

## IN THIS ISSUE

### September/October 2011

Leadership Conference Minutes	
Summer Team Talks Updates . . . . .	1-8
New Members . . . . .	9
President's Message . . . . .	9
Baker College Updates . . . . .	9
MHIMA Wins Award . . . . .	9
Congratulations Passed Exams . . . . .	10
Treasurer's Report . . . . .	10
Attention MHIMA Member We Need You . . . . .	11
Sympathy . . . . .	13
HI & T Week Planning Kit Now Available . . . . .	13
2011-2012 ICD 9 CM Updates And Coding Round Table . . . . .	13
ICD 10 CM/PCS Seminars Planned . . . . .	13
New Team Assignments . . . . .	13
Corporate Members . . . . .	14
Membership Report . . . . .	14
MHIMA Board Of Directors 2010-2011 . . . . .	15
Calendar Of Events . . . . .	16

VISIT US ON THE WEB AT [WWW.MHIMA.ORG](http://WWW.MHIMA.ORG)

## *Leadership Conference Minutes Summer Team Talks Updates July 22, 2011- Lansing, Michigan*

Marsha Allen, RHIA

Prior to the meeting all attending enjoyed networking and a continental breakfast. The Meeting started at 9:25 AM with President, Sheila Bowlds, MBA, RHIA asking attendees to tell everyone about themselves as a way of introduction to include current position with MHIMA, HIM Program or Regional Association, current job position and an interesting fact others may not know. The group participated in an ice breaker which included completing a paper labeled "Mental Agility Test". All were asked to read the instructions and complete the form and a time limit of 90 seconds was given. If instructions were completely read first, only the first 2 items needed to be completed. It started the meeting off with fun.

The following were attending the meeting:

- Patty Vander Hoff, CCA is the Program Director for Sanford Brown in Grand Rapids and the SW MHIMA President.
- Renee DeBlois is the MHIMA President Elect and a Revenue Cycle Manager for Anthelio Healthcare Solutions, Inc.
- Kitty Kremer, BA, RHIT is an MHIMA Delegate, an Executive Coding Consultant for Anthelio Healthcare Solutions, Inc. and an AHIMA Certified ICD 10 CM/PCS trainer.
- Shari Alder, RHIA is the new HIT Program Director at Baker College Allen Park.
- Janna Pacey, MCTE, RHIA is an Instructor and Program Advisor at Ferris State University in Grand Rapids.
- Amy Savage, MAT, RHIA, CCS is an MHIMA Director and the Associate Dean in Health Sciences and System Program Coordinator HIT for Baker College of Flint.
- Catherine Ward, RHIA is the Health Science Coordinator for the HIT Program for Baker College of Flint
- Sandra Routhier is the HIM Director at War Memorial Hospital in Sault Sainte Marie and President of the UPMHIMA.
- T.J. Hunt is the Program Director Davenport Saginaw and a Board member of MIDMHIMA.
- Sandra Huyck, RHIT, CCS-P is an MHIMA Delegate and a coder at Beaumont Health System.
- Rochelle Cooper, RHIA, CCS is the Director of Education & Coding Compliance for Beaumont Health System and the MHIMA ICD 10 Project Manager.
- Michael Rant, RHIA is the Manager of Quality, Risk & Corporate Compliance for Mobile Medical Response Inc. and the MHIMA Project Manager for MyPHR.
- Christi Beck, RHIT is the HIT Program Director at Mid Michigan Community College.
- Ginny Pitts, RHIA, RN is the Quality Manager at LifeCircles PACE, the MHIMA Education Project Manager, and a Member of the MHIMA Arrangements Committee.
- Karen Cole, RHIT, CCS-P is a consultant for Coding Compliance Solutions, Inc. and is an MHIMA Delegate, a member of the Convention Arrangements Committee, and a member of the CDIP Project.
- Melody Czapski, RHIT, CCS-P is the MHIMA Vice President and MHIMA CoP Facilitator.
- Marsha Allen, RHIA is the Central Office Coordinator for MHIMA.
- Karen Schmidt, RHIT, CCS-P is the Director of HIM at Henry Ford Health System and is a member of the Legislative Project and has been involved in legislation to create copy fees, medical record access, and record retention in Michigan.
- Tammy Bird, RHIA is the Manager of HIM at Henry Ford Health System and the MHIMA Legislative Project Manager.

## 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

# MHIMA

## Publication Staff

Peggy Chapo, MS, RHIA, Editor  
Marsha Allen, RHIA, Advertising

**Deadline**  
for November/December 2011 issue:  
October 15, 2011

**Please forward articles in hard copy  
or electronically to the Editor.**

**For issues concerning MHIMA contact:**

### President

Sheila Bowlds, MBA, RHIA  
Email: sbowlds@beaumont.edu

### Central Office

Marsha Allen, RHIA  
MHIMA  
3311 David Bee Street  
Muskegon, Michigan 49444  
Phone: 231.767.9717  
Fax: 231.767.2557  
Email: marsha@mhima.org

### Publication

Peggy Chapo, MS, RHIA  
Botsford Hospital  
869 Burlington Road  
Canton, Michigan 48188  
Phone: 248.471.8180  
Fax: 248.471.8508  
Email: pchapo@botsford.org

### Advertisement Information

Marsha Allen, RHIA  
3311 David Bee Street  
Muskegon, Michigan 49444  
Phone: 231.767.9717  
Fax: 231.767.2557  
Email: marsha@mhima.org

### Important numbers to know:

AHIMA: 312.233.1100  
AHIMA Washington Fax: 202.296.9480  
JCAHO: 630.792.5000  
AMA: 312.464.4737

### Printing and Design by:

**Great Lakes Printing Solutions, Inc.**  
5163 Robert Hunter Drive  
Muskegon, Michigan 49441-6547  
Phone: 231.798.7931  
Email: artdepartment@glpsi.com

CONTINUED FROM PAGE 1

Sheila Bowlds, MBA, RHIA is the Director of Corporate Coding at Beaumont Health System, the President of MHIMA, MHIMA Delegate and Project Manager of CDIP.

Karen Gregg, RHIA is HIM Manager at HealthSource Saginaw, and MHIMA Director joined via conference call.

Jody Scheller, MS, RHIA is the HIT Program Director at Schoolcraft College joined via conference call.

Nancy Walker, MS, RHIA is the Director, Quality Health Record and Clinical Operations Improvement for Trinity Health and the MHIMA E-him Project Manager joined via conference call.

S. Bowlds then asked for volunteers from the Delegates for Advocacy Assignments to the regional associations. The following assignments were made:

MidMHIMA	Katherine Kremer, RHIT
UPMHIMASheila Bowlds, MBA, RHIA	
Michiana	Chris McCann, MPA, RHIA
SWMHIMA	Karen Cole, RHIT, CCS-P
SEMHIMA	Sandra Huyck, RHIT, CCS-P



### AHIMA Summer Team Talks Update

S. Bowlds referred everyone to the AHIMA bylaws update comparison document in the packet. The bylaws needed to be modernized to strategically align all AHIMA entities and divisions to deliver member value, increase agility, incorporate association best practices and comply with the evolution of corporate and tax law at both the federal state levels. There are also some inconsistencies and inaccuracies in the current AHIMA bylaws that need to reflect current practice. She reviewed the pertinent changes; many changes in articles to location of the citations and streamlines and clarifies existing language, clarifies the right of the Board to deny or terminate membership under appropriate circumstances, elaborates and clarifies rights of members, provides for creation of a new Emeritus status to allow for longstanding members who wish to stay informed but no longer wish to be active members (will eliminate Senior member), sets size of Board at 12 Directors; 8 at-large Directors and 4 ex officio Directors (President and Chair, President and Chair-elect, while assigning title of Chief Executive Officer to the chief staff executive - currently called Executive Director, Removes Secretary and Treasurer duties from Executive Director where currently housed and moves election of Secretary and Treasurer to the Board of Directors, Clarifies roles of the Board and the House of Delegates, retains current structure of the House of Delegates, creates new office of Speaker of the House of Delegates as principal spokesperson and Board liaison for HOD with rights as a voting member of the Board, sets forth more detailed process for establishing committees, formally establishes diversity as a core value of AHIMA, add affiliate information which is not in current bylaws, all existing articles regarding CAHIIM have been removed and sent to their own bylaws, add article for integrated commissions, advisory bodies and non-board committees, add article to set forth purposes, powers and duties, composition and election, and governance of CCHIIM and requires that AHIMA supply 40% of CCHIIM members through election by AHIMA members.

S. Bowlds mentioned that there are some revisions being made to the AHIMA Code of Ethics which only change the wording not the content. They include:

- Developed a more concise Preamble.
- Strengthened the purposes by adding the first bullet and separating bullets
- Removed the Values section referencing the AHIMA Mission, Vision, and Values and added a "Hyperlink to the AHIMA Mission, Vision, and Values" under Purpose of the American Health Information Management Association Code of Ethics
- Clarified individuals the Code pertains to AHIMA members and certificants based on relationship to CCHIIM
- Reordered the principles and guidelines so these are more prominent. Added a link to the principles if members would like to view these only.
- Updated language to incorporate changes in healthcare and association management as well as technology.
- Strengthened language based on recent ethics violations and inquiries that have come before the committee.
- Strengthened guidelines for principles III, IV, VI, VIII, X, and XI by wording changes or adding guidelines.
- Moved the Use of the Code section to the end of the document.
- Updated references.

S. Bowlds then reviewed the Commissions and Foundations handout information.

The Affiliate Coordinating Council (ACC) Charter was reviewed. The purpose of this council is to serve as a high level collaborative for strategic alignment of current, and potentially future, affiliates and partners of AHIMA to come together on common ground. There are members on the Council from AHIMA, AHIMA Foundation, CAHIIM, CCHIIM, and the Education Community represented by ESC and the VP of Education.

1. To discuss high impact issues to the AHIMA organization as a whole, and to determine common action to address these issues. These issues include national policy and programs as well as other initiatives with an impact on health information.
2. To share information about individual affiliates' strategies, programs and plans so as to assure ongoing alignment, coordination and feasible cooperative action.
3. To identify opportunities to leverage each other.
4. To conceive symbiotic programs and determine these programs' cooperative implementation action related to common or complementary mission elements.
5. Add emphasis based on benefit of multiple perspectives to the work of an affiliate.

S. Bowlds then discussed the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) whose mission is "Advancing the Value of Health Informatics and Information Management through Quality Education". CAHIIM accredits associate and baccalaureate degree programs in health information management, and masters' degree programs in health informatics and health information management professions in the US and Puerto Rico. CAHIIM's Mission - to serve the public interest by:

- Establishing and enforcing Standards for HIM and HI educational programs;
- Recognizing through accreditation programs that meet the Standards;
- Assessing learning outcomes;



CONTINUED ON PAGE 3

- Encouraging educational innovation and diversity;
- Recognizing autonomy of academic institutions;
- Emphasizing the principle of volunteer, peer review; and
- Embracing a culture of continuous quality improvement

## CAHIIM Statistics

- Accredited programs (288)
  - 228 associate degree
  - 54 baccalaureate degree
  - 6 master's degree (1- health informatics; 5 MHIM)
- 15 site visits (June-July); teams of 2 Panel volunteers + 1 staff
  - 1 masters in HIM (Temple); 14 associate degree programs
- 36 programs in Candidacy completing self-studies:
  - (including 2 master's degree programs; 4 BS; 30 AS programs)
- 30 programs in Application phase
  - (including 4 master's degree programs)

S. Bowlds presented information on the Commission on Certification for Health Informatics and Information Management (CCHIIM). Mission: Through certification, CCHIIM assures the competency of professionals practicing health informatics and information management worldwide. Vision: Professional excellence in health informatics and information management through certification. The following are CCHIIM goals and accomplishments:

**Goal 1 - Recertification** - Further development and deployment of the "enhancement" component of recertification (as opposed to certification maintenance)

**Major accomplishments to date:**

- Began redesign of CEU Center to be launched in Fall 2011 including automation of CEUs purchased through AHIMA
- Continued implementation of new recertification policy with inactive and revoked statuses

**Goal 2 - New Credentials Strategy/Implementation** - Consideration(s) for developing / deploying any new specialty credentials, including those suggested in VISION 2016; revising existing specialty credentials (CHPS, CHDA) to ensure future growth; new specialty credential in Clinical Documentation Improvement

**Major accomplishments to date:**

- The sub-group completed benchmarking to help provide some guidelines for new eligibility requirements for the CHPS and CHDA
- CDI Job Analysis Meeting on May 12th-13th with 19 subject matter experts
- CDI pilot and final surveys have been complete, analysis is in process

**Goal 3 - Pursuit of 3rd Party Accreditation** - Compile and submit applications for CCS and CCSP exams in 2011; determine if/how/when CHDA and CHPS can be submitted for NCCA accreditation consideration; begin discussion on pursuing ANSI accreditation.

**Major accomplishments to date:**

- Achieved NCCA accreditation for RHIT and RHIA certification programs in May, 2011
- Submitted applications to NCCA for accreditation consideration for CCS and CCS-P certification programs in April, 2011

**Goal 4 - Coding: Career Ladder/Stages of Professional Development** - Progression to the CCS, CCSP and/or other AHIMA exams; communicate New Coding Eligibility Criteria; construct ICD-10 exam implementation timeline.

**Major accomplishments to date:**

- Subgroup created communication(s) content and timeline for new eligibility criteria for CCA, CCS and CCSP exams in July 2011.
- Commission approved ICD-10 Coding compliant exams will launch in March 2013.

**Goal 5 - HITECH / HIT Pro Competency Examination(s)** - Potential adoption and implications, sustainability and transition plans for one, some, or all HITPro exams, as applicable.

**Major accomplishments to date:**

- Initial review and work have begun on developing a sustainability plan.

**Goal 6 - Communications** - Optimize efforts started in 2010 through AHIMA publications and marketing materials. Reach out to all internal stakeholders and outside organizations to promote the Commission and all AHIMA credentials.

**Major accomplishments to date:**

- Published articles in Certification Connection, Academic Advisor, Student Connection, Codewrite, Advantage, Chicago Hospital News, Pennsylvania Hospital News, South Florida Hospital News, and numerous e-alerts
- Targeted candidates directly via email campaigns as well regarding the new recertification policy, the CCS and CCS-P new item types, and CCA and CHPS beta exams
- CCHIIM is currently blogging on the HICAREERS website, focusing on the importance of credentials for an HIM career and the role of CCHIIM
- CCHIIM is enhancing online presence with CCHIIM customized Facebook logo

S. Bowlds also mentioned the AHIMA Foundation. Their Vision is "Improve Health Information for All", and the Mission: "To be the pre-eminent foundation in health information leadership, policy, and research for the healthcare industry and the public". She mentioned that following key activities that the AHIMA Foundation is involved with:

- Student Merit Scholarship Program in 2010 72 students from 33 states were given \$94,650.
- Thought Leaders Lecture Series supported by Healthport and Precyse Solutions
- HIRO Fund - Provides financial assistance for communities of health information professionals whose personal or professional lives have been severely disrupted by a natural or man-made disaster.
- Research Initiatives collaborations are ongoing and in development
- Supporting the Foundation raffle at summer team talks, dues check-off, tribute gifts, multi-year pledges, and the silent auction at AHIMA national meeting.

S. Bowlds then covered information from the HIM Education Strategy Committee: Vision 2016. The Road map 2012: At the Crossroad of Educational Reform and Change proposes:

1. RHIT Specialization Tracks
2. Entry Level Master Degree - new credential RHIE
3. Fast Track RHIA
4. Workforce Development: Roadmap to the C Suite - only 11% of AHIMA members have graduate degrees at the Master's or Doctorate level, and only 4.6% of them hold C-level positions.
5. Council for Excellence in Education (CEE) - sets the strategy for the academic community and serves as the liaison with AHIMA Board, functions as a coordinating and guiding body for the academic workgroups, and is responsible for the associates, baccalaureate, and master's curriculum. A proposed form with job possibilities was presented. There was some discussion regarding the proposal that entry level from High School will be Coders and EHR implementation specialists. The two year degree would include Workflow Redesign Specialist, REC/HIE Specialist, or CTR Specialist. There was concern voiced that CTR's are accredited by another agency not AHIMA. Also Coders would not be able to be hired directly from high school. Suggestions for the bachelor degree were Meaningful Use Specialist, Privacy & Security Specialist, Trainer, and Practitioner Consultant. Suggestions for the Master's degree were Health IT Sub-specialist, Chief Knowledge Officer, and Research & Development Scientist. This is controversial, and the Strategy has two members that have their PhD. There was some discussion regarding hiring new grads. Several attending mentioned that they would hire new grads as coders and train them because they cannot get experienced coders. An article should be written for FOCUS regarding hiring new grads. There will be further discussion about this plan at the Assembly on Education. There are currently only 5 programs in the country with a master's program in HIM. HIM Program Directors are not sure how we will get to Master's as entry level.

S. Bowlds then covered the Industry Update/HIT Transformation handout from summer team talks. She presented the AHIMA ICD 10 Goals:

1. Lead the industry in ICD-10-CM/PCS education
2. Enable successful ICD-10 implementation
3. Improve the quality of healthcare data
4. Build AHIMA's reputation and resources

ICD 10 Resources that are available include:

- Awareness training on the ICD-10 Transition
- Practice briefs
- ICD-10 readiness assessment tool
- 5010 and ICD-10 planning and implementation survey
- Hundreds of resources available in the Body of Knowledge
- A suite of resources available for educators

S. Bowlds mentioned the ICD 10 Ambassador Plan Program - Initial program benefits include:

- Program CEU prior approval (waived fees, valued at \$225 or more for non-profits and \$450 or more for for-profits)
- A special discount on the ICD-10 Academy student manuals
- A web page for Ambassadors to promote their programs
- An ICD-10 project referral web page, where Ambassadors can choose to be listed for contract/freelance opportunities
- A dedicated ICD-10 Ambassador CoP

To enroll now! Contact Tom Duffy, Ambassador Program Manager at [thomas.duffy@ahima.org](mailto:thomas.duffy@ahima.org) or 312.233.1160.

S. Bowlds then discussed the Workforce Development for the HIT Pro which came from the HITECH Act. The purposes of the HITECH Act include:

1. Information Technology Professionals in Health Care: Program of Assistance for University-Based Training;

2. Community College Consortia to Educate Information Technology Professionals in Health Care;
3. Information Technology Professionals in Health Care: Curriculum Development Centers; and
4. Information Technology Professionals in Health Care: Competency Examination for Individuals - this is where AHIMA is materially involved.

AHIMA is involved in the HIT Pro program. The Primary Deliverables include:

- Develop competency exams based on the six workforce roles, as defined by the ONC
- Develop exam blueprints based upon competencies for these six workforce roles
- Develop a system for delivery of high volume computer-based assessments
- Develop a comprehensive test administration plan
- Develop a process for revision of exams for the purpose of continuous improvement
- Administration of examinations to candidates
  - 27,500 to be free of charge (2/3 reserved for Community College Consortia program graduates)

There are six different test specifications which include; 25 Multiple-Choice Questions, Exam Duration - 180 minutes, Exams available "on-demand" through Pearson VUE Professional Centers nationwide, and Vouchers available through academic institutions, healthcare employers, state and local employment agencies. AHIMA suggested that our members check it out and take the exam to increase the quality and success rate of passing of the exam. TJ Hunt mentioned that he did apply to have his students take the tests, but has not had a response. The tests can be checked out at [www.hitproexams.org](http://www.hitproexams.org). There are four colleges in Michigan with these approved programs for the HIT Pro. It is 6 months of training for those with some experience. They are not competing with us but they are linked to AHIMA. N. Walker should be asked to write an article regarding these positions so members understand that it is not a competition.

S. Bowlds mentioned the Meaningful Use presentation that was done also. Meaningful Use activities;

- Stage 2 activities
  - Meaningful use workgroup proposed a delay for Stage 2
  - HIT Policy Committee approved the proposed recommendations
- Further refined Stage 2 objectives and thresholds
- Expect a proposed regulation end of year 2011 with a final regulation mid-year 2012

AHIMA Engagement - CMS issued a request for comments on January 18th regarding Stage 2 and 3. A team was in place to review and respond to the proposals for Stage 2 and 3. Comments were submitted to CMS on February 24th

S. Bowlds mentioned the Regional Extension Center Handout. REC Update

- New RECs added now 82 complete list, <http://www.regionalexensioncenters.com/>
- ONC has provided additional \$12 million for critical access hospitals and rural hospitals - 1,177
- Over \$12.1 million in grant awards issued to date
- In April, ONC awarded \$84 million in agreements for health IT workforce development

S. Bowlds reviewed the HIE Update as well.

- HIE continues to be a high priority area for ONC and the industry as providers ready for MU
- Federal focus on the Direct Project in 2010
- Many local and private efforts are developing
- HIE will be critical for the new care delivery and payment models that are now emerging

The Direct Project

- National public/private initiative vendors, providers, & HIE organizations to establish Health Internet Service Providers (HISP) to provide a secure e-mail health information exchange solution.
- A set of standards, policies, and services that enable simple, secure transport of health information between authorized care providers.
- The Direct Project enables standards-based health information exchange in support of core Stage 1 Meaningful Use Objectives:
  - summary care records
  - referrals
  - discharge summaries
  - clinical documents

AHIMA's HIE Activities

- HIE Issues/Solutions SWOT Team
- HIMSS/AHIMA privacy and security in HIEs workgroup white paper
- ONC-RTI State Health Policy Consortium

- Participation in development of ONC's Standards and Interoperability Framework
- Planned HIMSS/AHIMA HIE staffing model study

HIE Issues for AHIMA Members

- How does HIE support new care and payment models (ACO's, Medical Homes, etc.)
- Patient and provider identity management
- Sharing of data for purposes other than direct care (payers, public health, quality reporting, etc.)
- Standards for exchange
- How does HIE change the release of information function
- Consent Models (opt in and opt out)
- Data Integrity
- Patient and consumer education

There is also an HIE Consumer Brochure available to be downloaded

- Linked to May JAHIMA Working Smart article "HIE Patient Consent Model Options"
- Posted to
  - MyPHR website [http://myphr.com/HealthLiteracy/health\\_information\\_exchange.aspx](http://myphr.com/HealthLiteracy/health_information_exchange.aspx)
  - [www.ahima.org/resources/hie.aspx](http://www.ahima.org/resources/hie.aspx) HIE Resources page
  - New Tools and Resources "Hot Topics" AHIMA.org homepage.

S. Bowlds then discussed the Key Board Initiatives handout from Summer Team Talks - The HIM Professional Practice and Agility Committee was created to advance HIM professional position with industry stakeholders and organizations by utilizing the Environmental Scan and the Awareness and Positioning Project (APP).

**Advance/review strategies for professional certifications**

- Commission on the Certification for Health Informatics and Information Management (CCHIIM)
- ONC Competency Exams
- RHIT specialization
- CDI credential

**Advance Strategies that support AHIMA's formal education & workforce development goals**

- Workforce/Professional Development
- HIM Educational Strategy
- Vision 2016
- CAHIIM

**Development of HIM Professional Practice ideas, products, and services**

- Best Practices (Compendium)
- Documentation Integrity (MU, data integrity)
- Products and Services

**Create an "agility" agenda for AHIMA**

- Ensure an effective rapid-response
- Monitor defined response to determine effectiveness of process
- Identify topics where rapid response is required

**Create a matrix of health informatics roles and functions**

- Complete a definition of health informatics for HIM
- Determine where we fit within the informatics realm
- Identify HI roles and their relationship to HIM
- HIM Core Model

**The APP STRATEGIC DIRECTION - Goals**

1. Raise the overall awareness, understanding and appreciation of the HIM profession and our value to the delivery of quality healthcare services
2. Enhance our position as influential elements in the decision-making process within all areas of healthcare that HIM impacts

**Step 1: Define HIM Profession's Seminal Value:** At our very essence, what do we accomplish as professional practitioners?

**Think...the Physicians' Hippocratic Oath: "First, do no harm..."**  
**HIM's Seminal Value: "Produce better healthcare results..."**

**Step 2: Identify Key AHIMA Audience Segments**

With whom must the profession communicate in order to raise its awareness and influence?

- Healthcare Consumers (seniors, caregivers, parents, chronically ill)
- Employers (hospitals, colleges, ACOs, HIEs, medical homes)
- Federal Government (Congress, White House, HHS, CMS, ONC)
- Peer & Competing Organizations (HIMSS, AMA, AAPC, AMIA)
- Academia
- State Governments
- Corporate Community
- Philanthropic Community

**Step 3: Match audiences with desired trans-values** For each audience segment, what values do HIM professionals need to communicate?

- **Healthcare Consumers:** trusted source, credible, ethical, professional, competent, integrity, advocates, trustworthy, responsible, conscientious, passionate, commitment, efficient, innovative, progressive
- **Employers:** efficiency, privacy, integrity/compliance, assurance (information integrity), expertise (technological, clinical, regulatory), indispensable, keeper of information assets, mediator of data into knowledge, revenue generator
- **Federal Government:** authority, objectivity, honest brokers (of info), strength in numbers/influence, partner in moving toward EHR, expertise/expert resource, unbiased toward any healthcare faction, integrity/ethical, stewardship principles aligned w/cost reduction goals & better care, members in home districts, track record on HIM issues=forward thinking, non-partisan
- **Peer & Competing Organizations:** objectivity, authority, honest broker, partner and/or leader, unbiased, desired reality, leading the advance, focused on information; specialized expertise

**The Bottom line:** Every segment of HIM's key audience must see the same image HIM works to project.

**Step 4: Identify & develop events, projects & themes that carry messages expressing HIM's real value to each key audience segment**

- **Audience:** Healthcare Consumers/seniors
- **Values:** trusted source, credible, ethical, professional, competent, integrity, advocate, trustworthy, responsible, conscientious, passionate, commitment, efficient, innovative, progressive
- **Message:** HIM professionals can be trusted to help you keep your health information updated, safe and accessible

**Step 5: Create, refocus and rollout AHIMA programs that carry the APP messaging**

Everything we do should align with an APP audience, value and message

#### 2011 Project

Enhanced Student Experience:  
(Student Advisory Council)

AHIMA Journal Mail-outs:

HIM Professional Core Model

Ad Campaign:

AHIMA Physicians' Initiative:

National PHR Consortium:

HI Media Briefing:

Family Health History Day:

#### Audience(s)

Academia; Peer & Competing Org

Federal Government; Employers; Peers & Competing Orgs; Corp Community

Employers/Peer & Competing Orgs

Employers/Peer & Competing Orgs

Consumers; Peer & Competing Orgs

Federal Government/Peers & Competing Orgs; Employers

Consumers; Corporate Community; Employers; Peer & Competing Orgs

### HIT Week in November is now HI Professionals Week in March November last HIT Week

Allows AHIMA to:

- reclaim our singular identity as a professional icon;
- place the focus on HIM people not HIM processes;
- build around existing programs (Hill Day, WTTs), and
- hold our event months before "that other leading brand"

### Health Information Professionals Week

March 25-31, 2012

S. Bowlds referred everyone to the HIM Core Model in the packet and it was reviewed by all.

S. Bowlds then mentioned the 10 Strategies for Healthcare Organizations Success:

1. Build Transformation Awareness, Clear Vision and Leadership
2. Deploy Interoperable Electronic Medical Records
3. Build EHRs with Evidence Based Medicine in Mind
4. Explore Medical Trading Area Health Information Exchange
5. Expand Patient Engagement Strategies
6. Develop "Real-Time" Quality Measures
7. Initiate Cross Continuum Process Redesign
8. Develop Business Intelligence and Analytics Capabilities
9. Establish Terminology & Vocabulary Standards
10. Develop Your Documentation Strategy



### HOD Team Updates

House Operations Team - C. McCann M. Allen attended the meeting and the primary discussion was regarding the bylaw changes. T.J. Hunt asked if there was any discussion about CCHIIM and CAHIIM and if they will they be working together so that the domains on the exam and domains for the curriculum match. He mentioned that CAHIIM has said the 2-year programs do not need to teach management, but there are questions on the exam relating to management. Lorraine Smalley can be emailed about this.

Best Practices/Standards Team - S. Bowlds attended one meeting but it was the last meeting of the team and much of the discussion pertained to the bylaw revisions.

Environmental Scan Team - M. Allen mentioned that the meeting on May 19th spent the entire time discussing the proposed bylaw changes. The Team did propose that AHIMA sends the Environmental Scan to all members next year to allow the opportunity for input from individual members. In some states the Board completes the scan form and in other states the entire membership receives the form to complete. AHIMA has the access to all members to send it for input. M. Allen referred everyone to the Environmental Scan results for Michigan that were reported to AHIMA. The top two in each category reported to AHIMA were:

#### Customer Environment

1. Access to affordable continuing education and skills development
2. Emphasis to skill development so that HIM Management professionals are recognized as experts in e-HIM

#### Economic Environment

1. Expand HIM profession awareness to other healthcare professions
2. Demonstrating value of professional credentials to employers

#### Technological Environment

1. Recognize, embrace and encourage the challenge of different roles for HIM professionals by preparation and education for new roles in technology, Electronic Health Records (EHR), and informatics.
2. Establish a baseline of e-HIM knowledge/skill levels in order to implement and utilize e-HIM

#### Social Environment

1. Incorporating other professions to collectively advance the goals and objectives of HIM professionals, e.g. information technology, finance, nursing, etc.
2. Encouraging members to become involved at local, state and national levels

#### Political Environment

1. Implementation of ICD-10-CM and ICD-10-PCS
2. Reimbursement changes negatively impacting healthcare operations e.g. Recovery Audit Contractors (RAC), Pay for Performance (P4P), Ambulatory Payment Classification (APC) bundling, etc.

#### Geographical Environment

1. Involvement in Health Information Exchange (HIE)
2. Enhanced communications to and from members through informative and timely media

M. Allen referred everyone also to the additional comments from members. The instructions were hard for many to follow. There was concern that schools are graduating more students than there are jobs available.

HIM Higher Education/Workforce Team - K. Cole mentioned that her team also focused on the bylaw revisions. She mentioned there is a webinar available about the bylaw revisions.

Prof Development & Recognition Team - K. Schmidt/ K. Kremer. K. Schmidt attended the 6-8-11 meeting. There was much discussion of the issue of Alan Dowling leaving AHIMA. There is a letter on the CoP to promote the profession that can be sent when applying for a job. There is also a letter that demonstrates the value in the HIM credential. There are posters available to download as well. The letters are located on the Careers in HIM home page under information.

Volunteer & Leadership Development Team - P. Chapo/ S. Huyck

P. Chapo attended the May 20 meeting and the bylaws were a primary topic of interest. The team wrapped up a Power Point presentation on volunteering and why it is important to encourage members to volunteer. It includes a 10 question quiz that can be utilized. It has been published on the CoP. There was also discussion on how to continue to develop leaders.

S. Bowlds mentioned that this year updates were consistent throughout the teams. Sometimes business of the team was not discussed as much as it should be.

#### AHIMA Leadership Conference Update

S. Bowlds reviewed a presentation by Bryant Hoyal from Maestro Strategies. Her background and experience added to her presentation. Her presentation was "Journey to High Value Healthcare Redesigning the Healthcare Delivery System". EHR implementation is only one part of Meaningful Use. Meaningful Use depends on workflow, evidence-based clinical practice, measurement and outcome reporting.

#### Accountable Care Organization Requirements - An ACO must...

- Meet eight mandatory requirements that define patient centered care
- Give patients the ability to access electronic summary records
- Develop a process to promote evidence-based medicine, patient engagement and coordination of care
- Have a patient survey tool in place
- Have a process for evaluation the health needs of the population it serves
- Have systems to identify high risk beneficiaries and develop individual care plans for target populations
- Report 65 quality measures (for most, can only be reported via a cross organizational quality register)

At least 50 percent of an ACO's primary care physicians must be meaningful EHR users by the start of year 2

View Meaningful Use as foundational to accountable care, led by the highest levels of the organization... not just IT

Develop decision making structures to ensure:

- Care is patient-centered and coordinated across provider venues not just the inpatient stay
- Systematic processes encourage standardization and evidence-based practice
- Transparent operations ensure clear authority and responsibility for point of care decision-making
- Engaged patients, who understand prevention and are involved in their own care
- Accountability through cost and quality measurement
- Care delivery and reimbursement model redesign

## 8 Strategies for Healthcare Organization Success

### 1. Build Transformation Awareness, Clear Vision and Leadership

A patient-centered, community based care record will drive transformation of healthcare delivery, a future where:

- Clinicians become healthcare coordinators, partnering with patients to manage wellness
- Patients undergo fewer tests and take fewer medications, reducing redundant and inappropriate care
- Patients have a much better understanding of quality, cost, and outcomes and can make good choices
- Hospitals compete based on the results they achieve rather than the grandeur of their buildings
- Healthcare value improves, as quality, outcomes and cost reporting enables transparency
- Payers reimburse providers for quality rather than quantity

Assessment Criteria

- Has the organization educated Board Members, C-Suite, and Medical Staff regarding Meaningful Use and health reform and their impact?
- Do you have a Vision and Plan for innovation and clinical transformation?
- Is the Meaningful Use plan separate from the IT system implementation plan?
- Who owns HITECH? Are others involved beyond the CIO?
- Does the Board have dedicated Quality and IT Committees? Does a transformation governance structure exist? Who leads clinical transformation?
- Is the CEO leading integration of quality, IT and clinical initiatives?
- Do you have a CMIO or similar role in place?

2. Expand the Interoperability Conversation. The old EMRs were designed to support clinical care documentation within one enterprise, ensure proper billing, emphasize compliance and prevent litigation, ensure proprietary ownership of HIT "footprint" by vendor, mirror the paper record, engage the provider not the patient, and document specific events not care over time. Tomorrow's EMR will; effectively manage medications, organize problem lists, track and manage diseases for individuals, communicate and track referrals/consults, manage patient encounters across long periods of time, provide "dashboards" and summary of care information, consolidate diagnostic information from a variety of providers, engage patients in self-health management activities, support a "learning health system" with real time quality measurement and outcomes based payment.

Assessment Criteria

- Has leadership assessed "operational readiness" in addition to "technology readiness" for implementing EHRs?
- Does the organization's strategy include support for community physician EHR deployment?
- Does a physician adoption plan exist and does it extend beyond CPOE?
- Are processes and workflows being redesigned/standardized prior to EHR deployment?
- Does the organization have Clinical Informatics expertise in place?

### 3. Drive Standardization and Evidence Based Medicine

Evidence-based medicine - "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients".

**Benefits of EBM:** surest, most objective way to achieve consistently high quality and safety, speeds the process of transferring clinical research findings into practice, has significant potential for cost savings.

Benefits of Structured Data:

- Required for achieving Meaningful Use
- Critical for real-time quality measurement and research for EBM
- Necessary for interoperability and accurate exchange of data in an HIE
- Required for electronic medication reconciliation
- Integral for demonstrating clinical outcomes for value-based purchasing
- Necessary for benchmarking and population health management
- Helpful for using Computer Assisted Coding, now and with ICD-10



The basis for building in accountability and transparency necessary for clinical transformation

Assessment Criteria:

- How have clinical integration strategies considered HIT?
- What is the organization's approach to evidence based medicine?
- Do clinical champions work with IT to integrate content, processes and key aspects of programs?
- How much of the electronic medical record contains structured data? How much is free text?
- Have programs begun to shift to population health management?
- Are processes standardized across Utilization Management, Case Management and Disease Management functions?
- What resources are committed to improving the practice of care?

### 4. Explore Medical Trading Area Health Information Exchange

Value of HIE:

#### Consumer Benefits

- Improved quality of care
- Increased patient safety
- Convenience, less hassle
- Cost savings
- Increased empowerment and control over information
- Privacy and security
- Peace of mind

#### Payer/Employer

- Reduction in unnecessary and duplicative procedures/tests
- Shared infrastructure costs savings
- Patient/member satisfaction
- Improved quality of care
- Platform for quality and performance measurement
- Improved health maintenance

#### Physician/Clinic Benefits

- Improved quality
- Reduced medical errors
- MU Incentives
- Operating efficiencies and productivity; including quality of life for physicians
- Improved continuity of care
- Patient convenience

#### Hospital/Health System Benefits

- Operational efficiencies
- Reduction in Uncompensated Care
- Shared infrastructure cost savings
- MU Incentives
- Caregiver productivity and satisfaction
- Consumer/patient satisfaction
- Reduction in medical errors/improved outcomes
- Reduced malpractice costs

#### Assessment Criteria

- Do key executives understand HIE value, lessons learned and best practices?
- Can leaders define the organization's medical trading area and patient overlap patterns?
- Are key providers and other stakeholders at the table?
- Has a business plan been developed for HIE governance, stakeholder value, sustainability or is it just focused on technology?
- Is there adequate focus on data quality to prepare for data exchange?

### 5. Expand Patient Engagement Strategies


#### Patient Engagement Early Adopter Strategies

- Health systems offering their patients online access to their medical record
- Independent companies aggregating data from multiple providers for the patient
- Medical societies offering tools to link doctors to patients
- Pharmacy benefits managers and disease management companies offering specialized, partial PHRs to address very targeted needs
- Local collaborations between health systems that provide patients with a portal into a pooled data set
- Government and private payers giving patients access to their claims and financial information, and adding as much functionality as they can to the administrative data

Assessment Criteria

- How will physicians be asked to educate patients regarding access/security of information?
- Have processes for opt-in/out been designed?



- What are the organization's chronic health management strategies? Can they be piloted as e-strategies?
  - Does the organization have a long-term plan for personal health records?
6. Develop "Real-Time" Quality Measures  
MU requires Real-Time Quality Metrics
- The "Core Measure" program that many organizations associate with quality metrics is completely different from the new Meaningful Use Quality Reporting program
  - The Meaningful Use Quality Reporting program involves automated real-time quality metric calculations.
- Assessment Criteria
- Has the organization developed a plan to shift from "abstracting" metrics manually to "extracting" metrics via electronic health records?
  - Has the collection of quality metrics been consolidated across the entity?
  - Is the organization collecting metrics across all sites of care?
  - Have the compliance levels for numerators and denominators been determined based on your patient population?
  - What system will you use to collect the metrics?
7. Initiate Cross Continuum Process Redesign  
Assessment Criteria
- Is process redesign "hard-wired" with IT implementations?
  - Are cross-continuum processes slated for redesign?
  - Does the organization have standard methodologies for change management, process redesign, project management, etc?
  - Does the provider have a clear approach for reporting, and tracking, managing and facilitating organizational change?
8. Develop Business Intelligence and Analytics Capabilities  
Business Intelligence
- Definition: The process of diagnosing the past, present and future health of the healthcare ecosystem
  - Revenue cycle enhancement
  - Strategic modeling
  - Performance management
  - Demand management
  - Outcomes improvement
  - Governance reporting
  - Guideline development
  - Service portfolio management
  - Transition from volume to value based payment
- 
- Strategies for Analytics
- Governance structures, skills and tools to manage evidence based knowledge transfer
  - Specific applications for data mining and analytics
  - Methodologies and processes for development of clinical guidelines
  - Protocols for alerts and CDS tools
  - Collaboration tools to expand dissemination of improvements at the point of care
  - Processes to collect, analyze, and apply information to create new knowledge
- Assessment Criteria
- Does the organization understand the differences between data and information?
  - Do protocols for alerts exist?
  - Does a feedback loop exist between outcomes reporting and clinical practice?
- S. Bowlds discussed the presentation regarding Governance and why associations need a Board of Directors. She reviewed the roles of Individual Board members that were suggested:
- **General Expectations**
    - Know the organization's mission, purpose, policies, programs, services, strengths and needs
    - Serve in leadership role and undertake special assignments
    - Follow established policies and procedures
    - Keep informed of industry trends and implications to the profession
    - Recommend nominees for new board and committee positions
  - **Meetings**
    - Be prepared and conscientiously participate
    - Ask timely and substantive questions
    - Maintain confidentiality
    - Recommend agenda items
    - Do not undermine decisions if you disagree, support the collective decision

- **Relationships**
  - Serve the organization as a whole versus various constituencies
  - Avoid conflict of interests
  - Maintain independence and objectivity
  - Never accept favors or gifts from external groups doing business with the organization
  - Respect the staff chain of command
- **Fiduciary (a person to whom power is entrusted for the benefit of another) Responsibilities**
  - Exercise prudence with the board review, control and transfer of funds
  - Faithfully read and understand financial and operational statements
- **Ambassadorial Services**
  - Represent the organization responsibly and diligently
  - Tell the organization's story, accomplishments and challenges
  - Represent the stakeholder community to the Board

She also discussed the Top 10 Principles and Practices of Great Boards from Barry S. Bader the Publisher of "Great Boards".

1. **Accountability.** Directors understand they have a fiduciary responsibility to see that the organization fulfills its mission, acts in the best interests of its primary stakeholders and protects the assets of the organization
2. **Governing not Managing.** Boards have an oversight function, but great Boards govern --- they don't try to run operations explicitly or subtly. They are careful not to get in the weeds with overly detailed operational questions and micro-management of day to day functions
3. **Competency-based and Diverse Board Makeup.** Competency-based and diverse board makeup. Great boards select members who are committed to the mission, possess leadership skills, and exhibit personal integrity
4. **Continuous Learning.** Become a "learning organization" to understand constant changes impacting industry - market forces, regulations, best practices, innovative methods, etc.
5. **Partnership with the CEO.** Shared goals, candid communications, mutual respect and accountability
6. **Streamlined Structure.** Workable size with committees to assist in oversight and deliberation
7. **Governance (not operational) Information.** Accurate, objective reporting for performance management and decision making. Members are prepared
8. **Participative and Efficient Meetings.** Informative, interactive and action-oriented meetings
9. **Personal Integrity.** Directors act in the best interest of the mission, the organization, and the stakeholders, not on personal, economic or other self-interests
10. **Board Self Renewal.** Self-evaluation, recruitment and orientation of new members, ongoing connectedness to the community and stakeholders

S. Bowlds attended the CSA Central Office Coordinator session. Some of the states have the AHIMA Board member who is doing the AHIMA update meet the night before with the Board. The suggestion was made when hotel negotiations are being made for meetings to ask for everything, often they will give more than in the past. There will be tips posted on the CoP with a meeting planning checklist for further information. There was some discussion regarding revenue sharing for the state holding the AHIMA annual meeting. This year all of the states completed the CSA survey. There was also some discussion regarding member breaches. One of the states had a yahoo account hacked.

S. Bowlds also attended the Coding Education and the CSA ICD-10 Training sessions. South Carolina set up education for ICD-10 and paid to send members to the AHIMA training. They are planning seven one-day sessions and they have four trainers they will be utilizing. Maryland is doing seven 2-hour anatomy and physiology classes in 2011. here was also discussion during this session regarding the planned entry level Master's Program. The ICD 10 Ambassador program was reviewed for information. It appears to be similar to the Reseller Program to assist with the trainer market. Anne Zeissert gave examples of root operations to be reviewed in the coder training strategy. AHIMA has a book with root operations that can be purchased.

S. Bowlds and R. DeBlois did a presentation and lead discussion regarding Support for Accredited HIM Education Programs. This was MHIMA's efforts for student scholarships and awards for Michigan Medical Record Charities. They also accepted the CSA Core Service Award for First Place in this category for this program. There was some discussion regarding the word "scholarship". Some students cannot accept a scholarship because it can cause problems with their financial aid. There was discussion among those attending about whether students could be required to take the exam. It can affect the financial aid as well.

R. DeBlois attended a recruitment and retention session. The most discussion related to the cost of dues and CE sessions. It is difficult to increase the membership base when employers do not recognize the importance of payment of dues. One of the suggestions was to subsidize some of the CE only non-members.

R. DeBlois also attended the session regarding Advocacy. This session discussed getting members involved with state legislators and was presented by Florida.

S. Bowlds attended the session regarding Volunteer Leadership and Development. This gave some ideas for getting members more involved.

**Coding Round Table Update** - Sheila Bowlds

The Role based training model for ICD 10 was discussed. First training needs must be assessed.

- Assess each coder's strengths & weaknesses
- Develop individualized plan to address weaknesses
- Develop role-based training plan: which coders need to learn which systems
- Understand the ICD-10 final rule and implications

Recommended Action steps 2009 thru first half of 2011

- Increase ICD-10-CM/PCS awareness
- Learn about structure, organization and unique features
- Review and refresh knowledge of A&P
- Begin studying ICD-10-PCS definitions
- Learn about the GEMS between ICD-9-CM and ICD-10-CM/PCS
- Provide training on CDI strategies

Recommended Action steps second half 2011 thru of 2012

- Review code structure and coding conventions
- Learn fundamentals of coding systems
- Analyze and practice applying Coding Guidelines
- Continue to study ICD-10-PCS definitions
  - Memorize definitions of approaches and root operations

Further information is available at [www.ahima.org/icd10](http://www.ahima.org/icd10)

S. Bowlds mentioned that some states have a lunch and learn for an hour CE through Knowledge Connect. She also mentioned that the AAPC now accepts AHIMA CEU's without prior approval.

Pennsylvania has hired a retired nurse to do A&P online for an hour for \$50. It is an only a review/refreshers course.

AHIMA has developed the examination for the Clinical Documentation Improvement Specialist (CDI) credential. The exam will be ready to go very soon.

AHIMA is planning a coders online training which is being developed and a demonstration should be available by the AHIMA annual meeting in October. They are also currently working at putting ICD 10 training modules online as well.

**MYPHR Update** - Michael Rant. MyPHR is making a comeback. There have been a couple of conference phone calls. M. Rant made the suggestion that there be a session at the MHIMA annual meeting in May. The group will be having a conference call soon.

**Members Comments from Registration form**

What one thing would you change about MHIMA to increase value to you as a member?

1. I would like to see a more diverse board membership. We need the board to represent ALL the regions in the state-not just SEMHIMA. This is controversial, but if not careful, the board will be a subsection of SEMHIMA. Also there should be changes made that to run for delegate you need board experience so that you could represent the membership better.
  - There was some discussion regarding these comments. SEMHIMA does have 60% of the membership and their members have continually volunteered to be on the ballot. It is difficult to recruit volunteers from other areas. Members from other regional associations are appearing on the ballot. Volunteering should be discussed at the regional meetings by advocates/delegates. Email members the form to allow nominations to be made.
2. More email communication to members.
  - M. Allen will check with AHIMA to see if members are automatically added to the CoP as they join AHIMA. Information can be posted to the AHIMA Michigan CoP. There is also a bulletin board on the MHIMA website that can be utilized.
3. More visible support encouraging PPE site participation
  - There is still a need from HIM programs for PPE sites. The suggestion of writing another article for FOCUS about the need for participation was made.
4. To become more visible at local meetings more networking opportunities.
  - Volunteers could do advocacy presentations at regional meetings. Advocates/Delegates should continue to attend regional meetings to present updates. Encourage each region to participate in the MHIMA leadership conference by sending 2 members of their Boards.
5. Increased networking among members share best practices, post questions, share policies, procedures, job descriptions, etc.
  - The suggestion was made to post these types of items on the AHIMA Michigan CoP or the MHIMA bulletin board.

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

1. Moving the golf outing to the annual meeting. I would like to chair or co-chair this event due to past experiences with them. This is a great networking opportunity

for members and vendors in a different setting.

- M. Rant suggested moving the golf outing for Michigan Medical Record Charities to the Annual meeting. There was discussion regarding this. It had been talked about previously, but sometimes in May the weather does not permit golfing. He is willing to try to schedule something. The Arrangements committee is meeting in August and will check with the hotel for golf available in the area. There was discussion about having it Tuesday afternoon before the meeting starts or Wednesday prior to the President's Reception. Options will be explored.

**Regional Reports.** Patty Vander Hoff mentioned that SWMHIMA is planning a fall harvest meeting in November. Janna Pacey mentioned that they have difficulty getting members to run for the Board. They do get students to assist but they cannot be Board members.

Sandy Routhier mentioned that the UPMHIMA has a videoconference for CEs every other month. She did a meaningful use update for them and would do the presentation for MHIMA if there is a need. She asked if there is an orientation for regional presidents. She took over the position and there was no documentation. SEMHIMA has had some dynamic presidents. They would be a good role model, and much of their information is posted online. M. Czapski will share information with both SWMHIMA and UPMHIMA about policies and procedures from SEMHIMA.

T.J. Hunt mentioned that the MIDMHIMA annual meeting is planned for October 21, 2011. They have 3 people from Ontario coming to discuss the ICD 10 experience. It will be an all-day event.

SEMHIMA has scheduled their annual meeting for September 24, 2011.

**HIA/HIT Program Updates.** Jody Scheller mentioned at Schoolcraft Pat Rubio retired on July 1 and she is transitioning into her position. She will be at AOE later today. SEMHIMA is planning a reception at their annual meeting for Pat Rubio from 2-4.

Amy Savage mentioned that Baker College is implementing Near Perfect and discontinuing the Virtual Lab from AHIMA. The HIT program had a 100% positive test rate this year so far. They are asking students for interests and placing them for PPEs accordingly; i.e. Long term care. Shari Alder has replaced Charmaine Irvin at Baker Allen Park after she retired.

Patty Vander Hoff mentioned that Sanford Brown has 8 students signed up for fall and are working with CAHIIM for accreditation. They are just waiting for approval to begin the program. The campus is located at 28th Street and East Beltline in Grand Rapids.

Janna Pacey from Ferris mentioned that there are 20 students in Grand Rapids for fall, and about 40 starting in Big Rapids. They are working with Career Step to provide Transcription Editor training. The Bachelor degree program will be fully online soon - one class to implement. The Mary Edgerly Gillespie scholarship has limited dollars, but will be awarded to 7 or 8 students on a first come first served basis in a lottery to Active AHIMA student members. There is also an Ellen Haneline Scholarship available. Paula Koning is back at Ferris from Florida.

T.J. Hunt mentioned Davenport has a group presenting and attending the AOE.

Christi Beck mentioned that MID MI Community College graduated 8 the 1st year, 12 the 2nd year, 20 this year, and 24 for next year. Only 1 has failed the exam but passed the second time.

The meeting ended at 1:45 p.m.



# New Members

Diana Abazeed	Detroit
Sandra Abshagen	Kalamazoo
Ashley Basel	Rogers City
Lynn Bearman	Port Huron
Mary Berger	Traverse City
Joel Brummel	Janison
Simona Buliga	Livonia
Julie Carveth	Brighton
Ann Debruyne	Temperance
Elvessa Ghafur	Beverly Hills
Lisa Gordon	Commerce Township
Tamera Guy	Grand Rapids
Roberta Haag	Fenwick
David Haron	Troy
Amanda Hudok	Wyandotte
Tommy Iacopetti	Marquette
Thecla Jackson	Canton
Marisol Levante	Portage
Richard Luddington	Shelby Township
Terrion Maxwell	Lansing
Janice Montroy	Plymouth
Jeffrey Nestor	Ada
John Nguyen	Kentwood
Tina Osantoski	Harbor Beach
Zack Osgood	Ann Arbor
Tina Peters	Beaverton
Jamillynn Probst	Edwardsburg
Richard Romero	Holland
Almedna Sabanovic	Chesterfield
Robin Searcy	Grandville
Katie Siple	Howard City
Stacey Stern	Garden City
Bianca Straathof	Hersey
Allison Sutton	Washington
Allison Thornburn	Howell
Barbara Townsend	Hancock
Laura Vanhorn	Comstock Park
Sandy Wierengo	Spring Lake
Denise Wilcox	New Hudson
Jamilah Williams	Lathrup Village
Michael Wood	Jackson
Jillian Word	Richmond

# MHIMA Wins Award

MHIMA won an AHIMA 2011 CSA Core Service Achievement Award in the following category: First Place in Support for Local Accredited HIM Education Programs

This award was received for all of the work that has been done through the Silent Auction, Bowling Events, and Golf Outings to raise money for Michigan Medical Record Charities.

MHIMA was presented this award during the AHIMA Leadership Conference on July 16, 2011. Sheila Bowlds and Renee DeBlois led a concurrent session during the Leadership Conference, which included an overview of the winning project and was interactive with those attending the breakout presentation.

Thank you to April Martin for organizing the Silent Auction and the Bowling event, and T.J. Hunt, Nancy Walker, and Karen Schmidt for their work on the previous Golf outings. This hard work contributed to the ability to win this award.

# Baker College Updates

In the past year, the Clinton Township campus has offered free CEU opportunities to the general public as well as welcoming guest speakers into the classrooms. This fall the entire Baker system will start using an educational EHR called Neehr Perfect. All health science disciplines will learn how to use the product. In 2012, Baker College will reduce the required PPE hours from 180 to 120 due to the increasing difficulty in finding sites able to host students. We are also moving from the acute and alternative care requirement model to a more student-directed focus. Although we currently teach ICD-10 basics after teaching ICD-9, we plan to officially offer ICD-10 beginning in the fall of 2012. Past graduates will be invited to free ICD-10 seminars in the summer of 2012. Graduates are encouraged to contact Tamara Lowe through Facebook if they would like to be considered for a potential alumni group and stay informed about program changes. The Clinton Township campus has been talking with Schoolcraft College about potential HIT school collaborations. The goal is for all accredited schools to be working together for the benefit of the HIT graduates and HIM workforce.

Tamara M. Lowe, BME, RHIA, CPC, HIT/Medical Insurance Specialist Program Director  
Baker College - Clinton Township Campus

# President's Message



Oh my! Just where does the summer go? I hope everyone was able to enjoy the beautiful weather we had this summer!!

In July, MHIMA's delegates attended AHIMA's Summer Team Talks in Chicago. It was a great interactive meeting with a lot of wonderful information! One of the biggest topics of discussion was the proposal of bylaw revisions that will be presented to the House of Delegates this year at the AHIMA National Convention for approval. The goals of the bylaws revisions are:

- Address compliance related to the Board of Directors role; provide clarity on the roles of the House of Delegates and the Board in governance
- Address a number of changes to reflect how AHIMA has evolved in the way we lead today year round house; use of technology; board committees; additional roles such as a speaker of the house, treasurer and secretary; tweaks to modernize language; and address remaining language related to CAHIM and CCHIIM
- Incorporate bylaws and governance best practices

There was a lot of lively discussion regarding these proposals. Many of the issues discussed with the proposals were addressed by AHIMA and revised

further with positive feedback from attendees. There have been several conference call discussions with the various states throughout the year in order to receive input from AHIMA members for preparation of the bylaws for this very significant revision.

AHIMA also presented its key initiatives to "Designing a World Class Association." This was a very invigorating talk mapping out key strategy initiatives for HIM's role in healthcare transformation.

Renee DeBlois and I also had the pleasure of attending the Leadership Conference following the Team Talks. There were sessions on ICD-10 implementation and education, governance leadership, Key HIM issues as well as many more sessions to provide fresh ideas to bring back to our Michigan Board for our state membership!

I do have to say though that the highlight of our day was representing Michigan in accepting the CSA Core Achievement Award, *Support for Local Accredited HIM Education Programs*. What an honor it was!! Congratulations to the OUTSTANDING work of the Medical Records Charities Committee and all who support the fund raising activities! Renee and I presented the activities and contributions provided by this group as a breakout session at the Leadership Conference. The audience was so impressed that their questions and comments made us go over our time allotment!! Great job everyone!!!

The crisp air of fall is coming fast, which means the beautiful tree colors will be here soon! Enjoy!!

# Congratulations!

The following members have passed examinations!

## CCA

Barbara Baker . . . . . Marquette  
 Lilah Blentlinger . . . . . Three Rivers  
 Tammy Card . . . . . Grand Rapids  
 Elizabeth Hidey . . . . . Dearborn Heights  
 Lamanda Hilty . . . . . Niles  
 Tommy Iacopetti . . . . . Marquette  
 Cheri Jodoin . . . . . Spalding  
 Lori Kropewnicki . . . . . Howard City  
 Telma Mathews . . . . . Grand Rapids  
 William Meeks . . . . . Negaunee  
 Corey Rousseau . . . . . Genton  
 Terry St. Germain . . . . . Negaunee  
 Kimberly Wallace . . . . . Warren  
 Diane Weiland . . . . . Marquette

## CCS

Vishwachander Addagulla . . . . . India  
 Kristyne Curnell . . . . . Allen Park  
 Susan Frederick . . . . . Gaylord  
 Layne Jodway . . . . . Brownstown  
 Meghan Matthews . . . . . Buckley  
 Dawn Torpey . . . . . Swartz Creek  
 Betty Wydeck . . . . . Grand Haven

## RHIA

Jennifer Hocutt . . . . . Ypsilanti  
 Ruth Lutes . . . . . Brighton  
 Andrea Siekierski . . . . . Aurora, IL  
 Elizabeth Walton . . . . . Midland

## RHIT

Sarah Abshagen . . . . . Kalamazoo  
 Nancy Arvai . . . . . Beverly Hills  
 Amy Ayers . . . . . Grand Rapids  
 Teresa Bader . . . . . Grand Rapids  
 Natalie Ball . . . . . Saint Clair Shores  
 Heather Bermudez . . . . . Chesterfield  
 Tina Bowden . . . . . New Boston  
 Cheryl Brouillette . . . . . Calumet  
 Christine Burk . . . . . Grosse Pointe Woods  
 Terry Butler . . . . . Lansing  
 Douglas Capps . . . . . Fraser  
 Melissa Collins . . . . . Clinton Township  
 Kristie Hanes . . . . . New Haven  
 Heidi Hart . . . . . Mecosta  
 Michelle Higley . . . . . Sault Sainte Marie  
 Laura Johnson . . . . . Detroit  
 Lori Kao . . . . . Fraser  
 Anita Kline . . . . . Hamilton  
 Linda Lawson . . . . . Hartford  
 Kathleen Maurer . . . . . Oxford  
 Amanda Merlino . . . . . Ithaca  
 Kimberly Meyer . . . . . Belleville  
 Sandra Robert . . . . . Eastpointe  
 Renee Sullivan . . . . . Big Rapids  
 Robert Whiteford . . . . . Eastpointe  
 Sondra Workman . . . . . Grandville  
 Cindy Wrubel . . . . . Emmett



## TREASURER'S REPORT

AUGUST 2011  
 TOTAL MHIMA  
 ASSETS

**\$47,683.81**

BE CREATIVE AND INFORMATIVE!

If you would like to contribute to an upcoming issue of

# FOCUS

email the editor at  
[pchapo@botsford.org](mailto:pchapo@botsford.org)

# FOR THE Record

COMMITTED TO ENHANCING THE HEALTH INFORMATION PROFESSION.

## Support the Michigan state HIM association!



Each time a recruitment ad from Michigan is placed in **For The Record**, a portion of the revenue goes back to the Michigan state HIM association for its use in promoting your profession.

Thank You for your continued support and for making **For The Record** the nation's leading newsmagazine for HIM professionals—the only HIM magazine endorsed by 27 state associations.

For advertising information, please e-mail [sales@gvpub.com](mailto:sales@gvpub.com) or call 800-278-4400

# ATTENTION MHIMA MEMBERS

# WE NEED YOU!

The MHIMA Board 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 election or participation on a project or committee:

**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; monitor payroll responsibilities for the 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.

## VOLUNTEER APPLICATION FORM

**PLEASE COMPLETE** the following. Let us know your **AREAS OF INTERESTS, EXPERIENCE AND WHERE** you would like to volunteer:

**OPPORTUNITIES;** would you like to:

- |  |   |
|--|---|
| <input type="checkbox"/> Plan Meetings/Events<br><input type="checkbox"/> Chair Or Committee Member<br><input type="checkbox"/> Awards, Promos<br><input type="checkbox"/> Counsel And Mentor Students | <input type="checkbox"/> Speak Or Present At Meetings/Seminars<br><input type="checkbox"/> Work On Or Edit Newsletters<br><input type="checkbox"/> Create/Maintain Website<br><input type="checkbox"/> Run For Elected Position |
|--|---|

**Pick a FAVORITE SUBJECT:**

- |  |   |
|--|---|
| <input type="checkbox"/> Technical Activity<br><input type="checkbox"/> Student Activities<br><input type="checkbox"/> Mentor/Membership Development | <input type="checkbox"/> My PHR<br><input type="checkbox"/> Regulatory/Legislative<br><input type="checkbox"/> Other: _____ |
|--|---|

List any **QUALIFICATIONS OR SKILLS** for any volunteer position, to include:

**Education:** \_\_\_\_\_

**Personal Interests/Hobbies:** \_\_\_\_\_

**Skills/Talents:** \_\_\_\_\_

**Abilities Or Expertise:** \_\_\_\_\_



Last Name	First Name	Middle Initial	AHIMA No.
Street Address		Apt. No.	City, State, Zip
Email	Phone (Cell, Work, Home)		List offices you wish to be on the ballot for?

On behalf of the MHIMA Board, thank you for your support! Amy Savage, MHIMA 1st Year Director (amy.savage@baker.edu)  
Participation may be phone, conference calls or face to face.

# CareTech Solutions' iDoc 5.5 is EHR Modular Certified.

iDoc™ Document Imaging and Management.

An extraordinary solution that more than pays for itself in the first year.



To learn more about how CareTech can assist you call 877.700.8324 or visit [www.caretech.com/iDoc](http://www.caretech.com/iDoc)



iDoc, version 5.5  
CC-1112-868600-1  
Document Imaging and Management, iDoc, version 5.5,  
successfully attained ONC-ATCB 2011/2012 EHR  
Modular Certification by CCHIT

## TLM CONSULTING YOUR HIM SOLUTION

- **Coding Services**  
Onsite or Remote  
Inpatient/Outpatient  
Professional/Facility E&M
- **Chart Audits**  
Inpatient/Outpatient  
Rehab
- **Case Management**  
Concurrent/Retrospective Reviews  
Third Party Payer Appeals
- **Interim Management**

President, Terri McIntosh, RHIT, CCS  
phone 586.216.8108  
fax 810.329.2771  
email [tlmcintosh@comcast.net](mailto:tlmcintosh@comcast.net)

# Sympathy

Deepest sympathy to Teresa Osieczonek  
in the loss of her Father in June.

## HI&T Week Planning Kit Now Available

Mark your calendars for Health Information and Technology (HI&T) Week, November 6-12, sponsored by AHIMA and the Canadian Health Information Management Association. This annual event is a showcase for the thousands of HIM professionals who perform their duties masterfully throughout the year. Help spread our message of awareness and pride by participating in HI&T Week.

You can find the planning kit at <http://www.ahima.org/events/recogweeks.aspx>.

## ICD 10 CM/PCS Seminars Planned

MHIMA is scheduling 3 ICD 10 CM/PCS seminars throughout the state in October. They will be 4 CE's.

October 15, 2011 will be at Baker College in Clinton Township

October 22, 2011 will be at Sanford Brown in Grand Rapids

October 29, 2011 will be at Spring Arbor in Traverse City

Watch for these seminars to be available for registration in the next week or so. The presentations will be done by AHIMA certified ICD 10 trainers. The presentations will cover General Equivalent Mappings and Root Operations.

## 2011-12 ICD 9 CM Updates and Coding Round Table

Wednesday September 14, 2011

VT460

VisTaTech Center

Schoolcraft College

18600 Haggerty Rd

Livonia, MI 48152

(734) 462-4610

Free Parking Schoolcraft

North Parking Lot

Thursday September 15, 2011

LRC 123 and Videoconference to UP

Learning Resource Center

Ferris Grand Rapids Community

College

151 Fountain Street NE

Grand Rapids, MI 49503-3263

616-234-3715

Free limited parking under the

building

**COST: Members- \$75.00/Non-Members - \$90.00/Students/Educators- \$15.00  
SEMINAR MUST BE PAID FOR IN ADVANCE and can be charged on line. \$25  
PROCESSING FEE FOR CANCELLATION 4 CE Credits in Clinical Data  
Management**

**TIME: Registration - 8:00 a.m.** Continental Breakfast not included off site - but registration for offsite is \$15.00 less.

Program: 8:30 a.m. - 12:30 p.m. Eastern Standard Time. The program will include the ICD 9-CM Diagnosis and Procedure code changes for 2011, as well as the new DRG's. There will also be an update on ICD 10. Following the updates will be a Coding Round Table which will be inpatient oriented. Space is limited to 40 in Grand Rapids and 52 in Livonia so please register early.

**PRESENTER - Sandra Sillman, RHIT, PAHM** - Sandy has over 38 years of experience in HIM which includes 10 years with MPRO performing DRG validation audits for the OIG. She is currently a DRG Coordinator for Henry Ford Health Systems. In the past, she has been contracted by the US Government to be an expert witness in the Bacterial Pneumonia cases and has worked with the FBI on fraud cases. The coding Round Table will be presented and facilitated by a member of the MHIMA Coded Data Integrity Panel (CDIP).

**Please make Checks payable to: MHIMA**

**Mail to: MHIMA Central Office, 3311 David- Bee, Muskegon, MI 49444-3619.**

**Contact: Marsha Allen at (231) 767-9717 Fax: (231) 767-2557**



## New Team Assignments

MEMBER NAME	DELEGATE	DELEGATE TERM LENGTH (# OF YEARS)	HOUSE TEAM
Karen Cole, RHIT, CCS-P	Yes	2	HIM Higher Education And Workforce
Chris McCann, MPA, RHIA	Yes	2	HOD Operations
Sheila Bowlds, MBA, RHIA	Yes	2	Best Practices/Standards
Marsha Allen, RHIA	No	2	Environmental Scan
Katherine Kremer, BA, RHIT	Yes	2	Professional Development And Recognition
Sandra Huyck, RHIT, CCS-P	Yes	2	Volunteer And Leadership Development

# Corporate Members

7/93	<b>VanBelkum Companies</b> 4345 44th Street SE, Suite C Grand Rapids, Michigan 49512	Greg Ingersoll Director, Sales & Marketing (616) 974-8200	<a href="http://www.vanbelkum.com">www.vanbelkum.com</a>
3/94	<b>The Rybar Group, Inc.</b> 3150 Owen Road Fenton, Michigan 48430	Claudine Hildreth Marketing Operations Director (810) 750-6822	<a href="http://www.TheRybarGroup.com">www.TheRybarGroup.com</a>
10/96	<b>Nuance Healthcare</b> One Wayside Road Burlington, Massachusetts 01803	Lauren Underhill Marketing (781) 565-5000	<a href="http://www.nuance.com">www.nuance.com</a>
8/98	<b>Dolbey and Company</b> 7418 Gateway Park Drive Clarkston, Michigan 48346	Mark Kuenzel Regional Vice President (888) 384-7828, Ext.155	<a href="http://www.dolbey.com">www.dolbey.com</a>
3/03	<b>TLM Consulting</b> P.O. Box 456 St. Clair, Michigan 48079	Terri McIntosh (586) 216-8108	<a href="mailto:www.tlmcintosh@comcast.net">www.tlmcintosh@comcast.net</a>
2/05	<b>CareTech Solutions, Inc.</b> 901 Wilshire Drive, Suite 100 Troy, Michigan 48084	Leslie Mack Senior Director iDoc Document Imaging Delivery Division (877) 700-8824	<a href="http://www.caretechsolutions.com">www.caretechsolutions.com</a>
3/06	<b>United Transcription, Inc.</b> 4601 Charlotte Park Drive, Suite 360 Charlotte, North Carolina 28217	Keirsten Huth Vice President (704) 527-8244	<a href="http://www.unitedtr.com">www.unitedtr.com</a>
4/09	<b>Iron Mountain</b> 7277 N. Haggerty Canton, Michigan 48187	Ana Garcia Manager Healthcare Accounts (734) 456-5000	<a href="http://www.ironmountain.com">www.ironmountain.com</a>
4/09	<b>Davenport University</b> 643 S. Waverly Road Holland, Michigan 49423	Susan Slajus Associate Dean Health Professionals (616) 395-4668	<a href="http://www.davenport.edu">www.davenport.edu</a>
2/10	<b>SOAP Transcription Services, Inc.</b> P.O. Box 373 Wayland, Michigan 49348	Dan Curran Sales Manager (269) 792-6363, Ext. 107	<a href="http://www.soaptranscription.com">www.soaptranscription.com</a>
1/11	<b>EDCO Group, Inc.</b> 1351 N. Belcrest Avenue Springfield, Missouri 65802	Rob Bentley Account Executive (417) 893-3176	<a href="http://www.edcogroupinc.com">www.edcogroupinc.com</a>
4/11	<b>Anthelio Healthcare Solutions, Inc.</b> One Lincoln Center, Suite 200 5400 LBJ Freeway Dallas, Texas 75240	Mary Gael Senko, RHIT Marketing 810-893-2433	<a href="http://www.antheliohealth.com">www.antheliohealth.com</a>

## Membership Report - August 12, 2011

SUBMITTED MARSHA A. ALLEN, RHIA

CLASSIFICATION	MEMBERSHIP AS OF APRIL 13, 2011	MEMBERSHIP AS OF JUNE 12, 2011	CHANGE
Active RHIT/RHIA/CCS/CCS-P/CCA/CSP	1902	1928	+26
Active Senior	37	40	+3
Student	839	992	+53
Graduate	141	141	-
Honorary	2	2	-
Corporate	12	12	-
	<b>2933</b>	<b>3115</b>	<b>+82</b>
Certified Non-members	986	1013	-27

# MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

## BOARD OF DIRECTORS 2010-2011



### PRESIDENT

**Sheila Bowlds, MBA, RHIA**  
 Work 248-551-5002  
 Home 248-546-4138  
[showlds@beaumont-hospitals.com](mailto:showlds@beaumont-hospitals.com)

<b>PRESIDENT-ELECT</b> <b>Renee DeBlois, MSA, RHIA, CCS</b> Work 313-993-2674 Home 734-495-9383 <a href="mailto:renee.deblois@antheiohealth.com">renee.deblois@antheiohealth.com</a>	<b>VICE-PRESIDENT</b> <b>Melody Czapski, RHIT, CCS-P</b> Work 734-421-5303 Home 734-421-5303 <a href="mailto:mzczapski@aol.com">mzczapski@aol.com</a>	<b>PAST PRESIDENT DIRECTOR</b> <b>Chris McCann, MPA, RHIA</b> Work 248-324-8179 Home 248-615-3453 Fax 248-488-9605 <a href="mailto:mccann@trinity-health.org">mccann@trinity-health.org</a>	<b>SECRETARY/ TREASURER</b> <b>Michelle Mercieca, RHIT</b> Work 313-916-1214 <a href="mailto:mmercie1@lhhs.org">mmercie1@lhhs.org</a>	<b>DIRECTOR 1ST YEAR</b> <b>Amy Savage, MAT, RHIA, CCS</b> Work 810-766-4147 Home 810-653-3765 <a href="mailto:amy.savage@baker.edu">amy.savage@baker.edu</a>	<b>DIRECTOR 2ND YEAR</b> <b>Karen Sue-Steffey Gregg, RHIA</b> Work 989-790-7837 Home 989-667-4380 <a href="mailto:kgregg@healthsourcesaginaw.org">kgregg@healthsourcesaginaw.org</a>
--	---	--	--	---	--

### CENTRAL OFFICE COORDINATOR

**Marsha Allen, RHIA**  
 Work 231-767-9717  
 Fax 231-767-2557  
[marsha@mhia.org](mailto:marsha@mhia.org)



### NOMINATING COMMITTEE

**Denise Hostege, RHIT**  
 Home 231-773-1574  
 Work 231-728-4695  
[holstegd@trinity-health.org](mailto:holstegd@trinity-health.org)

### DELEGATES

- Chris McCann, MPA, RHIA - 2nd Year**  
Work 248-324-8179  
Home 248-615-3453  
[mccann@trinity-health.org](mailto:mccann@trinity-health.org)
- Karen Cole, RHIT, CCS-P - 1st Year**  
Work 313-333-0763  
Fax 734-516-2575  
[karen.cole@jhms.com](mailto:karen.cole@jhms.com)
- Sheila Bowlds, MBA, RHIA - 1st Year**  
Work 248-551-5002  
Home 248-546-4138  
[showlds@beaumont-hospitals.com](mailto:showlds@beaumont-hospitals.com)
- Sandra Huyck, RHIT, CCS-P - 1st Year**  
Work 248-551-4278  
[sandrahuyck@sbcglobal.net](mailto:sandrahuyck@sbcglobal.net)
- Kitty Kremer, RHIT - 1st Year**  
Work 313-993-0270  
Home 734-420-2314  
[kitty.kremer@antheiohealth.com](mailto:kitty.kremer@antheiohealth.com)

### ADVOCATE

- Kitty Kremer, RHIT**
- Chris McCann, MPA, RHIA**
- Sandra Huyck, RHIT, CCS-P**
- Karen Cole, RHIT, CCS-P**

### MHIMA REGIONAL ASSOCIATIONS

- MID MICHIGAN** ----- **Glenda Nielson, RHIT**  
Work 989-246-2276  
[gnelson@mmhima.org](mailto:gnelson@mmhima.org)
- MICHIANA** ----- **Cindy Seel, MSA, RHIA**  
Work 269-782-1245  
[cseel@swmich.edu](mailto:cseel@swmich.edu)
- SOUTHEAST** ----- **Kim Buti, RHIA**  
Work 734-936-5343  
[kbuti@med.umich.edu](mailto:kbuti@med.umich.edu)
- SOUTHWEST** ----- **Patricia VanderHoff, CCA**  
Work 616-977-8453  
[pvanderhoff@sigrandrapids.com](mailto:pvanderhoff@sigrandrapids.com)

### PRESIDENT

### UPPER PENINSULA

**Tina Ozanich, CCS**  
 Work 906-483-1527  
[tozanich@portagehealth.org](mailto:tozanich@portagehealth.org)



Michigan Health Information  
Management Association

3311 David Bee  
Muskegon, MI 49444

**POSTMASTER, DATED MATERIAL, PLEASE DELIVER PROMPTLY!**

**MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION**

# Calendar Of Events

<b>DATE</b>	<b>SPONSOR</b>	<b>LOCATION</b>	<b>TOPIC</b>	<b>CONTACT</b>	<b>PHONE</b>
Sept. 16, 2011	MHIMA	Conference Call	Board Meeting	MHIMA	231-767-9717
Oct. 1-6, 2011	AHIMA	Salt Lake City, UT	Annual Meeting And Exhibits	AHIMA	www.ahima.org
Nov. 11, 2011	MHIMA	Lansing, MI	Board Meeting	MHIMA	231-767-9717
Jan. 20, 2012	MHIMA	Conference Call	Board Meeting	MHIMA	231-767-9717
March 16, 2012	MHIMA	Lansing, MI	Board Meeting	MHIMA	231-767-9717
May 11, 2012	MHIMA	Conference Call	Board Meeting	MHIMA	231-767-9717
May 16-18, 2012	MHIMA	Lexington, Lansing, MI	Annual Meeting And Exhibits	MHIMA	231-767-9717
Sept. 29-Oct. 4, 2012	AHIMA	Chicago, IL	Annual Meeting And Exhibits	AHIMA	www.ahima.org
May 15-17 2013	MHIMA	Grand Traverse Resort, Traverse City, MI	Annual Meeting And Exhibits	MHIMA	231-767-9717
Sept. 15-20, 2013	AHIMA	Atlanta, GA	Annual Meeting And Exhibits	AHIMA	www.ahima.org
May 14-16, 2014	MHIMA	Soaring Eagle, Mt. Pleasant, MI	Annual Meeting And Exhibits	MHIMA	231-767-9717
Sept. 27-Oct. 2, 2014	AHIMA	San Diego, CA	Annual Meeting And Exhibits	AHIMA	www.ahima.org