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OUR MISSION

The Mission of the
Michigan Health Information
Management Association
is to be Michigan's expert voice
on health information.

Michigan Health Information Leaders

AHIMA SUMMER TEAM TALKS

Charlie Robinson, RHIT, CCS-P, MHIMA President/Delegate, Nancy Walker, MS, RHIA, MHIMA President Elect, Denise Holstege, RHIT, CCS, MHIMA Past President Director/Delegate, Carol Jennings, MPA, RHIA, FAHIMA, MHIMA Delegate, Rita Montague, RHIT, CTR, MHIMA Delegate, Melody Czapski, RHIT, CCS-P, MHIMA Delegate and Marsha Allen, RHIA, MHIMA Central Office Coordinator attended the AHIMA Summer Team Talks in Chicago on July 20, 2007.

A lot of good information was discussed and shared with representatives from most other states. The Key Priorities and Strategic Initiatives for the coming year are:

1. e-HIM – Data Standards, EHR Use, The Legal EHR, PHR, Privacy & Security
2. Leadership Engagement/Impact – Workforce Readiness, Mobilize the Network
3. Building Value – Communications, Career Building Resources
4. Grow & Strengthen AHIMA – Organizational Capital/Capacity, Human Capital/Capacity, Financial Capital/Capacity, Information Capital/Capacity

They are encouraging all Component State Associations to use these guidelines in their strategic planning as well.

There were also several 2007 AHIMA Achievements that were discussed:

1. Action Community for e-HIM Excellence – “The ACE Challenge”. This is a challenge to all AHIMA members to nominate themselves or other members to lead and influence e-HIM®, making a difference in their organizations, communities, states, and at the national level. Ace members may:
 - Participate in regional Health Information Exchange activities
 - Lead data quality improvement efforts in their organizations
 - Speak at state or National HIM Conferences
 - Influence the EHR discussions in their organizations
 - Contribute to the design of next generation applications for e-HIM®
 - Collaborate to advance HIM practice in their communities
 - Mentor students and new professionals launching them into a great career

A special website has been created, www.ahima.org/ace. Members are being asked to become an ACE and nominate others, and then use these ACE members. There will be access to a list of members.

2. Brand Extension – a brand is a collection of perceptions in the mind of the consumer. The plan to brand AHIMA is to differentiate ourselves in a growing market and to find ways to better serve a diverse membership. The goals for this project are:
 - Better understand our customers and their needs
 - Strengthen health information management role in the healthcare industry
 - Collaborate with CSA's to present a consistent image.

MHIMA

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for November/December issue:
October 15, 2007

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or on disk to the Editor.

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FROM THE AHIMA LEADERSHIP CONFERENCE

CHICAGO, JULY 21-22, 2007 – Nancy Walker, MS, RHIA, President Elect MHIMA

SESSION ON CHAIRING THE BOARD OF DIRECTORS

AHIMA Board meetings are 2 days long

Committee reports are distributed by Consent Agenda (Board reads all the info before and approves unless questions arise)

The Board functions as a policy-setting group, they read about but do not discuss details such as the annual meeting or committee results unless questions arise or a policy issue is brought from one of the committees.

SESSION ON HEALTH INFORMATION EXCHANGE – PREPARE TO PARTICIPATE

Every state has different goals and objectives if involved in a Regional Health Information Organization (RHIO)

- Some are sponsored by the Governor's office
- Some are Commissions created by legislation
- Some are driven by safety initiatives (Bio-surveillance)
- Some are related to health care cost reduction and improving efficiency
- RHIOs are not all about technology; they should not sacrifice the underlying HIM principals

HOW CAN WE HELP?

- AHIMA needs case studies of how we are involved in RHIOs
- In Michigan we have the Michigan Health Information Network Initiative
 1. Joint effort of Michigan Department of Community Health and Michigan Department of Information Technology
 2. Report was released on December 11, 2006 at www.michigan.gov/mihin
 3. Health Information Technology Commission holds public meetings, information at www.michigan.gov/mdch
- See ourselves as stakeholders
- Get involved in local Health Information Exchange efforts
- Go to HIT Commission meetings
- Contact MDCH to volunteer
- Regional partners granted funding:
 1. Alliance for Health (Mason, Lake, Osceola, Oceana, Newaygo, Mecosta, Montcalm, Muskegon, Ottawa, Kent, Barry and Allegan Counties)
 2. Altarum Institute (Wayne, Oakland, Macomb, St. Clair, and Monroe counties)
 3. Capital Area Health Alliance (Ingham, Eaton, Clinton counties)
 4. Central Michigan University Research Corporation (Clare, Gladwin, Arenac, Isabella, Midland, Bay, Gratiot, Saginaw, Tuscola, Sanilac and Huron Counties)
 5. Greater Flint Health Coalition (Genesee, Lapeer and Shiawassee counties)
 6. Marquette General Health System (all UP counties)
 7. Michigan State University (formation of the Health Information Exchange Resource Center)
 8. North Central Council of the MHA (all counties in the northern lower peninsula)

LEADERSHIP CONFERENCE

July 27, 2007

The day opened with networking and C. Robinson mentioned that all regional associations and schools were invited to send representatives to the conference and the remaining attending are Board members, and/or Committee and Project Managers.

C. Robinson asked each person attending to introduce him or herself and include their current role in MHIMA or their regional association, if applicable, their current job and their favorite hobby.

The following introductions were made:

Shawn Leighton is and HIA student intern currently at Botsford Hospital. She is in two Bachelor degree programs at Ferris State University. Her favorite thing to do is outdoor activities and she is currently planning a wedding. Peggy Chapo is the MHIMA *FOCUS* Newsletter Project Manager, and is the Director of HIM at Botsford Hospital. Her favorite hobby is Detroit Tiger baseball games. Margaret Neterer is from St. Louis and is the current MHIMA Community Education Coordinator for MY PHR, and the Chair of the MHIMA Nominating Committee. She has served in most offices in MHIMA, except Treasurer and Vice President and currently retired from the Michigan State University Veterinary Hospital. Her favorite things to do are reading and gardening. Mary Lou Laughner is the current President of Mid MHIMA, and a presenter for MY PHR. She recently started a job as the Corporate Compliance officer for Killian, Hall Render at the University of Michigan. Her favorite past time is reading and she is a Harry Potter fan. Karen Schmidt is Director of HIM for Henry Ford Health Services and has been the MHIMA Legislative Project Manager for several years. Her favorite thing to do is spend time with her three daughters hobby who are currently all students at Michigan State. Ginny Pitts is the current MHIMA Vice President and Project Manager for the 2008 Annual meeting. She has been a member of the Conventions Arrangements Committee for several years. She is currently the Manager of Accreditation, Clinical Risk, and Medication Safety at Hackley Hospital. Her favorite past time is spending time with the 8 year-old Grandson that she is raising. Chris McCann is the current MHIMA Director and has been Delegate, Director and Vice President as well. She currently is a Senior Systems Analyst for Trinity Health Information Services. Her preferred hobbies are beading and spending time with her children. Jeanette Mills is the current MHIMA Secretary Treasurer and the Out Patient Coding Coordinator at William Beaumont Hospital. She enjoys reading. Marsha Allen is the MHIMA Central Office Coordinator, and has served in the past on several committees and as a Director. She likes to spend time with her Great Nieces and bowl. Rochelle Cooper is a current MHIMA Director, but has served on all Board positions except Treasurer. She is the Director of Education and Corporate Compliance at William Beaumont Hospital and her favorite past time is reading and helping 13 year-old daughter get through life. Melody Czapski is a current MHIMA Delegate and has done presentations at two seminars for MHIMA. She is also a SEMHIMA, Director. She is the Director of the Coding Audit Department at William Beaumont Hospital. She enjoys camping. Rita Montague is another MHIMA Delegate. She has also previously served as a Delegate and a member of the Convention Arrangements Committee. She has been the SEMHIMA president and Vice President. She currently works for Henry Ford Health Systems in the Biostatistics Department. Her favorite things to do are read, travel, and collect old black and white movies. Beth Kay is representing NCMHIMA and is a new graduate with no previous Board

experience Mid Michigan MC, Midland, afternoon supervisor, Reading and knitting. Nancy Walker is the MHIMA President Elect and has served in every position except President and Treasurer. She has also served on the Board of SEMHIMA and with Committee membership for AHIMA. She is the Revenue Cycle Manager for Maternal and Child Health at William Beaumont Hospital. Her favorite thing to do is reading also. Carol Jennings, is a current MHIMA Delegate and has served on every position of the Board. She is currently a member of the AHIMA CSA Task Force, and has served on and chaired the Ethics Committee, and served for 3 years on the Fellowship Application Committee. She is the Corporate Manager of Professional Reimbursement Education at Beaumont Hospitals, and her favorite past time is showing dogs. Charlie Robinson, is the current MHIMA President, and has served as Director and Vice President and Project Manager of Education. He is currently also the President of SEMHIMA. He is the Director of Coding Operations for MedQuist. He enjoys bowling and camping with his family. Karen Kramer is the MHIMA Project Manager for Awards and this is her third year in this position. She is also a Past President of SEMHIMA, and has served in most offices for them. She currently works at MedQuist, but will be going to work at Hamilton Community Health Center as HIM Manager in a few weeks. She enjoys reading.

Summer Team Talks Overview

C. Robinson discussed the 2008 AHIMA Strategy and CSA Alignment presentation. He reviewed the AHIMA Vision, Mission, Values and Key Priorities:

Vision: Quality healthcare through quality information

Mission: The American Health Information Management Association is the professional community that improves healthcare by advancing best practices and standards for Health Information Management and serving as the trusted source for education, research and professional credentialing.

Values:

1. The public's right to accurate and confidential personal health information
2. Innovation and leadership in advancing health information management practices and standards worldwide
3. Adherence to the AHIMA Code of Ethics
4. Advocacy and interdisciplinary collaboration with other professional organizations

The Key Priorities and Strategic Initiatives for the coming year are discussed in another article about Summer Team Talks by Marsha Allen.

AHIMA is providing a template to all Component State Associations (CSA's) to assist them in creating their own strategies in accord with AHIMA. This is to encourage the CSA's to become more alike.

Those attending then discussed two proposed resolutions. The first is on Diversity. The question was asked what the resolution is for? It was written by a black male, but does not appear to cover all aspects of diversity. It was presented to assess and evaluate. It will probably be adopted, but does not really mean anything. It will probably go to the House of Delegates instead of having an electronic vote. The other resolution is on HIM adoption of the Personal Health Record. It is being proposed to remind members that we are the group that is promoting the Personal

(Continued on page 6)

President's Message

Summer is amongst us and I hope that all of you have enjoyed the camp fires and smores, time at our endless shore lines or what ever summer traditions that you may have. As I round out the first quarter of my MHIMA Presidency I need to address an ongoing issue that the Board has been discussing for a few years now. MHIMA and AHIMA have encountered an increase in members changing to a CE only membership. The reason for changing to CE only may be a result of many factors but I believe at the end of the day the driving factor is that many members do not see the value of an AHIMA membership. I have personally been asked "what do I get for my \$155, a journal?" AHIMA has published information regarding the fees and benefits for AHIMA versus other similar organizations and the AHIMA fees are considerably less than similar organizations with more benefits. There are over twelve benefits that AHIMA provides to the membership and today I am going to discuss two of my favorite benefits. Each President's message will focus on a few benefits that you may or may not be familiar with and a final recap next summer. I hope that through this communication that all of you will see the benefits of the AHIMA membership and encourage you to contact me with questions.

My favorite two benefits from AHIMA are the AHIMA Journal and the Community of Practices (COP). The AHIMA Journal provides each and every one of us with excellent articles containing up to date material as it pertains to the electronic health record (EHR), personal health records (PHR), legal issues, etc. I also enjoy reviewing and participating in the annual wage/salary survey. The amount of knowledge and education provided in the AHIMA Journal is wonderful. My other favorite benefit is the COP. Being an expert doesn't require a single person to know everything, rather knowing where to find the answer. The AHIMA COP site is an excellent resource for communicating with peers with different expertise. I personally belong to 13 different COPs ranging from compliance to coding to House of Delegates. In a time of need whether it be a coding or compliance question I often refer to the AHIMA COP for additional advice and expertise. There is also the Component State Association (CSA) for Michigan that you can post questions that pertain strictly to Michigan and you can answer questions posted by others on the MHIMA COP.

These two benefits are my personal favorites because they offer the knowledge and expertise that make AHIMA credentialed professionals the leaders in our industry.

If you have any questions or comments regarding your AHIMA membership please share them with me so that the MHIMA Board can discuss this in more detail during our September Board meeting.

*Best Regards,
Charlie*



4.5 Million In Health Information Technology Exchange Grants Announced

Contact: T.J. Bucholz (517) 241-2112 ■ Agency: Community Health June 29, 2007

LANSING-The Michigan Departments of Community Health (MDCH) and Information Technology today announced more than \$4.5 million in funding that will create a statewide infrastructure for healthcare information exchange that will streamline the sharing of medical information throughout Michigan.

The funding will help make Michigan the first state in the nation with a program of this magnitude to streamline medical information in the state. The program clearly illustrates Michigan's move toward becoming the nation's leader in the health IT field said Janet Olszewski, MDCH Director.

"When fully implemented, these Health Information Exchanges (HIE) will allow healthcare organizations within a community to instantly move clinical information between disparate healthcare information systems while maintaining the meaning of the information being exchanged," Olszewski said. "The goal of the HIE concept is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care."

Funding for the program, first introduced by Governor Jennifer M. Granholm in her FY07 Executive Budget, was appropriated by the Legislature for FY07. Regional partners awarded grant funding in this first cycle include:

- Alliance For Health (includes Mason, Lake, Osceola, Oceana, Newaygo, Mecosta, Montcalm, Muskegon, Ottawa, Kent, Ionia, Barry, and Allegan Counties) - \$379,565
- Altarum Institute (includes Wayne, Oakland, Macomb, St. Clair, and Monroe Counties) - \$658,356
- Capital Area Health Alliance (includes Ingham, Eaton, Clinton counties) - \$775,350
- Central Michigan University Research Corporation (includes Clare, Gladwin, Arenac, Isabella, Midland, Bay, Gratiot, Saginaw, Bay, Tuscola, Sanilac, and Huron Counties) - \$304,900
- Greater Flint Health Coalition (includes Genesee, Lapeer, and Shiawassee Counties) - \$359,475
- Marquette General Health System (includes all Upper Peninsula Counties) - \$756,119
- Michigan State University (Formation of HIE Resource Center) - \$999,971
- North Central Council of the MHA (includes all counties in the northern Lower Peninsula) - \$267,648



(Continued on page 13)

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Health Record, so we should all be creating and maintaining our own to set an example. Please review both resolutions in their entirety on the AHIMA website under the AHIMA website, Community Resources. They are both listed there.

AHIMA Leadership Conference Overview

C. Robinson then discussed the session he attended, Chairing the Board. He wants to make some changes to how the Board meeting is structured. The Board is still review many things that should be included as part of the Consent Agenda. Reports should be done and sent along with the Consent Agenda from the Convention Arrangements Committee, FOCUS, Education, My PHR, Allied Health Liaison, CDIP, and Geographic Michigan. If the reports generate the need for further discussion, a motion to remove the item from consent agenda for discussion can be made. It will give the Board more time to focus on more important items. A template will be created to report updates to the Board. It should help make Board meetings shorter. There was some discussion of making more of the meetings conference calls.

N. Walker made another suggestion from the AHIMA Leadership Conference, that following each Board meeting there be an Executive meeting to include only all elected members. The decision was made that they will meet afterward for 15 minutes for any issues starting at the next Board meeting.

Mentoring was discussed as well. Beth Kay mentioned that the Job Bank is a good resource, but it needs improvement. The suggestion was made that healthinformationcareers.com be added as a link to the MHIMA website. It is helpful on wages and other general information. AHIMA has a mentoring program that members can sign up for. New members in the state can sign up and get information on members who will help mentor them. One of the recent graduates attending mentioned that some of the students are not being notified of the scholarship opportunities and therefore are not submitting their names. The suggestion was made to put the scholarship form online and give all students the opportunity to nominate themselves.

N. Walker discussed what some other states are doing with students and scholarships. Some are inviting those students receiving scholarships to speak about the scholarship opportunity the following year at the annual meeting. Other states are offering the opportunity for students to actually take the test by paying for them. Senator Mood from Oregon has initiated a bill for funding from the National Science Association for HIM students. Some states put a time frame on the amount of time after graduation for a student to take the test and have it paid for. Mary Lou Laughner mentioned that she has been involved at Davenport and Baker by doing presentations to the students on what opportunities are available and where they can work. This would be a way to inform students of Scholarship availability.

C. Robinson and C. Jennings discussed Local/Regional Associations and their relationship with MHIMA. It has been discussed for many years now. MHIMA shares an agreement with AHIMA since we use the same letters and also share money. There are 7 regional associations and they are all very differently set up. The relationship with the regional associations need to be formalized, if they are going to use the name, share funds, and advertise education sessions. This is a legal relationship. The membership of the regional associations is made up of many people that are not MHIMA or AHIMA members, but are CE only. This needs

to be formalized with a clear structure between the two. Their bylaws and membership should mirror MHIMA/AHIMA. It would be possible to have subscribers, but not members. There is also a liability issue. Ohio has formalized the structure with their regional associations. There was agreement to talk about this issue and add this to the MHIMA goals and strategies for the year.

N. Walker referred everyone to the information in their packets regarding the recently enrolled house bill to provide for a Health Information Exchange (HIE) in Michigan. There is also a notice of the funding for the regional HIE's, a list of HIE commissioners, and a list of meetings. At the Leadership Conference members from all states discussed their involvement in HIE. It was suggested that you ask to be on the group and let them know what you can bring to that group. This will be talked about further as a strategy for MHIMA. For further information on the Michigan efforts and the Region HIE's meeting times and composition, please check out the website at www.mihin.org.

Success Stories/Current Regional Update

Mary Lou Laughner is representing MidMHIMA. This has been the Year of the Member for them with a goal to increase the number of members from 100 to 130. They currently have about 125 members. They offer 17 CE's per year for their members. On October 26th their annual meeting is planned in Bay City at the Doubletree again. They are also offering a ½ day session in September. Their Board meets 6 times a year. They take Board activities seriously. There is dual approval required for all expenses prior to disbursement and it works well for them. The President Elect is responsible for education. This year they will also have a couple of vendors at their annual meeting as well. The Board has a contest right now to bring in new members. Each Board member gets a ticket for a door prize drawing for each and the person who brought the most members received a prize. Their Nominating Committee each took a part of the membership list and called to recruit members for the Ballot.

Beth Kay was there to represent NCHIMA and had nothing to report.

C. Robinson was there as the representative from SEMHIMA. They offered 12 CE's to members. Attendance is beginning to decline for some of their seminars. The Annual HIM forum on a Saturday is always successful and they turn away members. The membership is down about 140 members, with only 288 so far this year. Their Strategic goal this year is to get to the schools and present to students and get them to volunteer. Some of their members think there is too much focus on students. Management attendance has dropped off, with a lot more student members attending. They didn't send out a paper renewal, only an electronic renewal this year. What is the purpose of regional association and what do manager's think it is for? SEMHIMA will task the new incoming Director with a membership drive to include those previous members by letting them know they are missed. They are fine financially. They also have a difficult time getting members to run for office. There is not a written rule when looking for volunteers for the Ballot. Part of being a Board member is to promote the Board and the association. The recruiting of members to help fill the Ballot should be a responsibility of every Board member.

All invited to attend the meeting were asked two things and these are the questions and answers:

1. What one thing would you change about MHIMA to increase value to you as a member?
 - Ensure we remain the Leaders in HIM by promoting and supporting members.



- Can't think of much except hold Annual Convention in same location each year (except for Mackinac every 10 years). There was discussion about this. Ohio holds their meeting in the same central location each year and have a good turnout. There was some discussion about this. Lansing was a site for three years in a row and then the hotel went downhill and the meetings were changed.
- Seminars offered locally at low cost – There was discussion that it is a struggle to get members to attend seminars. The question was asked if maybe a ½ day Saturday seminar might be easier. M. Allen will bring this up to M. Wills for discussion at the next Education meeting. The suggestion was also made that a full breakfast also be served at a Saturday meeting.

2. Is there any other PARTICULAR TOPIC that you want to make sure we cover?

- Promote HIM in more various ways. Expand/network more.
- Dues should be used to help the “average HIM” member
- Coding Education
- With Clinical (physician providers) support/involvement in seminars
- Strong network for new students to obtain job positions
- Promoting facilities to hire/train new students **not** require experienced HIM as a “general policy”

The MHIMA Strategic Plan and Goals was then reviewed and updates were made. Please go to the MHIMA website for those updates.

*Respectfully submitted,
Marsha Allen*

MHIMA MEMBERSHIP AUGUST 2007

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CLASSIFICATION	MEMBERSHIP		CHANGE
	6-19-07	8-22-07	
Active RHIT/RHIA/CCS CCS-P/CCS/CHP	1594	1617	+23
Active Senior	31	31	-1
Associate	-	-	-
Student	493	436	+31
Graduate	130	161	-3
Honorary	2	2	-
Corporate	17	17	-
	2267	2264	-3
Certified Nonmembers	975	978	+3*

PLEASE NOTE: WHEN CHOOSING YOUR CATEGORY OF MEMBERSHIP, BE AWARE YOUR CHOICE OF SELECTING A STUDENT CLASSIFICATION MAY PREVENT YOU FROM VOTING IN NATIONAL AND STATE ASSOCIATION ELECTIONS.

*AHIMA changed the way they count these members. The number includes all previous members even if dues have not been paid.



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AHIMA SUMMER TEAM TALKS (continued from page 1)

The Blackstone Market Research Group will be performing informational interviews, focus groups and surveys. With the Blackstone findings, AHIMA will implement a campaign. You can all help by understanding the brand guidelines AHIMA is developing, determining ways your state association can follow them and consider opportunities for products and services your local association might offer.

3. Some of the other accomplishments are:

- The development of the healthinformationcareers.com website
- Several E-HIM Work Groups and Tasks Forces have been completed and new ones started
- Multiple new publications
- Many new online courses

Submitted by,
Marsha Allen, RHIA

TREASURER'S REPORT

Total MHIMA Assets

AUGUST 17, 2007

\$69,875.13

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MHIMA Wins AHIMA Core Service Award

We are pleased to announce that the Michigan Health Information Management Association won the following 2007 CSA Core Services Achievement Award in the following category:

FIRST PLACE MEMBER COMMUNICATIONS

The award was presented to
Charlie Robinson, RHIT, CCS-P, MHIMA President
on Sunday, July 22, 2007
at the AHIMA Leadership Conference

MHIMA submitted the results that were presented in the MHIMA Annual Report to membership from the Component State Association (CSA) Score Card that has been compiled to measure Board accomplishments for the past two years.

A special thanks goes out to Sally Rynberg, MSA, RHIA who has completed the compilation and graphs for both years and to Denise Holstege, RHIT, CCS, Leslie Mack, RHIT, Tracy Rowland (Mardis-Brown), RHIA and Marsha Allen, RHIA for their assistance. Thanks also to all of the Board members, Committee chairs, members and Project Manager's and members for their hard work in making MHIMA a success.

Good job everyone!!!

Be Creative and Informative!

If you would like to contribute
to an upcoming issue of
FOCUS
please e-mail the editor at
pchapo@botsford.org

What is Medical Record Charities and How Can You Help?

As many of you recall (or may even be experiencing currently), one of the hardships for a student pursuing a degree today is the financial burden it places on the household budget. This makes it extremely difficult for students to attend the MHIMA Annual Meeting each year or even to make ends meet. Medical Record Charities is a fund that was established to sponsor and encourage student participation in MHIMA through the Yvonne Harbert Student Achievement Award and the Scholarship Award.

The Yvonne Harbert Award is an annual achievement award given based on stringent criteria in honor of Yvonne Harbert, RHIA, to an outstanding student in a health information management (HIM) or health information technology (HIT) program. Recipients of this award receive a one-day registration to the annual meeting in May, a certificate of achievement presented at the meeting, and one year's annual dues in AHIMA upon successfully passing their credentialing exam. The Scholarship Award is a \$500 MHIMA scholarship to be used for educational costs such as tuition or books, which is awarded each year, again based on established criteria. Applications are accepted from Michigan students attending accredited HIM and HIT programs for these two awards. These awards are funded by the Medical Records Charities.

There are many ways a member can contribute to this important endeavor. A long-time MHIMA member and strong supporter has challenged all MHIMA members in the July-August FOCUS to annually donate to Medical Records Charities a dollar for every year you have been credentialed.

Was there a special instructor or employer who had a strong impact on you professionally and you want to show your appreciation? Consider making a donation in memory or in honor of that member, instructor, or employer. A card will be sent notifying the individual of your gift in their name. Members can also donate whatever amount they feel comfortable with for any reason, and funds donated to Medical Records Charities are tax deductible.

One large project on the horizon is a silent auction to be held at the MHIMA Annual Meeting at Mission Point in May 2008. Medical Records Charities is looking for donations of items for the silent auction. Suggested items can include gift baskets, quilts, bottles of wine, jewelry, etc. If you are willing to contribute an item, please contact me at amartin@qidtranscription.com. If you are planning on attending the MHIMA Annual Meeting next year, please bring your checkbook and plan on bidding!

Finally, a quilt is being constructed from historic MHIMA logo clothing. If you have MHIMA clothing that has seen better years and are willing to donate it for inclusion in this historic quilt to benefit a great cause, please send it to Marsha Allen, RHIA, at the MHIMA office, 3311 David-Bee Street, Muskegon, MI 49444, no later than November 1, 2008. The quilt will be on display and will be auctioned off as part of the silent auction at the MHIMA Annual Meeting in May.

If you have any questions regarding Medical Records Charities, have further ideas on how to raise funds for such a great cause, or would like to contribute in any other way, please do not hesitate to contact Marsha Allen, RHIA, or myself.

*April Martin, RHIT, CMT
q.i.d. Transcription – 734-498-7901*

HENRY FORD CHANGES GEARS:

How Henry Ford Hospital switched to an electronic process for managing release-of-information (ROI) requests – without having to ask the CFO

When it comes to managing release-of-information (ROI) requests, it can sometimes seem all too easy to stick with the status quo. Some health systems have relied on copy services for so long that it often seems there's no other way of doing things. Others have built their own internal process to suit current needs but haven't planned ahead for when they might need to scale up in the future.

But a new business model called eROI is emerging to leverage the control benefits of handling ROI requests in-house, combined with the automation benefits of using a vendor's software and database.

Comforts of the status quo

Henry Ford Health System is one of the nation's largest healthcare providers. The auto pioneer himself founded it in 1915 to serve Detroit autoworkers. The group has since grown into an integrated health system employing 14,000 full-time workers and handling 2.1 million patient visits a year, including international patients seeking innovative treatments such as robotic technologies to combat prostate cancer.

We receive more than 42,000 ROI requests each year, which equals about 1.6 million copies. The Medical Record Services Department assumes responsibility for all of these requests, no matter where the request is received (whether from a hospital or one of the 30-plus clinic settings). It's always a challenge to get the requests routed appropriately to the department, and while they're en route to the right location, those seeking the information must wait that much longer for acknowledgement of their request. While this situation wasn't ideal, we eventually ramped up employee education efforts and worked with our copy service to achieve a seven-day turnaround time on ROI requests.

We were meeting customers' needs, but not exactly "wowing" them with our service.

Time to try a new approach

In early 2006, I ran into a business contact at the AHIMA (American Health Information Association) national meeting in San Diego. This person was familiar with HIM department operations at HFHHN organization and told me about an eROI process. The ROI Online system from Medical Records Online (MRO) integrates workflow for both paper-based and electronic record systems. The software enables the provider to maintain control of the ROI process while outsourcing the time-consuming "back office" functions. The vendor then remits a percentage of the revenue back to the facility on a monthly basis.

In addition to being the director of medical record services, I also serve as Henry Ford Hospital's privacy and information security officer, so at the time, I was convinced that the eROI approach would require an unacceptable level of access to our electronic records. Nevertheless, I discussed the idea with the IT department, and to my surprise, the system would not only operate well within our firewall, it was also inherently HIPAA compliant.

We began the process of checking references, and everyone that I spoke with discussed their positive experience in dealing with MRO. "You're going to think that I work for them," one HIM director told me as he raved about the eROI service. HIM directors can be a close-knit group, and our reputations are too valuable to say or support things we don't mean. So I was impressed by the feedback I was getting.

We tried to use a traditional selection process by sending out RFPs to evaluate the service against similar competitors, but we couldn't find a company that was comparable to MRO, and I refused to take proposals from companies that would continue to deal in the paper realm. Our copy service requested that they stay on with us as a partner, but they simply couldn't match the eROI vendor's capabilities.

Seamless implementation brings new efficiencies

In November 2006, we ended the contract with our existing copy service and switched to the eROI process. It took only a few weeks to make the full transition, and although the change was immediately obvious to us, it was seamless to our customers.

Now we no longer need to print out electronic medical records for a copy service to mail. We just forward the records electronically to the vendor, who handles request acknowledgement, validation, logging, tracking, requester relations/communications, physical distribution of requested information, billing and collection. They send out the records in whatever format the requester wants, which might be CD-ROM, FTP or Web portal. The whole process is efficient and stays current with today's continually-evolving laws and regulations – particularly with regard to fees.

Since Henry Ford has records going back 90 years, we sometimes have to dig back into our paper archives to fulfill an ROI request. MRO's software allows us to fulfill the electronic component first and catch up a day or two later with a scan of the paper record obtained from storage.

During implementation, trainers from the vendor worked alongside our employees to show them, one-by-one, how to handle new ROI requests. The vendor even picked up the tab for costs left over from the prior vendor in an effort to aid us in the transition.

New concept: revenue from ROI requests

Since implementing the ROI Online solution, we've reduced phone calls from requesters by 50 to 60 percent. Customers (including patients) no longer have to wonder if their request has been received. Some of our top clients – including high-end insurers and records deposition companies – get a personalized Web page to instantly check on the status of ROI requests.

The new system also allows me to establish productivity standards with real-time management reports. What's more, I can view the amount of this new found revenue anytime. In the past, my department frequently paid several thousand dollars each month to the copy service. Today, we're actually bringing in a continual stream of income, even after having to share part of it with the vendor.

The potential for revenue generation, no matter how incremental, is important. The last thing any director wants to do is to ask the CFO for a substantial upfront investment into a new technology. We implemented the eROI solution for the initial cost of the software and a few scanners – expenses so minimal that I didn't even put it into the budget. Upfront costs are being paid for directly out of the new revenues.

We received a return of investment from revenues earned in the first 90 days of implementation. Of all the services and vendors I've worked with over the last 30 years, this experience ranks right up there at the top.

*By Karen Schmidt, Director for Medical Record Services
Henry Ford Hospital and Health Network (HFHHN), Detroit, Michigan*

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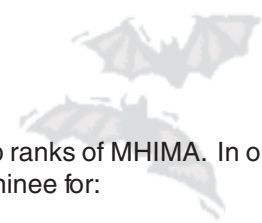
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Traverse City, MI 49684-2386
1.800.713.3206

Attention MHIMA Members We Need You!



The Nominating Committee is asking you to seriously consider becoming more active in the leadership ranks of MHIMA. In order for MHIMA to continue its growth and activities, please consider submitting your name as a possible nominee for:

OFFICERS:

President-Elect: Attend all meetings of the Board of Directors. Maintain liaison with regional associations; appoint the Chair of the Nominating Committee with the approval of the Board of Directors, and to perform such duties as delegated by the President and/or Board of Directors.

Previous MHIMA involvement at Board or Committee level preferred. Must be an AHIMA credentialed member in good standing.

Vice-President: Serve as an aide to the President; assume the duties of the President in his/her absence or inability to serve. Serve as General Chairman of the Convention Arrangements Committee. Previous MHIMA involvement at Board or Committee level preferred. Must be an AHIMA credentialed member in good standing.

Secretary/Treasurer: (2 year term) Attend all meetings of the MHIMA Board of Directors. He/she shall keep informed of all activities of the association; prepare financial reports as requested; serve as Strategy Manager of the Finance Strategy; assist in the development of the proposed budget each year; sign business documents as required; complete payroll responsibilities for Central Office.

Director: (2 year term) Attend all meetings of the Board of Directors and assist in carrying out the business of the Association. Perform such duties as delegated by the President and/or Board of Directors.

Delegate: (2 year term) Represent MHIMA at AHIMA's House of Delegates; serve as an advocate to regional associations. Requires access to e-mail and the Internet, good communication skills, and critical and strategic thinking skills.

AHIMA Nominating Committee: Represent MHIMA on the Ballot for the AHIMA Nominating Committee. Requires some experience with AHIMA to assure knowledge of members nationally who may be selected to run for AHIMA office.

MHIMA Nominating Committee: Represent MHIMA in selecting qualified candidates to run for office in the following year election.

Yes! Yes! I am willing to participate in MHIMA's future!

I would be willing to serve: _____
COMMITTEE / PROJECT

NAME TYPED / PRINTED SIGNATURE DATE

PLACE OF EMPLOYMENT PREFERRED PHONE NUMBER E-MAIL ADDRESS

You may also submit names of any MHIMA active or associate members who would be qualified for project membership:

NAME PHONE NUMBER E-MAIL ADDRESS

NAME PHONE NUMBER E-MAIL ADDRESS

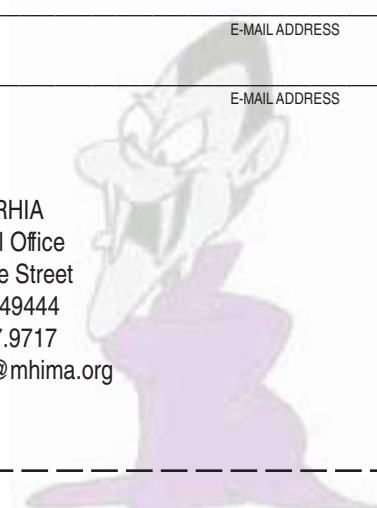
NAME PHONE NUMBER E-MAIL ADDRESS

Please return completed forms by November 1, 2007 to:

Margaret Neterer, MM, RHIA
Chairman, MHIMA Nominating Committee
2827 Brentwood Avenue
East Lansing, MI 48823-4718
Phone 517.332.7155
Email margaret_neterer@comcast.net

or

Marsha Allen, RHIA
MHIMA Central Office
3311 David-Bee Street
Muskegon, MI 49444
Phone 231.767.9717
Email marsha@mhima.org



NEW MEMBERS

Scott Alexander	Grand Ledge
Loen Bertram	Lansing
Michele Binienda	Warren
Donna Bonanni	Sterling Heights
Cheryl Brouillette	Calumet
Deidre Brown	Detroit
Tanesha Butler	Saginaw
Adelia McClendon Cooley	Bloomfield Hills
Donna Corleu	Flint
Velma Cuevas	Detroit
Amber Davidson	Warren
Ramona Dean	Hanover
Marie Dekeyzer	Saint Clair Shores
Debra Dubey	Rockford
Adam Eckert	Morley
Susan Evans	Jerome
Casi Faber	Caledonia
Tina Fields-Holmes	Lansing
Kathryn Fredricks	Grant
Teresa Garrett	Hastings
Michelle Green	Bad Axe
Zella Houston	Detroit
Mary Ingram	Perry
Julie Jones	Nashville
Frances Keigley	Saint Clair Shores
Dawn Kruger	Clinton Township
Courtney Labeau	Byron Center
Martina Lowry	Grand Rapids
Joan Marzolino	Sterling Heights
Maria Michela	Walled Lake
Melanie Mickalich	Hancock
Robin Mohr	Britton
Kelly Noecker	Eaton Rapids
Annette Orman	Traverse City
Darla Ownbey	Indianapolis, IN
Laverne Prater	Grand Rapids
Carla Riemersma	Hudsonville
Kathleen Runkel	Canton
Catrice Taylor	Oak Park
Gloria Theatt	Detroit
Ngoc Tran	Grandville
John Tuffy	Macomb
Izabela Tumalski	Sterling Heights
Tricia Wessels	Reed City
Rosemary Winn	Macomb
Matthew Wolocko	Wyandotte



CCA

Mary Cable	Westland
Krystal Castell	Clyde
Kathleen Davis	Brighton
Janet Gruneisen	Macomb
Loretta Houle	Shelby Township
Julie Jones	Nashville
Susan Keith-Braden	Battle Creek
Julie Steinmetz	Rochester Hills

RHIA

Heather Pohl, RHIA	Big Rapids
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RHIT

Kelly Dunkerley	Canton
Tracey Fredricks	Wayland
Hoda Kecerwan	Dearborn
Dianne Kovach	Allen Park
Vicki McGettigan	Milan
Sara Meyers	Shelby Township
Robin Mohr	Britton
Tracey Pizzino	Dearborn Heights
Amber Reeves	Belding
Karen Reger	Coleman
Deanna Weingarten	Houghton

HEALTH INFORMATION AND TECHNOLOGY WEEK

Remember that November 4 through 10 is Health Information and Technology (HI&T) Week. This annual event recognizes the work of health information management (HIM) professionals who maintain and protect the health information of consumers from coast to coast. Health Information and Technology Week has been sponsored by AHIMA since 1989.

Remember to participate in a special week that celebrates our profession and educates people about its importance. The theme of this year's celebration is "Accuracy You Can Count On, Information You Can Trust," and there is a kit to help you plan your week. To access the planning kit online, visit www.ahima.org/hitweek

Exchange Grants Announced

(continued from page 4)

"We have worked closely with the healthcare industry here in Michigan to apply technology to promote health information exchange and it is very exciting to see our regional partners receiving this grant funding," said Teri Takai, Director of the Michigan Department of Information Technology (MDIT). "We will continue to work to speed the adoption of health information technology so that citizens can reap the benefits and so that the quality of healthcare continues to improve."

The grant funding also funds the creation of the state's Michigan Health Information Network (MiHIN) Resource Center, which assist regional HIE efforts across the state, focusing on daily activities in order to increase the adoption rate and successful implementation of regional HIEs across Michigan, Takai said.


The MiHIN Resource Center will have full-time staff that will coordinate tasks and deliverables to the regional HIEs and MDCH. The Resource Center will be responsible for working with MDCH, other State of Michigan entities and national resources. The Resource Center will provide assistance to regional HIEs including, but not limited to: interpreting legal statutes, representation at state and national levels, identification and promotion of standard policies, procedures for HIE operation, governance, and financing as well as for technological infrastructures and education and awareness about HIE in the state, national initiatives and standards.

The role of the MiHIN Resource Center is to assist regional HIE efforts across the state, focusing on daily activities in order to increase the adoption rate and successful implementation of regional HIEs across Michigan, Olszewski said. The funding of this initiative was first recommended in December 2006 when MDCH released a Michigan Health Information Network (MIHIN) report that outlined a plan to improve the quality, safety and efficiency of health care delivery by accelerating adoption and use of health information technology and health information exchange (HIE).

Granholm then charged MDCH and MDIT with bringing together Michigan's health care and business stakeholders to develop a vision and plan for the future of health information technology and exchange in Michigan.

From MDCH announcement
June 29, 2007

Corporate Members 2007

DATE	CORPORATE NAME/ADDRESS/PHONE	CONTACT PERSON	WEBSITE/EMAIL
7/92	3M Health Information Systems PO Box 206 Metamora, Michigan 48455	Karen Ruehl Account Representative (810) 678-3574	www.mmm.com
7/93	VanBelkum Companies 535 Cascade West Parkway SE Grand Rapids, Michigan 49546	Greg Ingersoll Senior Account Representative (616) 974-8200	www.vanbelkum.com
1/94	Keen Imaging 15959 Kroupa Road Traverse City, Michigan 49686	Karen Lobbs President (231) 223-9474	keenimg@aol.com
3/94	 The Rybar Group, Inc. 1495 Dauner Road Fenton, Michigan 48430-1561	Claudine Hildreth Marketing Director (810) 750-6822	www.therybargroup.com
10/96	Dictaphone, a division of NUANCE 45833 Lathum Drive Novi, Michigan 48374	Duncan Salt Regional VP Enterprise Division (888) 471-3463, 4409	www.nuance.com
8/98	Dolbey and Company 7182 Gateway Park Drive Clarkston, Michigan 48346	Mark Kuenzel Regional Vice President (888) 384-7828, Ext.155	www.dolbeyco.com
3/03	Lubaway, Masten & Co., LTD 27780 Novi Road, Suite 255 Novi, Michigan 48377	Terri McIntosh (248) 347-1416	www.LubawayMasten.com
1/05	Moretti Transcription Solutions 471 W. South Street, Suite 41B Kalamazoo, MI 49007	Jon Moretti Director, New Business Development (269) 343-0118	www.morettigroup.net
2/05	Documentation Solutions, LLC 8623 N. Wayne Road Westland, Michigan 48185	Mary Mills, RHIT, CCS President & CEO (800) 419-6847	www.DocSolutionsLLC.com
2/05	CareTech Solutions, Inc. 901 Wilshire Drive, Suite 100 Troy, Michigan 48084	Leslie Mack Director, HIM (248) 233-3043	www.caretechsolutions.com
3/05	MedQuist, Inc. 1000 Bishops Gate Blvd. Mt. Laurel, Michigan 08054	John Graziano Health Care Sales Director (866) 534-9004	www.medquist.com
1/06	Axolotl 800 El Camino Real West, Suite 270 Mountain View, California 94040	Nicole Spencer (888) 296-5685	www.axolotl.com
2/06	The Rehmann Group 4086 Legacy Parkway Lansing, Michigan 48911	Barbara Szkotnicki, CPC Consultant and Principal (517) 316-2400	www.rehmann.com
3/06	United Transcription 11709 Fruehauf Drive, Suite 126 Charlotte, North Carolina 28273	Kiersten Huth Vice President (704) 688-3708	www.unitedtr.com
11/06	Maxim Health Information Services 25200 Chagrin Blvd., Suite 109 Beachwood, Ohio 44122	Megan Flower General Manager (866) 265-0589	www.maximhealthinformationservices.com
3/07	Craneware, Incorporated 38766 Littlefield Drive Sterling Heights, Michigan 48312	Bill Bollinger Sales Manager (586) 446-9263	www.craneware.com
3/07	AmeriScan Imaging Services, Incorporated 46851 Garfield Road Macomb Township, Michigan 48044	Kevin Serbenski President (586) 532-0022	www.ameriscanimaging.com

Michigan Health Information Management Association

CALENDAR OF EVENTS

DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
9/12/07	William Beaumont, Royal Oak	MHIMA	ICD-9 CM Updates and Coding Round Table	MHIMA	231-767-9717
9/14/07	Ferris, GR Community College	MHIMA	ICD-9 CM Updates and Coding Round Table and Videoconference	MHIMA	231-767-9717
9/21/07	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
10/6-11/07	Philadelphia, Pennsylvania	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
11/16/07	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
1/18/08	MHA, Lansing - Conference Call	MHIMA	Board Meeting	MHIMA	231-767-9717
3/21/07	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
5/18/08	Mission Point, Mackinac Island	MHIMA	Board Meeting	MHIMA	231-767-9717
5/19-21/08	Mission Point, Mackinac Island	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
10/11-16/08	Seattle, Washington	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/13-15/09	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
10/3-8/09	Dallas, Texas	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
9/25-30/10	Orlando, Florida	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org

MHIMA

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Muskegon, MI 49444

POSTMASTER: DATED MATERIAL, PLEASE DELIVER PROMPTLY!