, data migration and health information exchange.

Hesitation or Implementation

By Celestina, Borgen, ICD-10 Trainer

We were ready to implement ICD-10 but, I just found out it got postponed again!
Now, what do I do with what I have learned?
and the new certificate I have just earned?

Countless hours I have toiled in I-10 and now it's spoiled.
Will all this knowledge now be lost? and what about the healthcare cost?
I-10 classes that had been booked maybe deferred or overlooked.
Leave it to Congress on Capital Hill They just would not!...pass that Bill.

Now, prior to I-10 implementation my focus will be on documentation.
What I have learned can still be used it gives me more time to spread the news.
That ICD-10 may take place next year And rest assure...it's coming here!

Student Corner

Study Tips: Academic Boredom

By: Sherisse Monteiro, RHIT

If you are counting the seconds to the end of your favorite class and it just started ten minutes ago odds are you are suffering from academic boredom.

Even the most engaged and enthusiastic students get bored with their studies sometimes. It usually happens when you are close to graduation and all you can think about is that diploma and that new career waiting for you but academic boredom can hit at anytime.

Most student's think they need to take a semester off, change their major, or take another professor's course which may be true but really you may just need a reality check on the real reason why you are in class, a bigger paycheck.

I agree that everything is not always new and exciting in your studies especially when you already work in your field of study but you know what is always new and exciting; that pay increase once you have graduated!

So the next time you contemplate skipping class because it is "boring" , give yourself a reality check, buckle down and stick with it. It will be over before you know it and then you will be spending time on more exciting things like celebrating that new higher paying job you just landed! BUT, you have to graduate first!

Resume's: Don't Sell Yourself Short!

By: Sherisse Monteiro, RHIT

Most people only include relevant jobs to their resume depending on the type of job they are applying for. In a lot of instances you're not just making your resume relevant and concise but your only telling the employer what they want to hear and honestly then don't know what they don't know.

They don't know that being a manager at a movie theatre uniquely qualifies you to manage an office setting because they have no idea what movie theater managers do.

They don't know that a move theater manager handles payroll, orders supplies, meets with vendors, conducts compliance checks and works with local regulatory bodies for surprise and routine inspections.

Now I know what a lot of you HIM professionals are thinking, that sounds a lot like half of my job description but you wouldn't have known that if you weren't told. Most of us would have guessed that they mostly deal with angry customers, stale popcorn and cash register reconciliation…wrong! So don't be afraid to tell your story and don't sell yourself short all of your experience matters it just depends on how you present it.

Vendor Corner

MRA has successfully been providing HIM solutions to providers of all sizes and specialties for almost 30 years. Their team of HIM experts is constantly looking ahead to improve their service offerings to meet the ever-changing needs of the healthcare industry. Here are MRA's top topics of ongoing change and what to watch out for!

MRA's Top 7 HIM Topics of Ongoing Change:

1. *Accessing PHI Through Different Gateways*: Patient and requester portals and HIE's are being implemented or are on the horizon at all healthcare facilities. It will be paramount to ensure these gateways are accessible, secure, and that the information being released is accurate.

2. *Improving the Quality and Integrity of Patient Health Records and General Health Data:* HIM professionals play a vital role in improving the quality and integrity of health record data. The implementation of ICD-10 and computer assisted coding technology will require greater specificity of clinical documentation to ensure codes are assigned to the greatest level of specificity. HIM professionals will be required to educate physicians and other clinicians on ICD-10 documentation requirements and implement monitoring tools.

3. *Data Content Management is Our New Role:* The quality of the content in the medical record will need constant monitoring and intervention. Identification of problem documentation areas and the implementation of training programs and technology to aid in the overall improvement and quality of medical records will be a focal point for healthcare systems.

4. *Heightened Reliance on Data Governance:* Data governance will assist healthcare organizations to reach optimal medical record documentation. As data content is reviewed and managed the processes will evolve to meet the ever-changing needs of the facility and require updating, training, and monitoring.

5. *Privacy and Access Management:* As the medical record evolves to be electronic, the regulations, policies, and technology that control privacy and access to the records will have to be closely monitored and updated.

6. *E-discovery Documentation:* E-discovery poses a large problem for healthcare organizations because the systems used for documentation were not created with e-discovery in mind, all data needed to obtain a full picture of the course of treatment may not be captured and leaves hospitals at risk. The need to mitigate this issue will create challenges that hospitals will need to overcome with the help from healthcare professionals.

7. *Survey Preparedness:* With facilities working toward high-level steps in achieving recognition of their COC-approves Cancer Program, they will most likely require increased guidance through the use of Survey Application Record (SAR) as a framework to demonstrate compliance with the Program Standards.

Are you or your facility considering any of these changes?

About MRA:

MRA is the largest provider of HIM services in New England. What sets MRA apart in the industry is their commitment to delivering quality solutions to meet the complexities of HIM. Our growing team of experienced and credentialed HIM practitioners is dedicated to providing the highest quality service in the areas of Release of Information (ROI), Coding, Compliance, Audit Management, Cancer Registry, and HIM Consulting. Their custom tailored solutions provide you with the healthcare technology, experienced HIM practitioners, and management team to help ensure reduced costs through outsourcing labor intensive responsibilities while meeting the highest standards of quality.

Vendor Corner

Choosing a Career in Health Informatics

By: David Marc, MBS

Assistant Professor & Health Informatics Graduate Program Director, The College of St. Scholastica

The deluge of data in our society is transforming every aspect of our lives and is certainly transforming the way health information managers practice. Data and information impact communication, business practices, and healthcare decision making at all levels. In fact, the American Health Information Management Association (AHIMA) has a strategic goal to promote best practices in information governance to assist healthcare organizations manage and use the tsunami of data in a meaningful and effective way. Health informatics is a core component of information governance.

Widespread adoption of the electronic health record (EHR) has lead to the collection of insurmountable amounts of data. The data that is collected are used by clinicians and patients in order to make decisions about care delivery. This goal alone must be supported by technologies and research to ensure safe and effective health outcomes. Health informatics is a field that focuses on healthcare data, its storage, use, and analysis. Health informatics adapts theories and methods from various disciplines including computer science, information sciences, and healthcare. Health informatics professionals design and use information systems and data to improve the quality, effectiveness and efficiency of patient care. Thus, health informatics professionals must have knowledge about the processes and tools used to record, store and analyze healthcare information. Particularly, they must have a deep understanding of electronic health records, databases, data analytics, data standards, clinical vocabulary, system design/software development, and the healthcare system.

The field of health informatics is bringing significant changes to healthcare operations and patient care therefore requiring a competent workforce to implement and support health information technology in hospitals and clinical settings as well as in research and educational facilities. Thus, the number of jobs in the field of health informatics is prevalent and growing. US News and World Report reported that 70 percent of health insurers, 48 percent of hospitals and 39 percent of pharmaceutical and life sciences companies plan to increase hiring of technical informatics professionals over the next two years. Similarly, the U.S. Bureau of Labor Statistics predicts a 22 percent growth rate over the next decade for health information technology related careers. Common health informatics job titles include data analyst, systems analyst, database analyst, health information systems manager, and nursing or pharmacy informatics specialist.

The College of St. Scholastica recognizes that the healthcare industry is currently in need of a skilled health informatics workforce. In the Master of Science degree in Health Informatics at The College of St. Scholastica, we prepare students to meet these needs through the understanding of how healthcare data is used, how to analyze that data, how to develop systems for collecting and presenting the data, and how to become leaders in the field. The M.S. Health Informatics is an innovative, online graduate program where students are able to apply their knowledge to healthcare problems using real healthcare data and real electronic health record systems and other technologies.

MaHIMA Volunteer Opportunities

Why Get Involved...

MaHIMA needs you and your skills to help make it a better organization for all of us.

Getting involved in MaHIMA provides benefits to you and your profession. . . . .

- Access to educational and skill enhancement opportunities
- Networking and collaboration with other HIM professionals
- Speaking and writing opportunities

For more information on Volunteer Opportunities please visit our website at www.MaHIMA.org

. . . .

Connect Newsletter Workgroup

Looking for volunteers and writers to assist in enhancing the MaHIMA quarterly newsletter's content contact Laura Caravetta at lcaravetta@dfci.harvard.edu

Long Term Care Forum

Contact Jeanne Fernandes at jfernandes7@partners.org.

Awards Committee

Review nominations for selection criteria & participates in the presentation of MaHIMA Awards.
Contact Susan Pepple at
spepple@barrylibmaninc.com

Coding Committee

The Coding Committee serves as a resource to members on issues related to coding and reimbursement. The Committee oversees the Coding Roundtable Committee and organizes seminars with a focus on clinical and regulatory updates.
Contact Diana Lindo, RHIT, CCS:
diana.lindo@childrens.harvard.edu

Communication Committee

Oversees the public communication of the association including: any public relations, MaHIMA Connect newsletter, website, Engage.
Contact Jeanne Fernandes, RHIA, CHDA at
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MaHIMA Connect Newsletter Staff

MaHIMA's quarterly electronic news journal with features, best practices and "in the news" about the HIM profession. e-Alert, a periodic newsletter providing essential information that just can not wait.
Contact Laura Caravetta at
lcaravetta@dfci.harvard.edu

ICD-10 Forum

Contact Co-Chair,: Susan Marre, RHIA: susan.marre@steward.org or Joan Usher, BS, RHIA, COS-C, ACE :
jluhealth@verizon.net

Legislative Affairs Committee

Monitors legislation in the state legislature and works with legislatures as necessary. Organizes State Hill day. Organizes Release of Information workshops. Maintains Medicolegal Guide
Contact Bibi Von Malder at
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Marketing Task Force

Promotes the field of Health Information Management through exhibits, special projects, speakers and mail. Notifies the media and employers of new MaHIMA officers. Promotes MyPHR campaign. Contact Susan Pepple at
spepple@barrylibmaninc.com

Education Program Leaders

Under the direction of the Director of Education, coordinates meeting in regard to topics, speakers, agendas, and prepares cost estimates. Manages registration at each meeting
Director, Education: Diana Lindo, RHIT, CCS:
diana.lindo@childrens.harvard.edu

About MaHIMA

The Massachusetts Health Information Management Association (MaHIMA), founded in 1930, is a 1450-member state component association of the American Health Information Management Association (AHIMA). MaHIMA supports the provision of high quality medical care in Massachusetts through the effective management of personal health information. MaHIMA keeps Health Information Management professionals up-to-date on important issues and dynamic changes affecting their workplace and their profession through MaHIMA's extensive calendar of educational sessions. MaHIMA members find a network of peers throughout the state to ask questions, raise concerns and share best practices. MaHIMA is an effective advocate for changes to Massachusetts laws and administrative rules affecting personal health information. www.mahima.org

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