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Massachusetts Health Information
Management Association

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MEDICARE MAKES A HISTORIC ANNOUNCEMENT!

Walter Houlihan, MBA, RHIA, CCS, FAHIMA

In an historic announcement from CMS. The news release from CMS dated January 26, 2015 stated: "Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursement from volume to value."

HHS has set a goal of tying 30 percent of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and tying 50 percent of payments to these models by the end of 2018. HHS also set a goal of tying 85 percent of all traditional Medicare payments to quality

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ATTENTION ALL STUDENTS: MAHIMA STUDENT OPPORTUNITIES AVAILABLE

Sherisse Monteiro, RHIT

I currently hold a Data Quality Coordinator position at Boston Children's Hospital which I started last October, but I met my current HIM directors several years ago volunteering for MaHiMA as a student and attending conferences. When I applied for the job they knew my name and that felt good. Volunteering for MaHiMA has accelerated my career and it all started with my work as a student volunteer. I am proof that volunteering for MaHiMA has both short term and long term career benefits. As a student I was a Connect Newsletter Editor, Awards Committee member, Communications Committee member and attended Strategic Planning Meetings with board members sharing my ideas for MaHiMA's vision. I continue to write articles for Connect, continue as a member of the Communications & Education Committees and serve as the Awards Chair. I enjoy my work with MaHiMA and I encourage all students to get involved, see the positions available below.

MaHiMA Board of Directors Student Ambassador

Play a key roll in the Board's activities throughout the year!

MaHiMA Annual Meeting Student Concierge

Assist the Administrative Director with the Annual Conference
Network with HIM Professionals (possible future employers)
Full registration including meals provided

MaHiMA Committees

Volunteer for student position on one of the various MaHiMA Committees
Communication • Education • Legislative • Nominating • ICD-10 Forum • Awards

*Must be current MaHiMA member to apply for any position
Visit our website for more information*

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Online BS and MS in HIM



PRESIDENT'S MESSAGE

UPCOMING EVENTS

Annual Conference

May 3, 2015 - May 5, 2015



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CYBERSECURITY AND CYBERATTACKS – “THE REALITY OF IT ALL”

Martha Hamel, CHPC

Privacy Specialist, Beth Israel Deaconess Medical Center

Have you noticed the increase in cyberattacks in the news lately? It's almost a daily item, and strangely, it feels like we are all getting complacent about it. Many of us have received those letters in the mail from a bank or other place of business stating "this letter is to inform you that your personal information might have been compromised, etc....." Most of the time we look at these notification letters and toss them in the trash without a second thought.

In 2014 alone, there were 761 unique cyber breaches that led to theft or compromise of 83,176,279 records, according to the Identity Theft Resource Center. Think about that number! These attacks included healthcare providers, service providers and major retailers. You may have been a victim of the Home Depot breach back in September of 2014. I received that letter from Home Depot, and from my bank stating that I need to get a new debit card because my information had been part of the hack job. 56 million accounts and 53 million customer email addresses were exposed between April and September. They also had another issue not too long after the first incident— a Home Depot employee operating out of the tool rental area of their store, began accessing systems in order to obtain credit card transaction info specific to tool rentals. This led to the exposure of another 30,000 private records. This shows that these attacks can be an inside job, or a threat from somewhere in Indonesia, for example. Other examples are the innocent kind, where an employee might inadvertently click on a link in a "phishing" email, or in a social media platform, which puts the organization at risk. It happens more often than we would like to believe.

It is getting more and more obvious that it is no longer sufficient for organizations to only have firewalls and antivirus software installed to protect their network(s). The reality is - organizations that use and share personal and protected data need to change their approach to cybersecurity in order to be pro-active and ready for a hacking incident. The days of hoping that one does not happen are becoming a thing of the past. Chief Security and Chief Information Security Officers need to constantly be reviewing their intrusion detection/ protection systems to ensure they are effective. Many organizations now have cyber insurance and new

TRUE PATIENT ENGAGEMENT STARTS WITH PHRS (PERSONAL HEALTH RECORDS)

Pat Rioux, RHIT

True patient engagement begins with access to your medical record information. A PHR (personal health record) is a tool that, according to the American Health Information Management Association (www.myphr.com) is "to collect, track and share past and current information about your health or the health of someone in your care."

Google and Microsoft's efforts of yesteryear fell flat but today's newer patient portal and PHR products could end up being more useful to consumers if they can provide the new tools needed for medication management, care coordination and advocacy, cost transparency, doctor finders, appointment schedulers, bill pay, secure messaging to doctors, symptom trackers and telemedicine. Of these features, medication management is a big draw, as more than 70 percent of Americans take at least one drug (and more than half take two or more), according to a 2013 Mayo Clinic publication.

This will mean, however, that today's PHRs will have to grow beyond some of the limitations highlighted in Andy Oram's article, *Cracking Open the Shell on the Personal Health Record*:

- Many provide only viewing data, not downloading or transmitting it (all of these are mandated by Meaningful Use).
- Data maintained by providers can't easily be combined into a holistic, comprehensive view, which is what providers need to provide good care.
- Data on portals is usually a thin sliver of all the data in the record: perhaps prescriptions, appointments, and a few other bare facts without the rich notes maintained by clinicians.
- You can't correct errors in your own data through a portal.
- Clinicians rarely accept data that you want to put in the record, whether personal observations or output from fitness devices and other technical enhancements.

Because of Meaningful Use incentives, patient portals have proliferated through electronic medical record vendors (Epic's MyChart, Allscripts' FollowMyHealth, Cerner's patient portal, eClinicalWorks' healow, etc.) but the data has to get out of those silos and into that holistic, comprehensive view that Oram says providers need to provide good care.

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