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Editor's Note

By: *Laura Caravetta, RHIA*

I'd like to start off by wishing everyone a Happy New Year and truly hope everyone had a wonderful holiday season. I am certainly ready for the summer heat waves to start and cold, snowy, wet, and foggy weather to end.

It's that time of year again; elections are right around the corner! Ongoing leadership within our association is key to MaHIMA's ongoing success. I encourage you to consider becoming involved within the association as it has several benefits and is a perfect opportunity to network! Maybe running for a committee chair, participating on a committee, submitting articles for the newsletter, or helping planning our annual conference is the right fit for you. Each of these volunteer opportunities helps influence the success of our organization and benefits you, as well.

The Newsletter team is working on enhancing the newsletter to focus more on integrating our content with our social media site. We hope to provide our readers with the opportunity to connect with one another. As we continue updating and adding new content to our newsletter, we would like to take this opportunity to reach to our readers and hear what they would like to see. Please e-mail all suggestions and ideas to

laura_caravetta@dfci.harvard.edu.

I welcome your
suggestions for fu-

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feedback and
ture content.

On the Web at

MaHIMA.org:

**Current job postings in the
MaHIMA Job Bank**

**Registration Open! MaHI-
MA Winter Meeting and
Coding Seminar, January 31,
2014**

**The MaHIMA ICD-9 CCS/
CCS-P Exam Prep February
8, 2014**

**Early Bird Exhibitor Regis-
tration ends February 1st!
MaHIMA Annual Confer-
ence - May 18-20th, 2014 at
the Sea Crest Beach Hotel,
Falmouth, MA**

Save the Date!
MaHIMA Hill Day & Legisla-
tive Seminar– held in con-
junction with NeHIMSS -
June 5, 2014



President Message

By: Nancy LaFianza, MBA,

On behalf of MaHIMA, I hope you and your families had wonderful holidays and wish you all a very happy, healthy, and successful New Year!!

I'd like to take this opportunity to thank all the MaHIMA volunteers, Board members and our Administrative Director for their time, sheer dedication and motivation last year which resulted in our achieving great success in areas such as providing coding and legislative education to our members, modernizing our web site, recognizing talent via our award programs, planning for a phenomenal annual conference in May 2014 and reaching out to students and current members to fill Board positions.

We would not have achieved any success and made such progress on projects without the help of these wonderful dedicated MaHIMA members!

A few friendly reminders of some soon to come educational and professional recognition dates include:

- ⇒ 1/31 Winter Meeting & Coding Seminar, Randolph, MA,
- ⇒ 3/16-3/22 AHIMA Professionals Week,
- ⇒ 4/4/2014 MaHIMA ICD10 Summit, Randolph, MA and
- ⇒ 5/18-5/20 our annual MAHIMA Conference Falmouth, MA at the beautiful Sea Crest Beach Hotel.

⇒ 6/5/2014 MaHIMA's Hill Day & Legislative Seminar held in conjunction with NeHIMSS

In addition, February 1, 2014 is the deadline to submit a nomination for the MaHIMA HIM Team Excellence Award. The request for nomination process consists of submitting a document that describes the project in which you are asking be considered ([please visit MaHIMA.org](http://please.visit.MaHIMA.org) for more detail).

Winner of this award is announced in March and is a great way to increase your department's recognition at your workplace.

Lastly, we all appreciate this being an exceptionally busy year with ICD10 preparedness underway. However (my favorite word!), I encourage you to stay active and volunteer at MaHIMA.

The majority of meetings are held via phone conference, so the need to leave our busy workplaces is minimal. The President-elect, Board Director and Committee volunteer positions are all a great way to be engaged, network and help lead our profession into the future.

As HIM professionals, it is to our benefit to work as a team to conduct continuous environmental scanning or exploring how the healthcare environment is changing and to identify potential opportunities, as well as,

challenges so we can prepare ourselves to be successful and relevant to our industry.

Being part of the MaHIMA team, alongside AHIMA, to ensure our profession is successful in growing areas, such as, data governance, technology trends, consumer engagements with portals, HIEs, and legislation regarding legal health records is not only an excellent professional opportunity, but also expands your knowledge while allowing you to be a part of changes that will benefit your colleagues.

Please feel free to contact myself, nlafianza@signature-healthcare.org, or Julie Irons, Julie.Irons@nuance.com, if you are interested in more detail.

Again, I wish you all a very happy and healthy New Year and look forward to seeing you at upcoming meetings.

As always, if you have any thoughts or suggestions, please do not hesitate to contact me at nlafianza@signature-healthcare.org.

Very Best,
Nancy



Legislative Affairs

By: Bibi Von Malder, RHIT

The 2013 Dot Wagg Memorial Seminar which was held at the Lantana in Randolph, MA this past November was a great success.

Attorney Colin Zick from Foley Hoag LLP presented HIPAA's Final "Omnibus" Privacy and Security Rules. He touched upon the use of PHI by business associates, investigations, penalties and the potential willful neglect violation requirement just to name a few.

Kimberly M. Wong from Baker & Hostetler LLP presented the Breaches and OCR Investigations, Ms Wong touch upon OCR resolution agreements, calculation of civil monetary penalties (CMP's) and the reporting & notification clarifications.

Mark Haas, Associate Director of Health Information Services at Massachusetts General Hospital presented the "Patient Portals Now and in the Near Future" with his signature sense of humor he was able to provide incredible information on why should patients use a portal, how prevalent are portals, how to encourage a family to use the portal, the role HIM has in educating patients on how to make corrections to their records as well as how to transmit and download information securely.

There was also a panel of experts that answered questions that members submitted in advance. Our panel included Ann Dooley from MRA, Karen Griffin Manager of ROI at Brigham and Women's and Norma Chitvanni, Privacy Officer at Beth Israel Deaconess Medical Center.

Legislative Affairs Committees will be working on is the 10th Annual Beacon Hill Day. Stay tuned for more information.

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

Save the Date!
MaHIMA Hill Day & Legislative Seminar— held in conjunction with NeHIMSS - June 5, 2014



CALL FOR NOMINATIONS – MaHIMA Elected Positions

By: Julie Irons, MBA, RHIA, PMP

Would you or another MaHIMA member you know be a great candidate to run for a MaHIMA office in 2014? The Nominating Committee is looking for at least two candidates for both of the following positions.

What an exciting time to serve in the state association and represent Massachusetts! Please contact Julie Irons, Nominating Committee Chair, at Julie.Irons@nuance.com for more information or to refer another member for the committee to approach about this opportunity. [Check out this link to read a description of the positions.](#)

Elections and their preparations are held in March and April for terms starting in July 2014 for President-Elect and Director of Communications.



Awards

By: Susan Pepple

HIM teams are under terrific pressure. So much to do and learn; so many goals to meet; so many challenges to conquer! Here is your chance to recognize your team's extraordinary efforts.

The MaHIMA HIM Team Excellence Award recognizes outstanding effort by a department or team in meeting the challenges of the ever changing HIM environment.

A department or team can be nomi-

nated for a project that falls into one or more of the following three general categories:

- ⇒ **Best Practice:** defined as processes, activities and techniques that organizations may use to improve internal processes.
- ⇒ **Financial Impact:** defined as activities that positively affect an institution's bottom line.
- ⇒ **Collaboration:** defined as working jointly with others towards a common goal.

Awards will be presented on site at

your facility during March. Facilities may chose to coordinate the presentation of the award with celebration of the annual Health Information Professionals (HIP) Week March 16-22, 2014. Nominations are due February 1, 2014. Don't delay!

Information on the HIM Team Excellence Award is available here: <http://mahima.org/downloads/HIM%20Team%20Excellence%20Award.pdf>

For more information contact Susan Pepple, Chair, MaHIMA Awards Committee at spepple@barrylibmaninc.com

Karen B. Griffin honored by Massachusetts Health Information Management Association

The Massachusetts Health Information Management Association (MaHIMA) honored Karen Griffin with the 2013 MaHIMA Health Information Management (HIM) Advocacy Award.

The MaHIMA HIM Advocacy Award honors an individual for exceptional contributions to the HIM profession in the area of legislative advocacy.

In giving the 2013 HIM Advocacy Award to Karen, an association spokesman, Heather Hedlund, said, "MaHIMA is truly fortunate to have Karen's participation in legislative activities, both on the state and national level. Her total dedication, constant professionalism, and genuine enthusiasm make her an outstanding recipient of the HIM Advocacy Award."

Karen served on the MaHIMA Board as the Director of Legislative Affairs and was a long-time member of the Legislative Affairs Committee and a former co-chair. Karen has been a visible and active presence on the national level with participation in the following:

- ⇒ AHIMA practice brief, The Legal Process and Electronic Health Records
- ⇒ AHIMA Release of Information Workgroup
- ⇒ AHIMA Advocacy Coordinator for Massachusetts

Karen is co-author of *The Legal Health Record Companion, A Case Study Approach*, published by HCPro.

Karen is currently a Manager of Health Information Services at Brigham and Women's Hospital in

Boston where she oversees the Release of Information and Audit/Review sections.

Karen is a graduate of Framingham State College, receiving her Bachelors there in 1985.



Karen B. Griffin (left) is presented the 2013 MaHIMA Health Information Management Advocacy Award by MaHIMA representative Heather Hedlund (right). The award was presented November 8, 2013

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Communications

By: *Jeanne Fernandes, RHIA*

The Communications Committee's work to enhance our website is well underway. The website redesign team, formed in August, consists of Donna Casey, Jeanne Fernandes, Martha Hamel, Walter Houlihan, and Elisa Pelchat.

We are working closely with our website vendor 3 Media Web, to

develop a more contemporary website. The work entails moving to Wordpress, a powerful blogging and website content management platform. Some of the benefits of moving to Wordpress include:

- ⇒ open source (it's FREE!)
- ⇒ user friendly
- ⇒ vast amount of themes available
- ⇒ at very low cost

⇒ easy to upgrade

⇒ robust tool set

These features will allow us to manage our website content much more easily and efficiently without the technical assistance of our website vendor and additional cost associated with that. We also anticipate that we will be able to offer new features such as online blogs and special interest forums and an improved member page.

The work is going well and we are on track to complete our first phase of the work in the beginning of 2014.

We will provide additional communication as we get closer to launching our new site.

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.



Finance

By: *Linda Hyde, RHIA*

Fiscal Year 2014 July – September

At the Fall Meeting, the FY 2014 budgeted was presented to the membership. The projected budget for the year is \$211,538. First quarter income was \$18,859 with expenses of \$ 45,950. Fifty-two (52) % of our income for the first quarter was from the Fall Meeting and preliminary in-

come from the Western Mass meeting. Additionally, 23% of income came from corporate partners and advertising and 18% from AHIMA member rebates. Due to the late date of our 2013 annual meeting, expenses paid in July and August for that meeting represented 28% of our expenses for this quarter. The remainder is from administrative costs, AHIMA Leadership and House of Delegate meetings for our delegates.

As of the end of September MaHIMA has \$ 122,940 in assets with 72 % (\$89,078) in the Merrill Lynch and Fidelity accounts for reserves. This represents approximately 6 months of expenses.

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Member Spotlight: Marta de la Torre, RHIA, FACHE, CHP

By: Susan Marre, RHIA

Marta de la Torre, RHIA, FACHE, CHP, Senior Director of Revenue Cycle for Steward Medical Group, part of Steward Health Care in Boston, comes to Massachusetts following a two year stint in Abu Dhabi as Director of Revenue Cycle at Sheikh Khalifa Medical City, through the Cleveland Clinic. Marta serves as the Member at Large on MaHIMA's Board.

Marta worked under contract with the United Arab Emirates (UAE) government. In Abu Dhabi, Marta helped develop their third party payer system.

Sheikh Khalifa Medical City, a 500+ bed acute care hospital with 13 primary care and specialty clinics. Approximately one year before Marta's arrival in Abu Dhabi, the country contracted with a German insurance company to provide the new health care coverage. The plan was to enroll all Emirates in the plan and provide insurance cards. Prior to this, the government paid 100% of health care coverage.

There were many problems implementing the plan, including employees speaking very little English, photos of women on the insurance card were taken of them in the abaya (black robe and veil), men were photographed in their white headgear (khandura), and many providers were already using ICD-10 in other countries so to now be required to use ICD-9 and CPT

was difficult. Plus, ICD-9 and CPT had to be translated into Arabic in order for the services to be paid.

Despite barriers and problems, Marta was able to accomplish improvements including implementing best practices from the US. This was necessary because nearly 97% of claims were initially denied due to "GIGO" (garbage in/garbage out). Case management and a CDI program were implemented. A program utilizing nurses to assist doctors with their documentation was also implemented while Marta was in Abu Dhabi.

In Abu Dhabi, Marta's husband was the one who was "in charge" despite Marta being the one under contract and making money. Being an expatriate, however, Marta said she was able to travel freely throughout the country without a male escort, and she didn't need to wear the abaya, but conservative dress was required. While in Abu Dhabi, visitors must always carry their papers with them and the government can stop you at any time to see them. For a visitor's first thirty days, the government keeps your passport. A visa is also required, as are a letter from your sponsor, a photo ID which means you are registered with the country and an alcohol ID. For non-Muslims, the monthly alcohol allowance is 1% of your monthly salary, as long as you have the alcohol ID card.

Eating is a huge social activity in the country, with the work week running Sunday-Thursday. On Fridays, the

custom is to get a table in a restaurant for the entire day to eat and visit with friends! The American Club served huge buffets and alcohol. Only international clubs and hotels serve alcohol; other restaurants do not serve alcohol.

Winters in Abu Dhabi are an average of 75 degrees. Expatriates (non-natives) tend to leave the UAE every three months to travel to other countries. Paris is a five hour plane trip, London and Moscow six hours, and safaris to Africa are also popular.

Work days are similar to those in the U.S. Marta said that Muslims must pray five times daily, but women are not required to go to a mosque to pray. If women are working, they may go to a room in the building to pray.

When asked what she missed the most, Marta didn't hesitate. "My family, the celebrations and holidays are what I missed the most. The trip home from Abu Dhabi was 13,000 miles and 24 hours long, so if there had been a family emergency back home it would have been a very long trip to get there."

Asked what she learned during this once in a lifetime opportunity, Marta said: "I appreciate the freedoms we have in the U.S." As a woman she can hold any position in the U.S., she doesn't have to worry about clothing customs and she can go wherever she wants. Marta can be reached at: [mar-ta.delatorre@steward.org](mailto:marta.delatorre@steward.org).

CDI with a twist

By: *Walter Houlihan, MBA, RHIA, CSS*

One of the sessions I attended at this year's AHIMA national conference was on leveraging technology to work smarter. We all heard of the old phrase work smarter, not harder but this session really supported my firm belief in the use of NLP (natural language processing) to improve your CDI (clinical documentation improvement) program.

I personally do not see many articles, or even a few articles, written on the benefits NLP can bring to a CDI program. This AHIMA session noted that by using NLP your clinical documentation specialists (CDS) can work smarter by targeting cases that will most likely need further documentation clarity and specificity or even medical records lacking totally a diagnosis that should be documented in the medical record.

The NLP engine can be programmed to scour your EMR (Electronic Medical Record) and identify those cases that meet your criteria. A few examples of records that you want your CDS to review could be:

Show me all records that have "Congestive Heart Failure" in the EMR and not "Acute", "Chronic", "Diastolic" etc.

Show me all records that have a lab value of "XYZ..." but no mention of a diagnosis of "KJDUPDL, etc...."

The CDS person will then become more efficient in reviewing cases that most likely need further review and potential query to the physician instead of just reviewing every in-house record. I am personally pursuing this technology at Baystate Health for our CDI program but also see the benefits to many other areas of the hospital. The EMR contains a vast amount of vitally important data that should be tapped by technology such as a NLP engine to bring timely and meaningful information.... minutes or hours after documentation takes place.... to not only CDI but healthcare quality, infection control and other key departments so that prompt action can be taken to fill the particular need of the healthcare professional. This will and should lead to improved patient care, which must be continually on the minds of all healthcare professionals. I once asked my medical director

of hospital medicine if the previous doctor of his patient wrote in the medical record "diastolic congestive heart failure" instead of just "congestive heart failure", would it make a difference in his treatment of the patient? He responded "certainly"! So this validated that the work of all HIM professionals and CDS staff is critically important to the treatment and outcome of all patients.

Another way for CDS staff to work smarter using technology is by building templates in your EMR thereby prompting physicians with options to complete key clinical findings. By providing options you are not leading the physician to a specific response.

Finally, building your EMR so that queries are hooked to the patient's medical record for any provider to see and not hooked to a specific physician, who might be rotating off the case. Thereby any provider who next reviews and documents in the medical record can see your query. This will improve query response timeframes.

Newly Credentialed Professionals

Arline M Egyud-Moritz, CCA

Brent A Cerullo, CHDA

Lisa Marquis, CCS

Kathleen Hussey, CCA

Sarah Gottschalk, CCA

Karen E Souza, CCS

Deborah M Hennessey, CCS

Wendi A Marciezyk, CCS

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Job Market for NON-Coding Majors

By: Sherisse Monteiro, RHIT

With the change to ICD-10 nipping at our heels; vendors, HIM departments and software companies have ramped up their efforts to recruit, train and retain new and experienced coders.

Job listings for HIM have been overrun with various coding, auditing and clinical documentation specialist jobs. It's great to see the industry getting ready for this big change but it sends a different message to students who are pursuing careers in a HIM specialty other than coding.

It can be discouraging when a student is looking for a job but doesn't see anything but coding positions. Some students have opted to change their academic path to accommodate the job markets need for coders, others have decided to specialize in IT instead.

My advice to all students is to be patient. The compliance deadline is right around the corner so companies are focusing on coding right now but once ICD-10 goes live and gets underway the focus will shift back to HIM as a whole.

The truth is ICD-10 is such a big change that many directors and man-

agers don't have the time or resources to focus on hiring for other areas of the department because prepping for ICD-10 is taking up all of their time and resources. That will change and in fact I have begun to see more and more HIPAA Privacy positions posted along with document scanning positions. So hang in there, keep studying and keep your eye on those job listings.

Also don't forget you can network with directors and managers who can tell you about upcoming positions that are not posted by attending any of MaHIMA's various conferences, trainings and workshops.

Vendor Corner

ACCESS: Information Protected Record Information Management

Access is the largest privately-held records and information management (RIM) services provider in the United States, with operations in Costa Rica, as well. A trusted partner to clients spanning multiple industries and markets throughout the country, Access' complete suite of services includes records management, data protection (electronic computer media), secure destruction, and digital formatting services. The valuable business services Access provides allow clients to focus on their core businesses while reducing the costs and risks associated with document retention, management and final disposition. Access is backed by growth equity investor Summit Partners.

Call for Nominations HIM Team Excellence Award

HIM teams are under terrific pressure. So much to do and learn; so many goals to meet; so many challenges to conquer! Here is your chance to recognize your team's extraordinary efforts. The [MaHIMA HIM Team Excellence Award](#) recognizes outstanding effort by a department or team in meeting the challenges of the ever changing HIM environment. A department or team can be nominated for a project that falls into one or more of the following three general categories:

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- ⇒ **Financial Impact:** defined as activities that positively affect an institution's bottom line.
- ⇒ **Collaboration:** defined as working jointly with others towards a common goal.

Nominations are due February 1, 2014. Don't delay!

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ICD-10 National Pilot Program: Outcomes Report

By: Walter Houlihan, MBA, RHIA, CSS

HIMSS (Health Information Management Systems Society) and WEDI (Workgroup for Electronic Data Interchange) joined forces on an ICD 10 initiative known as the ICD 10 National Pilot Program (“NPP”). The purpose of this collaboration was to assist the health care industry in its efforts to prepare for ICD 10 testing, which is one of the major challenges with overall ICD 10 (“I-10”) readiness.

The following is a summary of some of the key findings with this NPP collaborative effort.

The NPP started in April of 2012 and was completed in August, 2013. Actual real medical records were used in this pilot...so called “medical test cases”...from participating testing organizations. Volunteers who were I-10 approved AHIMA trainers were part of this pilot.

On page 17 of this outcomes report, you will see that the average coding accuracy by the submitted records was 63%.

This value is reflective of their coding based on documentation from the medical records....not a cross walk analysis. Coding accuracy was deter-

mined based on the answers submitted through the coding response workbook. I found the findings interesting to review particularly since it reported accuracy by clinical condition, ie. “pain of the limb” received a 33% coding accuracy score because specificity and laterality were not included, whereas a “single live born, born in the hospital, delivered by Cesarean section”, received a 100% coding accuracy score. This kind of data would help entities target their physician education.

Many coders forgot laterality, particularly in the case of pain in a limb; for this diagnosis, four coders out of eight received a zero.

Coders averaged 2 medical records per hour, compared to 4 per hour under ICD 9, which translates to a 50% decline in productivity.

Publications that I have been reading spans the decrease in productivity under I-10 from 40-60% decrease. In my opinion this is one of the most critical factors facing our industry... where to find coders or workflow solutions to fill this void.

I believe this NPP Outcome Report to be a very beneficial document to review and share with all appropriate colleagues as part of your overall I-10 readiness plan.

ICD-10 National Pilot Program: Outcomes Report

I. EXECUTIVE SUMMARY

In January 2009, the Department of Health and Human Services (DHHS) mandated that the United States (US) healthcare systems will move from using the International Classification of Diseases, 9th revision (ICD-9) system to using ICD-10 codes for diagnoses and procedures on October 1, 2014. The mandate also increases the number of codes that U. payers and providers will use from 24,000 to more than 144,000.

In the US, the Clinical Modifications of ICD-10 (ICD-10 CM) has some 68,000 codes. The US also has ICD-10 Procedure Code System (ICD-10 PCS) that contains 76,000 codes. Use of ICD-10 codes is anticipated to result in the identification of more diseases and conditions and capture more specific diagnostic information than was possible with ICD-9.

The DHHS mandate has created a “perfect storm” – a mix of major changes affecting people, processes and technology across all health care entities. Among the most critical aspects of implementing the ICD-10 transition is the challenge and complexity of end-to-end (E2E) testing. This is a challenge weighing heavily on the minds of payers, providers, vendors and business partners alike as it is perceived to be costly and burdensome – requiring trained personnel, a well-planned and fully funded testing plan and process and possibly the assistance of external support.

Based on the recommendations from several initiatives, the HIMSS/WEDI ICD-10 National Pilot Program was established as an industry-wide, collaborative concept to assist the health care industry in its effort to prepare for ICD-10 testing. The program was designed to share best

Some of the lessons learned, best practice and recommendations, which are noted starting on page 20 of the report are:

Coders should not become so dependent on encoders that they forget when/if there is a need to override.

Coders were using a non-specific code for fracture – not allowed in CD -10-PCS if the diagnostic test results are documented.

Privacy Rounds

By: Martha Hamel

One of the biggest challenges regarding Privacy and Security at any institute is the ongoing need to educate staff members about the use of safeguards and best practices to ensure patient confidentiality. It's wonderful to have policies and procedures in place, but are they being followed?

For instance; are there privacy screens on computer workstations that are in view of persons walking by? Is the Notice of Privacy Practices posted in prominent areas? Are staff members using an approved Fax Cover Sheet? Is there any PHI left in conference rooms after meetings? The only way to really know is to put boots on the ground and visit clinics and other areas where patients frequent and where staff may be discussing patient information.

As part of our Privacy Program, we at BIDMC have been conducting "Privacy Rounds" at most of our locations. Most of our visits are unannounced with the exception of satellite visits whereby we contact the Operations Manager to arrange a date and time.

To do these in a productive manner we have done the following:

Prepared a schedule which includes the location and date of the visit. (including satellites)

Created a privacy rounds template

for the walkthrough which will be used as a guide as the Privacy Specialists conduct their rounds. The Privacy Specialists observe the environment and make notes using the template.

DATE:	TIME:	PRACTICE:	PRIVACY SPECIALIST(S):
PHI (Protected Health Information)			
Is the Notice of Privacy Practices (NPP) available to both visitors and patients?	Are all employees in the waiting area, or workstations, or visitors that check in notified?		
Registration Desk	Does the registration area provide privacy for patients when checking in/out?		
Badges	Are staff wearing an ID badge so it is visible and above the waist?		
Fax Machines	Are the machines in a secure area? If no, check to see if information is visible to visitors and/or staff.		
Check to be sure the fax cover sheet is being used if not use specific to that department and ensure it has all the items on the agreement	Is the content updated (see cover sheet being used)?		
Security of paper that contains confidential information (papers, white, text)	Is the printer maintaining confidential information on paper in a secure way or is such support?		
	Fax machines, printers, patient area?		

If there are any areas that need improvement, the Privacy Office follows up with the Operations Manager to ensure the recommendations have been put in place, or to see if any additional guidance is needed.

We also send "thank you" emails to Operations Manager whose areas had all the elements on our privacy rounds template in place.

We have found that most areas are doing a great job and are aware of the importance of protecting patient's privacy and have safeguards in place. We were also pleasantly surprised by the reaction of staff to our visits and their willingness to "get with the program"!

Please see the BIDMC privacy rounds template and feel free to use it as a guideline for creating your own

if you don't already have one in place. My counterparts at MGH were kind enough to send me an example of what they use which gave us some ideas of what we wanted to do here at BIDMC. It's nice to be able to share ideas and tools so we can all add to our Privacy Programs.

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The Value of LinkedIn: Great. People. Here.

By: Pat Rioux, RHIT

LinkedIn.com, in operation since 2003, is the ideal way for professionals to present an online profile of themselves for networking and building contacts to foster new business or land a new job. Or for recruiters to find new people!

Can using LinkedIn change your life? Maybe...check out member stories of the impact LI had on them here:

<http://blog.linkedin.com/topic/member-stories/>

LinkedIn has been described by *TechRepublic* as having "become the de facto tool for professional networking". In 2013, LinkedIn reported that they have more than 259 million users in more than 200 countries and territories.

Fisher College

By: Valerie McCleary, RHIA

The Coding program at Fisher College continues to flourish and is fast approaching total conversion to ICD-10-CM/PCS. The first credential exams containing questions on ICD-10-CM/PCS will appear in April of 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. Live webcam sessions promote student comprehension of accurate clinical coding practices. There has been a significant increase in coding domain scores on the RHIT exams for those students

LinkedIn lets you present your professional self (similar to your personal self that you share on Facebook) or look for that perfect person for a job you need to fill. Through the Groups, Answers, InMail and Updates you can join like-minded professionals, share business information, ask questions or for feedback and let your colleagues know about your career changes (new job or position), promotions, exciting projects, or job openings you have.

Meryl Greenblatt, a Communications Specialist/Project Manager at Memorial Sloan-Kettering Cancer Center in New York City, is a connection I made through LinkedIn. She told me *"I appreciate LinkedIn because it is helping me develop a broader perspective as a professional, and has also created the opportunity to explore career paths I*

that advanced to the Associate degree program in Health Information Technology.

The Associate degree program in Health Information Technology reports a 100% pass rate for the RHIT exam in the third quarter of 2013. The RHIT Exam Preparation (non-credit) course has been well attended by Fisher students with very positive student comments. 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

had not previously considered. My list of previous employers is more comprehensive than what I can fit on a resume, and has led to me reconnecting with colleagues from earlier in my career - one of the finer points of social media. Being able to list professional organizations that I follow, as well as personal interests, lets me paint a broader picture of who I am as a person, rather than just as an employee."

From my own experience, LinkedIn helped me get my great new job, solely through contact by a recruiter. Based on my profile, I was contacted for a screening interview. I truly appreciate the opportunities it presents for career advancement, professional networking, and staying on top of healthcare trends. So, if you haven't explored the value of LinkedIn, check it out now: www.Linkedin.com

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 accreditation process!

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

Student Corner

Study Tips: Training Advertising Emails

By: Sherisse Monteiro, RHIT

All students get them, emails from organizations (MaHIMA) and vendors advertising all kinds of training products, tools and classes.

The first thing most students do is either delete them or send them to the spam box so they can find the email from their professor on their latest test scores.

Students have enough to worry about and are getting training every-day in class so should they really care what these emails are offering???

The answer is yes, before you know it you will be walking across the stage getting your diploma and stressing about credentialing exams. It is good to know what is out there now as your education needs will change throughout your academic career and then again post graduation.

Perhaps a class only touched upon a subject that really interested you, those emails you are deleting may offer some additional training at little to no cost. Students are usually offered discounted rates so take advantage of them now.

Sometimes if you become a member or take a survey organizations and vendors may provide some training tools for free. Don't sell yourself short, think of it as practicing some of those soft skills needed for the job market like reading hundreds of emails that are not always directed to you or relevant to you but you have to read them all to figure that out.

ICD-9 CCS Exam vs ICD-10 CCS Exam

By: Sherisse Monteiro, RHIT

This is the year, ICD-10 is here and the mad rush to take the CCS before the test changes is well underway. Vendors are offering their "last ICD-9 CCS prep classes" and recent graduates are panicking hoping to get test preparation and an exam date before time runs out. For those

of us who learned ICD-9 but have yet to schedule or sit for the exam are faced with an interesting question, should we re-learn ICD-9, take the CCS before the change just to scrap it all in Oct for ICD-10 or do we proceed with the ICD-10 training that is mandatory anyways and take the test in ICD-10? The latter option seems simpler but we have all already spent a lot of time and money learning ICD-9 and some feel it

would be a waste not to use that knowledge to gain the CCS credential. Some if not most will stick to what they know, ICD-9, others will be deciding to wait and take the CCS after the change. My advice to you, stay within your comfort level and understand that no matter what CCS exam you take everyone is a new coder come October 1st!

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 information about becoming more involved with Connect, please contact Laura Caravetta, RHIA at

laura_caravetta@dfci.harvard.edu.

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Vendor Corner

THE AMERICAN HEALTHCARE DOCUMENTATION PROFESSIONALS GROUP

The American Healthcare Documentation Professionals Group (AHDPG) originally opened for business in May 2010; however, our legacy stretches back to 1992 when Mary Harvey launched Transcription Relief Services, LLC, in Greensboro, North Carolina, as a Medical Transcription Service Organization (MTSO). Since our birth we have provided high quality medical transcription outsourcing services to healthcare organizations across the country and online training to individuals looking to enter our industry as a Medical Transcription/Editor, Medical Biller, Medical Coder, Medical Scribe and Clinical or Medical Administrative Assistant.

OUTSOURCED TRANSCRIPTION SERVICES:

As a platform “independent” provider of medical transcription services, AHDPG brings significant value to our client engagements by way of:

- ⇒ A Seasoned Management Team. With over 100 years of combined industry experience our management team brings vision, clarity and integrity to our client relationships.
- ⇒ A Commitment to Use Only U.S. Based Medical Language Specialists. AHDPG will provide experienced Medical Language Specialists (MLS's) based here in the United States with the commitment that no work will be sent off-shore.
- ⇒ Available Production Capacity to Adequately Meet Your Fluctuating Needs. The AHDPG Production Team includes a Transcription Operations Manager, our Medical Language Specialists, Supervisors, and Quality Assurance Team Members. We currently a variety of healthcare organizations across the country and are proud of our commitment to customer service.
- ⇒ A Proven Quality Assurance Program. AHDPG' Quality Assurance (QA) Program is designed to ensure our clients the highest quality transcription. AHDPG medical language specialists (MLSs) are required to maintain an accuracy score of 98.5%. Medical documents are legal documents. This makes the quality of the chart our number one priority.
- ⇒ Platform Independence. Unlike many medical transcription service organizations, AHDPG is platform independent; meaning we do not mandate which dictation/transcription solution will best meet the needs of any facility. Instead we focus on providing the high quality, well-trained labor resources needed to best support the healthcare documentation creation process at your facility

For more information on our outsourced transcription services, please feel free to click here ([Outsourced Transcription Services](#)) or email us at peter.reilly@ahdpg.com or call us at 1.800.407.1186, extension 801.

ONLINE TRAINING PROGRAMS (INDIVIDUALS & HEALTHCARE ORGANIZATIONS):

AHDPG was the first employer owned online training program approved by the Approval Committee for Certificate Programs (ACCP), a joint committee established by the Association for Healthcare Documentation Integrity (AHDi) and the American Health Information Management Association (AHIMA). AHDPG provides a variety of online training programs delivered in a supportive environment facilitated by experienced industry experts. Students graduate ready to take the respective national certification exams administered by the American Health Information Management Association (AHIMA), the Association of Healthcare Documentation Integrity (AHDi), the American College of Medical Scribe Specialists, and others and work in the acute care setting.

Vendor Corner

Terra Nova Transcription

Providing quality electronic clinical documentation solutions to healthcare providers and facilities throughout the United States and Canada since 2001, Terra Nova Transcription has gained a reputation for excellence.

“We are seeing more and more US and Canadian hospitals move towards a fully outsourced transcription service model,” said Maria French, Chief Executive Officer of Terra Nova. “We offer a complete end-to-end package bringing together not only all of the services and applications required to streamline the transcription workflow and reduce costs, but also to accelerate adoption of EHR.”

Terra Nova’s operational management team has more than 125 years of collective experience in clinical documentation. Managing a team of highly skilled medical transcriptionists, they have helped Terra Nova achieve a reputation for delivering the highest quality documentation on time, every time!

The decision to outsource all, or part of, your clinical documentation process requires confidence in a partner with significant experience in the industry. When you partner with Terra Nova, you gain a trustworthy, knowledgeable and efficient team working in concert with your HIM department or clinic facility. Whatever the level of outsource desired, Terra Nova makes the transition seamless. Their success has been earned because they consistently deliver the expected results to their clients...

“Achieving a high-level of operational efficiency without impacting the quality of healthcare provided within our facilities is our top priority,” says Ms. Debbie Sapp, Manager, Health Information Services, Hotel Dieu and Kingston General Hospitals.

“Terra Nova was selected during an RFP process based on many factors, one of which were the results other acute care facilities achieved through using Terra Nova services. Our partnership with them helps us keep pace with the needs of our providers and their patients.”

Terra Nova has made the decision to not off-shore their work, which allows for greater operational control and the ability to provide employment opportunities within North America, where they provide services. Terra Nova’s commitment to offering customized solutions is founded on the cornerstone of superior quality, timely delivery, and improved efficiency of the clients’ operation.

A key aspect of the demand for Terra Nova’s services is the fact that the team members take the time to know their client, as well as their needs and expectations. This is not merely viewed as a business relationship, but as the creation of a “bond of trust.” Terra Nova prides itself on personalized service and a responsive team. Terra Nova is dedicated to providing fast, cost-effective and accurate solutions through innovative technology and a steadfast commitment to client satisfaction.

Ms. French notes, *“As we work with our clients in a rapidly changing healthcare environment, our clients rely on our expertise in the decision process of what technology can be utilized and where it can best be used in their facilities. Hospitals can get more out of technology by automating tasks that don’t require human intellect and assigning people in areas that do.*

Terra Nova is increasingly becoming the key choice of physicians, clinics and healthcare facilities of all sizes and needs. To learn more about Terra Nova Transcription and how they may assist with a solution to your medical documentation needs, please visit them at www.terranovatrans.com or contact them at 1-888-600-4178.

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

Chair of Legislative Affairs Committee

Contact Bibi Von Malder at bibi.vonmalder@steward.org

Connect Newsletter Redesign Workgroup

Looking for volunteers and writers to assist in enhancing the MaHIMA quarterly newsletter's content contact Laura Caravetta at lcara-vetta@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 Susan Marre, RHIA at susan.marre@steward.org

Communication Committee

Oversees the public communication of the association including: any public relations, MaHIMA Connect, web site, MaHIMA CoP.

Contact Jeanne Fernandes, RHIA at jfernandes7@partners.org

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

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 bibi.vonmalder@steward.org

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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