Privacy Advocate Champions Patient Rights

Mary Thomason respects your privacy. The author of a book on HIPAA and frequent healthcare privacy speaker, Thomason, MSA, RHIA, CHPS, CISSP, has focused her career on a cornerstone of heath information management—keeping patient information secure and private. Thomason is a senior compliance consultant for Intermountain Healthcare, where she's responsible for providing guidance and resolving privacy issues for Intermountain’s vast healthcare system—which includes 32,000 employees, 20 hospitals stretching across two states, 140 clinics, and several other healthcare centers.

Privacy Advocate
With Intermountain since 1996, Thomason transitioned from an information systems analyst to the organization’s HIPAA

Broaching the Subject of Breaches

Nancy Davis, MS, RHIA, director of privacy/security officer, watched the number of privacy investigations for the Wisconsin-based Ministry Health Care system double in one year following implementation of breach notification measures. Ministry wasn’t alone. The entire healthcare industry is on red alert for breaches of protected health information. “I think there is more at stake now than ever before as we balance many forces,” said Davis.

More than 15 million medical records have been breached since 2005, according to the Privacy Rights Clearinghouse. These events pose significant risk of identity theft or reputational harm to patients. They also have damaging effects on healthcare organizations. Davis, a member of AHIMA’s 2011 Privacy and Security Practice Council, points to several driving factors behind the industry-wide trend of increased breach incidents:

• A growing awareness by staff of potential privacy issues.
• More informed patients knowing their privacy rights and expressing concerns regarding security of EHRs.
• Ever increasing migration of health information to EHRs and health information exchanges.
• Media coverage of single VIP/celebrity breaches and large-scale breaches impacting thousands through lost or stolen devices.
• Increased government regulations and greater scrutiny through investigations.

continued » page 5

continued » page 3
Make a smooth conversion to ICD-10 with our advanced computer-assisted coding (CAC) solution Actus®, from A-Life Medical, now part of Ingenix. This sophisticated CAC solution pairs A-Life Medical’s LifeCode® engine, the foremost Natural Language Processing technology, with the broad capabilities of the Ingenix Web.Strat encoder to create a simpler, more accurate automated coding solution that helps streamline coding processes.

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The High Costs of Breaches

The average healthcare organization had nearly 2.5 data breaches that cost an estimated $2 million over the past two years, according to the “Benchmark Study on Patient Privacy and Data Security” by the Ponemon Institute. These costs may include federal and state government investigations, fines, penalties, and legal fees. However, much of the cost of data breaches is the result of lost business due to high customer turnover rates attributable to data breaches of protected health information.

This problem isn’t simply caused by unscrupulous hackers breaking into systems. According to the Office for Civil Rights (OCR), at least 70 percent of recent breaches impacting 500 or more people related to theft or loss of laptops or other portable devices.

Case in point: In February, OCR announced that Boston-based Massachusetts General Hospital agreed to pay $1 million to settle HIPAA violations after an employee accidentally left records on the subway. These included billing encounter forms containing protected health information for 66 patients and three daily office reports to attempt to detect unauthorized use,” said Lerch, a Privacy and Security Practice Council member.

“Technology budgets are where the rubber meets the road. Good auditing tools are expensive, but they are so important,” agreed another Privacy and Security Practice Council member, Judi Hofman, CAP, CHP, CHSS, privacy/information security officer at St. Charles Health System in Bend, OR. And even with good tools, the added work of risk assessments can pile up. Last year, Hofman ran hundreds of investigations in St. Charles’ three system hospitals and one critical access facility. “Granted, few were classic breaches or severe issues, but most warranted at least quick risk assessment. Employee willingness to report potential issues can be a double-edged sword,” said Hofman.

“Getting staff to understand what a breach is and is not has been a challenge,” said Brenda Olson, MEd, CHP, RHIA, vice president for health information management at Great Plains Health Alliance, Inc., (GPHA) a system of 22 rural hospitals, based in Kansas and Nebraska. She points to a common issue in small towns: the gossip factor. “Rumors go around the whole community. Our front-line staff want to tell everybody what’s going on in an attempt to ‘help out,’ ” said Olson, a Privacy and Security Practice Council member.

But even more difficult is doing a risk analysis of every incident, “she said. Good auditing tools are expensive, but they are so important. According to Davis, the need to review health information professions to report potential issues can be a double-edged sword,” said Hofman.

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increases potential legal liability, and calls for more enforcement. The HITECH privacy rules, expected to be finalized this year, reflect consumers’ demands in the area of privacy:

- **Breach notification rules** for unsecured protected health information.
- **More restrictions** on HIPAA’s “minimum necessary” standard.
- **Guidance on patients’ rights** to restrict disclosures.
- **Expanded rights of patients** to receive an Accounting of Disclosures of their EHRs.
- **Rules governing patient access** to their EHRs.

In February, HHS imposed the first civil monetary penalty—a whopping $4.3 million—for a HIPAA violation against Cignet Health for failing to allow 41 patients access to their medical records and refusing to cooperate with the investigation.

**Prepare for Privacy**

Stake your claim to privacy and security. These are core HIM values, and you have the necessary skills set to provide guidance on policies.

**Learn the issues.** AHIMA offers many authoritative, trusted resources. (See the article, “AHIMA Stays on the Pulse of Healthcare Privacy, Security” for a list of new and updated resources from AHIMA.)

- The audio seminar “Annual Privacy and Security Training: HIPAA Compliance” will be rebroadcast in April.
- Look for a Certified in Healthcare Privacy and Security (CHPS) online course coming soon.
- Attend the 2011 Privacy and Security Institute at the Annual Convention.

**Continually assess your security.** “It shouldn’t be just a once-a-year task,” advised Lerch, who worked on an assessment before deploying portable devices and laptops. “Look at your top risks during any change, such as a new technology implementation, a new vendor, or information exchange,” Lerch said.

**Don’t “set and forget.”** Be sure policies are being put to use, advised Olson. “One of our biggest dilemmas is helping administrators understand that after policies are provided, their job isn’t done. They must work with staff to understand how those policies affect their facility.”

**Educate everyone who touches protected health information,** including the IT department and vendors. “We have focused a lot of education and awareness campaigns on patient privacy and security and the need to investigate all unauthorized access, use and disclosure of patient protected health information,” Davis said.

**Expect to see a spike in incidents** as your education campaign ramps up. “Reporting should level off once everyone knows expectations,” said Hofman. One way Olson tackles this issue is by working with an attorney to turn recent incidents into generic scenarios, which she incorporates into training materials.

**Implement auditing and reporting tools.** Automated tools can do wide swipes of the organization and help you manage your audit log. St. Charles’ enterprise event management system includes a feature that enables staff to report suspected breaches or other privacy and security problems. Staff can also use a hotline.

**Let staff know someone is watching,** and that there are consequences. “You hate to rule with an iron hand, but you don’t want employees to roll the dice and decide to look,” Hofman said. The fact that the employee knows that someone is watching and questioning can make all the difference.

**Pool resources.** Very small health organizations may consider banding together to pool confidentiality, privacy, and security resources and subject matter expertise in HIM, IT, human resources, staff training, and physical security.

When HIPAA regulations came on the scene in 2002, GPHA combined efforts with two other neighboring networks, according to Olson, who facilitates the HIPAA network. “The cost of the attorney we are working with is absorbed by all the hospitals. It’s been working very well. Everyone has a network of people to turn to,” Olson said.
Prepare with Online Practice Exams

Are you taking your certification exam? Are you considering registering for the exam but not sure if you are ready? AHIMA’s RHIT, RHIA, and CCA online practice exams are the perfect tool for you. The computer-based practice exams allow you to measure your skills and readiness to sit for the test. The practice exams feature questions from domains of the exam blueprint, written by the same item writers who developed questions for the official exam. You will receive a report showing your strengths and where you need to increase your knowledge. Take a practice exam before you register or close to your exam date to gain the confidence that you need to succeed. Learn more.

CSA Core Service Achievements for NJHIMA, SDHIMA

The New Jersey Health Information Management Association (NJHIMA) and South Dakota Health Information Management Association (SDHIMA) each received the 2010 CSA Core Service Achievement award for Member Communications by creating ways to increase member communication and involvement.

NJHIMA developed “Delivering Member Value through Communication,” developed a student committee to assess needs of students and to assist them in development of career and networking skills, re-launched the Coding Roundtable to establish improved outreach and education offerings to coders, created sustainable improvements in communication, and launched a Web-based system to coordinate the activities of the NJHIMA annual meeting committee.

SDHIMA developed a five-star SDHIMA restaurant menu for members to show the available volunteer positions. Members are able to learn more about all the volunteer opportunities through the CSA with the menu delineating the different tasks associated with each position and the time commitment involved. The menu made it easy to choose and volunteer for elected or appointed positions.

A History of Privacy

Initially earning a bachelor of science in biology in 1972, Thomason was introduced to the HIM field during an epidemiology research project in the early 1980s. Computers were just beginning to be used for health information management, and Thomason saw great potential and growth in the field. Release of information was an early HIM interest for Thomason, handling legal questions and sorting through privacy policy. HIPAA was further in the future, and privacy law wasn’t a field at that point—but the work intrigued Thomason. Serving as an HIM supervisor and then transitioning into information services, Thomason eventually worked her way back to HIM privacy issues when HIPAA was first introduced in 2001. Enforcement of the rule at her facility is not taken lightly. “It is a very complex regulation, and like many regulations if you make a mistake out of ignorance, you are not off the hook,” she said.

Thomason’s book on the topic, HIPAA by Example was published by AHIMA in 2008. She has also spoken numerous times at HIM-focused events discussing privacy. As Intermountain’s senior compliance consultant, Thomason develops educational training classes and online modules for workforce privacy training. The education is specialized for particular job roles.

With a version of an electronic health record in place since the 1970s, Intermountain has large volumes of digital data that attracts researchers from across the country. Because of the high volume of data requests for research, a privacy board was created to address privacy concerns in the research arena, Thomason says. As chair of the privacy board, Thomason helps review research data requests and ensure privacy laws and the patient’s best interests are followed.

Credentials are an important part of the healthcare profession, Thomason feels. “Early on I realized that if I was going to be in healthcare that I needed some kind of certification,” she said. “A degree alone in healthcare often won’t get you what you want.” So in 2009, she joined the Commission on Certification for Health Informatics and Information Management (CCHIIM) to serve as the commission’s “Certified in Healthcare Privacy and Security (CHPS)” credential representative. Each credential has a representative on the commission.

CCHIIM, which recently separated from AHIMA as an independent body, oversees HIM credential development, testing, maintenance and the overall certification process. A major project currently being handled by CCHIIM is overseeing the development of certificate competency exams for six community college HIT programs developed through the HITCECH Act’s workforce development “Community College Consortia to Educate Health Information Technology Professionals in Health Care.”

Working on the project has been rewarding for Thomason and is further proof that the continuing growth and opportunity she first spotted in the profession years ago remains today. “When I first went into the field I sensed there was a tremendous opportunity here, and I still believe that,” she said.
AHIMA Develops New Draft Proposal to Review Health Information Professions

3. Protecting the federal investment made in the American Recovery and Reinvestment Act (ARRA) to advance health information technology and health information exchange
4. Requesting Congress to direct the Government Accountability Office to do a study on the various options existing for a patient identity solution

The Role of AHIMA
Congress’ investment into HIT and HIE through ARRA is enormous and one where AHIMA has taken the view that with the tens of billions of dollars being invested into meaningful use, we cannot afford to fail. Without an educated and qualified workforce to address not only the implementation of HIT and HIE but also the data and use of this new frontier, our nation runs the risk of wasting the resources and effort to advance our nation’s healthcare system.

Components of the New Draft Act
Addressing workforce and education has been a consistent policy issue for AHIMA. In the past this has been done in a much more comprehensive manner with our previous legislative proposal, the “Allied Health and Health Information Professions Education Act.” Respecting the new environment in which we now work, we have scaled back this proposal and drafted a new “Health Information Professions Advancement Act.” This new draft legislation focuses on some core issues concerning workforce by calling for a specific Office of Allied Health within the Health Resources and Services Administration (HRSA) and having that office regularly provide analysis on the workforce itself. Specifically the bill would:

- Define the allied health professions
- Establish an Office of Allied Health within HRSA
- In coordination with the Department of Health and Human Services’ Office of the National Coordinator, the Department of Labor, the Department of Education, the National Science Foundation, and other relevant agencies as determined by the Secretary, the office will:
  - Annually review program outcomes for effectiveness including enrollments, graduation rates and other requirements as determined by the Secretary;
  - Annually review allied health student enrollment and projected graduates at the associate, bachelor, and masters degree levels;
  - Annually review faculty levels and the effectiveness of recruiting and retention efforts;
  - Annually review workforce trends and needs; and
  - Provide recommendations to Congress on the above requirements including potential program modifications and needs.

If you are interested in the specific legislative language, the bill can be found in the AHIMA 2011 Hill Day community in the AHIMA Community of Practice.

It is difficult to pull back on initiatives such as public service announcements, recruitment grants, education and retention grants, grants for health career academies, faculty loan programs, scholarship programs, and other training initiatives. Even so, in the longer term, it is believed that once HRSA can define the need and support it with research through an Office of Allied Health, it will be easier for policymakers to support the more specific educational and training initiatives for the health information and allied health professions.

AHIMA’s 2011 Hill Day represented an opening discussion with Congressional policymakers with regard to our advocacy issues. Putting a face on health information technology and health information exchange is critical. This effort lets Congress know that the ability to change our healthcare system does not solely rest on technology. Effective HIT requires health information management professionals who are involved with the implementation and utilization of the technology and the integrity of the data. v
AHIMA Stays on the Pulse of Healthcare Privacy, Security

The privacy, security, and integrity of protected health information (PHI) is currently one of the critical hot topics of the healthcare industry. ARRA’s HITECH provisions have made the biggest impact to the industry's privacy and security practices since the inception of HIPAA.

Many of the HITECH provision’s final rules are on the horizon, such as accounting of disclosures and patient requests on restrictions. So the industry is patiently taking a strategic pause while waiting on final guidance. In the meantime, the interim rules are in effect.

The Role of HIM Professionals

HIM professionals must absolutely be sitting at the table for these discussions. HIM professionals not only have the skill set and knowledge to be an integral part of this change, but possess the full range of experience to lead it as well. According to the Ponemon Study on patient privacy and data security, about half of organizations have appropriately trained staff. It is important to realize that credentialed privacy and security professionals are essential in today’s working environment and the need for them is steadily rising.

There is a lot of information and guidance to be learned and even more yet to come. AHIMA is consistently taking the pulse on these two major topics with haste and commitment to bring back to the members timely products and resources. These products and services are continuously accessible to members with a number of resources offered to the public at no cost.

AHIMA Resources

AHIMA is dedicated to ensure currency and value in the education and guidance offered. Therefore, the association has sought out subject matter experts working in the field to collaborate and provide expertise both individually and as workgroups to all new and revised products and resources. Listed below are some of the many practice briefs (access is free to members) which have been either newly developed or revised within the past year to reflect the current industry landscape.

Available Now

Security Audits of Electronic Health Information

Fundamentals of the Legal Health Record and the Designated Record Set

Security Risk Analysis and Management: An Overview

Patient Access and Amendment to Health Records

HIPAA Privacy and Security Training

HIPAA Security Overview

Practice Briefs Coming Soon

Health Information Exchange: Management and Operations

Accounting of Disclosures

Information Security: An Overview (Revised)

Portable Computer Security (Revised)

Securing Wireless Technology (Revised)

Utilizing the CoP

AHIMA also provides many other useful resources free to members such as the Communities of Practice (CoP) which has been recently updated to help improve overall use and navigation. CoPs can be used to discuss, network, and share information. Many members use the CoP as a forum to communicate issues and find out about others’ lessons learned. It’s a way of knowing that there are others in the industry going through and dealing with the same problems and challenges.

AHIMA has many CoPs with discussions centered around privacy, security, and confidentiality. Visit the Communities of Practice and login using your AHIMA ID and password for access. A few of the many privacy and security related CoPs are:

- HIPAA
- Privacy and Security Officers
- Release of Information Legal
- Risk Management
- Disaster Management

Web Site Resources

Another good way to find current and up to date information is by navigating AHIMA’s Web site. There are many Web pages contained within the main site focused on specific areas such as privacy and security or ARRA/HITECH that provide direct links to up to date information as well as associated products and resources. Below are a few of these links:

- Current HITECH information related to privacy and security requirements, important dates and timelines
- Industry standards and activities involving privacy and security
- ARRA updates
- General information, products, and resources related to privacy and security

Finally, AHIMA honors privacy and security this month by promoting its products related to privacy, security, and confidentiality. Selected products, normally available separately, have been bundled together to be sold at a special price.

Other individual privacy and security related products will also be available during the month at a discounted price. Watch for these items on our Web site and in various alerts and e-mails provided to all members throughout April. Whether offered at no cost or at a minimal cost, take advantage and stay on top of these hot topics. Be proactive, be ready.
Visit AHIMA’s Online Compendium for Practice Guidance

AHIMA announces the addition of new material to its latest online resource, the AHIMA Compendium. Initially launched late last year, the Compendium is a collection of HIM best practice statements excerpted from AHIMA’s extensive practice guidance, which is widely disseminated in practice briefs and toolkits. The compendium distills best practices from these sources, offering HIM professionals just-in-time guidance as they research and address practice challenges.

The Compendium begins with best practice statements from sources published June 2010. Since the initial launch a number of new guidance statements have been added. Users can search for topics by keyword or browse by category. They can also access the full source material underlying best practice statements, search other AHIMA resources from the Compendium home page, or sign up for an RSS feed.

“We hope that professionals will use the Compendium to access guidance as they research and address practice challenges,” said Mary Stanfill, RHIA, CCS, CCS-P, AHIMA’s vice president of HIM professional practice resources. “Now is a great time for us to apply HIM practice guidance in our organizations and share this knowledge with colleagues and decision makers.”

Revision of the Code of Ethics

The Professional Ethics Committee is revising the Code of Ethics. The last version was approved by the House of Delegates in 2004. A new draft will be available in the summer for review. Watch for more information in upcoming issues of E-alert. Review the other great ethics resources on the ethics pages of ahima.org.

AHIMA Fellowship Deadline

Don’t miss out, apply to become a Fellow of AHIMA (FAHIMA) before the next application deadline May 31. The AHIMA Fellowship Program is a program of earned recognition for AHIMA members who made significant and sustained contributions to the profession. Apply today using the online application form.

Spring 2011 Issue of Perspectives Now Available

The Spring 2011 issue of AHIMA’s research journal, Perspectives in Health Information, is now available. Click here to read an analysis of the challenges of a PubMed literature search on bladder cancer; a case-study of how users assess components of an EHR; and an examination of using Medicaid Statistical Information System data to identify and analyze the core children’s healthcare quality measures. Learn more about the submission guidelines and the manuscript review process.

Member News

In Memoriam

Nancy J. Rethman, RHIA, of Fort Loramie, OH, died in February. She had been employed at Upper Valley Medical Center in Troy, OH, since 1987 and was the acting director of quality improvement, utilization management, and HIM. She was also a member of the Ohio HIMA.

Upcoming Leadership Academy Webinars

Plan to attend one of the upcoming Leadership Academy webinar series.

• April 20—Clarifying Your Team’s Purpose

• May 18—Unleashing Talent in Health Information Management

• June 15—How Great Leaders Inspire Trust
These live learning events are designed by AHIMA and powered by FranklinCovey’s LiveClicks series. Save the dates, and register here. See page 10 for more about the Leadership Academy.

**Participate in the CSA Environmental Scan**
Environmental scanning is a process that collects information on trends and priorities that influence or impact the HIM profession. This information feeds into the strategic planning process. AHIMA is asking all component state associations (CSAs) to conduct an environmental scan with its members and submit the results. To do this, we need your valuable input. Check with your CSA officers on how you can help provide your input. The CSA Survey begins April 1 and concludes June 30. Results will be available in the State Leaders and House Community later in the year.

**New AHIMA Book Available**
Determining the root operation—or intent of a procedure—is essential to accurate coding, and illustrates the precision of the code values defined in the ICD-10-PCS system. Root Operations: Key to Procedure Coding in ICD-10-PCS offers coding professionals and students the tools to differentiate and contrast procedures coded in ICD-9-CM with those coded in ICD-10-PCS. Authors Ann Barta, MSA, RHIA, and Ann Zeisset, RHIT, CCS, CCS-P, address all sections of ICD-10-PCS, provide detailed explanation of all root operations, offer a snapshot of anatomy and physiology for ICD-10-PCS, and define and illustrate code structure for each section. Coding professionals and coding students learn the essential root operations and ICD-10-PCS definitions to perform accurate coding.

**Take Part in AHIMA’s 2011 Member Referral Program**
As an AHIMA member, you enjoy a host of career-enhancing membership benefits. Wouldn’t you like to share those benefits with your fellow professionals by bringing them on board as full members in the association? Encourage them to join online. Make sure they provide your name and e-mail address on the online membership application to give you full credit for enlisting them. You’ll earn a chance to win one of three American Express Gift Card prizes. The first prize is $1,000; the second prize is $500; and the third prize is $250. Learn more and don’t miss out.

**AHIMA Group Insurance Plans Available**
AHIMA members can choose from several group insurance plans offered through Marsh Affinity Group Services, a service of Seabury & Smith. Plans include professional liability, group term life, disability income, customized major medical, short-term medical, and long-term medical. Contact Marsh at (800) 503-9230 for more information. Please have your AHIMA membership number available. Learn more about additional AHIMA member benefits.

**New Online Course, Assessment**
AHIMA has just released the CATS ICD-10-PCS A&P Focus: Musculoskeletal System Assessment and CATS ICD-10-PCS A&P Focus: Musculoskeletal System Course. The course covers ICD-10-PCS coding for inpatient hospital settings and a comprehensive review of the anatomy and physiology of the musculoskeletal system. It is designed to review a coder’s baseline anatomy and physiology knowledge of the musculoskeletal system in preparation for ICD-10-PCS. This course will assist in identifying any knowledge deficits surrounding the bone and muscles throughout the musculoskeletal systems in addition to current medical terminology regarding this body system.

**New CCA Exam Now Available**
The Certified Coding Associate exam (CCA) relaunched with a new exam blueprint in a beta period on March 31. Now candidates will receive a test completion notice and have their official score reports sent via U.S. mail. An announcement will be made once immediate scoring is available. Now CCA exam candidates will be required to use 2011 codebooks and candidates will not be able to test without the correct codebooks. Learn more about the CCA beta exam, the new exam blueprint, or 2011 codebooks.

**Upcoming Audio Seminars, Webinars**
Audio seminars last 90 minutes, beginning at 1 p.m. ET. New for 2011 seminars: Register for a Live + Web Replay bundle for just $40 more than the price of the live seminar, and you can attend the live seminar and access and share its Web replay version for future use at your facility.

April 7
E/M Auditing: Establishing an Effective Audit Program

April 12
Feeling Anti-Social? HIM Privacy and Social Media

April 21
Coding Inpatient Cardiac Surgery Procedures

May 5
CPT Coding for Otolaryngology

May 17
Managing Legacy Systems for Compliance and Data Protection

May 19
Managing the Query Process: Developing Effective Queries

May 19
Noon–3 p.m. CT (virtual meeting)
Expediting Payment and Increasing Revenue in Physician Practices

June 9
ICD-10 Prep: Assessing Coders’ A&P Proficiency

June 14
Electronic Tools for Patient Privacy and Compliance

June 23
CODING Knee and Hip Replacements in ICD-9-CM and ICD-10-PCS

August 31
Keeping Current with RAC (virtual meeting)
AHIMA Fellows Facilitate Leadership Academy

On March 16, AHIMA launched the **Leadership Academy Webinar Series**, a customized webinar series designed by AHIMA and FranklinCovey. The academy prepares participants for new and complex roles while enabling them to demonstrate leadership skills required in this era of rapid change.

The Leadership Academy faculty includes several AHIMA Fellows who were specifically chosen (along with FranklinCovey senior consultant Todd Wangsgard) to lead these dynamic webinars because of their leadership skills, expertise, and experience. The AHIMA Fellows involved in the Leadership Academy are Barbara Fuller, JD, RHIA, FAHIMA; Leslie Ann Fox, MA, RHIA, FAHIMA; Debi Primeau, MA, RHIA, FAHIMA; and Carolyn R. Valo, MS, RHIT, FAHIMA.

### Four Exciting Webinars

Barbara Fuller, JD, RHIA, FAHIMA led the first webinar, “**Four Imperatives of Great Leaders: Achieving Results in HIM,**” and shared insights from her vast leadership experience including having been a past AHIMA president and AHIMA Foundation (chair). Additionally, she was the recipient of AHIMA’s highest honor, the Distinguished Member Triumph Award. Fuller is committed to this program because, “good leadership skills are keys to success in any field, but they are especially critical for the HIM professional. In our fast paced, and rapidly changing healthcare environment, good leadership skills are golden,” she said.

The second session, “**Clarifying Your Team’s Purpose,**” will be led by Leslie Ann Fox, MA, RHIA, FAHIMA, on April 20. Fox is a pioneer in healthcare quality data management methods and is the developer of Systems-Based Leadership, a framework for leadership and consulting based on Bowen family systems theory. Fox uses this unique framework for leadership and consulting to elevate the functioning of work units, teams, or whole organizations. “I view successful leadership as a relationship process among members of an organization that inspires them to take full advantage of opportunities, recognize and minimize threats to success, and avoid catastrophic failures,” Fox said.

Debi Primeau, MA, RHIA, FAHIMA, is the presenter for the third session, “**Unleashing Talent in HIM**” on May 18, and describes why she is involved. “I am a true believer in the value of life-long learning. Attending AHIMA’s leadership sessions allows me to expand my knowledge and understanding of complex leadership concepts by providing me with practical tools that can be applied in my work and personal life,” Primeau said. With over 30 years of experience in HIM as an executive consultant, IS director, and HIM director, Primeau currently serves as president-elect of the California Health Information Association. She has also serves on several AHIMA committees, has delivered numerous presentations, and written articles for both HIM and healthcare publications.

On June 15, Carolyn Valo, MS, RHIT, FAHIMA, will be presenting “**How Great Leaders Inspire Trust.**” Her background also includes over 30 years of experience in healthcare including progressive leadership roles in areas of public health, home healthcare, hospital, managed care, and vendor-focused roles. In the recent past, she has offered methodologies on leadership based on study and experiential learning, and co-presented on transforming the role of HIM professionals to encourage individuals to take charge as a leader. “Ongoing education is paramount to keeping our skills fine tuned. Leadership development comes through study, experiential learning, team-building, collaboration, and mentoring with those in leadership roles,” Valo said.

Join these knowledgeable Fellows on their leadership journey at the Leadership Academy, as well as AHIMA’s other leadership development opportunities.

» Steven Covey, author of the bestselling book, *The Seven Habits of Highly Effective People,* discusses AHIMA’s Leadership Academy series.

Apply for AHIMA’s Fellowship Program

Follow in the footsteps of Fuller, Fox, Primeau, and Valo as well as almost 100 other members by starting the process to become a Fellow of AHIMA. Consider applying for this prestigious recognition to become an AHIMA Fellow today. View the list of current Fellows here.
Helping Students Identify Professional Practice Experiences

Every spring, thousands of HIM students begin the perennial search for a field-based professional practice experience (PPE). Finding a site is critical for the student to make that leap from classroom theory to professional practice. The PPE (or internship) is often the first time many students will find themselves working closely with a HIM professional. Making that connection is crucial to their future success, and by extension, to our overall success as a profession.

The PPE Guide, Version II is a comprehensive guide for students, programs, and affiliation sites that outline the process for HIM students to have meaningful exposure to the HIM practice environment. The HIM Higher Education and Workforce House Team published the PPE Guide to provide a road map for the HIM practice community to set up new professional practice experience opportunities. The guide is a compilation of the most forward-thinking ideas on how to build an exciting and rewarding opportunity for students.

Practitioners soon discover the value of students that deliver the latest knowledge and skills. Eager to give their best, students immerse themselves into important work assigned by bringing passion, talent, and the ability to serve. The relationship between the practice site and the student is undoubtedly mutually beneficial. Adding this new generation into the equation of a organization presents the opportunity to put forth best thinking, creativity, and contributions that create breakthrough results. Unleash the potential, discover the opportunities, and blend theory with practice—make it real.

Nontraditional Sites Welcomed

All different types of settings where the business of managing and providing a solid foundation in modern HIM practice are encouraged to become a PPE site. Today’s PPE student has the flexibility to intern with EHR vendors, government offices, specialty clinics, hospice centers, health information exchange centers, and many other places. This is an exciting time to introduce a student to your specialty area and allow them to appreciate the full scope of opportunities.

It is easy to say no to a call from a HIM program asking to host a student, but AHIMA asks you to take a moment and think before you answer. There are many opportunities for projects in a variety of specialty areas, such as:

- **Hospice facility**—developing, maintaining, and operating a patient identity management program, as well as training hospice staff in maintaining the system.
- **Risk management department**—designing and implementing business continuity, information integrity, and risk-management plans for the HIM functions.
- **Research department**—performing HIM research, suggested topics can be found on the AHIMA Foundation Web site.
- **Multi-site healthcare system**—identifying and graphically presenting information architecture across EHR/PHR/HIT systems, with a focus on finding gaps.
- **Physician practice**—influencing decision-making for the adoption of information technology by relating the benefits of an EHR practice to the practice staff and physician.
- **Long-term care facility**—developing functional requirements for data retrieval and analysis and creating a simple computer-based data collection application.
- **Regional benchmark project**—Performing an audit of the productivity of a specified functional area.
- **Medicare fraud office**—advocating on behalf of the individual to access and be engaged in the review and awareness of the patients’ health record and the value of maintaining a PHR.

Rather than being an obstacle to a PPE, these opportunities represent a chance for the student to contribute to your organization’s success in a real way. Each staff person with an AHIMA credential that mentors a student will receive five continuing education units with a maximum of 10 CEUs for student supervision in each recertification cycle. This is a great way to add to your annual CEU requirement while fulfilling a fundamental obligation of the profession.

In today’s environment, the greatest pace of change is ahead and this generation will soon become an extraordinary asset in advancing the HIM profession. This is your time to make the choice and the difference to help mold the future leaders in HIM; become a PPE site today.
AHIMA’s Global Services Office Celebrates First Anniversary

In late February, AHIMA’s Global Services Office (GSO) celebrated its first anniversary. Already one year has passed since AHIMA leaders, EU representatives, and other stakeholders gathered in Brussels for the official launch of AHIMA’s global office. As noted in previous issues of AHIMA Advantage, quite a lot was accomplished in the first year of GSO operations. Let’s have a look at 2010 highlights and the first quarter of 2011.

AHIMA at 2010 IFHRO

In November, the International Federation of Health Records Organizations (IFHRO) held its congress, “Better Information for Better Health” in Milan, Italy. The series of meetings started with IFHRO’s general assembly, in which the organization changed its name to the International Federation of Health Information Management (IFHIMA). At the closing ceremony, IFHRO President Lorraine Nicholson handed over the presidency to Margaret Skurka, MS, RHIA, CCS, FAHIMA, for a three-year term.

Stakeholder Meeting

Also in November, AHIMA invited stakeholders (policy makers and other associations) to attend a roundtable discussion entitled “The Importance of Creating a Skilled Workforce in Health Information Management in Europe.” Presentations were given by several stakeholders, such as the European Commission, the US Mission, and various ally associations.

Following the presentations, a lively discussion took place and all parties agreed that there is a need to address the shortage of HIM workforce at European Union level. Data, facts, and numbers are required to prove this, as well as a platform to communicate with the European Commission on workforce development and training. All parties agreed that now is the moment to get involved in the Commission’s Healthy Active Aging project but more concrete actions and data are needed to weigh on the program and more stakeholders should be engaged.

A stimulating closing note of the roundtable discussion was made by Ilias Iakovidis, Deputy Head of the European Commission’s ICT Health Unit from DG Information and Society, who mentioned the importance and historic character of this meeting, as the first concrete step on influencing the agenda setting of the European Commission with regards to HIM workforce development.

AHIMA in the Middle East

In late November, AHIMA was represented at the two-day symposium, “Towards e-HIM: Current Situation and Future Direction” in Riyadh, Saudi Arabia. This event was organized by the King Fahad Medical City, one of the largest hospital facilities in the Kingdom.

AHIMA had several speaking slots, including a presentation right before the Saudi Arabia Minister of Health’s speech, who recognized AHIMA and the value of its presence at the meeting. AHIMA had a very active exhibition booth, where many AHIMA members from the region meet with AHIMA representatives.

AHIMA staff had the opportunity to meet with leaders in the field with whom many productive meetings about collaboration and development of the profession were conducted. In addition, the training workshops in privacy, HIM, and coding were very well received.

World Healthcare Congress

A delegation headed to Abu Dhabi to represent AHIMA at the World Healthcare Congress in December. Several meetings were held and good contacts were established, with the aim to better understand the needs of the market. An in-depth meeting was held with a large representation of the Abu Dhabi Health Authority, as well as the Clinical Coding Steering Committee who expressed their gratefulness for AHIMA being represented at the event as well as their aspiration to create a closer collaboration and a long-term partnership.

Finally, AHIMA was also represented at Arabhealth in Dubai—the largest healthcare exhibition in the Middle East. Several meetings were held to explore the possibility of AHIMA supporting and actively participating in the first conference dedicated to HIM in the United Arab Emirates in April 2011. More information is forthcoming.

Upcoming Efforts

AHIMA’s global efforts do not only pertain to the Middle East. Several contacts have been established in China over the past months, specifically in the Sichuan Province and we are currently exploring and pursuing several opportunities. We continue to invest in the global outreach of AHIMA and will look to further develop new business opportunities and build collaborative relationships as well as monitor the global health information environment to support and service the worldwide HIM community.

Public Consultation

The European Commission started a consultation titled “The Pilot European Innovation Partnership on Active and Healthy Aging” to get input from stakeholders on its e-Health action plan 2012-2013. AHIMA’s GSO submitted to this consultation in collaboration with the International Federation of Health Information Management Associations and The European Federation for Medical Informatics.

These ideas will be evaluated by the European Commission and the best ones will be picked and receive the necessary funding. These projects will start in three to four years and the Commission will organize a tender procedure.

To learn more about AHIMA’s global activities, visit the GSO Web page or contact the office.
New Certification Vendor Offers New Opportunities

AHIMA members are frequently sought out for the most current and accurate information on what’s happening in the HIM industry. And with the exciting testing vendor transition to Pearson Vue, there is a lot of new information to share.

Candidates for AHIMA certification exams are now all testing at Pearson VUE Professional Test Centers. The transition to Pearson Vue is part of AHIMA’s efforts to make the credentialing process simpler and more convenient. AHIMA’s switch to Pearson Vue not only enhances the test center experience, but also gives candidates more control over their certification destiny.

With more than 250 locations in the United States, Pearson VUE Professional Testing Centers are an ideal testing environment with state-of-the-art computer based testing and distraction-free workstations. Pearson Vue also has a palm vein recognition system for increased security. Using a safe, near-infrared light source (like that in a TV remote) Pearson VUE’s palm vein recognition identifies unique patterns in test takers’ palms to ensure that each test taker’s record is impossible to forge. For some exam candidates, the idea of more security and a new testing site can be scary, but this change is definitely good.

What’s New for 2011?

For 2011, AHIMA has also updated its candidate policies and procedures to be more customer-friendly. One important change is that Pearson VUE sends Authorization to Test (ATT) letters via email to exam candidates who provide a valid e-mail address. With this faster delivery system, candidates can schedule their exams sooner to have the best selection of possible appointment times. Candidates who do not provide a valid email address will still receive a paper letter via the U.S. mail.

Exam candidates will also benefit from more flexible cancellation and rescheduling policies. Candidates can now cancel and reschedule the examination up to 15 days prior to the scheduled examination date at no charge. Candidates who reschedule or cancel their appointments between 14 days and 24 hours prior to the exam date will be charged a penalty of $30 by Pearson Vue. Candidates may not cancel or reschedule the examination within 24 hours of the exam appointment.

As always, candidates who miss their appointments or candidates who arrive late to their scheduled exam appointment will be considered no-shows and will forfeit their application fee. Those candidates must submit a new application and the full application fee in order to test.

New Candidate Benefits

Another benefit for candidates is AHIMA’s new extension policy. Candidates may request an extension of their eligibility period for a fee. This is a two tier process. For a fee of $75, the first extension grants candidates an extension of 45 days to take their exam. Candidates may also request a second and final extension. The second extension has a $150 fee and extends the eligible period by an additional 30 days. Candidates can only apply for extensions up to 14 days prior to their testing date or eligibility end date. To apply for an extension, candidates must complete and submit the eligibility extension request form. If you have any questions, please contact AHIMA Customer Relations at (800) 335-5535 or submit a customer support request to have any questions answered.

What Else is Different?

Pearson Vue Professional Testing Centers do not provide a tutorial prior to beginning the exam. Candidates who would like to take a tutorial may do so online prior to going to the testing center. The online tutorial is a helpful tool to make candidates feel more confident when their testing day arrives. Take the tutorial now. Also, there is no formula button for candidates taking the RHIA or RHIT exams. Rather, formulas will be provided for candidates on each item that requires formulas to answer. The formulas will be listed under the question. The calculator button is still available.

» The Commission on Certification for Health Informatics and Information Management held its yearly kick-off meeting in February. CCHIIM not only began work on its new Clinical Documentation Improvement Specialist credential but also discussed its role in moving forward with Vision 2016. CCHIIM Chair Julie Swim, RHIT, CCS, FCS, and CCHIIM Chair-Elect Amanda King, RHIA, discuss the Commission’s new Clinical Documentation Improvement Specialist credential to be launched in late 2011.
AHIMA Foundation Collaborates With ONC on State HIE Direct Boot Camp

The AHIMA Foundation is collaborating with the Office of the National Coordinator for Health Information Technology (ONC) to organize the State Health Information Exchange (HIE) Direct Boot Camp. This invitation-only meeting will take place April 12-14 in Chicago, IL, and is being held for ONC’s State HIE Cooperative Agreement grantees that are implementing Direct exchange (“Direct”).

The Direct Project was established by ONC to develop transport standards and specifications for basic (i.e., push model) secure messaging of health information, which will allow states to rapidly and widely enable state-wide health information exchange. The Direct Project used an open and transparent collaborative process to develop these standards and specifications (with stakeholders including vendors, states, and the federal government) and they are now being finalized during a pilot implementation phase.

All of the State HIE Cooperative Agreement grantees will be implementing their ONC-approved strategic and operational HIE plans this year, and ONC and the Foundation are organizing this boot camp to support the successful implementation of these HIE plans. The overarching purpose of the boot camp is to facilitate learning early on in the project implementation process, and to infuse information across states that are deploying Direct exchange.

The boot camp is focused on distributing real-world implementation details that will help states learn from pilot experiences in the field, gain a better understanding of the Direct exchange standards and specifications, and take their next implementation steps. Topics covered during the meeting will include using secure messaging to help providers achieve HIE components of stage 1 meaningful use via exchange of care summaries, delivery of structured lab results, and public health reporting. The meeting will also address Direct exchange deployment models, Direct architectural components, and the policy framework needed to support the success of Direct strategies.

Over 30 states and territories are expected to participate in the boot camp, and a complement of ONC experts and consultants will facilitate the working meeting.

For more information on ONC, visit their Web site. For more information on the important policy and research initiatives being supported by AHIMA Foundation, visit the AHIMA Foundation Web site.
Call for Applications: AHIMA’s New Student Advisory Council

The recent emphasis on health IT by the federal government has raised awareness of the career opportunities in HIM. In addition, the proliferation of articles and advertisements highlighting healthcare jobs, the status of the economy, and the unemployment rate, have all raised awareness of HIM careers as well as the academic degrees needed to obtain these jobs. Current HIM students will have unprecedented opportunities to excel in HIM (and beyond) as thought leaders for larger healthcare topics.

As always, AHIMA’s student membership is on the rise. Since the year 2000, AHIMA’s student membership has grown from 5,000 to almost 14,000 students, with more than 3,000 joining in the past year alone. As this unique section of membership continues to grow, AHIMA is developing a new student advisory council to join in preparing student members to be future HIM and AHIMA leaders. This new group of student members will represent AHIMA’s student population, taking part in shaping AHIMA’s future programs for students and initiating new activities important to student membership as a whole.

Advisory Council Activities
The students chosen for the AHIMA Student Advisory Council will be able to participate in a number of activities, including:

- Providing input and feedback for projects designed for AHIMA student members
- Shaping the program for AHIMA’s annual student academy at convention
- Participating in conference calls and an in-person meeting at AHIMA’s annual convention
- Acting as liaisons to key AHIMA bodies such as the AHIMA Board of Directors, AHIMA Foundation Board, CAHIIM, CCHIT, and House of Delegates
- Developing content for AHIMA’s student publications
- Creating the future model and agenda of the student advisory council

Required Core Competencies
- Adheres and advocates for the AHIMA Code of Ethics, and any other appropriate codes of conduct, values honesty, integrity, and transparency.
- Demonstrates commitment to the mission, vision, values, and strategy of AHIMA.
- Works well on teams and fosters trust among group members, and adjusts behavior in order to establish relationships with team. Completes assigned duties and tasks.
- Respects diversity and fosters inclusion, values all kinds and classes of people equitably, deals effectively with all races, cultures, disabilities, ages, and genders.
- Presents a positive professional image.

Benefits of Joining the Student Advisory Council
As a student, getting involved in your professional association provides benefits to your education and professional future including:

- Application of HIM knowledge and academic experience
- Access to leaders in the field
- Demonstrated leadership for career goals and future roles in the association
- Opportunities to enhance technology skills
- Enhancing public awareness of an education and future in the field

Submitting an Application
Applicants must be an AHIMA student member currently enrolled in an AHIMA approved coding program or in a CAHIIM accredited health information management program. In addition, applicants must remain a student and an AHIMA student member for the 2011-2012 school year.

To apply for the student advisory council, fill out an application and e-mail it with your resume to allison.vance@ahima.org before 5 p.m. CST on April 22. Learn more.
Preparing for the 2011 AHIMA Election

Last February, the 2011 AHIMA Nominating Committee met to prepare the ballot for the association leadership and CCHIIM commissioner positions in 2012. The Nominating Committee increased the number of candidates on the ballot in compliance with AHIMA’s Bylaws and Nominating Committee procedures. The committee anticipates greater voter turnout since this ballot allows for increased choices for members.

The 2011 AHIMA Ballot

President-elect (Vote for 1)
- Lorraine M. Fernandes, RHIA (CA)
- Kathleen A. Frawley, JD, MS, RHIA, FAHIMA (NJ)
- Angela Kennedy, MBA, MEd, RHIA, CPHQ (LA)

Directors for the Board of Directors (Vote for 3)
- Ann Frischkorn Chenoweth, MBA, RHIA (UT)
- Vanessa A. Duplechain, MS, RHIA (HI)
- Renato L. Estrella, MSHA, RHIA, FAHIMA (NY)
- Dwayne M. Lewis, RHIT, CCS (OK)
- Eve-Ellen Mandler, MS, RHIA, CCS, FAHIMA (PA)
- Melissa M. Martin, RHIA, CCS (WV)
- Sandra L. Nunn, MA, RHIA, CHP (NM)
- John Parmigiani, MS, BES (MD)
- Jackie Raymond, RHIA (MA)

Commission on Certification for Health Informatics and Information Management (Vote for 3)
- Kerry Frances Costa, RHIA (FL)
- Patience J. Hoag, RHIT, CCS, CCS-P, CHCA (AZ)
- Karl J. Koob, RHIA, FAHIMA, CPEHR (KS)
- Deborah L. Linehan, RHIT, CPC-I, CPC, CCP-P (CO)
- April D. Robertson, MPA, RHIA, CHPS, FAHIMA (CA)
- Donna Rugg, RHIT, CCS (NY)
- Lou Ann Schraffenberger, MBA, RHIA, CCS, CCS-P (IL)
- Cynthia A. Spann, MIS, RHIA, CCS, CCS-P, CHPS (IN)
- LaVonne R. Wieland, RHIA, CHP (MN)

The Nominating Process
The 2011 Nominating Committee embraced the AHIMA Board directive to build diversity and transparency, encourage membership voting, and create a ballot that:
- accommodates diversity
- complements our board composition
- represents our membership

The Nominating Committee considered diversity from several perspectives including credentials, sex, age, race, and geographical location using membership data. Additionally, the committee put extra effort into finding strong qualified candidates for the ballot in previously under-represented states. Using data for the last 10 years, the Nominating Committee was successful in identifying six talented candidates for AHIMA Board positions from underrepresented states.

Rose Dunn, MBA, CPA, RHIA, FAHIMA, FACHE, Nominating Committee chair adds, “this year’s committee was not able to include all the qualified individuals we considered and still achieve our goal to have a ballot of candidates with the expertise set forth by the board’s strategic initiatives and balanced by all aspects of diversity including representation from all regions of the US. Since AHIMA’s needs and the composition of our board changes from year to year, next year’s committee will benefit from our efforts because many of the individuals considered this year will be on next year’s committee list to revisit. We thank everyone for their willingness to be considered and hope that our ballot will encourage AHIMA’s members to vote,” Dunn said.

The nomination process is being shared to help you better understand it and encourage your active involvement. AHIMA provides a special thank you to the Nominating Committee for their work.

Committee Members
- Rose Dunn, MBA, CPA, RHIA, FAHIMA, FACHE (MO), Chair
- Sue Biedermann, MSHP, RHIA, FAHIMA (TX)
- Alicia Blevins, RHIA, CHP (TN)
- Jill Callahan Dennis, JD, RHIA (CO)
- Ginna Evans, MBA, RHIA, FAHIMA (GA)
- Diane Larson, MA, RHIA, CHPS (MN)
- Jennifer McManis, RHIT (MT)
- Julie Wolter, MA, RHIA, FAHIMA (MO)
- Kurt Zimmermann, RHIA (AZ)

Cast a Vote for Your Future

The 2011 election theme is “Leadership in Action: HIM’s Role in Healthcare Transformation.” Join our efforts to be heard and spread the message to fellow members to cast their vote.

Interact with the candidates on the Candidate Community, which will be open April 18 at 9 a.m. CT through April 29 5 p.m. CT. Polls open May 2 at midnight CT and close on May 20 at 11:59 p.m. CT. Members will be able to cast their vote via a secure link. The May Journal of AHIMA will feature each candidate’s brief bio and photo, while the CoP will house a more detailed candidate profile and their position statement.
Join more than 400 faculty members from the international academic community at AHIMA’s Assembly on Education (AOE) Symposium and Faculty Development Institute (FDI), taking place July 23–27, 2011, in San Antonio, TX.

Expect to hear key information on the ICD-10 transition and ARRA programs at this premier health information and education event.

Attend AOE/FDI and Discover:

» Curriculum development aligning with national initiatives
» Critical decision-making skills that create efficient workforces
» Effective compliance plans to protect patients and organizations
» Leadership in health information technology reforms that advance the industry

Register now and enjoy early-bird pricing!
AHIMA Celebrates Volunteers

National Volunteer Week is April 10-16, and the theme is Celebrating People in Action. This is a call to action for Americans to volunteer as well as a week to inspire by example. Millions of Americans volunteer this week and demonstrate the positive community impact that individuals, families, businesses, and organizations can create year-round. AHIMA would like to celebrate its over 1,500 volunteers who serve at the national, state, and district level by giving countless hours to the association. National positions include those that are elected (Board of Directors, Commission on Certification for Health Informatics and Information Management (CCHIIM), and Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) as well as appointed ones (practice councils, committees, task forces, ACE members, and workgroups).

AHIMA President Bonnie Cassidy, MPA, RHIA, FAHIMA, FHIMSS, encourages all members to share the experience. "Being a volunteer is a very special member benefit of AHIMA and one that we can all participate in to build a stronger HIM profession and professional association," Cassidy said. “AHIMA recognizes that one size does not fit all, and is committed to making it easier for you to be engaged in meaningful HIM volunteer work that is mutually beneficial. Thank you to all of the AHIMA volunteers; we need your expertise, time and talent.”

Application to Serve
You can find information on ahima.org under Volunteer Opportunities. There is a convenient online Application to Serve you can use to volunteer for either an appointed position or an elected one. Descriptions of positions are provided. Each year, the elected positions are due in the end of January and the appointed positions in July, but it is never too early to start. To see the opportunities on committees, click here. You may also view the current members of the Board of Directors, the Commissioners of CAHIIM, and the Commissioners of CCHIIM. Also, in each issue of the Journal of AHIMA, you will find a listing of the CSA Presidents, Board of Directors, and Committee Chairs. Please see the article on page 16 for a complete list of the 2011 ballot candidates who have volunteered their time and talent for 2012.