MaHIMA
AHIMA Affiliate
Massachusetts Health Information Management Association

Connect

Newsletter Sponsor:

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▶ **Inside this issue:**

Editor's Note
By: The Connect Team Members

Have you ever wondered how the MaHIMA Connect newsletter gets generated or who's involved? The newsletter team includes Jackie Judd, Director of Communications, Laura Caravetta, Editor in Chief, Sherisse Monterio, Assistant Editor, Naomi Malabre and Martha Hamel, and numerous contributors.

 The newsletter is an important resource for the MaHIMA Community because it contains the latest association news and updates as well as articles on noteworthy health information management topics.

So how does it begin? It starts with gathering ideas for topics. What do members want to read about? The Connect team is actively looking for fresh new ideas and new authors. Do you have a topic or news worthy item that you would like to contribute?

One of the biggest challenges the team faces is having articles submitted on time. As many of you may know, each article is reviewed, edited and incorporated into the Connect Newsletter Application. This can make the process difficult when up against a deadline for submission. The Connect team takes pride in designing, editing, and trying to figure out how engage and informing our members.

MaHIMA is seeking content writers for the Connect Newsletter! If you are interested, please contact Laura Caravetta, RHIA.

On the Web at

MaHIMA.org:

Current job postings in the MaHIMA Job Bank

Free AHA Coding Clinic Webinar on July 16, 2014 – Lesons Learned on Dual Coding – A Provider's View

Medically Unlikely Edits – CMS - July 1, 2014

21st Century Cures-Digital Health Care

The Improving Medicare Post - Acute Care Transformation Act of 2014" IMPACT Act of 2014

The Medicare Overpayment Collection Process – Released May 2014

Data Sharing to Enable Clinical Transformation at the Community Level: "IT" Takes A Village

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Outgoing President Message

By: Nancy LaFianza, MBA, RHIA

Dear Colleagues,

Thank you for having allowed me the opportunity to serve you as your MaHIMA 2013-2014 President. It has been a very exciting and rewarding experience for me both personally and professionally.

This is truly a great organization that I am proud to be a part. I'm also proud to say that over this past year, with the support, hard work and dedication from the MaHIMA Board of Directors, committee members, past Board members, Elisa Pelchat (MaHIMA Administrative Director) and our association members, we were able to achieve several goals, such as: updating the MaHIMA web site, creating a Student Board member selection process, updating our Medicolegal Guide, updating MaHIMA Bylaws, converting the Board's reporting to a dashboard format, providing several excellent educational opportunities and networking opportunities, advocating regarding critical issues that affect our profession (e.g., delay of ICD10 and CMS commitment to RAC processes), and having a second successful annual conference. I can't emphasize enough as to how well the members of our organization work together and support one another to achieve so many goals. It was an honor to serve as your President and witness the many passionate volunteers whose investment of time on behalf of MaHIMA help us to provide opportunities for the entire membership.

Many thanks to each and every one of you who volunteered this past year!

July 1, 2014 marks our change in leadership. I want to congratulate MaHIMA's own Walter Houlihan as our 2014-2015 MaHIMA President. I am certain that Walter will do a fantastic job in this new position. In having the honor and privilege to work alongside Walter this past year, I can confidently say that he is committed to focusing on the needs of our members and will work tirelessly to ensure MaHIMA's members will have the tools and resources that will help each of us grow personally and professionally in order that we will be prepared for the future. In addition, thank you to existing and incoming Committee Chairs, committee members and all who accepted our requests to volunteer this upcoming year.

The MaHIMA Board that has been installed and will serve your needs in the upcoming year is as follows:

President: Walter Houlihan, MBA, RHIA, CCS

President-elect: Jeanne Fernandes, RHIA, CHDA

Past President: Nancy LaFianza, MBA, RHIA

Education Director: Diana Lindo, MM, RHIT, CCS

Communications Director: Jackie Judd, CCS

Legislative/Advocacy Director:

Bibi Von Malder, RHIT

This upcoming year marks MaHIMA's 85th anniversary! The strength of MaHIMA is determined by the level of involvement of its members. Let's continue our future success by communicating needs to the MaHIMA Board, volunteering, supporting each other, and projecting a positive and professional image as we have since 1930. Many thanks again for allowing me to serve this past year and I wish you all a safe and fun summer!

Kind regards,

Nancy

Incoming President Message

By: Walter Houlihan MBA, RHIA, CCS

Speak to Encourage and Upbuild Others

AHIMA's theme is to "Dream Big, Believe, Lead". I would like to take the next step and encourage everyone to always Speak to Encourage and Upbuild Others.

As you look at your life, ask yourself … Do I do my best to encourage and upbuild others?

As I enter my role as MaHIMA's president, my strategic goals are to encourage, educate and mentor others by reaching out to as many as possible in the MaHIMA community to help each other achieve our personal goals.

I am truly grateful for the privilege and opportunity to be the MaHIMA 2014/2015 president. I will certainly be doing my best to speak positively to others, whether that is in board meetings or when I travel throughout the state to speak with students who have chosen health information management as their career.

I look forward to working with others to build up our profession and I welcome all volunteers and the MaHIMA Board of Directors to join me in this endeavor.

As I was developing my first message to the MaHIMA community, I perused the AHIMA website and came across the AHIMA 2014-2017 Strategic Plan titled …"Drive the Power of Knowledge".

This is very fitting to every HIM professional since our field and everyone's job is changing at a rapid pace. We need to assure that we find the time in our hectic days to take in knowledge….and this goes along with my presidential theme of encouraging and upbuilding others in our profession.

Each of us possesses varying skills….skills that we are good at and enjoy putting into practice whenever we can.

Whether it is handling human resource issues, educating others, coding records, releasing PHI, analyzing statistical and financial data, education physicians on documentation..…whatever your best skill set is, take time to see how you can mentor others and encourage others. I firmly believe in a quote from the most widely printed book in the world, which states.. "Keep on teaching and encouraging one another".

Again, I greatly appreciate the opportunity and privilege to be the MaHIMA president over this coming year and I look forward to meeting as many people as possible to encourage and upbuild each other as we grow together and strive to enjoy every moment in our short life.

So let us all keep dreaming, believing and leading but let us always remember to be generous with our encouragement in order to continually upbuild one another!

Communications

By: Jeanne Fernandes, RHIA, CHDA

As I write my final newsletter article as Director of Communications, I find myself reflecting on the accomplishments of the Committee over the last four years. Our newsletter enhancements, development of our social media presence, and our website redesign initiatives were all realized because of the talent, dedication, and generous commitment of the committee members.

I am so very grateful to the Committee for all of their efforts over the years. I am also very thankful for the opportunity to serve MaHIMA and lead the Committee through these important projects.

One of the most recent accomplishments is the launch of our new website MaHIMA.org.   Phase I of the project included a transition to a Word-Press platform, reorganization of the website content, reformatting of our Job Bank, and a fresh new approach to images and graphics.

This accomplishment was realized because of the efforts of the MaHIMA Website Redesign Team: Donna Casey, Walter Houlihan, Elisa Pelchat, Martha Hamel, and Jackie Judd.

The new platform will allow us to manage the website with more agility, keeping content fresh and relevant. The WordPress platform also makes it possible to add new features such as blogs, forums and an enhanced "members" area.

Our team plans to focus on these new features as part of phase 2 of the project.

As I prepare to assume the President-elect role, I'm confident that the Committee will continue to flourish under the leadership of the in-coming Director of Communications, Jackie Judd. In addition to her coding background, Jackie brings 25 years of graphics & marketing experience to MaHIMA. Jackie has lent her graphic design expertise to MaHIMA designing brochures, logos, and program materials. Jackie has been an important contributor to the Communications Committee, the Education Committee, and the Annual Meeting Vendor Committee. I welcome Jackie as the new MaHIMA Director of Communications.

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Finance

By: Linda Hyde, RHIA

Finance Report – 3rd Quarter (July – March 2014)

Income for the first nine months of our fiscal year was $137,910 with adjusted* expenses of $119,597. Seventy-four (74) % of our income for this period is from our educational meetings and initial registrations for this year's annual meeting.

Additionally, 19% of income came from AHIMA member rebates and 6% from corporate partners and advertising. Fifty-three (53) % of our expenses are from educational programs including initial expenses for the annual meeting. Thirty-seven (37%) represents administrative costs including the recently re-designed website, liability insurances and administrative director expenses. Delegate representation at the AHIMA Leadership,

House of Delegate and preliminary expenses for Hill Day meetings account for another 8%.

*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 March MaHIMA has $ 153,384 in assets with 58 % ($89,078) in our investment accounts for reserves. This represents approximately 6 months of expenses.

AWARDS

By: Susan Pepple

Ellen Mitchell receives Student Achievement Award

Award given jointly by MaHIMA and Labouré College

Ellen Mitchell received a 2014 Student Achievement Award from the Massachusetts Health Information Management Association (MaHIMA) and Labouré College. The award was presented on May 6 during the end-of-year celebrations held at Labouré College.

Ellen Mitchell receives the Student Achievement Award from Massachusetts Health Information Management Association and the Health Information Technology Program at Labouré College. Ellen is congratulated by Sherisse Monteiro, Awards Chair, MaHIMA; Elise Belanger, Chairperson, HIT, Labouré College; and Diana Lindo, Director, Education, MaHIMA.

Marianne Murphy receives Student Achievement Award

Award given jointly by MaHIMA and Fisher College

Marianne Murphy received a 2014 Student Achievement Award from the Massachusetts Health Information Management Association (MaHIMA) and Fisher College. The award was presented on May 9 during an end-of-year celebration luncheon, hosted by Fisher College's Vice President of Academic Affairs

Marianne Murphy receives the Student Achievement Award from Massachusetts Health Information Management Association and the Health Information Technology Program at Fisher College. Marianne is congratulated by Nancy LaFianza, President of MaHIMA.

Jonathan Soares receives Student Achievement Award

Award given jointly by MaHIMA and Bristol Community College

Jonathan Soares received a 2014 Student Achievement Award from the Massachusetts Health Information Management Association (MaHIMA) and Bristol Community College. The award was presented on May 20 during the end-of-year "Pinning Ceremony" held at Bristol Community College.

Jonathan Soares receives the Student Achievement Award from Massachusetts Health Information Management Association and the Health Information Technology Program at Bristol Community College. Jonathan is congratulated by Jeanne Fernandes incoming President-elect of MaHIMA.

Student Corner

Study Tips: Credentialing Exams

By: Sherisse Monteiro, RHIT

Trying to organize 2-5 years worth of notes into useful and meaningful reference materials for your credential exam prep, why? AHIMA already did this work for you. AHIMA's credentialing exam prep books with the accompanying CD's are the only items you should pull out when you first start to study for your credentialing exams. Trying to figure out what to study when you have literally covered you living room couch with text books and binders of notes can be extremely daunting, so I will pass on some wisdom given to me by a previous co-worker who now has his RHIT and CCS.

Start by taking the practice exams on the CD, initially separating them by module. These test results will tell you what books and notes you need to pull out to brush up on first. Every night pick a module that you did not test well on and study your notes for a few hours (no more than 2 or 3). Retake the test at the end of your studying do this every night until you are able to consistently pass modules you previously failed or performed poorly on. Soon you will find yourself as comfortable with the material as you were while you were in class. Now you can really test yourself by taking the full length timed practice exams that are also included in the exam prep CD's. This method was a huge success for me and I found it a lot less stressful then trying study year's worth of books and notes. It also got me accustomed to answering questions in the test format which helps immensely on test day.

Let's face it, you don't know what you don't know, so let the exam prep books help you figure that out and remember….breathe!

ICD-10 Training Complete: Now What?

By: Sherisse Monteiro, RHIT

If you did not hear about the latest delay to ICD-10 Implementation, let me first applaud you for being blissfully ignorant, now let me enlighten you.

"On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015."

http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10

So what does this mean for people who were studying ICD-10 and planned to make the move to coding once ICD-10 was implemented? It all depends on you and your professional interest. Facilities still need help with ICD-10 projects even though the deadline for compliance has been delayed.

There is so much more to an ICD-10 Implementation than just training the coders and remediating billing systems. You could work as an ICD-10 project analyst, training coordinator, ICD-10 newsletter content organizer, intranet sit coordinator or a coding administrative assistant. Don't get tunnel vision; there is a need for HIM professionals with coding experience and training in a variety of settings within the healthcare industry. The job descriptions are out there you just have to find them and ask the right questions.

International Classification of Diseases (ICD) -
A Historical Perspective

By: Walter Houlihan, MBA, RHIA, CCS

Throughout the country and most likely throughout the world, everyone is talking about the United States moving from ICD 9 to ICD 10. Given the recent numerous postponements of when this will occur, it has caused many to doubt if it will ever occur, some even thinking that the US will eventually just decide to wait till it is right to move directly to ICD 11 in order to be among the first countries to move to ICD 11 instead of being the last country to move to ICD 10.

I wanted to write this article to provide everyone a historical perspective on the overall changes to the system we call….ICD or the International Classification of Diseases.

It all started in 1891 at the International Statistical Institute in Vienna. A committee, chaired by a Jacques Bertillon, was charged with the preparation of the classification of deaths. Jacques Bertillon was at that time a physician and the Chief of Statistical Services in the city of Paris, France.

In 1893, Jacques Bertillon introduced the Bertillon Classification of Causes of Death at the International Statistical Institute in Chicago. This classification system was based on the classification of deaths used by the city of Paris.

In 1898, the American Public Health Association (APHA) recommended the adoption of Bertillon's list in the United States. The APHA also recommended that it be revised every 10 years to ensure the system remained current with medical practice advances.

In 1900, the 1st of the ICD's (International Classification of Diseases) was published!!

Given the APHA recommendation, the 2nd, 3rd, 4th and 5th versions were published in 1910, 1920, 1929 and 1938 respectively.

In 1948 the World Health Organization (WHO) took over the responsibility of the ICD and published the 6th edition which included a comprehensive list of morbidity, as well as mortality statistics. The 7th and 8th editions followed in 1955 and 1965. WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring health trends.

In 1975, the WHO published the ICD 9th edition…which as we all know is still in existence! Since 1988 the United States has acquired the ICD 9 CM codes for Medicare and Medicaid claims and eventually all payors adopted this system.

CM, stands for Clinical Modification and was implemented in order to better describe the clinical picture of the patient which goes beyond the original intent of meeting the needs of statisticians.

In 1983, work on the ICD 10 version started and in 1992, the WHO published and copyrighted this version which exists in 40 different languages.

Many countries started to adopt the ICD 10 version, most notably, the United Kingdom in 1995, France in 1996, Australia in 1998 and Canada in 2004.

On January 16th, 2009, the US Health and Human Services, also known as HHS, published a final rule adopting ICD 10 CM and ICD 10 PCS (Procedural Classification System) to replace ICD 9 CM, effective October 1st, 2013. As is well known, this date has been changed annually and is now planned for October 1st, 2015. The pros and cons of ICD-10 can continued to be argued but we all know the US healthcare reimbursement model is moving from fee-for-service to a value-based model, requiring the industry

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Therefore, the underlying rationale to move to ICD 10 remains critically important.

The transition from ICD 8 to ICD 9 was considered an "update" but the transition from ICD 9 to ICD 10 is considered a "major overhaul".

In March, 2014, pilot implementation for ICD 11 was scheduled. At that time, it was stated that there was "no skipping from ICD 9 CM to ICD 11 for the United States because you need to implement ICD 10 to get to ICD 11". According to the latest information on the WHO website, ICD 11 is due to be implemented by 2017. Over the past few years, the following steps took place. In May, 2011 the ICD 11 alpha browser will be open for public viewing, in July, 2011 it was open for commenting and in May 2012, the beta version was open to the public. During this beta phase, the WHO will engage with interested stakeholders to participate in the ICD revision process. Individuals will be able to make comments, make proposals to change ICD categories, participate in field trials and assist in translating. Then in May, 2017, ICD 11 will be presented to the World Health Assembly.

In summary, it is critical for the United States to convert to a classification system used by all industrialized nations. ICD is the foundation for the identification of health trends and statistics globally. It is being revised to better reflect progress in health sciences and medical practice. In line with advances made in information technology, ICD-11 will be used with electronic health applications and information systems. It also allows for collaborative web-based editing that open to all interested parties.

I hope this information provided everyone a good overview of where the International Classification of Diseases (ICD) all started.

ICD History

1
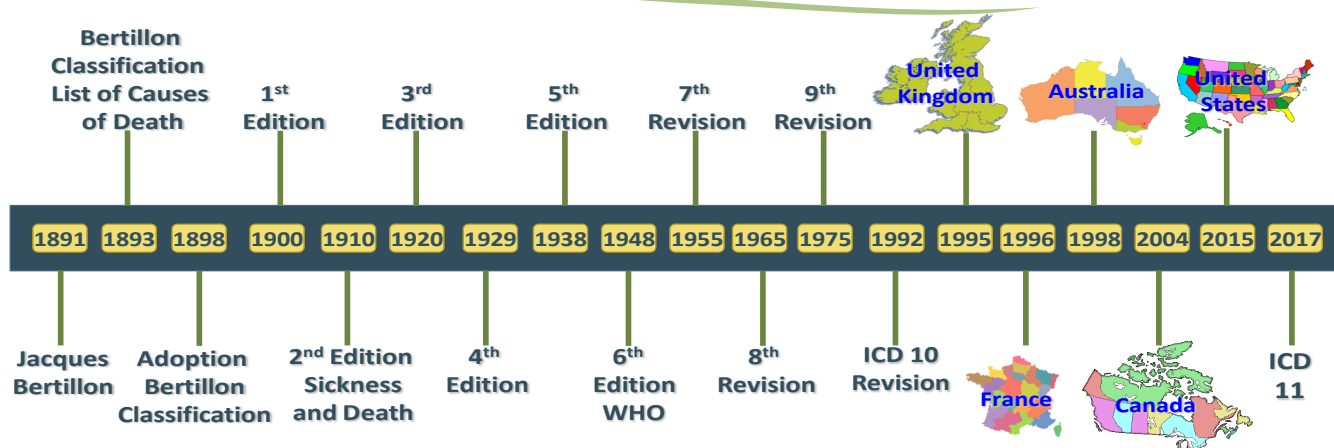
HHS Strengthens Patients' Right to Access Lab Test Reports

By: Martha Hamel

You may have heard that HHS has taken steps to give patients or a designated person direct access to their completed laboratory test reports. In the past, this was not the case. This means that the patient or their personal representative may continue to get access to their test reports from their physicians, but this new rule also gives them an option to go directly to the lab for the test reports. The final rule went into effect on February 3, 2014.

According to HHS.Gov website:

"This final rule amends the Clinical Laboratory Improvement Amendments of 1988 (CLIA). The final rule is issued jointly by three agencies within HHS: the Centers for Medicare & Medicaid Services (CMS), which is generally responsible for laboratory regulation under CLIA, the Centers for Disease Control and Prevention (CDC), which provides scientific and technical advice to CMS related to CLIA, and the Office for Civil Rights (OCR), which is responsible for enforcing the HIPAA Privacy Rule.

Under the HIPAA Privacy Rule, patients, patient's designees and patient's personal representatives can see or be given a copy of the patient's protected health information, including an electronic copy, with limited exceptions. In doing so, the patient or the personal representative may have to put their request in writing and pay for the cost of copying, mailing or electronic media on which the information is provided, such as a CD or flash drive. In most cases, copies must be given to the patient within 30 days of his or her request."

It is unclear how this new rule is affecting the laboratories and how they are managing these types of requests. We can only imagine that once the public becomes aware of the new rule, there may be a sudden influx of requests that will need to be processed in a timely manner. It is also unclear at this time whether or not patients will take advantage of this new option. In my opinion, I would prefer to get my results directly from my physician as she would have had a chance to review and make recommendations according to the test results. Time will tell whether this is a good idea or not as patients do want to be more involved and informed with their care.

Also, you should check with your Office of General Counsel to see if you are required to note this new rule in your Notice of Privacy Practices.

For more details, please see here:

http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/CLIA/index.html

Newly Credentialed Professionals

Jeannette Bryant, CCA
Caryn Caron, CCA
Serena Chenaille, CCA
Kathleen Coughlin, CCA
Ashley Jackson, CCA
Michelle Lenzi, CCA
Andrea Moon, CCA
Lisa Morriseau, CCA
Katherine O'Donnell, CCA
Kelly O'Hanlon, CCA
Vicki O'Neil, CCA

Kellie Pond, CCA
Tiffany Pond, CCA
Malcolm Laughlin, CCS-P
Maureen Zerfoss, CCS-P
Akungwa Nwaubani, RHIA
Adita Bheecham, RHIT
Anne Maina, RHIT
Jessica Przybycien, RHIT
Cheryl Rau, RHIT
Patrice St John, RHIT
Gregory Bianca, CHPS

David Barry, CCA
Alyssa Theodore, CCA
Tracey McKethan, RHIA
Amy Vasconcelos, RHIT

Newly Credentialed Professionals can be found on our website

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IMPACT – Building Care Coordination Tools for Healthcare System of the Future: *By: Pat Rioux, RHIT*

Update from Dr. Garber at MaHIMA/NEHIMSS Hill Day 2014

Larry Garber, MD, of Reliant Medical Group, is co-project director of the **Improving Massachusetts Post-Acute Care Transfers (IMPACT)** project. He gave the Hill Day audience an update on the progress to develop a national standard of data elements for transitions and the software tools needed to acquire/view/edit/send these data elements across the vast spectrum of health care settings (OP, IP, SNF, IRF, hospice, home health, etc.)

Dr. Garber introduced the barriers to care coordination by demonstrating the data silos across the continuum of care and he said that the solution lies in what national experts have overwhelmingly identified as the most important tool we have to improve these care transitions: *"improving information flow and exchange."*

Statistics highlighted by Dr. Garber demonstrate the need for improvement:

- 15% of ER admits and $8b wasted annually could be avoided if information available
- 1.5m preventable adverse events annually nationwide from discharge treat plans not followed
- 20% of patients readmitted within 30 days
- $577m wasted on preventable readmissions in Massachusetts.

The extensive survey work done by the IMPACT team revealed that there are five transition datasets needed which have been implemented in central Massachusetts:

- report from outpatient testing, treatment, or procedure
- referral to outpatient testing, treatment, or procedure
- shared care encounter summary
- consultation request
- Transfer of Care Summary to a different facility, care team or home health agency

Worcester County's sixteen participating organizations are learning how to integrate and validate these tools and measure outcomes for readmits, ER visits, admits from ER and total utilization resource. The pilot 'go-live' is now underway with the final wrap-up and revisions planned for the last quarter of 2014. Clinical Document Architecture played a big role in creating an international standard to communicate patient data.

The C-CDA (Consolidated CDA) provides a library of reusable data element 'templates' (Continuity of Care Document (CCD), Progress Note document, Discharge Summary document, etc.). The CDA is human-readable using a web browser and can be a single, large text document that can be reused. It may contain coded computer-interpretable data within sections.

Hospitals and physician practices are required to send C-CDAs electronically during care transitions in order to receive Meaningful Use incentive funds. Currently, hundreds of millions CDA documents are generated by dozens of countries annually.

Massachusetts was awarded a received a $1.7M HIE Challenge Grant in 2011 from the Office of the National Coordinator (ONC) which uses a Data Use Reciprocal Service Agreement between the pilot sites and the state's HIE/HISP known as The Mass HIway.

Telehealth: A New Era Has Begun
By: Pat Rioux, RHIT

"A New Era in Health Has Begun" is the title of the web site dedicated to a brand new, first of its kind, state-of-the-art **virtual care center** in development at Mercy Health and scheduled to open in 2015. Housing 300 physicians, nurses, specialists, research and support staff; care will be available 24/7 via audio, video and data connections for the 75+ telehealth programs.

Thus we enter this new era with the Chesterfield, MO (St. Louis) institution as they roll out eVisits, Teleconsultations, Home Monitoring, Nurse-On-Call, eNICU, Telestroke, and more. Mercy president and CEO, Lynn Britton, noted, "We've pioneered a telehealth plan that no longer limits advanced care because of age, illness, or geography. We can deliver a higher level of care to more people, and the virtual care center is at the heart of it – providing care for today while also developing the health care of tomorrow."

Next Wave
This next wave of the future was also highlighted at the recent American Telemedicine Association's ATA 2014. Christopher Herot, co-founder and CEO of SBR Health, a Boston-based health technology company that provides real-time video communications

solutions specialized for the healthcare industry, moderated a panel presentation on *How to Reach Scale with Virtual Home Care Visits* that featured speakers from Joslin Diabetes Center, Partners Healthcare, Mayo Clinic and the University of Rochester Medical Center:

Paul Penta (WebCare program manager at Joslin Diabetes Center) shared that patients endorse the technology as managing a chronic condition is complex but adds that the technology has to be integrated into the clinical workflow for it to work. 'You have to start with a robust process analysis to understand your current workflow and how you would layer in technology. As telehealth programs mature, they'll move from a technology program to a clinical program. Providers who have a patient-centered approach to care will engage.'

Michael Carter (Enterprise Manager of Media and Telemedicine Systems at Partners Healthcare) talked about the changing business requirements involved and that Partners plans to do 2,000 virtual visits this year in fields ranging from psychiatry to Crohn's disease and colitis.

"From an operational perspective, the biggest mistake people make is trying to make their existing workflows fit the technology rather than the other way around. The key to success is that the technology has to feel natural, like a regular visit."

Sandya Pruthi, MD (Medical Director of Patient Experience and Connected Care Innovation at Mayo Clinic) discussed Mayo's focus on the virtual visit experience and what it will take to scale. 'Providers have to enjoy it. A patient can tell when providers aren't excited. You have to build the relationship in the first two minutes. We don't teach physicians how to build rapport over a video screen, and not everyone can do it.'

Ray Dorsey, MD (Professor of Neurology and Co-Director of the Center for Human Experimental Therapeutics at the University of Rochester Medical Center) said that virtual care delivery is on the rise as the status quo doesn't work. 'The way we provide care doesn't work. It is not timely, equitable or efficient.'

'Every patient should receive the care they need, and the same should hold true for patients with any chronic condition. We just need the will and the creativity to make it happen,' Dorsey adds.

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Benefits of Telehealth

The benefits of telehealth and virtual care delivery are many. In addition to added convenience, telemedicine provides better access to care, improves health outcomes to reduce hospital readmissions and overall cost of care, and also expands service reach such as to a different facility where a remote specialist can provide care options to patients.

Regulation

The Federation of State Medical Boards' SMART workgroup has released the *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* provides states with clear definitions and principles to assist states in the development of new policies to govern telehealth.

The National Telehealth Policy Resource Center provides a database of pending legislation and regulation by jurisdiction that covers many topics related to telehealth.

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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Halamka Introduces Massachusetts HIE (The HIway) at MaHIMA/ NEHIMSS Hill Day 2014

By: Georgia Feuer

John Halamka, MD, Chief Information Officer of Beth Israel Deaconess Medical Center, Chairman of the New England Healthcare Exchange Network (NEHEN), co-Chair of the national HIT Standards Committee, co-Chair of the Massachusetts HIT Advisory Committee, and practicing Emergency Physician, started the event with an introduction to the Massachusetts Health Information Highway (The HIway).

With a low, subscription-based fee, a health care provider can electronically send an encrypted patient health summary to any other participating provider. This capability has been available since October of 2012, when it was first tested with the transmission of Gov. Deval Patrick's health record.

The next phase of the project, which began in January, 2014, adds the ability to query for a patient's health information. However, confirming that a record belongs with the patient in question presents a challenge. Without Universal Patient Identifiers (UPI), numbers that would identify patients across institutions, patients are identified using name and date of birth; but a particular name and date of birth combination is not always unique to that individual. Furthermore, participation in The HIway is voluntary, both for providers and for patients, and providers have some freedom to set their own policies regarding what information they will send. These issues could potentially lead to errors and incomplete patient records.

The HIway allows for easier and more flexible PHI transmission than ever before. Apps such as Apple's new Health Kit will allow patients to manage transmission of health data from sources such as wearable fitness devices via The HIway. Massachusetts MinuteClinic retail walk-in clinics, already connected to The HIway, allow patients to complete lab work at their local CVS pharmacies and send the results to their providers. The Massachusetts HIway may soon be able to communicate health information with other states; talks are already underway with New Hampshire and Maine, although variations in state policies must first be reconciled. If you would like to read more about The HIway, visit http://www.mass.gov/hhs/masshiway.

Georgia Feuer, MPH is a Boston-based independent Health Care Consultant. She holds a Master's in Public Health in Health Services Management and Policy from Tufts University and is an NCQA Patient-Centered Medical Home Certified Content Expert. She can be reached at geofeuer@gmail.com or via Twitter at @GeorgiaFeuer.

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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

2014 MaHIMA Annual Meeting: Feedback & Call for Volunteers

We had a very successful Annual Meeting this year. We received extremely positive feedback that is very helpful in planning next year's meeting.

"Great conference. Well run. Great space. Not too hot or too cold."

"Very well organized. Great location. Wish I had stayed for the third day."

"The Sunday/Monday/Tuesday was a great time of the week to hold the event on the Cape."

"The annual meeting far exceeded my expectations. I enjoyed the speakers, the venue and networking. Thank you to all who planned this wonderful event."

Didn't get to participate this year? Want to be a part of the planning process for the 2015 Conference?

Don't let your colleagues have all the fun! MaHIMA 2015 Annual Conference planning is about to begin. MaHIMA needs you! Volunteer today to help plan our next Annual Conference. We need your help to make our annual meeting even better!

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Participation for all committees will occur via conference calls on a monthly basis with the average volunteer time being 6 to 8 hours total.

Annual Conference Planning Committees:

Program: Responsible for the overall theme of the meeting, creating the speaker agenda and reviewing the proposed topics, etc.
Chair: Walter Houlihan

Arrangements and Hospitality: Responsible for the overall set up of the meeting site including the planning of the menus, social events, silent auction and raffles, etc.
Chair: Sue Marre

Vendor: Responsible for the soliciting vendors, sponsorship, and exhibitors along with planning the exhibit hall layout, registration and sponsor activities, etc.
Chair: Bibi Von Malder

The form to participate on a committee or questions regarding the committees can be found on our website or sent to Elisa Pelchat at efpelchat@mahima.org.

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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