Analytics and Informatics Spell Opportunities for HIM Professionals

These days, it seems like everyone in healthcare is talking about how technology and “big data” can help drive quality and bend the cost curve. In fact, many of the biggest buzzwords in healthcare today rely on analyzing data to measure performance. Think readmission penalties, accountable care organizations, and value-based purchasing. The success of these initiatives also hinges on the application of technology to manage information, or what’s known as informatics.

As new technology allows healthcare organizations to become more data-driven, new roles are emerging in data analysis and analytics. And as an HIM professional, you are well positioned to move into such roles, particularly if you stay engaged and actively build your knowledge and skills.

You Are Already Doing It

You are probably already using technology to manage information and analyze data every day. For instance, you might be developing departmental dashboards, creating master patient indices, or measuring your organization’s performance against national benchmarks.

“Data analysis is what we do all the time, even though we might not put that name on it,” says Brenda Bell, RHIA, director of health record integrity at Emory Healthcare in Atlanta, GA. At Emory, Bell’s team is working with the health system’s Office of Quality to gather data to report quality metrics, such as hospital-acquired infections, readmissions, mortality, and length of stay.

Bell believes that detail-oriented HIM professionals can play a key role in such initiatives because they understand the importance of data integrity and can work on interdisciplinary teams.

Organizational Hurdles

As technology and analytics present new opportunities for HIM practitioners, one challenge is nailing down the terminology. Many consider informatics to be a slippery term. “For us, the big challenge around informatics is defining it,” says Joan Hicks, MS, RHIA, CIO of UAB Health System in Birmingham, AL. “When you have seen one informatics group, you have seen one informatics group.”

Currently, UAB Health System employs two broad categories of informatics professionals. The first group acts as “translators” between IT and clinical departments, such as the laboratory, radiology, surgery, and pharmacy. These translators tend to be clinicians who understand information flow, data quality, and testing. Their aim is to use technology to improve patient care and workflow in their departments. The second informatics group at UAB Health System supports the organization’s quality reporting and research projects. One of their main roles is to gather and validate data from the EHR so that it can be used for quality improvement.

Hicks, who comes from an HIM background, believes understanding informatics can help HIM professionals think more broadly, so they can create processes that solve problems. For example, an HIM professional might work with IT on health information exchanges (HIEs) that allow outside organizations, such as auditors and payers, to gain secure access to data from the EHR.

At UAB Health System, the director of HIM has a dual degree in HIM and informatics. But not everyone in HIM needs to be an information technology expert, Hicks says. “You don’t need to

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STATISTICAL SNAPSHOT

Did you know that the highest number of AHIMA members reside in the zip code 26554 which is in West Virginia?

Source: AHIMA member database
Go ahead, admit you daydream about fully integrated coding solutions. With ICD-10 fast approaching, yearning for a seamless, integrated solution for all your coding and clinical documentation improvement needs is perfectly natural. And now it’s perfectly achievable, thanks to Optum, the healthcare leader and pioneer of the computer-assisted coding industry. Our patented LifeCode® NLP engine is the superior technology at the heart of our comprehensive platform, helping healthcare professionals work more simply, accurately and efficiently.

To learn more about how Enterprise CAC has helped other hospitals, visit us at www.optum.com/EnterpriseCAC.
Email: perform@optum.com
Phone: 866.322.0958

OPTUM
Good for the system.
know how systems are designed and built, but you do need to know the data,” she says. For many projects in healthcare organizations, the challenge is not the technical component, but rather data governance—specifically, defining who “owns” the data as well as the policies and processes that address data integrity.

No Clinical Background Needed

“A lot of people think you need to have a clinical background for these roles,” says Lisa Fink, MBA, RHIA, CPHQ, senior HIM consultant at Care Communications, Inc. in Chicago, IL. “And although nursing informaticists and physician informaticists will be critical, organizations will need other professionals who understand workflow.”

In particular, Fink sees a role for HIM practitioners in population health management. Physician offices, payers, hospitals, and accountable care organizations will need data analysts to determine which patients need to receive interventions for preventative care.

HIM professionals are also in a great position to support finance by giving them access to meaningful data so they can make business decisions. For example, more hospitals are becoming involved in risk-based payment models that put the organization “on the hook” if care does not meet certain financial and quality metrics. To succeed under such models, healthcare organizations will need business analysts who can help them use data to track their progress toward these goals.

Pathways to Opportunity

Before you can step into these emerging roles, you may need to build your knowledge and skills, says Fink, who was a system analyst before she became a consultant. “We need to step up our game, particularly in business analytics and data analytics,” she says.

Fink recommends looking at AHIMA’s interactive HIM Career Map, which lists opportunities in informatics and data analysis from mid-level roles (such as a clinical data analyst) to master-level positions (such as a director of clinical informatics).

Graduate programs in health informatics or health information management can prepare you for these emerging roles and give you a deeper knowledge of how technology and data management are changing healthcare. You can find a list of accredited educational programs at the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) website.

Pursuing a new credential is also an option. To help you take advantage of the opportunities ahead, AHIMA has introduced the certified health data analyst (CHDA®) designation for expertise in health data analysis. The three-part program provides the knowledge and skills you need to manage, analyze, and transform data into accurate, meaningful information at your organization. Since it was introduced in 2010, more than 146 individuals have received this designation.
Other Ways to Build Your Knowledge

- **Volunteer** for AHIMA’s Data Governance and Analytics Practice Council. You can apply online to stay on top of emerging issues in HIM best practices, roles, and functions related to data governance and data analytics, including data-driven quality initiatives. You might also want to get involved in your local component state association.

- **Take a massive open online course** (MOOC) on informatics, programming, data science, statistics, or analytics. You can find a list of these free college e-learning courses at Coursera or Udacity.

- **Join a committee in your organization.** Working side by side with clinicians on care coordination, utilization review, and other quality initiatives can help you understand the clinical issues around data management.

- **Take baby steps to broaden your knowledge.** As Fink says, “Don’t be afraid to come out of your comfort zone.”

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**Learn More**

These are just some of AHIMA’s resources in the AHIMA Body of Knowledge (BoK), the AHIMA Store, and online at ahima.org. (Have your AHIMA login and password ready; some are free, while others are available for purchase.)

**Books**—Three recommended AHIMA resources include:
- *Calculating and Reporting Healthcare Statistics*
- *Health Informatics Research Methods: Principles and Practice*

**Journal of AHIMA Articles and Practice Briefs**—Search the AHIMA BoK to find hundreds of articles on big data and informatics. A good place to start is the *Journal of AHIMA* and this Practice Brief, “Health Informatics Standards and Information Transfer: Exploring the HIM Role.” It offers some practical steps that HIM professionals can take to become a resource for their organizations on health informatics standards.

**Health Data Analysis Toolkit**—This free toolkit, available from the Data Management Practice Briefs & Tools section, includes background on data dictionaries, common formulas and statistics, a glossary of terms, and other valuable resources.

**Health Data Analysis Update e-Newsletter**—This free, monthly newsletter provides news and updates on relevant AHIMA events and courses.

**E-Learning Courses**—Some AHIMA courses related to data analytics include:
- HIM Course: Statistical Methods for Data Analytics
- Data Management Concepts: Applying the Fundamentals
- Analysis of Coded Data

**2013 AHIMA Health Information Integrity Summit**—The theme is “New Ideas and Emerging Trends.” The event will be held September 16–17, 2013 in Alexandria, VA.

**CHDA Certification**—Learn more about what it takes to become a certified health data analyst (CHDA). AHIMA offers a reference guide and three-part online course to prepare for the three-hour, 45-minute exam, which can be taken at more than 150 locations across the country.

**Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)**—You can find a list of accredited educational programs as well as accreditation standards and curriculum content requirements at the [CAHIIM website](http://www.aha.org/commission).
Amy L. Gardner, RHIT, CDIP, is a documentation specialist at Valley Hospital Rockwood Health System in Spokane Valley, WA. Gardner has more than 20 years of HIM experience under her belt and has worked in nearly all areas of the medical record department. “I feel very fortunate for the opportunities I’ve had in this rewarding and challenging field,” Gardner said.

**A Calling to HIM**

Gardner originally planned to attend chiropractic school and focus on sports medicine, but her HIM path began in earnest after an aunt who was an RN, advised her, ‘if I had it to do again, I would have gone into medical records.’ As she learned more about HIM, Gardner was intrigued by the versatility the profession offered.

“When I read the curriculum descriptions which included courses on medical terminology, pharmacology, anatomy and physiology, and legal studies, I knew this was the right fit,” Gardner said. After graduating from Central Oregon Community College, Gardner worked at a hospital in Albany, OR, for nine years and then worked as a personal injury protection representative for an insurance company. “Working for the insurance company was an interesting challenge which allowed me to utilize my coding skills and medical knowledge while processing claims. However, I missed coding and the hospital setting so I went to work at a hospital in Salem, OR.”

**A Passion for CDI**

Gardner became interested in clinical documentation improvement after seeing a job posting. “The position description actually called for an RN credential, but after reading the job requirements, I realized the skill set the facility was looking for were all skills I already had as an RHIT with years of inpatient coding experience. So I applied for the position.”

When Gardner first began doing CDI work, “I quickly realized that I needed to foster trust with the physicians. I needed them to rely on me as the subject matter expert,” Gardner emphasized. “It took some time and persistence, but by educating the physicians through presentations and showing them Coding Clinic, they began to realize the impact their documentation had on a coder’s ability to accurately assign the most specific codes possible. These steps helped to gain that trust and confidence from the doctors. This in turn helped to have a successful working relationship with physicians and have them ‘buy in’ to the CDI process and team.”

**CDI Tips and Tricks**

Gardner shared some tips on implementing a successful CDI program. “The importance of overcoming any challenges with documentation improvement is consistency and perseverance. Be consistent in how you are working with your physicians. Give the same message to all of your doctors, whatever you tell one, tell everyone,” Gardner stressed. “Don’t give up when you aren’t sure that the doctors really understand the process and information about documenting in the record. Be willing to give them the information more than one time. They have a lot on their minds with patient care.”

Gardner emphasized that “if you don’t work with your doctors and encourage them to improve their documentation, then your CDI program will not be as successful as you would hope. Remember to smile when you approach your physicians and be sure to emphasize that this is a team effort because every member of your CDI team is valuable.”

Gardner is so passionate about documentation improvement “because improved and more specific documentation ultimately assists in better care for patients. If doctors have a clearly documented record to refer to, they are more easily able to determine the current issues a patient is dealing with and can better proceed with the type of treatments and care their patients need.” Gardner also stresses that improved documentation is a huge help to coders on the retrospective end of a patient’s stay in order to be able to efficiently and effectively code the medical record. “CDI should be important to all AHIMA members due to the wide range of impact that documentation has on our day to day processes. Lack of specific documentation leads to delays in coding, billing, and processing the record.”

Gardner notes that CDI is not a stagnant process; “you should always be educating your medical staff and remember that continuing education is imperative. This is a very fluid process and one that is very rewarding as your CDI team comes together in the name of specificity.”
**EVENTS**

**Upcoming Meetings**

- **June 7–8**
  - HITECH Privacy and Security Symposium
    - St. Louis, MO

- **June 10–11**
  - CDIP Exam Prep Workshop
    - Chicago, IL

- **June 17–18**
  - Long-Term and Post-Acute Care Health IT Summit
    - Baltimore, MD

- **June 20**
  - ICD-10: Achieve Financial Neutrality—Ensure Smooth Transition While Mitigating Revenue Cycle Risk

- **June 27**
  - ICD-10-PCS: Ancillary Section

- **July 9**
  - How Do the HIPAA Modifications Affect Release of Information?

- **July 11**
  - What Would Jack Do? Strategies to Improving Clinical Documentation

- **July 15–17**
  - Certified in Healthcare Privacy and Security (CHPS) Exam Prep Workshop
    - Chicago, IL

- **July 20–24**
  - Faculty Development Institute/Assembly on Education Symposium
    - Baltimore, MD

- **July 23**
  - EHR Migration and Data Integrity Impacts

- **July 24**
  - Leadership Institute: Leading for Change
    - Baltimore, MD

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**FOR YOUR BENEFIT**

**Participate in the 2013 AHIMA Election**

The AHIMA election polls will be open September 3–23. Active members (student members are not eligible) will be able to cast their vote for the future leaders of the organization via iVote. The AHIMA community will house a more detailed profile of the candidates and their position statements, allowing members to ask the candidates questions. The candidates for 2013 are as follows:

**AHIMA Ballot**

**President/Chair-elect (Vote for 1)**
- Cassi L. Birnbaum, MS, RHIA, CPHQ, FAHIMA
- William K. (Kelly) McLendon, RHIA, CHPS
- Diann H. (Brown) Smith, MS, RHIA, CHP, FAHIMA

**Directors for the Board of Directors**

(Vote for 3)
- Zinethia L. Clemmons, MBA, MHA, RHIA, PMP
- Elizabeth A. Delahoussaye, RHIA, CHPS
- Ginna E. Evans, MBA, RHIA, FAHIMA
- Judith A. Gizinski, RHIA
- Colleen A. Goethals, MS, RHIA, FAHIMA
- Linda A. Hyde, RHIA
- Stephanie J. Luthi-Terry, MA, RHIA, FAHIMA

**Commission on Certification for Health Informatics and Information Management**

(Vote for 1)
- Mona Y. Calhoun, MS, RHIA, PMP
- Kathleen Peterson, MS, RHIA, CCS

**House of Delegates Ballot**

**Speaker-elect Ballot Candidates**
The Nominating Committee met and chose the candidates for the 2014 Speaker-elect of the House of Delegates. During August, the delegates will vote for their choice.

**Speaker-elect (Vote for 1)**
- Laura W. Pait, RHIA, CDIP, CCS
- Suzanne K. Powell, RHIA
- Diane Premeau, MBA, RHIA, CHP, CHC

**Special thanks to the 2013 Nominating Committee:**

Chair
- Diane M. Larson, MA, RHIA, CHPS, FAHIMA

**Committee Members**
- Gloryanne H. Bryant, RHIA, CDIP, CCS, CCDS
- Jill Finkelstein, MBA, RHIA
- Tim J. Keough, MPA, RHIA
- Jamie L. Husher, MS, RHIA, CHPS
- Ann Nowlin, RHIT

Bryon D. Pickard, MBA, RHIA
Patricia L. Shaw, Med, RHIA, FAHIMA
Elizabeth M. Stewart, RHIA, CCS, CRCA

Look for more information soon about the election and remember to vote.

**Plan to Attend the Leadership Symposium in July**
The Leadership Symposium, **July 12–13** at the Westin Hotel in Chicago, IL, will focus on leadership and governance. Highlights include an interactive workshop with Mary Byers, CAE, author of *Race for Relevance*; a presentation on environmental scanning and the future of healthcare, and breakout sessions for CSA leaders and delegates. **Register today.** The reduced hotel rate expires on June 14.

**AHIMA Congratulates New Fellows**
The Fellowship Review Committee has recently awarded AHIMA Fellowship, for their sustained and significant contributions to the HIM profession, to the following members:
- Melanie S. Brodnik, PhD, RHIA, FAHIMA
- Melanie Endicott, MBA/HCM, RHIA, CDIP, CCS, CCS-P, FAHIMA
- Robert Perez, MSA, RHIA, FAHIMA
- Angela Dinh Rose, MHA, RHIA, CHPS, FAHIMA
- Kelly A. Wilson, MBA, RHIA, CHP, LHRM, FAHIMA

**Apply** to become a FAHIMA before the next deadline on September 3.

**Vote for AHIMA’s CEO**
AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, is among the 300 candidates on this year’s *Modern Healthcare*’s “100 Most Influential People in Healthcare” ballot. Please take a moment to vote and recognize her leadership and influence in advancing AHIMA and the HIM profession. The ballot closes June 14.

**AHIMA Strategic Plan Finalized for 2014–2017**
The AHIMA Board of Directors, in collaboration with AHIMA members, staff, affiliates, AHIMA House of Delegates, and the Envisioning Collaborative, has approved the 2014–2017 Strategic Plan. This is an exciting time for all HIM professionals to lead healthcare transformation through better use of quality information. AHIMA encourages
In Memoriam
Evelyn Taylor Freeman, RHIA, died in March in Memphis. She had worked at Methodist Hospital and Stern Cardiovascular Center and was a long-time member of the Tennessee HIMA.

2013 RACE Awards Deadline Approaching
Nominations are now being accepted for the 2013 Roundtable Achievement in Coding Excellence (RACE) Awards. A new award has been added this year—Advancing Coding Knowledge through Codewrite. Nominations are due September 15. These awards will be presented at the Clinical Coding Community Meeting on October 26 in Atlanta, GA. The RACE Award criteria and nomination form are available on the State Leaders and HOD CoP. For additional questions, contact Angie Comfort or Theresa Rihanek.

New Toolkits Available
Managing the multitude of governmental and external payer healthcare reimbursement audits is a significant challenge for healthcare organizations. AHIMA has an updated “Healthcare Reimbursement Audit Toolkit” designed to provide guidance to HIM professionals on how to prepare for and ensure compliance in managing these audits. The toolkit also highlights several governmental entities and governmental programs that focus on health record audits. The kit is free to members in the AHIMA store. Additional toolkits on Release of Information and Meaningful Use Vocabulary are also available.

Volunteer to be an AHIMA Mentor
Would you like to promote the growth and development of the HIM industry? Then sign-up to be an AHIMA mentor today! AHIMA mentors provide general professional HIM guidance to students, new graduates, and transitioning professionals. Common AHIMA mentor activities include resume revising, providing career path guidance, and network building. If you are interested in becoming an AHIMA mentor, e-mail this form to Erin Duvic.

Grace Award Applications Now Being Accepted
AHIMA is pleased to announce applications are now available for its second Annual 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 in Atlanta, GA, October 26–30.

Influence Patient Care as a Certified Tumor Registrar
AHIMA and the National Cancer Registrars Association collaborated to bring you web-based training to excel in this respected high-demand profession. AHIMA continuing education units are available. Learn more.

Get the Ultimate Career Edge
Want to get, keep, and flourish in the job you love? Only one AHIMA-approved course can measurably enhance your performance, engagement, energy, agility, mindset, and results. It’s not enough to stay informed. Get equipped with the same career-making tools and advantage provided to industry-leading companies worldwide. Enjoy special pricing for AHIMA customers and earn AHIMA CEUs.

LinkedIn for Career Success Webinar Available
AHIMA’s latest career prep webinar, “Are you LinkedIn for Career Success?” is now available online. Facilitated by career coach Lyne Tumlinson, CAE, the webinar reviews tips and techniques for creating and maintaining an effective LinkedIn profile page. Tumlinson also covers best practices for establishing a presence and networking on LinkedIn, and why it’s crucial to your HIM career search. Members of AHIMA have access to these webinars included in their membership. This is a great resource for learning how to utilize LinkedIn to help in your job search.

Discounted FedEx Shipping Available to AHIMA Members
Reach your customers where they live and save money with FedEx member discounts. As a member of AHIMA, you get valuable discounts on select FedEx residential services. Enroll today and enter passcode NMBVJ2 or call 1(800) 636-2377.
House of Delegates Works on Important Action Items

In June the 2012–2013 House of Delegates will be considering four important action items for discussion and virtual vote. You can learn more about these potential changes and join the discussion in the State Leaders and House of Delegates Community. Each action item is explained in detailed below.

1. Proposed Bylaw Amendment: Student Membership
   The House of Delegates Task Force on Membership is proposing a bylaw amendment on student membership. In keeping with the strategic initiatives, AHIMA looks to continue to grow membership in areas such as health informatics, clinical documentation improvement (CDI), information governance, privacy and security. Welcoming students studying those domains will help create a strong foundation for the membership of the future. This aligns with AHIMA’s mission to lead the health informatics and information management community and supports lifelong learning in keeping with Reality 2016. The resulting expansion of the student membership ranks will increase revenue and add to the numbers and diversity of membership both at the Component State Association (CSA) and national levels.

2. Proposed Bylaw Amendment: Speaker-elect of the House of Delegates
   The Nominating Committee is proposing a bylaw amendment on the criteria for members to become the Speaker-elect of the House. This amendment supports the AHIMA mission as the House of Delegates governs the profession. The Speaker leads the HoD providing direction to the delegates. The change allows additional CSA members the opportunity to apply for the Speaker-elect position opening more doors for leadership development.

3. Proposed Bylaw Amendment: Adoption of Amendments
   House of Delegates Task Force on Policies and Procedures and Standing Rules is proposing a bylaw amendment on the notice timeframe for bylaw amendments. The amendment aims to provide consistency by matching the notice timeframe for House action items and promote agility in governing the health information management profession. In our evolution of change from paper (or face-to-face voting) to electronic voting, the process will no longer require an additional 10 days for notification distribution.

These three motions outlined above will require a two-third majority of votes cast to approve.

4. Proposed Standing Rules of the AHIMA House of Delegates
   House of Delegates Task Force on Policies and Procedures and Standing Rules is proposing an updated Standing Rules of the AHIMA House of Delegates. This motion is a subsequent vote to motion four, the AHIMA Bylaws motion on the notice timeline. The notice timeline information from the AHIMA Bylaws is also included in the Standing Rules. Therefore, if the House approves motion four, then motion five, Proposed Standing Rules will be considered and be an active vote of the House.

Per the AHIMA Bylaws, it will require a majority vote to approve.

Next Steps
Discussion of these four action items will be held in the State Leaders and House of Delegates Community. A topic was created for each action item. The motion and additional materials, including FAQs, are included under the Resources section in the Community. If you have questions on any of these motions, please feel free to contact Profession Governance.

Envisioning Collaborative Issues First Quarterly Innovation Report
The AHIMA House of Delegates Envisioning Collaborative team is also pleased to share the inaugural issue of Think Quarterly, a creative collection of ideas and perspectives focusing on envisioning the future in the year 2020. While we don’t have all the answers, nor can we predict the future, Think Quarterly is about engaging, sharing, blue ocean thinking, and providing vision to the future. There are no boundaries and our conversations are as creative and innovative as our members. It is a breathing place to reflect and consider the possibilities and opportunities for health information management in our changing world. Visit the Resources section in the topic “Envisioning Collaborative Meeting—March 27” of the State Leaders and House of Delegates Community to view the first quarterly innovation report entitled “Envision 20/20.”

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Congratulations to the New 2013–2014 Student Advisory Council

AHIMA’s student membership is on the rise. Since the year 2000, AHIMA’s student membership has grown from 5,000 to more than 16,000 students. As this unique and important segment of membership continues to grow, it’s important to continue finding better ways to engage students. This is where the Student Advisory Council comes in. Current HIM students will have unprecedented opportunities to excel in HIM and beyond as thought leaders for larger healthcare issues.

The Role of the Student Advisory Council

Every year, new students are chosen to serve on AHIMA’s Student Advisory Council. These students represent AHIMA’s student population, taking part in shaping future programs for students, and initiating new activities relevant to student membership. Some of the Student Advisory Council’s major responsibilities include attending Hill Days and the AHIMA Convention’s Student Academy. While attending Hill Days, they will be responsible for managing and monitoring the Social Media Station. Last year, this station was a huge hit among the participants, and we are excited to take part in it again. For the Student Academy at AHIMA Convention, the student members developed and presented on their experiences in preparing for their careers in HIM. Some of the past topics included tips on applying for scholarships, networking, and how to transition from student to professional. This year’s council will also be presenting on their experiences and this should prove to be another excellent Student Academy.

New SAC Members Announced

We were incredibly pleased with the response to the recent call for volunteers to apply for AHIMA’s Student Advisory Council (SAC). We received many applications from impressively qualified student members. Each of these applicants contributed some wonderful suggestions and ideas, and we are looking forward to working with them to get their ideas underway. We are pleased to introduce the 2013–2014 Student Advisory Council members.

Cody Caplinger, University of Pittsburgh: Caplinger is vice president of the Health Information Management Student Association at the University of Pittsburgh. He will be graduating in April 2014.

Darcee Roeschlein, College of St. Scholastica: Roeschlein is a member of the Northeastern Minnesota Health Information Management Association, The Minnesota Health Information Management Association, Scholastica Healthcare Interdisciplinary Program, and the Student Health Information Management Association. She will be graduating in May 2014.

Robin Hernandez, Loma Linda University: Hernandez is a member of the California Health Information Association and was also the junior class president of the Loma Linda University, Department of Health Information Management. She will be graduating in June 2014.

Tian Zhang, University of Kansas Medical Center: Zhang is currently the treasurer of the Diversity Council at the University of Kansas, where she is a representative from all 16 schools in the Allied Health Department. Zhang also volunteers at a local hospital in their HIM department. She is a member of the Kansas City Health Information Management Association and will be graduating from the University of Kansas in May 2014.

Tasha Mayfield, Atlanta Technical College: Mayfield currently works as a health information tech/account manager at InHealth CDS. She also has nursing experience, and is looking forward to offering insight from her employment experience. Mayfield is a member of Georgia Health Information Management Association and will be graduating from Atlanta Technical College in May 2014.

Congratulations to the new Student Advisory Council members. The students chosen for this council have demonstrated a commitment to the vision, mission, and values of AHIMA. They have also been recognized as a leader among their peers and colleagues.

AHIMA staff is excited to be working with them in order to enhance our offering of student member benefits and student-centered initiatives. If you applied for the SAC but were not selected, do not worry. Stay tuned to future issues of AHIMA Advantage for more information about how you can get involved.

Valid through 7/31/13.

Ahima Advantage
AHIMA: Leading the Documentation Journey

Current healthcare industry pressures are demanding changes. Hospitals and providers must improve clinical documentation in preparation for the expanded scope of clinical data and information. Achieving accurate clinical documentation is no longer a low-level priority for organizations today. It is a vital component to patient care, physician satisfaction, and revenue cycle strategies. As a result, AHIMA members will need to add new items to their to-do list and be ready to lead the documentation journey.

**Stand Up**

First, don’t wait to be invited to the table; stand up and bring key stakeholders together. In order to be successful, clinical documentation improvement (CDI) programs must include a cross representation of key stakeholders. Success cannot be obtained in a silo. CDI specialists, clinical care providers, senior management, coders, and HIM professionals must contribute as a team to organizational success and commit to providing the right information at the right time.

It is time for CDI professionals to speak up within their organization and take the first step towards the creation, implementation, and maintenance of a successful program. CDI programs are spreading rapidly, assisting facilities in improving the level of documentation, which leads to fewer errors and an overall improvement in patient care. But no matter how necessary or beneficial, changes often present emotional challenges for individuals within the workplace.

**Focus on Education**

HIM professionals, coders, and nurses are often sought after to develop and maintain successful CDI programs. The challenge is determining what skill set is right for the organization. Regardless of the type of professionals hired education must remain ongoing. The complexity of the reimbursement system, ability to link coded data with provider documentation, and regulatory changes such as ICD-10-CM/PCS make continued education a must.

**Documentation Assessment**

Studies indicate that chart audits may identify up to 20 percent of existing health records that would require additional or clarifying documentation. Organizations should begin with an internal chart audit to measure baseline documentation gaps and then compare audit results with benchmarking data. Organizations will never know if documentation opportunities are available unless an assessment is performed and no organization can afford to leave money on the table.

**Think Big**

Accurate clinical documentation is converted into coded data prior to claims submission. However, coded data does not end at claims submission. Coded data has expanded to fit a variety of secondary data uses such as public health reporting and quality measures. Successful programs will utilize documentation improvement activities to assist in multiple areas. Don’t limit the selling points of a CDI program, think big!

**Utilize Technology**

Organizations with hybrid or fully implemented electronic health records (EHRs) can further utilize technology to increase quality documentation. In fact, one of the many advantages of an EHR is the functionality that improves clinical documentation such as pick lists, drop down menus, electronic queries, and instant access to information. Labor-intensive paper practices have become outdated but these new electronic functionalities can assist organizations in CDI efforts. CDI professionals should be aware of the EHR functionality, modules, and opportunities specific to the organization’s system and take advantage of all documentation-relevant functionalities.

**Keep Your Eyes on the Horizon**

ICD-10-CM/PCS is on the horizon and fast approaching and will impact some providers more than others. For example, orthopedic providers may need to step up specificity in clinical documentation. For a patient that presents with a fracture of the left ulna, a provider will need to document laterality to allow for appropriate code assignment in ICD-10-CM/PCS. This is just a small example of the need for a fully integrated CDI program prior to the October 1, 2014, implementation date. Waiting until the last minute to educate on these types of documentation clarifications could have disastrous results.

**Look to AHIMA**

July is Clinical Documentation Improvement month, and AHIMA is here with helpful, up-to-date resources: practice briefs, eLearning, Webinars, books, and more. Here are some highlights (have your AHIMA login and ID ready; some are free while others are available for purchase).

**Attend**

CDI Summit: Leading the Documentation Journey  
**August 5–6** in Washington, DC

**Learn online**

Clinical Documentation Improvement eLearning options

**Read in the Body of Knowledge**

Guidelines for Achieving a Compliant Query Process  
Holistic Coding Requires Amped Up Clinical Documentation  
Using CDI to Meet Federal Quality Measures  
Communication with a Side of Encouragement Please

**Earn a New Credential**

CDIP Exam Prep Workshop  
**August 7–8** in Washington, DC
As AHIMA celebrates its 85th anniversary, there couldn’t be a more appropriate time to recognize what has been and always will be the lifeblood of the Association—the members. As we look back at the journey the HIM profession has taken over the course of more than eight decades and look ahead at what’s next, we will also highlight how AHIMA intends to celebrate, recognize, and support you, the AHIMA member, like never before.

**AHIMA by the Numbers**

There are many different ways to measure the growth of AHIMA and the profession. One of those ways is by the numbers. When the organization was founded in 1928 as the Association of Record Librarians of North America (ARLNA), it included 35 members. By 1940, there were more than 900 members of what was then called the Association of Medical Record Librarians (AAMRL).

By the 1960s, membership had grown to 4,500. In the 1970s, after another name change to the American Medical Records Association (AMRA), the number eclipsed 20,000. The eventual name change to AHIMA came in 1991, and by that time membership had surpassed 30,000. Membership more than doubled over the next decade to surpass 60,000, and in its 85th year of existence AHIMA may very well reach the 70,000 member milestone.

With numbers comes power—the power to influence issues and legislation in Washington as well as the power of networking that being connected to nearly 70,000 other HIM professional colleagues offers. However, it is certainly not all about the numbers. The changing landscape and expanding set of opportunities also point AHIMA’s growth through the years.

The founding of the organization was tied closely to the work of the American College of Surgeons and was very much hospital focused early on. While the percentage of members working in an acute care hospital setting still represents the largest single segment, that percentage has continued to drop as those working in a variety of other settings and in many diverse roles has continued to grow.

Currently, 46 percent of AHIMA members report their primary work setting to be an acute care hospital. That means that the majority of members are spread out over many other settings. Those include clinic or physician practice (11 percent), consulting (6 percent), education (5 percent), long term care (3 percent), behavioral or mental health (2 percent), and several non-provider settings including insurance and government agencies. Not only do the places that HIM professionals work continue to expand, the roles they are performing do as well.

For instance, the following are job titles from new 2013 AHIMA members: RAC specialist, CDI specialist, clinical specialist of a regional extension center, chief technology officer of an HIE, a CMIO of an integrated delivery system, and a VP of clinical informatics of a long term care facility. The breadth and depth of roles that members now hold (including all the more traditional ones in privacy, security, compliance, and coding) is truly remarkable.

**Member Appreciation Week**

So as the profession and association has changed and grown throughout these 85 years, how is AHIMA committed to continue to support the needs of this ever growing group? One way is by simply saying thank you. AHIMA is going to launch the first ever AHIMA Member Appreciation Week, November 11–15. The goal of the week is to recognize and engage members through a week of highlighting benefits and promoting a number of member-exclusive rewards and giveaways.

While this week will be fun, and a great way for AHIMA to recognize and thank members, the real important stuff is what we are working on this year to better support you in your personal and professional growth. Those things include several new and enhanced career tools, improved functionality and usability of key member resources such as AHIMA.org, networking communities, and the Body of Knowledge. This is all part of building upon the foundation and tradition of the first 85 years while preparing for the next 85.
Preparing the Curriculum for the Future

For HIM professionals to remain competitive in the industry, curriculum must address both current and future employer needs. In January, leaders met from the three legs of AHIMA’s academic stool: The Council for Excellence in Education (CEE), The Commission on Certification for Health Informatics and Information Management (CCHIIM), and The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

This was a “common ground” meeting to discuss the future of HIM education.

Updating the Curriculum

A primary goal of this meeting was to create greater levels of distinction between the associate, baccalaureate, and graduate-level curriculum. The most important work of the curriculum team was the development of curricular considerations, formerly called “knowledge clusters.”

These curricular considerations were designed to address both the realities of today and the changing needs of the HIM marketplace. The curriculum redesign was completed in a methodical fashion and informed by commentary from practitioners and educators alike, including advisory sessions from a variety of high-level workforce representatives who discussed current trends in the changing healthcare environment and suggested new roles for HIM professionals in light of these changes. An in-depth article on this process will be published in the August issue of the Journal of AHIMA.

The outcome of this meeting will be posted soon on the AHIMA and Assembly on Education (AOE) Community of Practice (CoP). Educators will be able to post questions and comments, which will be the basis for a list of frequently asked questions to be developed before the AOE Symposium this summer. The final curriculum maps will be introduced at AOE. After they are adopted, CAHIIM will set the compliance date for program implementation of the new curriculum.

Aligning Curriculum and Exams

Another topic addressed by the group was the lack of alignment between the curriculum and the exam blueprint. To ensure alignment between the curriculum and the exam across all three academic levels, a set of standardized domains and subdomains will be adopted that will remain consistent for three to five years. The result should be that educators will be better able to match their exam results to the curriculum.

A Glossary of Terms

Finally, a glossary of academic terms and definitions of each domain was developed to ensure consistent interpretation of each domain within the academic community. In the past, Bloom’s Taxonomy levels were associated with the knowledge clusters. During this meeting, revisions were made to associate the Bloom level with the student learning outcomes where they are more easily assessed.

Learn more about future curriculum and stay tuned to AHIMA Advantage for more updates.

2013 Student Merit Scholarship Application Timeline

The AHIMA Foundation would like to remind current HIM/HIT students to begin gathering their materials in preparation for the 2013 Student Merit Scholarship application process. The 2013 online scholarship application will open July 1, with applications due by September 30. The AHIMA Foundation annually offers merit scholarships to currently-enrolled outstanding undergraduates in CAHIIM-accredited HIM or HIT program, as well as those professionals currently pursuing master’s or doctoral degrees in areas related to health information. Please visit the AHIMA Foundation website for more information about scholarship eligibility and the online application process.

In 2012, a total of 135 students submitted their applications for an AHIMA Foundation Student Merit Scholarship; out of that pool, 61 qualified candidates received scholarships for a total of $92,500 awarded. The ongoing gap between qualified applicants and scholarships awarded indicates a need to support even more promising HIM/HIT students each year. AHIMA members, CSAs, and corporations are encouraged to support student merit scholarship awards and help advance future professionals in our industry. No donation is too small—opportunities for support include general scholarships, named scholarships, and endowed scholarships. Scholarship donations that are received prior to April 30 will be included in the 2013 student award cycle.

To find out more about opportunities to support the AHIMA Foundation with a charitable contribution, please visit the Foundation website or contact Mary Taylor-Blasi for further details.

AHIMA Foundation Acknowledges Memorial Gifts

Memorial Gifts offer a meaningful and lasting way to honor the memory of a loved one. Memorial donations fund the Merit Scholarship Program which are awarded annually to students in HIM. When Memorial Gifts are made, the Foundation sends a letter to a designated family member of the person honored to recognize both the gift and the honoree. The following memorial gifts were made to the AHIMA Foundation between March 13—April 17.

In memory of Iula Chase
Audrey L. Chase, RHIA

In memory of Evelyn T. Freeman, RHIA
Wanda G. McKnight, RHIT

In memory of Joan Hayward, RHIA
Lynette M. Rossman, RHIT
Rose T. Dunn, MBA, CPA, RHIA, FAHIMA

In memory of Charlotte A. Lefert, RHIA
Reesa Gottschalk, MS, RHIA
Linda A. Hyde, RHIA

In memory of Kathleen L. McCaffrey, RHIA
Linda Blanchard, RHIA

In memory of Michelle L. Mercieca, RHIT
Virginia K. Pitts, RN, RHIA

In memory of Samantha L. Price, CPC, RHIA
Care Communications, Inc.

In memory of Geraldine Smothers, MPA, RHIA, CPHQ, CSL, FAHIMA
Ann M. Nowlin, RHIT
Sandra L. Joe, MJ, RHIA
Southern Illinois HIMA
Harry B. Rhodes, MBA, RHIA, CHPS, FAHIMA
Syreeta A. Kinnard, RHIA

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Advocacy Roadtrip: AHIMA’s CSAs Are Leading the Journey

It is the state meeting season and AHIMA’s CEO, board members, and staff have been traveling the country to meet with members at component state association meetings. This is an outstanding time of year for AHIMA as it gives us the opportunity to not only provide association members with progress updates on strategic initiatives but it also enables us to interact with the state leaders and members to learn about the many great things that are happening in the states.

Washington

The Washington Health Information Management Association (WSHIMA) held its annual meeting from May 1–3 in Spokane, WA. AHIMA was out in force as CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, provided the AHIMA 2013 association update. Director of HIM Practice Excellence Melanie Endicott, MBA/HCM, RHIA, CCS, CCS-P, FAHIMA, and Director of Government Relations Don Asmonga, MBA, CAE, also made the trip to Spokane and teamed up to present “AHIMA Backstage,” a look at AHIMA’s staff, their responsibilities, and the resources offered by AHIMA. Endicott also presented on ICD-10 while Asmonga engaged the Washington membership with a “Leadership Through Advocacy” discussion.

The interaction with the Washington members was very beneficial. One particularly helpful discussion was the state advocacy discussion facilitated by Terri Hall, MHA, RHIT, the WSHIMA State Advocacy Coordinator, during the “Leadership Through Advocacy” presentation. Hall encouraged the attendees to inventory their personal resources and contacts, to seek out their facility’s advocacy representatives to build relationships, networks, and provide feedback on issues they are experiencing that could be advocacy issues for the state association. Hall began a dialogue with the WSHIMA members that will continue to forge their advocacy agenda and encourage member involvement in the CSAs advocacy and educational activities in the coming years.

Colorado

HIM Practice Excellence Director Kathy DeVault, RHIA, CCS, CCS-P, and Asmonga both had the opportunity to address the Colorado Health Information Management Association (CHIMA) in Denver on May 9–10. DeVault challenged the audience with ICD-10 PCS jeopardy while Asmonga engaged the membership with the AHIMA Update and “Leadership Through Advocacy” presentations.

In AHIMA’s discussions with Colorado HIMA members and their Board of Directors, it was exciting to hear about the continued proactive efforts of Colorado to educate both members and physicians on ICD-10 and to learn about their initiative to encourage students to become members of AHIMA. Led by Kristin Stanton, RHIT, CCS, CPC, Colorado’s ICD-10 Task Force is holding coffee chats throughout the state. They are also developing a travelling training road show that will consist of a day-and-a-half of ICD-10 education led by an AHIMA trained trainer and they are also progressing with a “coder coach” blog.

Pennsylvania

Asmonga visited the Pennsylvania Health Information Management Association (PHIMA) on May 13 in State College, PA, to provide the AHIMA update and to discuss some of the advocacy initiatives of the association including ICD-10. PHIMA is leading through advocacy on several of AHIMA’s strategic objectives including ICD-10 and consumer engagement.

Knowing that AHIMA and the Consumer Engagement Practice Council will be developing a consumer education campaign for 2014, the PHIMA has already assigned Kim Black, RHIA, as its consumer education campaign coordinator for the coming effort.

PHIMA is also proactively engaging physicians and others in the healthcare community on ICD-10. Headed by PHIMA member Laurie Johnson, MS, RHIA, CPC-H, PHIMA has undertaken a very extensive ICD-10 education campaign that has even expanded beyond its own borders to 17 other CSAs and three external organizations. Learn more about Pennsylvania’s efforts.

Washington, Colorado, and Pennsylvania are outstanding examples of AHIMA component state associations that are leading through advocacy. These shining stars are just the tip of the iceberg of the great things that are occurring in the states.

As we progress through the summer and our interaction with the states continues, we will continue to share these experiences and events that enhance the reputation, name recognition, and strategic initiatives of the HIM profession, the component state associations, and AHIMA.
AHIMA Announces All-new Online Presence

Change is coming to AHIMA’s online offerings—the ahima.org site, the Body of Knowledge (BoK), and the Communities of Practice (CoP). The Association will deliver new enhancements, a smarter design, new functions, and upgrades to search for and find information more readily. Overall, AHIMA promises a richer and more diverse online experience.

AHIMA’s Communities of Practice (CoP) have a new appearance and name: Engage Communities. Described as leaner, more agile, and more accommodating to collaboration, Engage Communities will consist of all-new private and public communities arranged under several specifically defined healthcare and health information management (HIM) domains. The communities contain strategically aligned content and forums focused on areas of importance to HIM professionals, addressing the following topics:

- Coding, Classification, and Reimbursement
- Confidentiality, Privacy, and Security
- Information Governance and Standards
- Health Information Technologies and Processes
- Health Informatics
- Healthcare Leadership and Innovation
- Consumer Engagement and Personal Health Information

These domains centralize terminology, define AHIMA’s areas of expertise, create a universal language amongst members and nonmembers, provide clearer definition of topics, and define the content’s purpose.

AHIMA members and HIM professionals alike will find the new AHIMA Engage Community platform to be a fun and easy way to interact and share information with one another. Users will access the critical information they need in a much more user-friendly and reliable system.

The new Engage Communities promise fluid search functionality, higher results reliability, more robust community discussions and resources, public forums allowing for wider networking, enhanced user profiles that can connect with LinkedIn accounts, and communities organized according to HIM content themes.

The association has also announced changes to the ahima.org website, ensuring smoother integration between the site and AHIMA’s Body of Knowledge (BoK) and Engage Communities, optimal navigation and search results, a new information tagging feature with cross-referencing ability, and greater flexibility in accessing and sharing results.

Furthermore, AHIMA’s online library, the BoK will be opened to more contributors, with added functions to encourage research and foster collaboration. Among other features, a full-text index will be made available for users to see everything AHIMA has available on a given topic.

Look for more information on even more exciting online initiatives over the coming months.

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.