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FROM THE PRESIDENT



This year we headed to Philadelphia, the City of Brotherly Love [and a lot of American history!] in October, for the AHIMA convention and House of Delegates (HOD). If you've never been to the AHIMA HOD, it is structured similarly to the NYHIMA House except that it is whole day, from

8:30 am to 5:00 pm. The day begins with an overview of the issue forum groups. This year's HOD had five issue forums for the delegates held during three concurrent one-hour sessions. This allowed each delegate to participate in three different discussion groups. Since the New York delegation had five members, we split up so that NYHIMA was represented in each group at least once. At the conclusion of the issue forums, the business meeting of the HOD began and summary reports from the five issue forums were presented to the entire House at that time.

The five issue forum topics were:

1. HOD Structure and Operations
2. Vision 2016: A Blueprint for Quality Education in HIM
3. Accreditation and Certification Governance
4. Certification Program Development
5. HIM Global Trends

Each NYHIMA delegate will submit a summary of one of the issue forums so that the information is shared with all of our members. Here is a summary of issue forum #4 – Certification Program Development:

The goals of this issue forum were to:

- provide input to the Council on Certification (COC) on specialty certifications [health data analytics / additional credential topics];

- review and discuss how a modified process for providing input could address this issue;
- review and discuss a draft timeline; and
- determine what is needed for the HOD to move forward.

The rationale for this discussion was to increase the size of a trained HIM workforce and to engage new members at a professional level by getting member input on additional credentialing opportunities.

One of the suggested new credentials was a Health Data Analyst. A job analysis survey done by the COC identified a need for specialization in data analysis and this type of position was proposed to the group. Other suggestions included electronic health record specialization; and focused coding certifications, such as ortho, cardiac, etc.

After the three sessions were held, the following input was gathered for the COC:

- analyze the potential job market for new credentials;
- consider imposing a time limit to exam eligibility post-graduation;
- educate members on the information gained in the Masters' job analysis;
- broaden the eligibility criteria for RHIA, to allow others meeting specific educational and experience/skill requirements to write the exam;
- investigate the existence of similar credentials already in the marketplace;
- focus on the marketing of existing credentials, and the skill sets they currently represent, to employers;
- distinguish RHIT and RHIA credentials from specialty credentials; and
- work on the 'health data analyst' title in order to capture the level and essence of the skill set.

The particular session I attended had a focus on whether additional credentials would "water down" the current RHIT/RHIA credentials. Marketing what our core credentials are, and the skill set associated

with them, is a critical first step before adding more credentials. Otherwise, additional credentials could just cause confusion for employers on what they need to require for certain positions.

This issue forum was designed to gather input from all attendees at the HOD. There was no vote on this topic, but the information will be relayed back to the COC to give them some direction in the area of additional credentialing.

The afternoon brought all 220 of the delegates together to handle the business of the HOD. Summary reports of all of the issue forum groups were presented to the delegates, similar to what we do at the NYHIMA House of Delegates each year.

Votes were taken on the following resolutions, all of which passed:

1. proposed Resolution on Quality Data and Documentation in the EHR
2. proposed Resolution for e-HIM Professional Standards
3. Resolution from the Tennessee HIT/HIM Educators, AHIMA HIM Education Strategy Committee and the Tennessee HIMA Board of Directors: *Ensuring the Future of the HIM Profession Through Vision 2016: A Blueprint for Quality Education in Health Information Management*

There was some discussion regarding the wording of a couple of the resolutions and this gave all of us an opportunity to see the process of motions, additions, changes, etc. in action! The services of a parliamentarian were definitely needed this year!!

I would encourage every member to attend an AHIMA House of Delegates if you ever have the chance. The House provides a great opportunity to network with HIM professionals from across the country and to once again realize that we are all facing the same issues, regardless of our work environment or geographic location.

I wish each of you and your families a safe, peaceful, and happy holiday season!

Donna J. Rugg, RHIT CCS

IN THE NEWS

Coding News and Information:

POA Indicator and HAC Conditions

CMS has announced the launch of the new Hospital-Acquired Conditions (HAC) and Present on Admission (POA) Indicator Web site designed to provide reliable and timely information for affected providers on this quality of care initiative.

Section 5001(c) of the Deficit Reduction Act (DRA) required CMS to identify, by October 1, 2007, at least two conditions that are (a) high cost or high volume or both; (b) result in the assignment of a case to a DRG that has a higher payment when

present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines.

CMS has implemented POA reporting for all diagnoses to identify hospital-acquired conditions. Payment and reporting requirements are explained in detail on the dedicated Web page.

Information pertaining to HAC and POA can be found at: <http://www.cms.hhs.gov/HospitalAcqCond/>.

Submitted by:

Renato L. Estrella, MSHA RHIA

ICD-10 Impact Analysis Contract Awarded to AHIMA

CMS has contracted with AHIMA to begin assessing the impact on CMS of replacing the ICD-9-CM code sets now used in reporting health care transactions with the ICD-10 versions.

AHIMA will analyze CMS' systems, policies and operations to determine potential impacts of transitioning from ICD-9 to ICD-10, including ICD-10's ability to support more accurate payment for new procedures, efficient claims processing, and improved disease management.

CMS anticipates replacing the ICD-9 diagnosis codes with the ICD-10 diagnosis codes, and the ICD-9 codes for inpatient hospital procedures with the ICD-10 procedural codes. All healthcare providers and suppliers use ICD-9 diagnosis codes, while ICD-9 procedure codes are used only by hospitals to report inpatient procedures. ICD-9 codes are used for many purposes, including reimbursement, quality reporting, pay for performance, benchmarking, healthcare policy, public health reporting, and research.

To read more about CMS replacing the ICD codes sets, copy and paste the following URL into your Web browser and link to the CMS press release issued October 2, 2007:

http://www.cms.hhs.gov/apps/media/press_releases.asp.

Submitted by:

Renato L. Estrella, MSHA RHIA

New Patient Discharge Status Code

A new patient discharge status code **70** has been created and approved by the National Uniform Billing Committee (NUBC) to enable providers to indicate discharges/transfers to another type of healthcare institution not defined elsewhere in the code list. This status code is effective for use by providers **for discharge dates on or after April 1, 2008.**

Patient discharge status code *05* has been redefined, *effective April 1, 2008*, to indicate a discharge/transfer to a designated cancer center or children's hospital.

For additional information, copy and paste the following URL into your Web browser:
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5764.pdf>.

Submitted by:
Renato L. Estrella, MSHA RHIA

e-HIM News and Information:

HIM Principles in Health Information Exchange

During the spring and summer of 2007, an AHIMA work group gathered information about goals, current policies, and practices, including HIE policies, privacy and security policies, data content, and data messaging policies and procedures. The Work Group then developed guidelines and best practices to assist in building HIE principles at the local organizational level in order to support existing and developing HIE principles and national standards harmonization efforts. Two NYHIMA members, Dee Fabian and Lorraine Tully, were among the participants working on this initiative.

AHIMA is presenting these guidelines and best practices to the National Governors Association and other policy making groups for wider distribution and discussion. AHIMA believes that the Work Group's deliverables and, in particular, the "RHIO Building Blocks" and "Checklist for HIM Involvement in HIE", represent groundbreaking advances in HIE planning and are a vital sequence of events for any HIE that hopes to sustain its exchange.

To succeed, a HIE must, from the outset, make a series of deliberate decisions concerning:

1. Specific purposes of the HIE
2. Data that must be exchanged to meet those purposes
3. Appropriate management of the data to ensure it gets to the right place
4. Appropriate data standards that ensure accuracy and integrity
5. Audit processes to verify appropriate access to and transfer of the data
6. Policies and procedures that support all of these activities

AHIMA is seeking your assistance because you can bring valuable HIM expertise to the development of sustainable HIEs. An overlying narrow focus on the technology itself, at the expense of the data, is preventing HIEs from achieving optimal outcomes, and every HIE needs input from HIM professionals!

We encourage you to promote the Work Group's recommendations for state and regional level data exchanges as set forth in the deliverables. It is up to each of us to carry the message to further HIE efforts. Through implementing these recommendations, AHIMA believes that HIEs in every state and region can obtain quantifiable increases in quality, safety, and efficiency.

The exchange of health information must be directed by health information principles and our role as

health information management professionals will be to share our knowledge with the development of these new entities.

AHIMA is creating a 5 question online survey on the value of the Work Group's deliverables and we will post a link to it on the NYHIMA Web site, <http://www.nyhima.org>, as soon as it becomes available. We want to obtain input from the NYHIMA membership as soon as possible in order to continue the momentum of the excellent work ongoing in this area, **so please take the time to get to know the work product and the resources developed by the Work Group.** They include:

AHIMA e-HIM Workgroup on HIM Principles in Health Information Exchange. "HIM Principles in Health Information Exchange." Journal of AHIMA 78, no. 8 (September 2007)

AHIMA e-HIM Workgroup on HIM Principles in Health Information Exchange. "Data Quality Attributes Grid." September 2007

AHIMA e-HIM Workgroup on HIM Principles in Health Information Exchange. "HIM Principles in Health Information Exchange: RHIO Checklist." September 2007

AHIMA e-HIM Workgroup on HIM Principles in Health Information Exchange. "HIM Principles in Health Information Exchange: Use Case Scenarios." September 2007

AHIMA Practice Brief: Data Quality Management Model. American Health Information Management Association (1998). Journal of AHIMA 69, supp. 1-4

Then be ready to provide your input and comments when the online survey becomes available. We all have a stake in making sure HIEs are viable.

Submitted by:
Lorraine Tully, RHIT and Diane Fabian, MBA RHIA

NYSHISPC

I attended the New York State Health Information Security and Privacy Collaboration (NYSHISPC) meeting in New York City on October 24, 2007. The meeting was the last in a series of three sponsored by the Office of Health Information Technology Transformation, a newly created office within the Department of Health. They are charged with coordinating health information technology programs and policies across the public and private healthcare sectors to enable improvements in healthcare quality, affordability, and outcomes for all New Yorkers. The programs and policies will establish the health information infrastructure and capacity to support clinicians in quality-based reimbursement programs and new models of care.

The focus of the October 24 meeting was to discuss proposed recommended consent policies for organizations classified as Regional Health Information Organization (RHIO). The proposed consent policies will have a significant impact on any healthcare organization involved in or planning to be

involved in a data exchange initiative such as a RHIO.

There was very robust dialogue from members of various stakeholder organizations and a wide range of opinions on the topic of patient consent. Topics of discussion included the scope of activities that would be governed by a consent policy; definitions of data exchange projects covered under a consent policy; obtaining consent at what points in the patient care treatment process; standardizing the consent process overall; and consumer involvement in consent (opting in or out).

The scope of the meeting was quite large, delving into many other issues, including how to handle sensitive information; minors and consent; the ability to revoke consent; auditing consent; transferring data between data exchange projects; and the use of de-identified data.

It is clear the Office of Health Information Technology Transformation is bringing patient consent in data exchange and similar type projects into the spotlight. I encourage members of NYHIMA to become more involved in these discussions with the State. HIM professionals have a unique, specialized background in understanding healthcare operations while also understanding the duty to protect a patient's privacy. There will be more to come with the Office of Health Information Technology Transformation posting a paper for comment on its Web site at: <http://www.health.state.ny.us/technology/>.

*Submitted by:
Dianne Koval, MHA RHIA CPEHR*

Simple Suggestions Aid EHR Implementation

Here are some tips to help ensure a smooth transition to an EHR system, offered by Bonnie Kaplan, PhD, FACMI, a lecturer at the Yale Center for Medical Informatics in New Haven, CT:

1. Involve staff members in decisions and design related to EHR implementation
2. Enlist widely respected experts to serve as opinion leaders and assist in the transition
3. Work gradually, while emphasizing the benefits of planned changes
4. Assess the situation honestly without hype or pessimism
5. Listen to feedback, and use these ideas to improve and control the frequency of the changes
6. Observe the interaction of the people, the organization, and the technology
7. Remember that people are more important than technology, and that the use of technology is the means to an end—improved patient care
8. Ensure that implementation plans consider what people think about their work and what their roles in the organization mean to them

9. Make evaluation part of the process to monitor progress and identify adjustments necessary to facilitate a smooth transition
10. Anticipate both expected and unexpected occurrences and consequences.

*Source: HCPRO EHR Connection e-newsletter,
Volume 4, Issue 44, November 5, 2007*

HIPAA News and Information:

HIPAA Audit – The 42 Questions HHS Might Ask

An article in Computerworld on June 19, 2007, looked at an Atlanta, GA, hospital's experience in March of 2007 as the first institution in the country to be audited for compliance with the security rules of HIPAA. The action on the part of the OIG at Piedmont Hospital is being looked at by some portions of the healthcare community as a precursor of similar audits at other institutions.

The article contains a list of the 42 items that HHS officials requested information on from the facility within 10 days of the audit.

You can read the entire article by copying and pasting the following URL into your Web browser: <http://www.computerworld.com/action/article.do?command=viewArticleBasic&articleId=9025253>.

Submitted by: Patty Thomas, RHIT

HIPAA Audit Concerns Healthcare IT

An article in Computerworld on June 15, 2007, discussed concerns raised in the healthcare industry about the prospect of more enforcement actions related to the data security requirements of the Federal HIPAA legislation after an audit of Piedmont Hospital in Atlanta, GA. The audit was the first of its kind since the HIPAA security rules went into effect in April 2005.

The article is available by copying and pasting the following URL into your Web browser:

<http://www.computerworld.com/action/article.do?command=viewArticleBasic&articleId=9024921>.

Submitted by: Patty Thomas, RHIT

On the National Front

2008 Hospital Outpatient PPS Update

CMS has officially released its 2008 final rule for the Hospital Outpatient Prospective Payment System (PPS), **72FR66580**, which becomes effective on January 1, 2008. The rule includes updates to the Ambulatory Surgical Center Payment System, including specific HCPCS code updates; the Hospital Inpatient Prospective Payment System and FY 2008 payment rates, and Hospital Conditions of Participation for Necessary Provider Designations of Critical Access Hospitals.

The rule retroactively revises the FY 2008 inpatient PPS rules, previously announced and then changed by Congress in October, and applies documentation and coding adjustment rates for the FY 2008 rates, including changes impacting Medicare-dependent small rural hospitals and sole community hospitals.

The interim portion of the rule applies to graduate medical education payments. Comments on the interim portion are due by January 28, 2008.

The notice was posted in the November 27, 2007, Federal Register and can be accessed by copying and pasting the following URL into your Web browser:

http://www.access.gpo.gov/su_docs/fedreg/a071127c.html. Please note that the file is quite large (600+ pages) and may take awhile to load.

Source: AHIMA Advantage e-alert, Volume 9, Issue 46, November 28, 2007

Physician and Part B Payment Schedule

CMS has released the final rule for physician payment and other Part B policies, as well as for ambulance services and the amendment of e-prescribing exemption for computer-generated fax transmissions.

The final rule includes changes to physician payments that, subject to potential Congressional reversal, will lower payments by some 10%. Other changes include refinements to resource-based practices; expenses; relative value units; requests for additions to the list of telehealth services; several coding issues (including additional codes from the five-year review); final PQRI Quality Measures; and revisions to the ambulance fee schedule.

Amendment of the e-prescribing exemption for computer-generated fax transmissions would allow for fax use during network outages once the exemption is eliminated in 2009 (**72FR66333**.)

Details can be found by copying and pasting the following URL into your Web browser:
http://www.access.gpo.gov/su_docs/fedreg/a071127c.html.

Source: AHIMA Advantage e-alert, Volume 9, Issue 46, November 28, 2007

Medicaid Updates: PERM

CMS has implemented the Payment Error Rate Measurement (PERM) program to measure improper payments in the Medicaid program and the State Children's Health Insurance Program (SCHIP). PERM is designed to comply with the Improper Payments Information Act of 2002 (IPIA: Public Law 107-300). CMS is using a national contracting strategy, consisting of three contractors, to perform various steps in the process, including a medical review of selected Medicaid fee-for-service claims throughout FY 2006.

In FY 2007, CMS expects to expand the program to include the measurement of eligibility and managed care improper payments in Medicaid and SCHIP. Under PERM, reviews will be conducted in three areas:

1. fee-for-service,
2. managed care, and
3. program eligibility for both the Medicaid and SCHIP.

CMS has not issued guidance for 2008 because it is still analyzing 2006 and 2007, and may make changes. For more information, go to:

<http://www.cms.hhs.gov/PERM/>.

*Submitted by: Kelley J. Lawson, RHIT CCS CPC-H
Source: Medicaid Update, Volume 23, No. 10, October 2007*

Medicaid Updates: Inpatient Admission from ER

When a patient presents at the emergency room for treatment and is subsequently admitted, the hospital should submit **only** an inpatient claim to the Medicaid Program.

A bill for the emergency room service **may not** be billed in addition to the inpatient claim, regardless of whether the service in the emergency room occurred on the same day as the admission or on the previous calendar day.

*Submitted by: Kelley J. Lawson, RHIT CCS CPC-H
Source: Medicaid Update, Volume 23, No. 10, October 2007*

OIG FY 2008 Workplan

The OIG's workplan for FY 2008 was released on October 1, 2007. The Work Plan addresses the areas and issues the OIG intends to audit, evaluate, and inspect during Federal Fiscal Year 2008. It also provides some insight into the areas and issues that may evolve into future OIG enforcement activities. Facilities should consider the Work Plan in relation to their operations.

You can subscribe to an online feed, which will update you on Medicare issues, by copying and pasting the following URL into your Web browser: http://medicareupdate.typepad.com/medicare_update/. Then click on the 'subscribe' link on the right side of the page.

Submitted by: Kelley J. Lawson, RHIT CCS CPC-H

On the State Front

MDS Broadband Connectivity Update

The MDS can be submitted using broadband again so we're not restricted to a certain modem speed. This takes us back to where we were in 1999 before New York State was required to step backwards technology-wise and submit data via a modem.

Current information regarding broadband is available at: <http://www.qtso.com>. Click the MDCN information link in the blue outlined box on the right hand side of the page. Check the update date below the MDCN Information link and, if the date is more recent than your last visit, select the link to check for updates.

The MDCN page on QTSO contains information regarding network installations, connectivity limitations, a waiver request form, version 7.0.2 of the dialer, and more.

Contact the MDCN Help Desk, (800) 905-2069, for assistance with any questions you may have.

*Submitted by: Karen Fabrizio, RHIA
Source: CMS MDS Welcome Page*

AHIMA NEWS AND INFORMATION

2008 Ballot: Call for Nominations Deadline

The process of selecting a slate of candidates for AHIMA's Board of Directors, CAHIM, and Council on Certification, for terms beginning in January 2009, has begun.

Members are encouraged to seek one of the national elected positions themselves or assist the Nominating Committee by identifying individuals who will provide strong leadership for the association in the years ahead. This is an opportunity to share your expertise, or that of a colleague, with your peers. Serving in an AHIMA leadership role helps you sharpen your leadership skills and abilities; strengthen your professional network; become more valuable to your employer; enhance your marketability to potential employers; and establish new friendships and contacts that last a lifetime.

Copy and paste the following URL into your Web browser and log in to the CoP to obtain a copy of the "Call to Nomination Guide":

<http://cop.ahima.org/COP/StateLeadersandHOD/Resources/Attachment.fusion?AttachmentID=3102>.

Nomination forms must be submitted electronically and are due to Marilyn Render at AHIMA no later than close of business on **Thursday, January 31, 2008**.

Email Marilyn, marilyn.render@ahima.org, if you have any questions on the nomination process.

Source: AHIMA Advantage e-alert, Volume 9, Issue 45, November 14, 2007

Winter Team Talks

AHIMA has announced the dates and locations for Winter Team Talks. This year there will be two locations: Las Vegas on March 6, and Washington DC on April 7 (in conjunction with Hill Day on April 8.) Meeting and hotel registration details are available on the State Leaders and HOD CoP.

Mark your calendar and don't miss this opportunity to hear the latest information affecting your profession first-hand.

Source: AHIMA Advantage e-alert, Volume 9, Issue 44, November 7, 2007

2008 Convention

The 2008 AHIMA Convention will be held in Seattle, WA, from October 11 to 16. The following link to AHIMA's Web site will take you to the main housing information page:

<http://www.wynjade.com/ahima08/index.cfm>.

Once there, you can choose additional drop-downs from the left of the page to obtain additional information about individual hotels and their amenities.

Please note that the AHIMA discounted housing rate cannot be guaranteed for any reservations made after September 12, 2008.

Source: AHIMA Resources e-News, November 2007

Report from the House of Delegates Issue Forum #2

Vision 2016: Blueprint for Quality Education in HIM

The discussion for this forum centered around the Vision 2016 White Paper that was discussed in the September 2007 *Journal of AHIMA* p. 24-28. The white paper called for a:

1. Move to a graduate level profession by 2016.
2. Realignment of the associate degree programs.
3. Preparation of a pool of qualified faculty.

Most of the discussion was focused on item #1. It is important to note that no decision about how this would be done has been made. One possibility is to move the RHIA certification to the master degree level. That would mean that a candidate would be required to graduate from an approved or accredited master degree program in HIM before the candidate could take the RHIA exam. (At this time, master degree programs are only approved. However, in the future, those programs will probably have formal accreditation.) Another possibility is to add a new master level certification. One suggestion was that the certification could be RHIA-M or MHIA to indicate master level.

There was concern about where this would leave the existing bachelor degree programs. It is possible that a student could graduate from a bachelor degree program and not be eligible to take a professional certification exam. AHIMA staff members stated that many of the bachelor degree programs would probably add the graduate degree program and they stated that had already begun to happen.

The problem with the master level is the lack of qualified faculty members who have doctoral preparation. This problem is being aggravated by the graying of the professoriate. Many of the existing faculty will retire prior to 2016. AHIMA thinks it will probably be necessary to pull in faculty from other disciplines to teach in graduate programs. The issue forum discussed ways to encourage younger individuals to obtain their doctoral degrees and to enter academia. As health information management professionals, we should always encourage advanced education and find ways to help others achieve it.

The proposal regarding the associate degree programs was to give the programs more flexibility in developing specializations in areas such as coding and cancer registry. Participants indicated that this might be useful in certain areas of the country but that other parts of the country needed generalists who could be trained to work in a variety of areas.

The outcome of the House of Delegates was the adoption of a resolution that asked the AHIMA Board of Directors to study the white paper in more detail. We can expect to see these issues return to the House of Delegates over the next few years. Stay turned!

*Submitted by:
Donna Silsbee, Ph.D. RHIA CTR CCS*

ON THE LEGISLATIVE FRONT

Senate Passes HHS Appropriations Bill

The Senate passed **HR 3043**, the Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations Bill, on October 23, 2007. The Senate version of the legislation provides a total of \$71-million for the Office of the National Coordinator (ONC) for “grants, contracts and cooperative agreements for the development and advancement of an interoperable national health information technology infrastructure”, compared to the House version which provided \$61+-million for ONC.

The Senate bill’s total cost is \$606-billion, with \$149+-billion for discretionary spending (the House bill is \$151-billion), representing a \$5.4-billion increase in discretionary spending from FY2007 and \$9.6-billion more than requested by President Bush.

The House and Senate must now reconcile the two measures before they can be sent to the President (who has issued a veto threat because the bill exceeds his overall budget request.)

*Submitted by: Kelley J. Lawson, RHIT CCS CPC-H
Source: AHIMA Advantage e-alert,
Volume 9, Issue 43, November 1, 2007*

Health IT Bill Update

The House is expected to consider the AHIMA-supported **HR 2406** soon. The bill would authorize the National Institute of Standards and Technology (NIST) to increase its efforts in support of the integration of the healthcare information enterprise in the US. The bill is to be considered under “Suspension of Rules”, which is an expedited procedure to consider noncontroversial legislation. For House passage under “Suspension”, HR 2406 will need to receive a two-thirds majority or 287 votes.

The bill unanimously passed the House Science and Technology Committee on October 24, with an amendment directing NIST to establish a task force to develop a strategic plan for healthcare terminologies and classifications, and lists AHIMA and the American Medical Informatics Association (AMIA) as industry groups that should be included on the task force.

For additional information on this important legislation, go to the Advocacy Action Center of AHIMA’s Advocacy Assistant at:
<https://secure.ahima.org/DC/Login.asp>.

*Submitted by: Kelley J. Lawson, RHIT CCS CPC-H
Source: AHIMA Advantage e-alert,
Volume 9, Issue 43, November 1, 2007*

FROM YOUR PEERS

AHIMA’s ACE Challenge Program

The **ACE** Challenge Program was launched in July 2007 at the AHIMA Leadership Conference in Chicago. ACE stands for **Action Community for e-HIM Excellence**. It is a program designed to energize leadership skills and mobilize AHIMA’s network of HIM experts and change agents. ACE members offer their expertise, experience, and leadership skills to individual AHIMA members, Component State Associations (CSAs), and AHIMA’s advocacy efforts, educational offerings, and publications.

ACE Challenge engages, identifies, mentors (students and new professionals, launching them to great careers); and prepares and recognizes those working to transform HIM practices. ACE members speak at state and/or national HIM conferences and meetings; participate in regional health information exchange activities; lead data quality improvement efforts within your organizations; and collaborate in advancing HIM practice in their communities.

The program recruits and develops leaders who can share knowledge and mentor others. Developing our HIM expertise can make a difference throughout the entire healthcare system, promoting quality care through quality information.

You can become a member of the ACE Challenge through self-nomination or by recommendation from a colleague. I joined the ACE Challenge in August of 2007 to serve others in a leadership role to advance e-HIM, to be a part of change, and to participate in a committed volunteer corps around the country that is actively embracing e-HIM.

The first step in joining ACE and participating in the challenge is an online self-assessment. To nominate yourself or a colleague, go to the following page of the AHIMA Web site, <http://www.ahima.org/ace>, where you will find the online nomination forms and the self-assessment.

Please nominate your colleagues, explore the program yourself, and consider joining the challenge. As the community grows, ACE members’ names, contact information, and expertise area will be available through the Web site.

*Submitted by:
Renato Estrella, MSHA RHIA*

References:

- "Putting the Action in HIM: AHIMA Introduces the ACE Challenge", *Journal of AHIMA* 78, No. 7, July 2007, p. 90 and
Dimick, Chris. "Getting Excited About e-HIM.", *Journal of AHIMA* 78, No. 9, October 2007, p. 132

NYHIMA NEWS AND INFORMATION ***Scholarship and Awards Nominations***

If you are a student in an AHIMA-accredited program, or thinking or becoming a returning student, NYHIMA has three scholarship programs available:

- The Mary M. Zannis Scholarship is a \$1000 scholarship awarded by NYHIMA to a qualified full or part-time student currently enrolled in an AHIMA accredited health information management program in New York State.
- The Returning Student Scholarship is a \$1000 scholarship for an applicant who is a current member of AHIMA and NYHIMA, enrolled in an AHIMA-eligible or accredited program.
- The Book Fund Scholarship is a \$300 award given by NYHIMA to two full or part-time students enrolled in an AHIMA-approved health information management program.

The deadline for scholarship applications is **Thursday, January 31, 2008**. All application forms and full eligibility requirements are available on the [Scholarship and Awards](#) page of the NYHIMA Web site, www.nyhima.org.

NYHIMA is also looking for nominations in three other acknowledgment categories: Distinguished Member, New Professional, and Author's Award. The deadline for these nominations is **Thursday, February 28, 2008**. The forms for these awards are also available on the [Scholarship and Awards](#) page of the NYHIMA Web site, www.nyhima.org. Please start thinking now of a deserving NYHIMA member that you would like to see acknowledged and nominate them for recognition.

Submitted by:
Kathy Barry, RHIT
NYHIMA Awards Committee Chair

Congratulations To:

The Class of 2007 Graduates of Alfred State College's Internet-based HIT program on achieving a 100% pass rate on the RHIT national certification exam, compared to the national average of 78%. This is the fourth year since 2000 that ASC graduates received 100% passing scores!

People on the Move:

Alison Nicklas, RHIA CCS (AdHIMA) has accepted the position of Director of HIM at St. Francis Hospital in Hartford, CT effective January 1, 2008.

On the Local Front: **Central New York HIMA**

We have had a busy fall schedule, starting with a free educational program for our members on time management. We hope to be able to provide additional such programs throughout the year.

Peggy Presbyla, RHIA CHP and Kevin Keuhner, Esq. presented a wonderful program at Oneida Healthcare Facility on privacy and confidentiality. We are fortunate to have in our local one of the first individuals in New York to receive the CHP credential. Peggy is truly an asset to our profession. In addition, to have a trial lawyer willing to take time out of his busy schedule to drive to another city to meet with us is phenomenal. Kevin has always provided us with relevant information and a unique perspective on many of the issues with which we struggle. The presentation contained a nice exchange of ideas with a great deal of humor.

November's program was on post-discharge queries and was presented by Leslie Slater, MS RHIA. Leslie walked us through the methodology to identify and write a query to solicit the desired responses. It is important to have a well-developed tool that meets the facility's record requirements and does not lead the physician. Thank you to Auburn Memorial Hospital for hosting this program.

We are working hard on upcoming offerings for the spring semester and hope to have details to you soon. Watch your inbox/mailbox for information on the Central New York RHIO. We have a speaker willing to present information in the Syracuse area and are finalizing details at this time.

Mark your calendar now for our 2008 Annual Meeting. It will be held on May 2 in Syracuse and we will be providing more information as it becomes available.

Submitted by: Karen Fabrizio, RHIA

Rochester Regional HIMA

The November 7 meeting was held at Harris Beach PLLC in Pittsford, NY. Ted Kramer, MPH, Executive Director of the Great Rochester RHIO, gave a presentation entitled "The Greater Rochester RHIO and the RHIO Landscape." He shared with the group that RHIOs, while often quite different, face similar policy, privacy and organizational issues as they form and begin delivering value across the country. He then shared the experiences of one RHIO's efforts to date in the context of larger Federal and state initiatives as an example of how RHIOs often spearhead information systems projects that are sometimes in front of solid organizational and policy footings.

[NB: an article on the rollout of the Greater Rochester RHIO, published in the Rochester Democrat and Chronicle on Sunday, November 25, contained several quotes from Mr. Kremer. You can read it by copying and pasting the following URL into your Web browser:

[http://www.democratandchronicle.com/apps/pbcs.dll/article?AID=2007711250353.](http://www.democratandchronicle.com/apps/pbcs.dll/article?AID=2007711250353)]

The second presentation of the day was by Penny Weller, LCSW-R, Program Implementation Manager at Excellus, who spoke on "Medical Orders for Life-Sustaining Treatment (MOLST). MOLST converts patient treatment goals into medical orders through effective communication with the patient and informed medical decision-making. She defined the importance of the MOLST form as a transition-of-care tool, and discussed the critical role of the HIM professional in the effective implementation of MOLST.

Submitted by: Jane Osburn, RHIA

Be On the Lookout For: 2008 Annual Conference



The 2008 Annual Conference Preliminary Program and Registration will be in your mailbox soon. This year's conference, hosted by the members of the Adirondack HIMA, is June 15-18, in Saratoga Springs.

The program has been re-designed with a whole new look, so watch for it, check out the exciting programs and networking opportunities, and register early to be part of NYHIMA's "HIM Magic."

**Wishing you seasons greetings
and a Happy New Year!**

**NYHIMA Board of Directors
and
Central Office Staff**