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Michigan Health Information Management Association | American Health Information Management Association®

FOCUS

NEWSLETTER OF THE MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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May/June
2008

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www.mhima.org

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 CAPITOL HILL DAY

On April 8, 2008, Charlie Robinson, RHIT, CCS-P, MHIMA President, and Karen Schmidt, RHIT, CCS, Legislative Liaison, attended AHIMA's Capitol Hill Day in Washington, D.C. Charlie and Karen had numerous topics to discuss with our Michigan legislatures, which are outlined later in this report. However, there were two topics that our MHIMA colleagues focused on when discussing the pressing issues with our legislative representatives. These two topics are the Medicare Recovery Audit Contracts (RACs) and ICD-10-CM. Charlie and Karen met with Health Policy Advisors and Legislative Aides from the offices of Senators Carl Levin and Debbie Stabenow and Congress members Carolyn Kilpatrick, Candice Miller and Sander Levin.

All of the offices that Charlie and Karen met with were very receptive and even more interested in the two topics presented in detail. Four of the five offices requested additional information regarding the financial impact of the RACs audits and the number of denials that were successfully appealed.

We have listed all of the items of interest to AHIMA and our profession below. If you have any questions regarding the meetings held or the topics below, please contact Charlie or Karen.

HR 4105, the "Medicare Recovery Audit Contractor Program Moratorium Act"

The legislation imposes a one-year moratorium on the use of recovery audit contractors (RAC) under the Medicare Integrity Program. It would then require the CMS Administrator to evaluate the program for Congress and also have the Comptroller General report to Congress on the use of recovery audit contractors in the Medicare Integrity Program. The bill was introduced due to the problems raised in the Medicare RAC pilots in California, Florida, and New York that have not been resolved in spite of complaints from these three states and the industry. Medicare plans to expand the RAC program this spring to more states. AHIMA members fear that without an evaluation and resolution of these problems healthcare providers will suffer significant costs due to the administrative problems caused by the current RAC program, and the Medicare program itself.

HR 1467, the "10,000 Trained by 2010 Act"

The legislation authorizes the National Science Foundation to award grants to institutions of higher education for research into workforce, information management and informatics education program development.

Adoption of ICD-10-CM and ICD-10-PCS

The current coding system, ICD-9-CM, was implemented in 1979 and no longer meets the needs for any of its purposes including healthcare reimbursement, quality measurement and public health reporting.

HHS, at the request of the NCVHS, developed the replacements, ICD-10-CM and ICD-10-PCS in the 1990s and have been maintaining them ever since. HHS and CMS are now taking steps for CMS to adopt ICD-10, but HIPAA restrictions could make such a process take over 5 to 6 years. CMS has promised but not delivered a NPRM (Notice of Proposed Rule Making) for such a change.

A bill language developed over the last 3 years would allow adoption and final implementation of the ICD-10 classifications by FY 2012 – October 1, 2011. Such a bill must be passed no later than October 1, 2008.

(Continued on page 2)

MHIMA

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for July/August issue:
June 15, 2008

Please forward articles in hard copy
or on disk to the Editor.

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AHIMA CAPITOL HILL DAY (continued from page 1)

CMS is taking steps to ensure that health care plans and payers will be able to use electronic "maps" to continue to pay claims using ICD-9-CM even when providers will be using ICD-10. This will permit a smoother transition until payers can update their systems.

The longer the US waits to convert to ICD-10 the more expensive the conversion will be especially since healthcare entities are being encouraged to purchase HIT systems that currently do not accommodate the ICD-10 classifications. Vendors are waiting for Congress or the Secretary to act.

Privacy, Confidentiality, and Security of Personal Health Information

We need to build trust in the system and assure consumers that their information will not be used against them.

Federal law is incomplete in scope and depth of protections and states have a wide variation of protections.

Privacy and confidentiality are essential components to foster trust between healthcare consumers and providers.

Legislation must be passed to protect health information records, no matter where they reside.

Privacy and confidentiality protections should be uniform and set a high standard throughout the country.

It is critical to enact legislation to prohibit genetic nondiscrimination in healthcare and employment situations

The Genetic Information Nondiscrimination Act is a good first step for the country to address consumer fears of discrimination through the improper use of health information.

Health Information Infrastructure, Health Information Technology and Electronic Health Records

HR 2406:

Engages NIST (National Institute of Standards & Technology) into the public/private effort to harmonize and certify standards for electronic health records and exchange. Besides reporting on such development, the bill calls for NIST to supply some of the necessary staffing to supplement what is now essentially a volunteer effort.

Provides funding for a study to determine how the US terminology and classifications can be coordinated and facilitated as is similarly done in other countries and provide for official US involvement in international terminology and classification standards.

MHIMA Election Results

Congratulations to the following MHIMA members on being elected to the Board for the Michigan Health Information Management Association for 2008-2009! For your information, the following are the results of all offices:

President-Elect
Vice President
Secretary-Treasurer
Director
Delegate

AHIMA Nominating Comm
Nominating Comm. Chair
Nominating Comm. Members:

Nominating Comm. Alternate:

Karen Schmidt, RHIT, CCS
Rochelle Cooper, MSA, RHIA, CCS
Bonnie Owens, RHIT, CCS
Connie Klein, RHIT, CCS-P
Denise Holstege, RHIT, CCS
Janice Crocker, MSA, RHIA, CCS, CHP, FAHIMA
Margaret Neterer, MM, RHIA
Susan Robledo, RHIT
Mary Mills, RHIT, CCS
Silvia Cantu, RHIT
Kim Buti, RHIA

Please be sure to complete the Willingness to Serve form that has been posted in the last two FOCUS newsletters if you wish to be on the Ballot for 2009-10, or if you wish to participate in a Project. You see who is on the Nominating Committee, so be sure to volunteer if any of them should call you. We can continue to make MHIMA a successful organization with participation from our greatest asset, members.

Ready for Success in Shaping Health Policy-Opportunities in 2008

Presented by Jill Callahan Dennis, JD, RHIA

AHIC 2.0 – The American Health Information Community

- There is transitioning of AHIC into a public-private partnership that can transform the industry through health IT/IM
- The planning and design has started
- Four workgroups have been established to perform the detail work – 3 have been nominated from AHIMA.
 1. Governance
 2. Membership
 3. Sustainability
 4. Transition
- New organization to be formed by the end of this year – great opportunity for AHIMA to get involved.

To Capitalize on the Opportunities to Shape Policy

- We have to be clear on the “message”
- We have to be there
- We have to collaborate well with others, and
- We have to speak up!

Data Standards

- Our messages: The importance of consistency of data and coding; and how standards ensure true interoperability. Also, it's time for ICD 10!
- Some places and ways we deliver that message:
 1. HL7- PHR-S functional model work, Legal EHR-S functional profile
 2. AHIC workgroups – comments on “use cases”
 3. NCVHS – testimony, need for more sensible oversight of classification/terminologies
 4. HITSP – the technical committees we contribute to and monitor
 5. Our work on health information exchange issues (www.staterhio.org)
 6. Capitol Hill – ICD-10, potential action on RAC's
 7. Quality work NQE, Premier QUEST, AHRQ and more

EHR Use

- Our message: HIM must be part of the leadership team in EHR selection, training, implementation and management; the technology must meet a wide range of needs, and we can help.
- Some places and ways we deliver that message
 1. Publicly available practice guides, position statements
 2. FORE research and contract work that shows the value we bring
 3. Our work with standards development organizations
 4. Our work with CCHIT
 5. Member appointments to EHR-related workgroups, committees
 6. Testimony and presentations to the industry and government

Legal EHR (Electronic Content and Record Management)

- Our message: EHR's must meet the legal standards for business records and admissibility; we can translate those standards
- Places and ways we deliver that message:
 1. Third Legal EHR Conference: August in Chicago
 2. HL7 – Legal EHR System Functional Profile balloted, comments now being reconciled
 3. E-discovery resources for the industry – distance education course
 4. Publications, practice briefs and articles

Personal Health Records

- Our message: Help the public and industry understand the role that quality information plays in quality healthcare for the consumer; ensure that PHRs have adequate protection
- Places and ways we deliver that message:
 1. HL7 Personal Health Record System Functional Model – draft standard for trial use
 2. Our position statements
 3. myPHR.com
 4. The Campaign! (Public Service)

Confidentiality, Privacy & Security

- Our message: These are critical elements in the transition to EHRs and health information exchange, and required to build consumer trust. Balancing of interests is required. They are cornerstones of our professional expertise.
- Places and ways we deliver that message:
 1. HITSP Privacy and Security Technical Committee
 2. AHIC Confidentiality, Privacy & Security Workgroup
 3. Nominations to National Governor's Association Task Force on Privacy, Security and Healthcare Practice Issues.
 4. Monitoring the RTI work at state level, HISPC
 5. NCVHS – Testimony
 6. Capitol Hill – Testimony, Presentations
 7. Position statements, practice guides/briefs, publications and workgroups

HIM Workforce

- Our message: To get full value out of EHRs and HIE, skilled HIM professionals are needed to manage the information. We need more, or we risk slowing the rate of successful adoption. We also need an EHR-literate community of “users”, and we have a role to play in building that community.
- Places and ways we deliver that messages:
 1. Testimony on workforce issues to the AHIC EHR workgroup
 2. Joint work with AMIA on workforce needs, competencies
 3. Research, writing, and public relations on workforce
 4. Public position statements

Ongoing opportunities to influence:

- The Joint Commission (comments proposed revisions to standards, etc.)
- The Cooperating Parties on ICD-9-CM (AHA, CMS, NCHS, AHIMA)
- And over 100 other organizations with whom we maintain formal alliance relationships!
- The November Elections – a new President
- Meet the Candidates – share positions with them
- Hill Day in your District - hold one in your own state

Being ready for success required AHIMA leadership, state association leadership and individual member's leadership as well. We can do it if all members work and coordinate together.

From Virtual Team Talks
by Marsha Allen, RHIA

President's Message

I am excited to share that we have had another successful year with MHIMA. Our success could not be possible without the leadership of the Board, Project Chairs, Committee Members and Strategy Leader volunteers and the participation from the MHIMA members.

MHIMA continues to review alternative methods for providing education to our members. This past year, MHIMA videoconferenced the ICD-9 and CPT-4 coding seminars to locations in northern Michigan. In addition, these seminars were recorded on a DVD and disseminated to the members that requested the DVDs. An EHR seminar that was held in Grand Rapids was also recorded and placed on a DVD. We have been able to reach more members with our educational seminars due to these alternative methods.

For the second year in a row MHIMA has received numerous awards from AHIMA regarding our coding roundtables (CDIP). MHIMA received second place for the Coding Roundtable Recognition of Excellence. In addition, MHIMA received honorable mention for both the Coding Leadership and Coding Roundtable Activities.

The finances of the association have continued to be strong in the 2007 – 2008 FY. This is due, in part, by the alternative methods offered for education sessions.

MHIMA has also worked with representatives from the Michigan HISPC (Health Information Security and Privacy Collaboration) project and MiHIN. MHIMA Board members have attended the first annual conference for MiHIN to show support in the organization and to increase the knowledge of implementing HIEs within Michigan.

This year we had the dissolution of the North Central Michigan HIMA. This was a result of low involvement in the area. Individuals in this area are able to join the MMHIMA to attend local/regional seminars.

In April we had representation in Washington, D.C. to discuss with our state leaders the hard-hitting topics of the Medicare Recovery Audit Contracts (RACs) and pushing legislative support for implementation of ICD-10.

The MHIMA Board and volunteers is comprised of numerous professionals from around the state. The diversity of the Board members and volunteers has helped lead our organization in a forward direction. Thinking of yesterday helps, but believing in tomorrow is what we need to keep moving forward.

This year has been an experience of growth, leadership and change. I could not have experienced this opportunity without your belief in my ability to chair the MHIMA Board. With my deepest sincerity, **Thank You** for allowing me this opportunity.



Best Regards,

Charlie M. Robinson, RHIT, CCS-P

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

MHIMA MEMBERSHIP April 2008

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CLASSIFICATION	MEMBERSHIP		CHANGE
	2-11-08	2-11-08	
Active RHIT/RHIA/CCS CCS-P/CCA/CHP	1690	1677	+13
Active Senior	38	38	-
Associate (eliminated)	-	-	-
Student	496	548	+52
Graduate	131	146	+15
Honorary	2	2	-
Corporate	13	13	-
	2370	2424	+54
Certified Nonmembers	923	954	+31*

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.

Vision 2016: A Blueprint for Quality Education in Health Information Management 2008 AHIMA Action Priorities

The AHIMA Call to Action is needed to grow the increased numbers of highly specialized HIM professionals needed for the near future and beyond, new strategies are needed to provide:

- Accessible, high-quality formal education in HIM at associate, baccalaureate, and master's degree levels
- Enough educators to support HIM academic program growth
- Continuing professional development for each AHIMA member

The AHIMA 2008 Action priorities are:

1. Work has begun on two employer surveys – (1) a needs assessment and marketability validation of baccalaureate and master's degreed HIM professionals and (2) a needs assessment and marketability of associate degreed coders and other HIM specialties.
2. The Council on Certification is examining the Standards and other HM specialties.
3. Develop an effective communication strategy to build support from academic programs and the institutions in which they reside, as well as the healthcare industry – to embrace the various academic levels of HIM professionals in the workplace.
4. Increase collaboration with industry (vendors, facilities, associations, government) to educate the healthcare workforce today as well as in the classroom for graduates of the future. Seek funding sources to create community models linking academic programs and employers.
5. Raise the visibility of higher education and faculty status in HIM through such initiatives as ACE, national convention, research and other venues to enhance recruitment and development of new faculty who are essential to accomplish growth of the HIM profession at the graduate level, as well as sustain and grow HIM programs at the associate and baccalaureate levels.
6. Ensure external brand marketing of HIM academic programs and HIM professionals as key to the e-HIM future.
7. AHIMA is exploring partnerships with academic institutions specializing in teacher education to offer a package of courses to train new HIM faculty to lead education reform.
8. Fund development of an online course resource system called CourseShare to support HIM educators as a collaboration of Education, Publications, and Distance Education offerings.

AHIMA would like input if there are any items in the suggested action steps that should be considered for 2009. Other input they are looking for: How do we influence the next generation to seek HIM careers? How do we influence the next generation of HIM graduates to seek masters and doctoral education? How would an associate's degree help the professional coder of the future? What motivators can be used to coax practitioners to become educators? If you have any suggestions, please forward them to Benjamin.reed@ahima.org.

There was an update on the Bylaw Amendment for Accreditation Standards. The new masters standards were posted for public comment on March 17th on the State Leader and House of Delegate website. There is a 60 day comment period. Input is being sought from all key stakeholder, which include educational programs in each state, potential Master's programs in each state, member and any other interested parties.

2008 MA Key Initiatives

Improved Communications

- New profile update on ahima.org – Launch in March
- New section to ahima.org offers expanded links and resources – visit http://www.ahima.org/emerging_issues or click on “HIM Resources” tab and “Emerging Issues” page. Under each category, there is a separate page with links to other resources including: definitions of each area, industry activities, AHIMA resources and other resources and links. This is to help members start a search.
 1. E-HIM, Electronic Records and Legal HER
 2. Personal Health Records
 3. Health Information Exchange
 4. Privacy, Security and Confidentiality
 5. Clinical Terminologies and Vocabularies
 6. Coding, Reimbursement and ICD-10
 7. Data Quality & Data Content Standards
 8. Compliance, Regulations and Accreditation
 9. Continuum of Care
- e-Newsletters – Education is a new one. Under consideration for newsletters are coding, long term care and volunteer.
- Blogs, Wikis, Podcasts, and other new technologies to improve communication.
- Brand Initiative – integrated branding, updated trade show graphics which are recognizable in the market. An awareness campaign will be launched 2nd quarter. It is the “I” campaign. It will highlight Association volunteers.
- Membership Growth – new resources -
 1. Standard Register has offered a web-based production tool to help create flyers, and allow emailing of these. This will help CSA's become more consistent with communication and is resource efficient.
 2. There will be a membership development manager position created in March to support existing and new programs.
 3. There will be other new programs introduced throughout 2008 – the goal is to grow the membership through improved retention and new recruitment activities.
- Workforce – Spread the Word
 1. What: In 2006, more than 13,000 HIM professionals participated in the first AHIMA salary study leading to the most comprehensive information to date related to industry compensation. -2008= Round two
 2. When: In April 2008, the survey will be conducted to: Identify trends in compensation and provide detailed salary data by title, setting, credential, education and geography (zip codes included).
 3. How to Help: Success is dependent on the depth of the data set. Participation is the key and getting the word out via email, CoP messages, newsletters, meetings to encourage participation.



(Continued on page 6)

WINTER TEAM TALKS

Certification Program Development (RHIA Eligibility) Expansion of RHIA Exam Eligibility Criteria

In response to the projected shortage of HIM professionals, AHIMA presented two proposals at Winter Team Talks. One of the proposals related to increasing the number of individuals who could sit for the RHIA certification.

A proposal was developed by the Council on Certification to address the gap. This proposal would expand the RHIA Exam Eligibility Criteria to allow additional individuals to sit for the RHIA exam. The criteria expansion would include the HIM workforce with individuals that:

1. Work in the HIM domain
2. Have demonstrated experience in the field
3. Consider the RHIA credential of great professional value.

An action plan was developed and includes the following:

- Council on Certification COMPLETED
 - Write proposal for consideration by the Board, the Education Strategy Committee, and CSA Leadership
- Education Strategy Committee
 - Evaluate impact on academic programs & provide feedback
- CSA Leadership
 - Discuss and consider for implementation in 2008
 - Take back to constituents for their input

Timeline: Will be presented to the House of Delegates at the annual meeting in Seattle October 2008.

Carol Jennings, RHIA, FAHIMA Delegate

VISION 2016: A BLUEPRINT FOR QUALITY EDUCATION

(continued from page 5)

- Workforce Development
 1. CourseShare for Educators – online database of resources organized by competencies – summer launch.
 2. Virtual Lab Expansion – 112 schools and 1500 students – new chart analysis/data analysis – V-lab in a distance education class
 3. “User” Competencies – Developed by AHIMA and AMIA – Leadership opportunity.
- Provide Practice Resources
 1. e-HIM® work groups in 2008 - Medical Identity Theft – Security Schema – Electronic Content and Records Management (ECRM) and Health IM and IT – working together.
 2. Standard practice for Release of Information for Continuity of Care
 3. Tools for levels of EHR adoption.
- Professional Development – Legal HER
 1. Legal Health Record Summit planned for August in Chicago, IL – Book also available as a resource.
 2. Legal Health Record Workshop planned for November in Las Vegas, NV – Book also available as a resource.
 3. Defining and Maintaining the Legal health Record – April 22, 2008 - Audioconference
 4. The Legal Hold Process – August 12, 2008 – Audioconference
- Professional Development Revenue Cycle Management
 1. Optimizing the Revenue Cycle Through HIM – March 5 & 6, Nashville, TN – Books also available as a resource
 2. Coding Regional Meetings – Colorado, Virginia, South Carolina, Utah and Nevada – Books also available as a resource
 3. Multiple audio conferences – Effective Coding Under MS-DRG’s, Present on Admission Reporting, Update on RAC Audits – May 8, 2008, Managing the CMI under MS-DRGs: May 15, 2008 and POA and DRG Methodologies: August 21, 2008.
- Professional Development – Advanced Skills and Leadership
 1. Advanced HIM Issues for Managing and Using EHR’s – Chicago, IL March
 2. Renaissance for the 21st Century: Leading the Change to e-HIM® - Chicago, IL March and November
 3. Project Management Institute – Chicago, IL May
 4. Executive Skills Institute – Chicago, IL July – for those interested in ACE and developing skills
 5. FORE Research Training Institute – Duluth, MN August
- Professional Development – Alternate Settings
 1. Health IM: Physician Practice Institute – Chicago, IL – April
 2. LTC Health Information Technology Summit – Baltimore, MN – June – Books also available as a resource.
 3. Multiple Fast Facts Audio Seminars – Advanced Beneficiary Notice, Claims Rejection and Appeals Process, Correct Coding Initiative and Medical Necessity
- Professional Development – AHIMA Convention & Exhibits – Seattle – October 11-16, 2008

From Virtual Team Talks – submitted by Marsha Allen, RHIA

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2008 Distinguished Member



Sally J. Rynberg, MSA, RHIA

Revenue Management Consultant, Trinity Health

AHIMA: Presentation on Data Standards at 2006 Annual Convention. She has served MHIMA as the Geographic Michigan CoP Facilitator since 2006 and previously as Delegate.

MHIMA: She is currently a member of the Convention Arrangements Committee; President/Delegate 2005-'07; Past President Director/Delegate 2006-'07; President Elect 2004-'05; Director 1993-'95; Project Manager, Data Definitions Task Force 2002-'04; Member Distinguished Member Award Committee 2002-'03; Co-Chair Utilization Management Section 1987-'88; 1991-'92; Chair Bylaws Committee; 1989-'90; Project Manager, Public Relations 1991-92; Convention Arrangements Committee, 2007-'08, 2003 and 1987; Project Manager, Yvonne Harbert Student Achievement Award 1992-'93. She has also represented MHIMA at the AHIMA Winter and Summer Team Talks 2005-'07. Prepared and taped EHR presentation for MHIMA and compiled statistics for the CSA Balanced Score Card for 2005-'08. She has also presented data standards seminars and Internet materials for members.

SWMHIMA as Past President Director, 1988; President 1987; President Elect 1986; and Secretary 1985.

Sally has made outstanding professional contributions at the regional, state, and national level.



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LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Effective April 1, 2008

CONSUMER PRICE INDEX INCREASE OF MEDICAL RECORDS ACCESS ACT FEES

Subsection 1 of Section 9 of Public Act 47 of 2004 (MCL § 333.26269), states the following:

(1) Except as otherwise provided in this section, if a patient or his or her authorized representative makes a request for a copy of all or part of his or her medical record under section 5, the health care provider, health facility, or medical records company to which the request is directed may charge the patient or his or her authorized representative a fee that is not more than the following amounts:

- (a) An initial fee of \$20.00 per request for a copy of the record.
- (b) Paper copies as follows:
 - (i) One dollar per page for the first 20 pages.
 - (ii) Fifty cents per page for pages 21 through 50.
 - (iii) Twenty cents for pages 51 and over.

A 'patient', as defined by this rule, shall not be charged an initial fee [see (1) (a) above] for his or her medical record. (333.26269(5)). However, a patient can be charged the other permitted fees for his or her medical record.

Subsection 6 of Section 9 of Public Act 47 of 2004 (MCL § 333.26269), states the following:

(6) Beginning 2 years after the effective date of this act, the department of community health shall adjust on an annual basis the fees prescribed by subsection (1) by an amount determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit consumer price index.

Pursuant to the above requirements, I, Janet Olszewski, Director of the Michigan Department of Community Health recognize the State Treasurer's certification of the annual percentage increase in the Detroit consumer price index for the 2008 calendar year of 1.8%. The increased maximum charges are as follows:

Year	Initial Fee (333.26269(1)(a))	Per page for the first 20 pages (333.26269(1)(b)(i))	Per page from paged 21-50 (333.26269(1)(b)(ii))	Per page for pages 51+ (333.26269(1)(b)(iii))
04/01/06 – 03/31/07	\$20.58	\$1.03	\$.51	\$.21
04/01/07 – 03/31/08	\$21.20	\$1.06	\$.53	\$.22
04/01/08 - 03/31/09	\$21.58	\$1.08	\$.54	\$.22

_____/s/
Janet Olszewski, Director

April 1, 2008

For questions concerning the consumer price index increase of medical records access act fees, please contact Mary Greco, Legal Affairs Specialist at (517) 373-3772.

ST. MARY'S OF MICHIGAN (Saginaw, MI) for HEALTH INFORMATION MANAGEMENT (HIMS) DIRECTOR

On behalf of St. Mary's of Michigan, a member of Ascension Health, we invite qualified professionals to interview for the position of **HEALTH INFORMATION MANAGEMENT DIRECTOR**.

Based in Saginaw, Michigan, St. Mary's Medical Center is a 268 bed not-for-profit community hospital that generates revenues in excess of \$380 million and employs over 2,500 people. In addition to acute, critical access, ambulatory and skilled nursing care, they deliver a continuum of nationally recognized specialty services including neuro, cardiac care, cancer, burn and trauma.

A member of Ascension Health, the nation's largest Catholic not-for-profit health system which has more than 105,000 associates serving 20 states.

This position carries the leadership responsibility of the operations and team of professionals involved in the Health Information Management Department, including coding and transcription.

Strong leadership, organizational and communication skills and a team focused and empowered management style is vital to the success of the selected candidate.

This position requires a minimum of two years of previous management experience in a HIM department. A bachelor's degree and RHIA, or RHIT credentials preferred.

If you or a colleague would like additional information about these and other opportunities, please contact me at the address below. All contacts and correspondence will be kept strictly confidential.

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PROPOSED CREDENTIAL IN "HEALTH DATA ANALYTICS"

From AHIMA Winter Team Talks, April 2008

There is consideration currently underway of a new credential intended to recognize and distinguish individuals who analyze and interpret health data as a primary responsibility. Because this function applies to the entire spectrum of care delivery and non-provider settings, this certification will be designed to incorporate competencies that are transferable and relevant to multiple job settings as well as to validate mastery skills as opposed to minimum competence. This is similar in type to the CHPS (Certification in Healthcare Privacy and Security).

Last year at the HOD (House of Delegates) meeting in Philadelphia, input was requested on the subject of developing additional credentials, specifically on a specialty credential in health data analytics. Since Philadelphia, AHIMA's COC (Council on Certification) has determined initial eligibility criteria and has formulated a program description. A job analysis study was performed. This study is always a critical component to exam development because it defines the scope of practice and the skills and knowledge required to demonstrate competence. This particular certification program will be designed to draw from a wide variety of settings. It will also be designed to focus on a skill set - analyzing and interpreting data - that can be applied to a variety of subjects such as claims data, clinical quality data and financial data.

Initial eligibility criteria established was that the individual must have a Baccalaur eate degree (non-HIM) as well as work related experience. In regards to the exam development time frame, planning and data collection is expected to continue through July with an exam blueprint in August. The exam blueprint defines the competency areas, the proportion of questions in each area, and the number of items on the exam.

It is yet undecided when motion for this new credential will be brought before the delegates for a vote. It will either be late summer or in the fall at the annual HOD meeting in October.

Your input is needed now to assist Michigan delegates on how to vote with this proposal. You are urged to visit the COPs (Communities of Practice) on the AHIMA web site to learn more as well as to glean others opinions which may help you in making an informed decision.



*Rita Montague, RHIT, CTR
MHIMA Delegate*

“CAHIIM” APPROVED

from Winter Team Talks – Washington DC

What does this mean for HIM professionals?

Vision 2016: A Blueprint for Quality Education in Health Information Management:

(History) This bylaw amendment stems from concerns raised by the US Department of Education and by CHEA. The actual Standards by which a college program is judged for accreditation, must be under the jurisdiction and final approval of the accrediting body (e.g., CAHIIM) who follow nationally accepted guidelines for the construction of such Standards.

(Change in process & Why) CAHIIM must establish accreditation standards for HIM baccalaureate and associate degrees without a final approval from the House Of Delegates (HOD) to be eligible for CHEA recognition. Thus it is necessary to transfer final authority for approval of the standards for the HIM baccalaureate and associate degree from the HOD to CAHIIM.

(Result) With CAHIIM accreditation the public, students, employers are assured we have accredited programs that met essential standards and teach the competencies necessary for graduates to be successful HIM professionals.

Three key priorities by 2016:

- A. Transformation HIM to a graduate level (e.g., develop a masters degree program).
- B. Realign the HIM associate degree with workforce needs.
- C. Establishment of an effective and efficient HIM program with qualified faculty and educators.
 - Ensure curricula in the domains, subdomains and tasks covers the new skills and technology required for existing and evolving HIM roles.

Thus the responsibility of the educational standards is removed from the HOD and an amendment has been made to the AHIMA Bylaws.

*Melody Czapski, RHIT, CHCC, CCS-P
MHIMA Delegate*

IT'S 'HI' TIME, AMERICA

AHIMA has renewed and enhanced the Personal Health Record (PHR) consumer awareness campaign. AHIMA conducted a survey with PHR Coordinators and Presenters to determine what, if anything could be done to improve the PHR campaign. AHIMA received a strong response indicating these top three items:

- Presentation needed to be updated
- Presenters needed more flexibility
- Presentation needed to be more “presenter-friendly”

AHIMA updated the power point presentation to allow the presenters more flexibility with the options such as allowing the presentation to be presented in 10, 15 or 20 minutes. This helps to present the PHR material in short increments when the PHR presenters are given time constraints. AHIMA Public Relations provides Presenter support online and by telephone during regular AHIMA business hours. AHIMA has opened the channels for communication as well as the overall content of the campaign.

During the first week of kicking off the new PHR campaign Linda Kloss, AHIMA CEO, did 10 radio interviews reaching 150,000 listeners in 23 cities. Nearly 100 newspapers and online media plus 243 radio stations have also pick up the story. Within 24 hours of the campaign's launch, web site traffic more than tripled with reaching a one month high of 93,000 hits.

AHIMA has also developed numerous PHR promotional products. If you are interested in starting your own PHR please visit www.myPHR.com and begin the process of creating your PHR. For further information on MHIMA's role in the PHR campaign please contact Margaret Neterer, RHIA the MHIMA Community Education Coordinator office at my_mi_phr@comcast.net.

Charlie Robinson, RHIT, CCS-P, President/Delegate MHIMA

SILENT AUCTION

for Michigan Medical Record Charities Scholarship Program

Be sure to check out all of the items for the Michigan Medical Record Charities Scholarship Fund in the Silent Auction booth in the Sound Stage. There are many great items to bid on, while contributing to scholarships for students in the health information programs in Michigan.

TREASURER'S REPORT

Total MHIMA Assets

FEBRUARY 27, 2008

\$109,928.05

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sometimes you make the decision right.

- DR. PHIL

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 Linda Booth Cedar Springs
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 Lauren Jensen Grand Rapids
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 Cindy Miller Vermontville
 Sandra Neil Charlevoix
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 Marcine Washington Flint
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 Lindsay Wolters Zeeland
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 Teresa Wrubel Caseville
 Youa Xiong Warren

Congratulations!

The following
members have passed
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 Michele Hosu Macomb
 Venus Lambdin Union
 Lois Lanning Canton
 Sheryl Lyczkowski Temperance
 Bridget Neynaber Clarkston

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 Alicia Lee Hastings
 D. Rogers Richmond

CCS-P

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 Teresa Swartout Northville
 Amber Williams Clinton Township
 Jennifer Withey Williamston
 Dawn Wyatt Clinton Township

*Deepest sympathy is extended to
Belinda Wiegand, R.H.I.A. in the
loss of her mother, Jean Mullen, on
February 23, 2008.*

Corporate Members 2008

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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 6592 Braemer Avenue South Noblesville, Indiana 46062	Curt Bragg Regional Sales Manager (888) 471-3463	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	CareTech Solutions, Inc. 901 Wilshire Drive, Suite 100 Troy, Michigan 48084	Leslie Mack Director, HIM (248) 233-3043	www.caretechsolutions.com
1/06	Axolotl 160 W. Santa Clara Street San Jose, California 95113	Sara Allstot Marketing Communications (888) 296-5685	www.axolotl.com
3/06	United Transcription 11709 Fruehauf Drive, Suite 126 Charlotte, North Carolina 28273	Kiersten Huth Vice President (704) 688-3708	www.unitedtr.com
1/08	The Whittaker Group Healthcare Search Consultants 1876 Westbourne Court, Suite 102b Chelsea, Michigan 48118	Michelle Whittaker-McCracken Healthcare Managing Partner (734) 475-9300	www.wgsearch.com
3/07	MedPlus, Incorporated 4690 Parkway Drive Cincinnati, Ohio 45040	Vicki Joyce Marketing Events Coordinator (800) 444-6235	www.medplus.com



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Michigan Health Information Management Association

CALENDAR OF EVENTS

DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
5/16/08	Conference Call	MHIMA	Board Meeting	MHIMA	231-767-9717
5/19-21/08	Mission Point, Mackinac Island	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
6/18/08	Davenport, Saginaw	MHIMA	Identity Theft: Manager Hot Topic	MHIMA	231-767-9717
7/18/08	Wyndham Hotel, Chicago	AHIMA	Summer Team Talks	AHIMA	www.ahima.org
7/19-20/08	Wyndham Hotel, Chicago	AHIMA	Leadership Conference	AHIMA	www.ahima.org
7/20/08	Wyndham Hotel, Chicago	AHIMA	Coding Round Table Summit	AHIMA	www.ahima.org
7/25/08	MHA, Lansing	MHIMA	Board Meeting/Leadership Conference	MHIMA	231-767-9717
9/19/08	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
10/11-16/08	Seattle, Washington	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
11/21/08	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
1/23/09	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
3/20/09	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
5/12/09	Soaring Eagle, Mt. Pleasant	MHIMA	Board Meeting	MHIMA	231-767-9717
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
5/12-14/10	Marriott, Troy	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
9/25-30/10	Orlando, Florida	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/11-13/11	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717

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