The HIPAA in the Room: Preparing for the 9/23 Compliance Deadline

On January 25, 2013, the Department of Health and Human Services (HHS) released the final HITECH modifications to the HIPAA privacy and security regulations. As a result, AHIMA members will need to add some new items to their to-do lists, according to Rose Dunn, MBA, RHIA, CPA, FACHE, chief operating officer at First Class Solutions, Inc. in Maryland Heights, MO. Dunn is implementing new policies at her own organization and helping her clients with several tasks.

“We are reviewing the final rule, comparing current policies and procedures to the rule, updating those policies and procedures, and re-educating the workforce,” says Dunn, a member of the 2013 AHIMA Privacy and Security Practice Council. “Our goal is to have sufficient safeguards in place to minimize or eliminate the chance of protected health information (PHI) being inappropriately handled or disclosed.”

**Read the Rule**
First, read the rule and strive to understand it. You might start with AHIMA’s analysis, but be sure to read the entire rule because the commentary and responses will provide valuable insight, recommends Peg Schmidt, RHIA, CHPS, chief privacy officer at Aurora Health Care in Milwaukee, WI.

“Break that rule into pieces. Don’t look at it as the 500-some pages it is,” says Schmidt, an AHIMA Privacy and Security Council member. The rule, which went into effect March 26, has a compliance date of September 23, 2013.

“The timeline is really quick,” acknowledges Schmidt. “And you really can’t delay in planning for these changes. Yet my organization needs my support for the everyday things. It seems more manageable if you can break it into pieces and focus on one piece at a time.”

**Make a Plan and Identify Partners**
LaVonne Wieland, RHIA, CHP, system director of compliance and privacy compliance at HealthEast Care System based in St. Paul, MN, created a draft action plan in February.

“It’s pretty much me running the show,” says Wieland, an AHIMA Privacy and Security Council member. “I do have a small HIPAA compliance task force that meets quarterly, and we are going to meet more often for a little while. In my action plan, I’m trying to identify which other departments or people am I going to need to work with, including our legal counsel.”

**Focus on Education**
Elisa R. Gorton, RHIA, CHPS, MAHSM, assistant director medical records/special projects and privacy officer at St. Vincent’s Medical Center in Bridgeport, CT, says she is focusing on education.

“One of the greatest challenges is the availability and the access that our employees or business associates have to electronic health information,” says Gorton, another member of the AHIMA Privacy and Security Practice Council. “The temptation is always there to look.”

As a result, staff education is ongoing, says Gorton. “We need to make sure that all employees and associates are aware of the changes and how they affect what they do on a day-to-day basis,” she says.

Here are some key highlights from the rule, and some “to-dos” you might add to your action plan.

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**Statistical Snapshot**
Did you know that the District of Columbia has the highest average tenured AHIMA member at 14.60 years?

Source: AHIMA member database
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What's new: The “risk of harm” threshold first issued in the breach notification draft rule under HITECH is now replaced with "a more objective standard."

To do: Review the rule and develop a risk assessment based on these and other components outlined in it. Essentially, the rule change says that everything is considered a breach until you do a risk assessment and prove otherwise. However, if you are certain there was a breach and you will report it as a breach, you do not have to perform a risk assessment. An organization must use due diligence when determining whether or not to conduct a breach risk assessment.

Some areas to look at include: What is the nature and extent of the PHI involved, including the types of identifiers? What is the likelihood of re-identification? Who is the unauthorized person who used the PHI or to whom the disclosure was made? What was the probability that the PHI was actually acquired or viewed? What is the risk of the PHI being used and have you appropriately mitigated that risk?

What's new: Business associates of HIPAA-covered entities are directly liable for compliance with HIPAA requirements.

To do: While business associates are now responsible for security compliance, implementing breach safeguards, and conducting risk assessments, at the end of the day, covered entities are on the hook for reporting any breaches to HHS and the patient. Potentially, you could require business associates to report breaches to patients, but as the covered entity, you will ultimately receive a violation if it’s not reported within 60 days. Consider amending your business associate agreements to build in timelines for reporting suspected breaches. You don’t want to be blindsided with a breach notice on day 59, leaving you one day to scramble. Specify who in your organization the business associate should contact and how.
Because many large healthcare organizations may have hundreds of business associates, the final rule allows for an extended compliance date to review your business associate agreements to make them in full compliance.

**What’s new:** The use and disclosure of protected health information for marketing and fundraising purposes is more strictly limited. In addition, the sale of protected health information is expressly prohibited without individual patient authorization.

**To do:** Revise your Notice of Privacy Practices if your organization conducts fundraising. Allow patients an easy way to opt out of fundraising communications and develop an operational process to track these requests. Under law, patients who have opted-out can report you for being solicited, and you can be fined. In addition, understand what type of marketing is done in your organization, compare that to examples given in the rule, and set up appropriate policies to attain patient consent as needed.

**What’s new:** Patients now have the right to restrict insurance companies from accessing portions of their medical records if they paid for the corresponding treatment out of their own pocket.

**To do:** This change is of particular concern to HIM professionals because many EHR systems currently don’t have the capacity to single out areas of a record and restrict access to specific individuals, like payers. Look at the integrity of your clinical documentation. Restricted information may be embedded throughout the entire medical record. Work with your vendors to develop a way to honor a patient request to restrict only a portion of his or her medical records.

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**AHIMA Resources**

These are just some of AHIMA’s many helpful, up-to-date resources on privacy and security. (Have your AHIMA login and password ready; some are free, while others are available for purchase.)

**Attend:** HITECH Privacy and Security Symposiums: April 18–19; June 6–7; July 29–30; August 22–23

**Learn Online:** [HIPAA Complete Six-Course Training Program](https://www.ahima.org/training/hipaa-complete-six-course-training-program) (courses may be taken individually): [HIPAA Compliance for Health Plans](https://www.ahima.org/training/hipaa-compliance-for-health-plans); [HIPAA Transactions Testing](https://www.ahima.org/training/hipaa-transactions-testing); [HIPAA Business Associate Relationship](https://www.ahima.org/training/hipaa-business-associate-relationship); [HIPAA Compliance for the Financial Sector](https://www.ahima.org/training/hipaa-compliance-for-the-financial-sector); [HIPAA Medical Research Compliance](https://www.ahima.org/training/hipaa-medical-research-compliance); [HIPAA Policy and Procedure Development](https://www.ahima.org/training/hipaa-policy-and-procedure-development)

**Read Practice Briefs:** [Sanction Guidelines for Privacy and Security Violations](https://www.ahima.org/practicebriefs/sanction-guidelines-for-privacy-and-security-violations) (Updated) and [Mobile Device Security](https://www.ahima.org/practicebriefs/mobile-device-security) (Updated)

**Listen to Audio Classes:** [HI-TECH–Do No Harm–Breach Notification Rule](https://www.ahima.org/elearning/hi-tech-do-no-harm-breach-notification-rule)

**Read Thought Leadership Papers:** [The Privacy and Security Gaps in Health Information Exchanges](https://www.ahima.org/thoughtleadership/the-privacy-and-security-gaps-in-health-information-exchanges)

**Acquire New Books:** [Preparing for a HIPAA Security Compliance Assessment](https://www.ahima.org/ahima-store/hipaa-security-compliance-assessment)

**Earn a New Credential:** CHPS (Certified in Healthcare Privacy & Security) Exam Prep Workshop—May 20–22 or July 15–17

**Visit:** [AHIMA’s privacy and security page](https://www.ahima.org) to learn about these and other resources.
**Patient Health Information Director Understands the Importance of Privacy**

Sheila D. Burgess, RHIA, CDIP, RN, HIT PRO-CP, is the director of patient health information improvement program at Community Health Systems in Franklin, TN, and a current member of AHIMA’s Privacy and Security Practice Council. In her current position, Burgess primarily focuses on documentation improvement. But she is quick to note that “it is impossible to turn off the privacy officer aspect of my HIM education and training. When I am working in a facility, if I identify any type of potential privacy concern I immediately speak with the HIM director at the site.”

**Thirst for Knowledge**

Burgess is a strong advocate for education. “My biggest challenge was completing three degrees while raising two daughters and working full time. I was not able to take time off to complete my education, so I burned the candle at both ends. But it has been worth it and my career has grown by leaps and bounds because of it.”

Burgess became interested in privacy and security in 2002 when she joined the HIPAA committee at South Peninsula Hospital in Homer, AK. She completed her associate’s degree, obtained the RHIT credential, and began working full time as a coder. “In 2003, I felt that I was missing something from the patient experience that would enrich my knowledge and improve my coding. So I decided to return to college and complete my RN degree.” After obtaining her RN license in 2005, Burgess enrolled in the hospital administrative service program at Weber State University in Ogden, UT, with a plan to obtain her RHIA credential. “During that time, I worked as a coder and as a utilization improvement nurse on an as needed basis. I graduated in 2008 from WSU and obtained the RHIA credential the same year.”

Since obtaining her credentials, Burgess has worked as an HIM director and privacy officer for a non-profit community hospital in Alaska and then for a facility in Florida which is part of a for-profit corporation. In 2010, Burgess taught a privacy and security course for University of Alaska Southeast (UAS). “Most of the students enrolled in this course had been working in the HIM profession for many years and had a good understanding of HIPAA. Breaking down the privacy and security rules was more complex than some students originally thought, but they brought interesting case studies from their work lives into the class. These real-life case studies enriched the learning experience for all of us, myself included.”

The part of her career that brings Burgess the most satisfaction is “the opportunity to mentor new and upcoming HIM professionals. Being a resource to others and assisting in the expansion of our profession is vital as we face the challenges ahead with meaningful use and healthcare reform.”

**Privacy is Job One**

Burgess advises fellow AHIMA members to stay current on their knowledge of privacy issues in order to be prepared for changes ahead. “With the expansion of meaningful use and proposed modifications to HIPAA privacy and security regulations, I think expanding your knowledge of how information is shared within electronic systems will be very important.” Burgess also notes that “all HIM professionals should be expanding their knowledge to meet the changing future of data sharing and continue to be strong advocates for patient privacy.”

Burgess feels strongly that “it is the right of every individual to be assured that the confidential information provided for our healthcare is protected. If a patient is worried that something might be leaked, they may make a decision to withhold vital information from their healthcare provider,” she said. “The provider is not able to provide optimal care to a patient if they do not have a true and accurate representation of the patient they are treating.”

**“Being a resource to others and assisting in the expansion of our profession is vital as we face the challenges ahead with meaningful use and healthcare reform.”**
Save the Date for the 2013 Leadership Symposium
The Leadership Symposium is an exciting two-day meeting that will focus on leadership and governance. The 2013 Symposium will take place July 12–13 in Chicago, IL at the Westin Hotel. A reception will be held on the second day of the meeting. Mary Byers, CAE, author of Race for Relevance, will be presenting an interactive workshop. Joe Fifer, FHFMA, CPA, president and CEO of the Healthcare Financial Management Association, will speak on environmental scanning and the future of healthcare. There will also be breakout session focused for CSA leaders and delegates. New this year, the Coding Roundtable Coordinators Meeting will be held on October 25 at the AHIMA Annual Convention and Exhibit.

2013 AHIMA Triumph Awards Nomination Deadline
Each year, the AHIMA Triumph Awards are given out at the AHIMA Annual Convention and Exhibit. It is a great honor to be nominated for and receive one of these prestigious awards. Find out the categories, descriptions, qualifications and the guidelines for nominations here. On this page, you can also review the list of past recipients. Find additional information and the online nomination form. The 2013 nomination deadline is June 3. If you have any questions, contact Marilyn Render. The 2013 AHIMA Triumph Awards will be presented at AHIMA’s Annual Convention and Exhibit in Atlanta, GA, October 26–30.

Apply to Become an AHIMA Fellow
Don’t miss out; apply to become a FAHIMA before the next application deadline on May 31. The AHIMA Fellowship Program is a path of earned recognition for AHIMA members who made significant and sustained contributions to the profession. Apply today using the online application form. Additional details such as the quarterly submission deadlines are also available on the website.

AHIMA Advantage Newsletter Now Available as a Mobile App
AHIMA Advantage, AHIMA’s monthly newsletter since 1996, is now available as a free download in the Apple iTunes store for Apple devices, Google Play for Android devices, and Amazon store for Kindle devices. Download the app for your compatible device and read Advantage on the go, wherever and whenever it’s convenient. The online version of the newsletter is still available, and, as always, we value your feedback.

Grace Award Applications Now Being Accepted
AHIMA is pleased to announce applications are now available for its second annual AHIMA Grace Award. Named for AHIMA founder Grace Whiting Myers, the AHIMA Grace Award: In Recognition of Excellence in Health Information Management honors healthcare delivery organizations that demonstrate effective and innovative approaches in using health information to deliver high quality healthcare. The nomination form is available here and will be accepted until midnight on June 30. The award will be presented at the 85th AHIMA Annual Convention & Exhibit.

Student Bulletin Board Contest Open
AHIMA would like to celebrate its 85th anniversary with our student members by kicking off our 2013 Student Bulletin Board Contest. Each CAHIIM-accredited and AHIMA-approved school has the chance to create a bulletin board promoting both AHIMA and HIM initiatives. Once your AHIMA bulletin board is complete, submit a jpeg of the presentation along with this form to erin.duvic@ahima.org. The winner will receive $500. If the $500 is spent on traveling to AHIMA’s 2013 Convention, we’ll throw in five free student registrations. Submissions are due by June 1, and the winner will be chosen on July 31. If you have any questions regarding the contest, contact erin.duvic@ahima.org.

New Career Prep Webinar
AHIMA’s new Career Prep Webinar will feature how to best manage a LinkedIn account on April 15, from noon to 1 p.m. CT. The webinar will be facilitated by career coach Lyne Tumilson, CAE, and will review why to start an account, how to create a profile, who to connect with, and many more LinkedIn topics. If you are interested in attending the webinar, email erin.duvic@ahima.org. To access previous Career Prep Webinars, click here.
HIMSS, AHIMA Identify HIE Staffing Trends

With the escalation of healthcare reform initiatives such as HITECH and the Affordable Care Act, healthcare information exchange (HIE) organizations have become prime employers for both aspiring and experienced HIM and HIT professionals. Noting this trend, along with the need for more formal research on the education, training, resources, talent, and experience needed to effectively and efficiently staff HIE organizations, AHIMA and the Healthcare Information and Management Systems Society (HIMSS) established a joint workgroup to explore both current and planned HIE staffing models. The result is a new white paper, “Trends in Health Information Exchange Organizational Staffing: AHIMA/HIMSS HIE Staffing Model Environmental Scan.” The paper outlines recommendations for moving the industry forward and serves those seeking employment focused on data exchange or HIE activities and those exploring education, training and certification opportunities to enhance their knowledge and skills in this area. Download from the AHIMA website.

Plan to Attend the IFHIMA Congress in May

The IFHIMA Congress is taking place May 13–15 in Montréal, Québec. The program is now available on the IFHIMA website. The program has been divided into seven streams to engage every delegate. An international attendance of approximately 1,200 from over 20 countries is anticipated. Now is our opportunity to come together and share experiences, best practices, and discuss the future of the HIM profession as it continues to evolve with the ever-changing healthcare system. Visit the IFHIMA website today to register for this exciting event.

AHIMA’s Commitment to Training Top Trainers

AHIMA Academy ICD-10 trainers are considered leading trainers in the industry and AHIMA takes the responsibility of developing these trainers very seriously. The full AHIMA Training Academy program must be completed in order to become a trainer. We remind Coder Workforce Training attendees that they may not change their status from “Coder Workforce Trainee” to “Academy Trainer.” This policy ensures our ability to provide top quality educational experiences. Learn more about training options for both ICD-10 coders and trainers.

Certification Exam Update

The 2013 version of the CCA exam launched on April 1 with immediate scoring. Candidates must present the 2012 or 2013 version of the ICD-9 codebooks. Please be sure to review the list of allowable codebooks and note that the 2013 AMA CPT book is required. Candidates that do not present the correct versions of codebooks will forfeit their exam fees. Review the list to ensure you have the correct book.

The 2013 version of the CCS and CCS-P exams will launch on June 1. Immediate scoring will not be available; however, candidates will be presented with a test completion notice. Candidates must present the 2012 or 2013 version of the ICD-9 codebooks. Please be sure to review the list of allowable codebooks, and note that the 2013 AMA CPT book is required. Candidates that do not present the correct versions of codebooks will forfeit their exam fees. Review the list to for CCS and CCS-P to ensure you have the correct book.

In Memoriam

Michelle Mercieca, RHIT, of Farmington Hills, MI, died in January. She was president elect and had previously served as secretary/treasurer of the Michigan HIMA. She was employed at Henry Ford Health System Detroit as manager of coding and medical records.

Deborah A. DuCharme, RHIT, CCS, of Livonia, MI, has died. She was coding compliance and education coordinator at the University of Michigan Hospital and Health Centers.

Joan Hayward, of Vancouver, WA, died in February. A long-time employee at Portland Community College she served as Dean of its Allied Health and Science Division from 1994 until 2003. Hayward was a member of the Oregon HIMA and received its Distinguished Member Award in 1990. She served on AHIMA’s Board of Directors.

Susan Marie Pierce, RHIA, of Herndon, VA, passed away in February. She was a past president of the DCHIMA.

Geraldine Smothers, MPA, RHIA, CSI, CPHQ, FAHIMA, president and CEO of Professional Dynamic Network Inc. and founder of the Jordan Evans Institute, died in February. An AHIMA Foundation Merit Scholarship has been established in her name.

Aurora B. Trahan, RHIT, of Glendale, CA, died in December 2012.
National Volunteer Week
National Volunteer Week is April 21–27. Established in 1974, this event has grown every year since its inception and now includes the support and endorsement of all subsequent US presidents (click here to read the national resource guide) and many governors, mayors, and elected officials throughout the country.

According to National Service Resource Center, National Volunteer Week is about inspiring, recognizing, and encouraging people to seek out imaginative ways to engage in their communities. It’s about demonstrating to the nation that by working together, in unison, we have the fortitude to meet our challenges and accomplish our goals. It’s about taking action, encouraging individuals and their respective communities to be at the center of social change—discovering and actively demonstrating their collective power to foster positive transformation. National Volunteer Week celebrates and recognizes volunteers who take action and solve problems in their communities—ordinary people who accomplish extraordinary things through service.

Volunteer Opportunities at AHIMA
AHIMA offers many opportunities for members to volunteer and showcase their leadership abilities. Whether it is at the local, state, or national level, members have a full spectrum of volunteer opportunities and level of participation: from short-term tasks to elected terms in leadership roles. The benefits of volunteering include:

- Recognition as a committed leader in the profession
- Gaining career-related experience
- Networking with your peers
- Enhancing the public awareness and image of HIM

Becoming a volunteer leader enhances your skills by increasing confidence and abilities that can transfer throughout your career. This also increases your marketability as an expert in your field. Across all volunteer opportunities, such characteristics as a willingness to learn, share, strategize, communicate, educate, and lead are prevalent. Being a leader also includes mentoring and coaching other professionals.

Are You Ready to Lead?
Skills and competencies in both leadership and management are essential for a well-balanced approach toward career growth and professional development. You can self-assess your competence as a volunteer leader for AHIMA by using the AHIMA Volunteer Leadership Competencies Self-Assessment form. This document outlines the competencies for AHIMA’s volunteer leadership positions. It explains the core competencies all volunteers should strive for and specifies additional competencies for director or committee chair roles. It is a useful tool for professional development and when considering volunteering for leadership positions. A revised version of the assessment form has recently been posted on the AHIMA website, to reflect more leadership qualities.

AHIMA is committed to developing leadership in the HIM industry, the profession, and the Association. While these three areas of HIM leadership are distinct, there are common skills and competencies that can be identified, developed, and recognized, and which translate across the areas of leadership.

AHIMA demonstrates a commitment to developing leadership by providing many opportunities for professional growth and skill development. For example, the HIM Career Map and the many continuing education resources posted on AHIMA’s website are very useful tools to learn about potential career pathways for an HIM professional. In addition, the Leadership Resources topic on the State Leaders and House of Delegates Community of Practice has a wealth of leadership materials.

AHIMA has many dedicated volunteers participating on committees and volunteer groups to engage the membership in association activities, to develop valuable resources for HIM professionals and conduct AHIMA business. Interested members are welcome to apply for a 2014 appointed position by August 1; the selection process will begin in the fall.

AHIMA recognizes the irreplaceable value of volunteer leadership: the time invested, the diverse talents, and the dedication to the association, profession, and membership. Especially during national Volunteer Week, AHIMA would like to thank their hundreds of volunteer leaders for all they do in service of the organization.
Be a Voice for AHIMA Student Members: Apply for the Student Advisory Council

Would you like to represent AHIMA’s student population? Then apply to serve on the 2013–2014 Student Advisory Council (SAC). Every year, six new students are chosen to serve on the council, and the application process is now open for the 2013–2014 term. Whether you are a traditional student, attend school online, or pursuing your second career—all AHIMA student members are encouraged to apply today.

ISAC Monthly Conference Call
Each month the SAC participates in conference calls to plan how they will deliver student member initiatives throughout the year. Who better to provide insight on how we can best serve this demographic than our student members themselves? If you have a knack for working both creatively and collaboratively, the Student Advisory Council would be the perfect environment to cultivate those skills.

“I have found the calls valuable because they provide an opportunity to connect with each of the SAC members and AHIMA staff beyond our monthly assignments. The calls also serve as interactive brainstorming sessions; we build off of each other’s ideas to come up with a solution or consensus to the topic at hand.”
—Sebrina Campbell, 2012 SAC member

Council Publications
The Student Advisory Council is much more than a monthly call. Each student council member is charged with the task of writing articles to be featured in AHIMA publications such as the student e-newsletters—Student Connection and Student E-Alert. (If you do not already receive these publications, learn more here.) This is an opportunity for the council to report back to all AHIMA student members and serve as a voice for AHIMA’s 17,000 student members.

“Having the ability to have a voice through AHIMA publications raises my awareness of topics of importance. It is an empowering experience to know my opinion and areas of interest are being heard by vast numbers of professionals as well as students.”
—Kayla Zirbes, 2012 SAC member

Present at AHIMA’s Student Academy
One of the most exciting opportunities about serving on the council is the chance to present at AHIMA’s Student Academy meeting during AHIMA’s convention. The presentations will be recorded and made available to all AHIMA student members following the meeting.

“Presenting at the student academy was such a meaningful experience. I was able to network with several different people and it opened my eyes to all of the opportunities available in the health information profession.”
—Samantha Thomas, 2012 SAC member

AHIMA’s annual convention is not the only event for the SAC—Participate in Hill Day, Leadership and Advocacy Symposium. Council members are also asked to participate in the 2014 Hill Day and Leadership and Advocacy Symposium. The SAC has a number of responsibilities during the two day event, including assisting AHIMA speakers, serving as the point of contact for all students interested in advocacy, and managing AHIMA’s social media station. The event is a great opportunity to connect with your HIM state leaders as well as discover the importance and relevance of advocacy in HIM.

“Being involved in advocacy makes me wanting to be the social change-maker in the world of HIM, and to stimulate discussions with the legislators in order to make the healthcare system better for all. There is much that I can do now to stand up for my future profession.”
—Steve Stevens, 2012 SAC member

SAC Requirements

- applicant must be an AHIMA student member currently enrolled in an AHIMA-approved coding program or in a CAHIIM-accredited HIM program
- remain a student and an AHIMA student member for the 2013–2014 school year
- complete an application (including resume) and submit by 5 p.m. on April 12

Learn more about the Student Advisory Council today.
The HIPAA omnibus final rule brings significant enhancements to patient privacy protections. One well-known part of the rule allows patients the right to restrict insurance companies from accessing portions of their medical records if they pay out-of-pocket for the corresponding treatment. In many electronic health record (EHR) environments, this task is easier said than done.

In order to achieve compliance with this special handling of the sensitive information, The Office of The National Coordinator (ONC) and the Standards and Interoperability (S&I) Framework have been collaborating on a new initiative to segment certain metadata within a patient’s record prior to disclosure. The initiative is called Data Segmentation for Privacy or DS4P. The ONC defines the purpose of the collaboration to “enable the sharing of patient data in compliance with policy, regulation and patient consent through a technology framework applying HL7 vocabulary to segment certain data perceived as undesirable to share” and pilots are currently under way to test the specifications and identify policy and technical challenges.

New Rules for Sensitive Metadata
In order to comply with the new protections, functionality must be applied to current technologies to enable protection for certain or “sensitive” data within a patient’s record. Beyond the above example, there are many other circumstances where parts or “metadata” within a health record should be disclosed and re-disclosed.

The initiative has focused on sensitive data including information such as treatment of alcohol and drug abuse or mental health, minors, intimate partner violence and sexual violence, genetic and HIV testing where several federal laws are applicable when disclosing protected health information (PHI). In addition, state laws must also be researched and followed for compliance.

The user scenarios provided by the ONC and S&I Framework highlights the proposed process for segmenting the data. HL7 “tags” are used to identify the sensitive data. They are then applied to the CDA Summary of Care before the data is exchanging and sharing with other healthcare providers such as a primary care physician.

Tags that are applied to the CDA may indicate if the record should be re-disclosed either according to law or patient consent. The metadata tags could then be used to trigger a workflow alert in the EHR to either requiring increased protection or additional patient consent directive(s).

Types of privacy metadata tags used on the CDA in the proposed DS4P initiative are:

- **Confidentiality Codes**—used to communicate or enforce specific rules regarding access to data and uses a “highest watermark” approach.
- **Purpose of Use**—defines the allowed purposes for disclosure such as treatment.
- **Obligations**—includes instructions for the receiving party such as “do not re-disclose without consent.”

The ONC and S&I Framework have listed “complex privacy policies, granularity and consumer choice” as challenges that will need further exploration to create sound policies around data segmentation. Technical challenges listed were unstructured data, standardized computable policies, (such as restrictions not easily implemented electronically) and how to segment. It was mentioned that standardizing computer policies will need to include how to segment and this may be enhanced by the use of natural language processing (NLP) to capture and segment information from unstructured data.

So What’s Next?
With this change, comes opportunity for HIM professionals who are educated, trained, and certified on the various regulations affecting disclosure and are well-versed in working with natural language processing within our coding and transcription applications. AHIMA’s professional membership will add value and compliance by being involved in every aspect of data segmentation efforts.
AHIMA Advantage is Now Mobile!

Download the AHIMA Advantage mobile app to your Apple or Android device and read the newsletter on the go at your convenience.
The Council for Excellence in Education (CEE) continues to advance Reality 2016. The Council’s January meeting included a discussion of feedback from the two advisory groups which have formed in response to stakeholder’s comments. These advisory groups are:

- The Graduate Resource Alliance, which will expand the number of graduate programs with a health information focus and provide a platform for sharing resources in teaching, mentoring, and research.
- The Associate Education Coalition, which will develop curricula and implementation strategies for associate and post-associate specialty certificates.

The ongoing need to advance the HIM profession to a higher academic level was a recurring theme in the discussions. The bulk of HIM education and professionals today are at the associate level. Challenging associate-level professionals to take the next steps to the baccalaureate and graduate levels is central to the success of Reality 2016.

The CEE is committed to providing faculty development resources for both new educators and those already in the workforce. New faculty needs the basics, but existing faculty needs additional training on newly emerging, high-level content that may not have been part of the HIM repertoire they were in practice. The Faculty Development Workgroup is strategizing with the AHIMA Foundation to develop appropriate methods to deliver entry- and high-level content.

**Reality 2016 Next Steps**

- Develop a Reality 2016 CSA Toolkit. The CEE will work with a House task force to develop a toolkit consisting of resources to aid state leaders in advocating for advancing HIM education, supporting educators and educational programs, and fulfilling the core tenets of Reality 2016.
- Initiated request for market research to explore the possibility of a future graduate-level credential.

[Learn more](#) about Reality 2016 and stay tuned to [AHIMA Advantage](#) for more updates.

### AHIMA Foundation Acknowledges Memorial Gifts

The following memorial gifts were made to the AHIMA Foundation between January and March 2013.

**In Memory of Deborah A. DuCharme, RHIT, CCS**
Michigan Health Information Management Association

**In Memory of Charlotte A. Lefert, RHIA**
Mary B. Boden, RHIT
JoCarol M. Farmer, RHIA
Barbara J. Gosselin, RHIT
Lincoln Financial Foundation, Inc.
Debbie L. Rickelman, RHIT
Patricia M. Roloff, RHIT, CCS
Western Wisconsin Health Information Management Association
Pamela J. Wirth, RHIA

**In Memory of Michelle L. Mercieca, RHIT**
Michigan Health Information Management Association

**In Memory of Clarice Moersch**
Elizabeth D. Bowman, RHIA

**In Memory of Geraldine Smothers, MPA, RHIA, CPHQ, CSL, FAHIMA**
Liz Allen
Kimberly A. Baldwin-Stried Reich, MBA, MJ, RHIA, CPHQ
Barbara J. Black, MBA, SPHR
Nancy L. Blackburn, RHIA
Tara S. Blum, RHIA
John C. Cardone
Central Illinois Health Information Management Association
Patricia Cunningham, MS, RHIA
Roland S. Dale, MA, RHIA
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AHIMA Members State Case on Capitol Hill for HIM, HIE Issues

For the 11th straight year, AHIMA’s Hill Day brought AHIMA’s advocacy leaders to Washington, DC, in March to meet with their Senators and members of Congress to discuss the Association as well as issues important to the HIM profession. One hundred and seventy-five AHIMA advocacy leaders visited Washington this year from 43 states plus the District of Columbia to have over 150 meetings with their elected officials. AHIMA’s Hill Day is an opportunity for AHIMA’s advocacy leaders to meet with their federally elected officials to advocate for issues that are important to HIM professionals.

This year’s Hill Day focused on four key issues:

1. AHIMA and describing our leadership role in HIM, the implementation of ICD-10-CM and ICD-10-PCS, accelerating electronic health record systems and health information exchange, and HIM education
2. The HIM profession and its current challenges
3. The unique patient identifier and the need to remove the Labor, Education, and Health and Human Services legislative language that prohibits HHS from addressing the patient identifier issue
4. The Recovery Audit Contractor Program and encouraging representatives to cosponsor the “Medicare Audit Improvement Act” introduced by Representatives Sam Graves (R-MO) and Adam Schiff (D-CA)

These are important issues for the association and to ensure we are successful with our advocacy efforts, AHIMA’s Congressional Relations Manager, Margarita Valdez, developed a very strong and informative educational program to prepare our advocacy leaders for the day. The educational program began with a series of four webinars to address:

1. Introduction to Hill Day
2. Congressional Advocacy: Using Social Media
3. Issue Set 1: The Recovery Audit Contractor Program
4. Issue Set 2: The Unique Patient Identifier

These webinars can be found in the AHIMA Community of Practice under the topic of “2013 Leadership and Advocacy Symposium and Hill Day.”

Filled to capacity, the March 18 Leadership and Advocacy Symposium had an excellent and interactive agenda that included:

- A networking breakfast that included a social media help station to assist attendees with Twitter, Facebook, and YouTube for the purposes of advocating to their members of Congress on the 2013 Hill Day issue sets.
- A panel of communications directors from Capitol Hill that advised HIM professionals on best practices for using social media in advocacy initiatives both during and after Hill Day.
- A panel of healthcare legislative assistants led a candid discussion with legislative insiders on the current political environment and the 113th Congress.
- A panel of industry stakeholders discussed their strategies in working with the 113th Congress and how our advocacy leaders could obtain new ideas and develop their own ideas for home state advocacy initiatives.
- A discussion on strategic planning and an interactive exercise to develop ideas for CSA-specific strategic initiatives.
- A discussion led by Don E. Detmer, MD, MA, contributed to the knowledge base on future trends, opportunities and threats in HIM and informatics followed by an interactive exercise to develop initiatives or programs to prepare members for industry changes.

Hill Day began with a breakfast briefing where continued discussions were held on the issue topics of the day with congressional staff and Members of Congress. Representative Sam Graves (R-MO) and Representative Adam Schiff (D-CA), sponsors, of the “Medicare Audit Improvement Act,” were the keynote speakers for the day.

Hill Day is a very important advocacy event for AHIMA. Every year, more state associations follow this lead and plan their own advocacy days in their respective state capitols. We strongly encourage those states that have not yet taken on this task to do so. As HIM issues continue to evolve and become more prevalent across the political and policy environment, it is critical that HIM professionals inform policymakers that they have HIM and health information technology experts in their states and legislative districts. We want to build relationships so that policymakers know to call upon you to answer those important HIM questions that they may have. AHIMA will continue our work to improve and grow our advocacy effort at both the national and state level. If you want to plan a Hill Day or have any questions with regard to advocacy, please do not hesitate to contact the AHIMA Washington Office at (202) 659-9440 or log into the Advocacy Assistant.
A New, Improved AHIMA Online Experience is Coming Soon

AHIMA is pleased to announce several new improvements to the member experience coming this year. The upgrades are designed to help users find information more quickly, collaborate more easily, and to provide a more seamless transition between all of AHIMA's resources.

Here is a preview of what you can expect.

By summer, members and visitors to ahima.org will discover a new design and improved navigation. Users will find it easier to locate information and will experience greater continuity between different components of the AHIMA website, including HICareers. The fresh look will help to generate brand recognition and carry AHIMA into 2014 and beyond. Following the website refresh, AHIMA members will also have exclusive access to a new portal that makes managing personal information and AHIMA communications simpler than ever before.

Later this year, AHIMA will roll out a completely new environment for its online communities. The new platform will be built on highly reliable functionality, and boast new features, such as blogs, social media integration and an improved user profile page. Organized based on content, there will be fewer, more strategically aligned communities focused on major areas of importance to health information management professionals, such as coding and classification systems, informatics, and privacy and security. Several communities will remain as members-only communities while others will allow HIM professionals who may not be AHIMA members to read discussions and collaborate—adding to the AHIMA knowledge base and increasing public recognition of the profession.

AHIMA will also be moving its Body of Knowledge to a new, improved platform. Searchability and navigation will be enhanced through increased tagging of information and cross-referencing, so that resources such as Journal of AHIMA articles and practice briefs will be easily found. The experience of sharing resources across the AHIMA environment will become more continuous and allow greater flexibility.

AHIMA constantly strives to provide added value to its membership and solicits feedback to ensure that efforts are truly aligned with the needs of the profession. These new improvements will allow greater sharing and access to information, and boost the recognition of AHIMA members due to their unrivalled expertise in HIM. Please stay tuned in the coming months for more announcements on these exciting new services.

AHIMA’s ICD-10/Computer-Assisted Coding Summit

April 22–24 l Baltimore, MD

Join policy makers, thought leaders, and stakeholders from all segments of the healthcare industry for open discussion. Visit us online for more information today!

ahima.org/events