MaHIMA
Massachusetts Health Information Management Association

Connect

The official newsletter of the Massachusetts Health Information Management Association

July 2012

Newsletter Sponsor:

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TRANSCRIPTION

In this Issue:

Message from the MaHIMA Central Office

By: Karen O'Donnell, RHIA

Dear Members & Friends,

I have had the wonderful pleasure of serving MaHIMA for the past 23 years in the central office. Through these years, I have served 22 presidents and over 200 board members and committee chairs. I've also raised my three children from birth to their college years. It's been a dream job and has brought me so much personal growth and happiness!

The time has come for me to move on and pursue some new avenues in my life, including full-time employment and pursuing an advanced degree. I will be stepping down as MaHIMA's Administrative Director this fall.

I thank you all for allowing me to serve you and get to know you both professionally and personally. I plan to stay active in MaHIMA and attend meetings as an audience member for a change! I look forward to welcoming a new Administrative Director who will carry on MaHIMA's mission and my personal mission which has always been to serve you well!

My very best to you all,

Karen

Editor's Note

By: Sherisse Monteiro

Let me propose a Win-Win for you and your HIM department!

Summer is here and we New Englanders are all taking or planning our vacations during these short summer months. This unfortunately is leaving already shorthanded HIS/HIM

departments even more shorthanded. During the summer directors and managers have one employee out on vacation after another. With tight budgets already being stretched to keep up with ICD-10, RAC and changing regulations it's unlikely that hiring temps is even a possibility and per diem staff can only fill so many hours. The good news is you don't have to let summer vacations negatively affect your department's productivity or payroll budgets. There is free labor available in the form of student interns! Students are available and desperately in need of the work and experience that you can provide. Reach out to Bristol Community College, Fisher College and Laboure College and ask the program directors to send students your way. Mentor our future colleagues and keep your HIS/HIM department budget friendly and efficient!

Assistant Editor:
Laura Caravetta

Student Editorial Advisory Board:

Calendar of Events:

MaHIMA Fall Meeting; September 20, 2012; Marlboro Holiday Inn, Marlboro, MA

AHIMA National Convention; September 29, 2012 - October 4, 2012; Chicago, IL

Check it out:

Photos from MaHIMA's ICD-10 Summit, March 23, 2012, The Lantana, Randolph, MA

Congratulations to our elected officers who take office on July 1st:

Linda Young, JD, RHIA
President

Nancy LaFianza, RHIA
President-Elect

Jeanne Fernandes, RHIA
Director, Communications

Diana Lindo, RHIT, CCS
Director, Education

Ellen MacMullin, RHIA
Director, Legislative Affairs
Mary Radley, RHIA
Past President

Congratulations to our newly credentialed members:

Nancy Bates, CCA

Nancy Correira, RN, BSN,

Julianne Blanch
Janene Brome
Wendy Zagroski

Please feel free to contact me at smonteiro1@partners.org or 617-697-9319 if you have ideas or suggestions for articles and/or for information on how to get involved with MaHIMA.

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Sherisse Monteiro, MaHIMA Connect Editor
smonteiro1@partners.org

CCA, CDIP

Lynda Jacobson, CCS

Karen Norris, CCA

Caitlin S. Ranstrom, CCA

Ruth Schuetz, CCS

Janice Smith-Doolin, CCS, CCS-P, RN CDIS

President's Message

By: Linda Young, JD, RHIA

Dear Fellow HIM Professionals,

I am incredibly grateful to have been given the opportunity to serve as your MaHIMA President this year. During the past year as President-Elect, I was surrounded by such a knowledgeable, enthusiastic and dedicated group of colleagues. They all spent so much time and energy on important issues and truly gave me the sense that "pride in who we are" was a compelling force in their drive to see MaHIMA grow and thrive. This reinforced my own loyalty to this wonderful organization of professionals. First and foremost I want to thank Mary Radley, MaHIMA President (2011-2012) for sharing her time, insights and knowledge about MaHIMA and also her personal journey in the Health Information Management (HIM) profession with me. She has made so many impressive strides in her career, one of which was to pioneer the introduction of the first robot (Gizmo), who delivered medical records within Children's hospital. When Mary described her experience with Gizmo, I realized that she truly didn't have anyone else to "show" her the way. Not many of us would have had the confidence to be responsible for the implementation of such an intricate technology. This was technology that, at the time, was unprecedented. It was truly considered state-of-the-art. This took Mary from being an ordinary HIM leader to becoming an extraordinary leader in our field. What I learned from Mary is that we all have such an opportunity to thrust ourselves into the extraordinary. Mary is a natural leader and resource in our field. It is my hope that

we can all become pioneers and resources in our field like Mary and make a major difference. With the advent of Electronic Medical Records (EHR), we must have the courage to step outside the "norm" every day and embrace all that we can to become leaders and resources for a strong future for MaHIMA. Mary has generously helped me with my transition as President-Elect and I can only hope to continue her extraordinary work. She has been a valuable resource to me with her enthusiasm and unwavering dedication to our association.

The position of President-Elect has been a very rewarding one for me this year. I have had the incredible opportunity to attend Summer Team Talks and Leadership Conference in Chicago in July and vote at the House of Delegates at the AHIMA Annual Meeting. Winter Team Talks was held in March which I also attended at the same time as Capitol Hill Day in Washington, D.C. Coincidentally while there, the Supreme Court was in session hearing arguments related to Obama-Care. This experience gave a great deal of insight to the depth of knowledge of our Representatives and Senators. The experience instilled my confidence that AHIMA truly has a presence with our Nation's leaders. One of the talking points was related to the need to mandate a unique patient identifier through legislation. It was such a privilege to take part in this at a time when our government not only acknowledges but understands the importance of technology in health care, as well as patient privacy.

Our MaHIMA strategic planning session was held on April 5th 2012. At the session, we discussed my goal for this coming year which is "Transitioning MaHIMA: Ensuring a strong and healthy enterprise in the future through diversity". The problem is that our core team is static. Mark Twain once wrote, "If you do what you always do, you'll get what you've always got". We are planning to draw the attention of individuals into our association from a more diversified group based upon age, skill, gender and race.

skill, gender and race.

Today, we must all be capable of leveraging the most up to date technology with the needs of health care demands. To do that, we need more members from a more diverse group. Our responsibilities have evolved ever-so rapidly and drastically over the past two decades. HIM professionals must be capable of understanding technology in order to seamlessly integrate the most effective systems from medication administration modules and clinical documentation modules to computerized provider order entry. Healthcare is known for its constantly changing environment. However, the change we face today is of such high velocity, we constantly have to change our plan to accommodate the external forces. We recognize that in order to effectuate a strategic plan, we need to re-adjust our radar and thrust ourselves into 2013! I am very excited to take on the challenge as President of MaHIMA and look forward to a rewarding year.

Please do not hesitate to contact me at (781)272-8001 to talk about your ideas that can help accomplish our 2012-2013 goals. If you aren't already a volunteer, please consider this rewarding opportunity to take part in building our future. Have a great summer and I look forward to seeing you at the fall meeting!

Linda

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Linda Young, JD, RHIA, President, MaHIMA
lyoung@aboutams.com

COMMITTEE CONNECTIONS:

Awards

Reminder of Award Deadlines

By: Susan Pepple, Chair, Awards Committee

Upcoming MaHIMA Award deadlines:

- Retirees – please notify Susan Pepple if you are planning to retire or have retired from HIM in 2012
- HIM Innovation Award-September 30, 2012
- Legislator of the Year Award-September 30, 2012
- HIM Advocacy Award-September 30, 2012

If you know worthy individuals to nominate for the above awards please visit
http://www.mahima.org/awards_program/

Questions regarding award nominations can be addressed to Susan Pepple, Chairman, MaHIMA Awards Committee at
spepple@barrylibmaninc.com or 617-582-5204.
http://www.mahima.org/awards_program/

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Communications

Committee Updates

By: Jeanne Fernandes, RHIA, Director, Communications

The newly formed MaHIMA Long Term Care (LTC) – Post Acute Care (PAC) Forum offered its first webinar in

June. The topic: MAHIMA Long Term Care/Inpatient Rehabilitation Facility ICD 9 Fundamentals was presented by L. Marcelle Feltman, RHIA and Monica Baggio Tormey, RHIA, CHP. The webinar specifically addressed specialized diagnosis coding in long-term care and inpatient rehab facilities. Understanding the ICD-9-CM Official Guidelines for Coding and Reporting, coding requirements for reimbursement and PPS assessments serves as a foundation for transition to ICD-10. The LTC/PAC Forum was established to offer educational and networking opportunities that are relevant to the LTC-PAC sector. If you have experience or have interest in this area, please contact me. We welcome your participation.

The Committee is also working on developing ideas to encourage student engagement in MaHIMA activities and to understand how the Association can better assist students and new professionals as they seek to begin their career in Health Information Management.

In addition to these initiatives, the Committee continues to work on our newsletter, website, e-Surveys, Job Alerts, e-Alerts, and our social media sites. We encourage you to follow us online:

facebook [www.facebook.com/massachusetts health information management association](http://www.facebook.com/massachusetts)

Linked in www.linkedin.com/company/massachusetts-health-information-management-association-mahima-

twitter www.twitter.com/MaHIMAResources

If you have an interest in working with the Committee on any of these projects, please contact me.

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Education

Upcoming Meetings & Workshops

By: **Diana Lindo, RHIT, CCS**

Summer and Fall 2012:

- July 13-15, 2012 - AHIMA Leadership Symposium, Chicago, IL
- August 15-17, 2012 - AHIMA Academy for ICD-10-CM /PCS: Building Expert Trainers in Diagnosis & Procedure Coding, Hyatt Regency, Cambridge, MA
- September 20, 2012 - MaHIMA Fall Meeting & Coding Seminar, Marlboro Holiday Inn, Marlboro, MA (registration will open in early August.
- September 29 - October 4, 2012 - AHIMA National Convention, Chicago, IL
- November 16-18, 2012 - AHIMA Coder Workforce Training for ICD-10, Hyatt Regency, Cambridge, MA

Hope to see you at a MaHIMA or AHIMA event this fall!

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Finance

Annual Review - July 2011 - March 2012

By: **Linda A. Hyde, RHIA, Finance Committee Chair**

At the end of the first nine months of the association year we have income of $81,000 and expenses of

$89,000. 70% of our income is from educational programs as well as the Massachusetts share of the proceeds from the 2011 NE HIMA annual meeting, 20% represents AHIMA rebates and 5% from sales of the new Legislative manual. Expenses are higher than income primarily due to a lag in receiving our AHIMA rebates as well as additional income from educational programs held in the fourth quarter. 45% of our expenses are for meetings, 36% represent administrative costs and 13% are for delegate attendance at AHIMA meetings throughout the year. The Finance committee met in May to review the detailed budget report and begin the planning process for next year's budget process.

As of the end of March, MaHIMA has $105,618 in assets with 84 % ($88,823) in the Merrill Lynch and Fidelity accounts for reserves. This represents approximately 8 months of expenses which is consistent with our past experience.

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Legislative Affairs

Legislative Updates & Announcements

By: Ellen MacMullen, RHIA, Director, Legislation/Advocacy

Advocacy is defined as active support of an idea or cause etc.; especially the act of pleading or arguing for something. We advocate every day for ourselves as individuals and as a group as a profession. We advocate on all levels on issues encountered in our daily jobs to legislation on the State and National front. Advocacy may be motivated from moral, ethical or faith principles or simply to protect an asset of interest.

In March, I had the opportunity to attend Hill Day in Washington DC. The Legislative Affairs Committee hosted our seventh annual Beacon Hill Day in May. In both events we served as advocates for our profession. We spoke up on behalf of our profession in areas that are important to what we believe in and stand for. The two issues that we advocated for are supporting the deployment of ICD-10CM/PCS and a strategy for Patient Data Matching, creating a unique patient identifier.

We advocate for ourselves as individuals in our jobs. We are asked to attend meetings and provide our knowledge and expertise. We advocate for patient privacy and confidentiality. We are always advocating when rebutting coding changes as a results of an insurance audit or justification of code assignment in collecting data for internal quality measures.

AHIMA has a multitude of resources related to advocacy. Here are two links from AHIMA that you may find helpful.
http://www.ahima.org/advocacy/default.aspx
http://www.ahima.org/downloads/pdfs/advocacy/Advocacy101_2010.pdf

I would like to encourage you to get involved and become a member of a MaHIMA Committee. The Legislative Affairs Committee always welcomes new members. You can become part of the process to advocate for issues you are passionate about.

If you are interested in serving as a member of the Legislative Affairs Committee please contact me at emacmullin@winhosp.org.

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LEGAL CONNECTIONS:

The Coming Boom in HIV Testing (and Requests for Production of HIV Records)

By: Colin J. Zick, JD
Foley Hoag LLP

With relatively little fanfare, Governor Patrick signed a new bill, S.2158, into law on April 27, 2012, making HIV testing possible with simply verbal consent as opposed to written consent. The legislation's aim is to increase screening for HIV and I believe it will have that effect.
Will the change in the law have an impact on health

Q. Does the law specify who may obtain consent from a patient or who may conduct specimen procurement, interpretation of results, or delivery of results to patients?

A. No. The law is silent on this point. Anyone who is authorized by the state to conduct HIV testing,

information management? I believe it will. If there are more HIV tests there will be more HIV records and if there are more HIV tests there will be more requests for HIV records.

It would make sense to familiarize yourself with this law as there will be more and more HIV tests, more and more records that contain HIV information and more and more issues about what can and what cannot be disclosed. While the laws of consent for HIV tests have changed, the law regarding disclosure of HIV test results has not. The current law, Mass. Gen. L. ch. 111, § 70F requires specific types of consent before HIV records are release.

The Massachusetts Department of Public Health has published some FAQs that are worth reviewing in this regard:

Q. Does the consent signed by the patient have to be lengthy in order to meet the "written informed consent" requirement?

A. No. The law is silent on the issue of what the consent must look like. A simple statement indicating that the patient understands what s/he is being tested for and agrees to be tested is sufficient.

Q. Does 70F require a pre-test counseling session before an HIV test is administered?

A. No. Section 70F does not mention counseling.

Q. Does the law specify that the signed consent must "follow" the patient through the health care facility (e.g., from the ordering physician to the laboratory to follow-up care)?

A. No. As long as the patient has been informed about the test and has signed a consent, the consent itself need not be held or viewed by other staff involved in the testing or follow-up process. The signature of the ordering physician on the test request form will serve as notice that the patient has provided written informed consent.

including rapid testing and collection of oral mucosal samples, may obtain consent and participate in all other ways in the testing and follow-up procedures. Authorized individuals may include HIV testing counselors, physicians, nurses, nurse practitioners, physician assistants and other health care professionals.

Q. May a HIV test consent be included among other consents and legal documents at intake? For instance, may the consent for HIV testing be part of a general consent to care developed by individual sites?

A. Yes. The consent may be part of a general consent to care form as long as the language pertaining to the HIV test is distinct from the rest of the consent. Provided that the person consenting to the HIV test is informed about the test and understands what it is, there is nothing in 70F that prohibits health care providers from including the consent with other materials and from obtaining the consent at intake. If the consent to HIV testing is temporally separate from the test itself, the provider should let the individual know when the test is actually performed.

Q. Does the law specify how the signed consent needs to be stored?

A. No. Section 70F does not mention storage of consent forms. Existing rules and regulations regarding confidential storage of medical records apply to consent forms for HIV testing.

Q. Does the law require a time-limit on the consent?

A. No, the law does not. The MDPH recommends that consent expire after no more than one year.

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TECHNOLOGY CONNECTIONS:

MaHIMA and NEHIMSS State Advocacy Day

By: Pat Rioux, RHIT
Product Management, eClinicalWorks

MaHIMA and NEHIMSS State Advocacy Day was held on May 22, 2012 at the Massachusetts State House. An Accountable Care Organization (ACO) Readiness panel discussion opened the day's events with three speakers, from a spectrum of healthcare organizations, who shared their perspectives:

- Jim Albert – VP, CIO Jordan Hospital
- Dr. Sree Chaguturu – Medical Director of Population Management, Partners Healthcare
- Dr. Rick Lopez – Chief Medical Officer of Atrius Health

We also enjoyed an overview of payment reform in Massachusetts by Craig Schneider, PhD, Director of Healthcare Policy at Massachusetts Health Data Consortium, an update from Sen. Richard Moore, the Senate Chair from the Joint Committee on Health Care Financing, and visits to legislative offices.

Dr. Rick Lopez reported that Atrius Health has a long history of IDNs (integrated data networks) dating back to the '90s when HMOS were the organized delivery systems. The locus of services today is the hospital so doctors are worried, naturally, that they are on the periphery. ACOs are complex, noted Lopez, and 'they are not about small practices.'

Dr. Sree Chaguturu expressed a view that there is 'nervousness' as we enter in to ACO relationships. The care cannot be hospital-centric; it must be coordinated.   Some of the excitement and challenges include care redesign around specific conditions, risk contracts, rolled out EMRs, claims data warehouse utilization, patient affordability, and dealing with the spread of care across an entire network as well as 'out of system' care.

Pioneer ACOs are all aligned with the same focus. Competition exists but we must have a baseline alignment. Lopez asked, 'Should there be learning collaborative to share ideas, best practices, and what we learn about transitions of care? Atrius works with Mount Auburn (MACIPA) now; a competitor, and their web portal works remarkably well to allow Atrius Health providers to see patient data on shared patients.

CIO Jim Albert noted that Jordan Hospital is the smallest ACO in the 27 authorized by the Centers for Medicare and Medicaid Services (CMS) for the Medicare Shared Savings Program (MSSP) but they have

all the components of electronic health lined up: EMR, CPOE, eRx and HIE. He is not sure of how much capital is needed but they hope to have enough to provide for these tools and prioritization of the many planned projects is necessary.

Albert noted that ACOs are different from the '90s capitation - we now have the means to share information and we know that we cannot do it alone anymore. What will be the best practice for the community? We need to use pathways and put care paths in place for pneumonia, diabetes and back pain. Payments need to be risk adjusted (for example, DxCG and others). Quality measures are also a vital part of the process. The '90s was all about the dollars, the last decade has been about 'pay for performance.' We have learned how to integrate quality and to balance cost and quality (for example, the Alternative Quality Contract (AQC).

Sponsors for the day's events were CHIME, InterSystems, Medical Record Associates, and Retrievex.

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New CDIP AHIMA Credential Held by MaHIMA Member Nancy Correia, RN, BSN, CCS, CDIP

By: Sherisse Monteiro and Nancy Correira, RN, BSN, CCS, CDIP

AHIMA describes the Clinical Documentation Improvement program credential best on their website as 'highly respected CDI program can make a difference in achieving the goals of RAC audits, ARRA/HITECH, and other important initiatives aimed at improving the quality of healthcare. In response to industry demand, the Commission on Certification for Health Informatics and Information Management (CCHIIM) developed the CDIP credential. http://www.ahima.org/certification/cdip.aspx

Nancy Corriea RN, BSN, CCA, CDIP a MaHIMA member recently passed the AHIMA CDIP exam and was kind enough to share her professional journey.

"I am a Registered Nurse with a Bachelor of Science Degree in Nursing (1983). Five and a half years ago the hospital system I work for developed a Clinical Documentation Improvement (CDI) Program. I was hired as a Clinical Documentation Specialist (CDS) and was part of the initial CDI team who helped develop the program from the ground up. When I first heard that our hospital was looking into a CDI Program, I furthered my education by taking some basic coding courses at a local college and then obtained my CCA. With my 20+ years of professional nursing experience combined with my new coding knowledge, I was better prepared for my new role as a CDS. As the healthcare system I work for (Steward Healthcare) expanded from 6 acute care hospitals to 10, I knew it was time for me to expand my professional career as well. Having worked as a CDS for the past five and a half years obtaining my Certified Documentation Improvement Practitioner Credential from AHIMA was the next logical step! To prepare for this exam I relied on my clinical nursing experience, my five and a half years of experience as a CDS and spent many hours reviewing all the resources available through the AHIMA website. I obtained my CDIP Credential from AHIMA in February of 2012 and have since volunteered to serve as an AHIMA mentor. I encourage anyone who qualifies for the CDIP credential to challenge yourself, take that next step, obtain your CDIP and together we can pave the future of Clinical Documentation Improvement!"

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FEATURE ARTICLES:

ICD-10 Update

By: Linda Hyde, RHIA

As of this issue of Connect, the deadline for submitting responses to the proposed regulation delaying the implementation of ICD-10-CM/PCS has passed and we are waiting for the final rule to be published. In the proposed rule, the Department of Health and Human Services (HHS) is suggesting to extend the compliance date to October 1, 2014 which is a one-year delay. In its response letter, AHIMA is continuing to urge no delay but, if a delay is necessary, that it be as short as possible.

The Massachusetts Health Data Consortium (MHDC) is continuing its monthly ICD-10 Forum meetings assessing the impact of a delay on the various payers, providers and government organizations currently working on ICD-10 implementation. The focus will also be on the areas where the MHDC can facilitate collaboration such as testing and the development of test cases. Additional workgroups are currently being formed to focus on these efforts. If you or your organization are a member of MHDC and would like to attend these meetings or volunteer for one of these workgroups please check out the ICD10 Forum page under Resources at the MHDC website http://mahealthdata.org/.

The MaHIMA ICD-10 Forum is scheduled for July 31st at the Brockton VA Medical Center from 2-4 pm. Anyone who is interested in participating in this forum can contact Sue Marre at smarre@nesinai.org.

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MaHIMA & AHIMA Present ICD-10 Coder Workforce Training That Puts Coders Ahead of the Curve!

By: Jeanne Fernandes, RHIA
Director, Communications

AHIMA and MaHIMA are collaborating to bring AHIMA's new Coder Workforce Training for ICD-10 to your area November 16th-November 18th at the Hyatt Regency, Cambridge. The Coder Workforce Training teaches proficiency in the ICD-10 coding systems through a well-rounded base of knowledge and exposure to advanced ICD-10-CM and ICD-10/PCS coding.

This dynamic training program consists of self-paced online courses and an in-person workshop, where attendees focus on advanced cases in ICD-10-CM or ICD-10-CM/PCS coding. Two program options are available: a full training program for ICD-10-CM/PCS and a CM-Only option for those interested in only diagnosis coding. Attendees who attend the CM-only program can also receive additional post workshop training through five optional video presentations for site-specific training in areas such as long-term care, home healthcare, and physician practice.
Participants can earn continuing education units (CEUs) applicable toward AHIMA ICD-10 CEU requirements. For more information, visit www.ahima.org/ICD10 and click on "Upcoming Events".

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Icebergs and ICD-10: Don't Let Forms Sink You

By: Luisa DiIeso, RHIA, CCS
Manager of Coding Education Services, Medical Record Associates, LLC

Documentation Templates Require Massive Overhaul for ICD-10

One hundred years ago on April 14, 1912, the greatest sailing vessel ever built was completely destroyed by a 100 foot iceberg. The iceberg was 100 feet above water and there was an additional 400 feet below the surface, not visible to the Titanic's captain. A ship as long as the Empire State Building is tall was taken down by a 500 foot chunk of ice.

Likewise, there are hidden icebergs in your ICD-10 transition plan. And the biggest one for HIM professionals may be forms redesign; especially those critical for clinical documentation by doctors, nurses, ancillary departments and others. Your entire ICD-10 budget, plan and timing could be easily sunk by this often overlooked and seemingly easy task.

This article lays the foundation for reconvening your forms committee in light of ICD-10. As an HIM professional you're already an expert at forms redesign. You led the effort when document imaging was implemented. You assisted with the development of electronic forms within your electronic health record (EHR). Now is the time for HIM to conquer the challenge again. Only this time most of the forms may be electronic and deeply embedded within your EHR!

The Biggest Icebergs

There are four key areas of concern with regard to forms redesign in ICD-10. These are service-specific and include clinical services where specific types of data is needed for ICD-10 coding and/or there are significant changes in the terminology and code structure used under ICD-10. Department / Service Area	ICD-10 Change Driving Need for Forms Redesign
Emergency Department	Injury codes are greatly expanded in ICD-10 requiring 7th character extensions and details pertaining to the phase of healing or treatment.
Obstetrics	Coding capture transitions from episode of care to trimester of condition(s) so templates must be reconfigured. Electronic systems are common and cut and paste is used frequently. Work with the OB system vendor.
Orthopedics	Laterality and phase of care (initial injury, follow-up care, or sequelae) must be captured. Clinicians will need additional fields to fully document injuries.

	injuries.
Cardiovascular	Schema of how initial and subsequent myocardial infarctions are reported is different in ICD-10. Forms and specific clinical documentation must accommodate.
Outpatient Clinics	High volume area that sees a wide variety of diagnosis. Make sure these clinicians can easily document the level of granularity needed for coding.

While this list represents some of the biggest areas of change, there are a plethora of other documentation and data capture fields to be updated, replaced or expanded for ICD-10. Any high-volume area heavily impacted by ICD-10 should take heed—and plan for forms update now. Timing is important and gathering a multi-disciplinary team is imperative.

Get Started Now
Updating electronic forms and documentation templates is a project HIM professionals should tackle now—regardless of the one year ICD-10 delay. This project will be time consuming, so get started early. Your first step is to convene a multi-disciplinary team as mentioned above. Similar to your previous efforts with forms redesign, representatives from clinical documentation improvement, HIM, and coding are needed. A physician director or liaison is also necessary. Finally, the four key areas mentioned above should have clinical director and ancillary management representation.

Secondly, complete an inventory of all paper forms and their lifecycle. Identify which are planning to go electronic and when. If applications will be completely replaced, work with the information technology (IT) owner of each system to understand implementation dates for any new systems; and get involved now to help design the new documentation forms.

The final step is to review your inventory and identify which forms your coders most commonly use today, in ICD-9. These forms should take priority over other, less-relevant templates. And during this step, also identify other source documentation your coders use beyond your EHR and hard copy forms.

Use Your Binoculars
From the time the lookouts sounded the alert, the officers on the Titanic only had 37 seconds to react before the Titanic hit the iceberg. Obviously, this was not enough time. One reason for the late call—the lookout crew had no binoculars. They were left back in Southampton.

As you continue the drive towards ICD-10, use this article and the forms redesign steps mentioned above to ensure your coders have all the documentation they need to code efficiently and completely in ICD-10. This important step will help ensure that your organization is an ICD-10 survivor and not a victim.

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COLLEGE CONNECTIONS:

BRISTOL COMMUNITY COLLEGE

Joy P. Rose, MSA, RHIA, CCS
Assistant Professor/ HITECH Grant Program Coordinator

Bristol Community College 's HITECH Grant has been extended an additional year. BCC is a member of the Community College Consortium headed by Tidewater Community College in Virginia. This program will continue to be offered free of charge to eligible persons and is offered completely online. Upon completion you will be eligible for a free voucher to sit for one of the Federal Certification Examinations in Electronic Health Record Implementation.

BCC offers training in the following two Health IT roles:

1. Practice workflow and information management redesign specialists:

   Workers in this role assist in reorganizing the work of a provider to take full advantage of the features of health IT in pursuit of meaningful use of health IT to improve health and care. Individuals in this role may have backgrounds in health care (for example, as a practice administrator) or in information technology but are not licenses clinical professionals.

2. Clinician/practitioner consultants: This role is similar to the redesign specialist role but brings to bear the background and experience of a licensed clinical professional or public health professional.

For more information on this grant visit:
http://healthit.hhs.gov/portal/server.pt?open=512&objID=1804&parentname=
CommunityPage&parentid=14&mode=2&in_hi_userid=11673&cached=true

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FISHER COLLEGE

Valerie McCleary, MS, RHIA, Director of HIM Programs

Fisher College is excited to announce that the Bachelor of Science degree in Management with a concentration in Health Information Management opened in May of 2012. Hertencia Bowe, MSA, RHIA from Clermont, Florida is working remotely serving as the full time faculty person for this program. Hertencia is nearing the end of her studies for a PhD in Education, Higher Education Leadership, Curriculum and Program Development. In conjunction with Valerie McCleary, the Program Director at Fisher, Hertencia is in the process of working to apply and achieve CAHIIM accreditation for the BS in HIM program. They recently attended a two-day CAHIIM accreditation workshop for the BS in HIM at the AHIMA office in Chicago, IL.

Onsite internships are continuing with healthcare facilities in the Boston area and across the nation for the Associate in Science degree in Health Information Technology. Virtual (online) internships are on the increase with good feedback. AHIMA is participating in a virtual internship arrangement with Fisher College as well as hospitals and HIM vendors. Other unique HIM opportunities for virtual internships are in progress. For those working in the industry, please consider giving back to the profession by taking a student either on site or virtually. It can be a very rewarding experience for both parties and is a great way to mentor and network with others.

The Medical Coding Certificate program continues to increase in enrollment. Fisher's HIT faculty has expanded with the addition of Glenna Young, RHIA, CCS to the adjunct coding faculty. Glenna works remotely from Pocatello, Idaho and is currently the Director of the Idaho HIM Association. She participates on many committees including as coordinator of the Coding Roundtable for Southeast Idaho HIM Association. Glenna has completed AHIMA's Train-the-Trainer program for ICD-10. Fisher coding certificate students go through a rigorous training program including an online capstone course where they code authentic medical records from a wide variety of specialties to prepare them for work in the industry. Consider the graduates of Fisher's coding program as new hires for your facility! Fisher Medical Coding Certificate students are eager to show prospective employers their accomplishments contained in their coding portfolio and land that first coding job that will lead to a long and fulfilling career.

Fisher is very excited about our two HIT AS students participating in the MaHIMA Connect newsletter. Wendy Zagroski and Julianne Blanch are on the MaHIMA Connect Editorial Advisory Board along with Janene Brome a Fisher Coding Certificate student. It is wonderful to see Fisher students active in the HIM community!

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LABOURE COLLEGE
By Maureen Smith

Programs offered:

- Coding Certificate Program
- Health Information Professional Certificate Program (open to students interested in the health information field who hold an associate degree or higher)
- Health Information Associate Degree Program

Application and program information can be found at the College's website: www.laboure.edu

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