Information Governance: The Next Wave of HIM

In many cases, technology isn’t playing nicely with others,” says Rita Bowen, RHIA, CHPS, MA, SSGB, senior vice president of HIM and privacy officer at Healthport in Alpharetta, GA. Bowen helps clients navigate problems when technology tools have been implemented before good policies.

“There’s a best-of-breed application for cardiology tests, a best application for radiology labs, etc. But these components may not flow or work well together,” she explains. “If information is just free flowing or it’s just running into the data warehouse, you certainly can’t get it back out. You need to gather information correctly, one time, as close to the patient as possible, so you can repurpose it.”

Organizations that are not data-driven in this way will not survive. But in the rush to harness data, the industry has largely focused on implementing technology at the expense of developing policies that can guide data collection and sharing in smarter ways.

Real-time decisions on patient care are being based on data, but is it good data? What’s the right data to share within and outside the organization? How do you protect patient privacy when sharing records? Are you adequately managing your information assets? What information is important...and what is not?

Welcome to the World of Information Governance

Information governance addresses these issues by developing an accountability framework to ensure effective and efficient use of information across the enterprise. (See the sidebar on page 3, “Coming to Terms with Data” to see how information governance differs from data governance.)

“Think about what we’ve done over the last decade,” says Linda Kloss, MA, RHIA, FAHIMA, founder and president of Kloss Strategic Advisors, Ltd. in Chicago, and former AHIMA CEO. “The healthcare industry has invested billions of dollars to transition from paper to electronic records. We’ve done it so we can access and use information to improve decisions. But we have not invested in building the policy framework needed to be effective stewards of an electronic health system.”

Kloss sees three big “bottom-line” benefits to setting up an effective information governance program:

• Mitigating risk
• Improving organizational performance
• Lowering costs

Information governance should be viewed as a critical business function because so much is resting on our ability to improve healthcare decisions and performance.

“The good news is that organizations in other information-intensive industries can cite bottom-line benefits for performance and cost, while lowering risk,” says Kloss.

Retrofitting Policies

Some long-time HIM professionals...
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may remember the medical record committees that developed policies to ensure the integrity of information in the paper world. To direct new information governance programs, healthcare organizations are establishing similar groups for electronic systems.

“We had a medical record committee, but it wasn’t functioning the way we needed it to for all the changes we were going through,” says Mary G. Reeves, RHIA, administrative director of Medical Information Services at Vanderbilt University Medical Center in Nashville, TN. Now, Vanderbilt has a new interdisciplinary health record executive committee that includes representatives from IT, HIM, clinicians, administrators, legal counsel, risk management, and compliance.

“We’re trying to retrofit policies into an electronic system that already has a certain architecture and design, and those changes are not always easy to make,” says Reeves. “There has to be strong leadership, including physician and administrative leadership, that recognizes what HIM is trying to achieve and what IT is trying to achieve, and try to have an alliance of all that.”

### 100% Trusted, Guaranteed, Forever?

Ever wish there was a stamp you could imprint on information, so no matter where it goes, it’s always trusted? A good information governance program can get you close to this. It’s like “putting an accountability wrapper around the information” to create trust in the information so that it can be re-purposed, regardless of who collected it, according to Kloss.

“Over many decades of doing quality assurance, when we’ve presented

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**Coming to Terms with Data**

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reports to physicians against different performance measures, often their first reaction is: 'I don't trust the data,'” says Kloss. “We have to get a handle on that if we expect people to use data to improve their decisions. At the same time, we should be expecting that use of data brings real, solid, measurable improvements in organizational performance...things that show up in the bottom line.”

**An Enterprise-wide View**
In some organizations, information governance goes beyond the EHR, pushing outside HIM’s traditional boundaries to domains like human resource data, financial data, and supply chain data, as well as the standards, business rules, and processes associated with them.

“What has happened in healthcare, which is true for other organizations, is that you have islands of data that are managed in silos,” says Sandra Nunn, MA, RHIA, CHP, principal of KAMC Consulting (Knowledge Asset Management and Control), an Albuquerque, NM-based consultancy focusing on information governance and to how to incorporate these concepts into future curricula for HIM students.

“But no one’s looked at how to manage all of the information in the organization so you can potentially make correlations between different kinds of domains of information,” adds Nunn.

**The Va-Va-Va-Voom of Big Data**
Data is growing, and there’s no sign of it slowing. Industry experts generally use four concepts to describe the boom in data. Lorraine Fernandes, RHIA, global healthcare industry ambassador at IBM, talked about the four Vs of “Big Data” at AHIMA’s 2012 Health Information Integrity Summit.

- **Volume**—If you added up all the data stored in healthcare-related organizations...you’d need a very big thumb drive and probably an aspirin for your headache. As of 2011, stored healthcare data was estimated at 150 exabytes. An exabyte is $10^{18}$ bytes.
- **Velocity**—With the aid of technology, humans collect more information than our brains can register. Example: bedside monitoring devices capture 1,000 vital signs per second.
- **Variety**—Medical records. Notes and dictation. Public health reports. Patients. Web content. Even social media. Health data is coming from everywhere, and much of it is unstructured and uncharacterized.
- **Veracity**—What good is data we don’t trust? Not very good. But, in fact, experts say that one in three business leaders don’t trust the information they use to make decisions.

“The key here is that healthcare data is diverse, resides in many places and is growing in volume. Successful organizations must find a way to capture, manage, and leverage this data to drive efficiencies in the way healthcare is obtained, delivered and paid for,” says Fernandes. “Perhaps most importantly, organizations must create a culture that embraces data as an asset to transform the organization. Creating the culture is sometimes the biggest issue of all.”

**It’s Your Turn**
AHIMA members are empowered to help make these changes in corporate culture. You can’t do it alone, but you can step forward. Here are three steps to try:

- Help start an information governance group at your organization or adapt the charge to an existing group. Key, must-do step: develop support among the senior leadership.
- Assess the important information management functions and identify which are vulnerable and could benefit from early focus.
- Quantify data quality issues. For example, begin scrutinizing registry data to determine how much information is consistently re-abstracted out of the patient’s record and replicated several times. Find ways to abstract once to satisfy several endusers.

Keep in mind that information governance is not simply a “project.” It’s a set of values and capabilities that have been and will always be part of the HIM focus.

**Learn More**
Look for these AHIMA resources addressing information governance.

**Journal of AHIMA Articles**
- “Bringing Information Governance to the Healthcare Realm”  
  – November 8, 2012
- “Governing Healthcare’s Most Valuable Assets—Data”  
  – October 2012
- “The Secret HIM Recipe for Sharing Health Data”  
  – October 2012
- “Big Data, Bigger Outcomes”  
  – October 2012

**AHIMA Speakers on Information Governance**
- HIMSS meeting March 3–7 in New Orleans
- Health Information Integrity Summit (date to be announced)
Data Analyst Looks Ahead to the Future of Information Governance

Sasha C. Goodwin, RHIA, became interested in information governance during her current role as a data integrity and workflow analyst at Swedish Health Services in Seattle, WA. “When I started it was apparent that staff members who access the electronic health record need policy that clearly outlines what changes are appropriate when altering demographics—specifically core patient identifiers such as name, date of birth, SSN, and gender.” Goodwin also notes that her organization has seen improvement in staff reporting identity errors to data integrity which is the group that discovers, resolves, and works to prevent errors in patient records.

Goodwin has been a data integrity and workflow analyst since May 2011. “A typical day may include reviewing reports to identify identity errors in our EHR, restoring patient identity, and collaborating with clinical information system analysts to customize the Epic EHR,” Goodwin said. “We are developing ways to ensure that records with errors are clearly marked as well as creating workflows with registration and clinical staff on what steps to take when documentation has been added to the wrong record.” In addition, Goodwin receives red flag e-mails and phone calls when the wrong patient was selected in the EHR or a potential identity theft or fraud has occurred.

Finding the Path to HIM

Goodwin received her undergraduate degree in creative writing from Ithaca College but it was hard to pay the bills writing poetry. “After a stint as a social worker, my first HIM position was prepping paper charts at an ambulatory cancer care organization.” Goodwin decided to advance her career and completed a two-year certificate program from the University of Washington in the evenings so she could become an RHIA. “In order to get information system experience, I learned to configure and troubleshoot healthcare claim processing software. I worked for a third-party payer and then as a consultant for claim processing software implementations.”

Recognizing Change

When Goodwin started in HIM, the legal health record was paper and some of it was duplicated electronically in separate clinical information systems. She went from prepping charts for next-day appointments to supporting specific providers caring for patients who opted for stem cell transplants. “We looked at the electronic record for chart deficiencies and ordered outside records via fax or phone to ensure continuity of care,” Goodwin said. “When patients went inpatient we had their charts brought to the hospital via taxi. If it sounds clunky, it was.”

The most significant change Goodwin has noticed working for Swedish Health Services is “the enormous effort that goes into governing and maintaining the integrity of a database shared with and interfaced with affiliate organizations’ systems” she said. “One drawback to the EHR is changing a patient’s date of birth, social security number, or address is too easy. The user intends to improve the accuracy of the record but can inadvertently change the identity of the patient. With the paper record there was a greater chance of demographics being crossed out so that changes could be seen. That’s why the team I’m part of audits demographic changes daily using reports.”

Goodwin advocates for clinic providers to be educated on how to remedy erroneous encounters that can leave misleading clinical documentation in the wrong patient’s record. She sees enormous benefits of being paperless but notes that in a large organization it takes time to teach staff that selecting the wrong medical record number can cause grave patient safety issues.

Next Steps for Information Governance

From Goodwin’s perspective, “the ongoing challenge is to realize that the robustness of electronic medical records leads to major challenges in terms of getting users to use the application in a consistent manner. In addition, classroom training isn’t able to cover all of the scenarios users will encounter. So users find their own ways of using the EHR which can lead to errors and potentially poor quality of information.” At a weekly meeting of data integrity, registration leaders, and affiliate representatives, progress is made on the enterprise-wide goal of greater accuracy of patient records with the goals of reducing errors and protecting patient identity. This oversight team makes decisions on potential interface changes that limit what data gets overwritten by affiliate data.

Goodwin recommends that all AHIMA members advocate for users to create new medical record numbers for potential duplicates rather than risking whether a record belongs to a patient. “Help implement workflow changes when using patient lookup so that users employ three identifiers to verify that the presenting patient and the record are a match,” she said. “If the patient does not have photo identification and there is any question about who they are, create a new medical record number. Data integrity does not track who is creating duplicate medical record numbers because we would rather merge duplicates than untangle a record that contains two or more patient’s clinical information.” Swedish Health Services has more than two million records in their enterprise master patient index so quality information is crucial. “The sooner our data analysis team resolves patient identity errors, the less chance there is for medical errors to occur based on inaccurate information.”

Sasha C. Goodwin, RHIA

MEMBER PROFILE
AHIMA Welcomes ACMCS Members
AHIMA has welcomed the more than 500 members of the American College of Medical Coding Specialists (ACMCS) who have voted to dissolve their organization and join forces with AHIMA. Our organizations have a natural synergy as a result of our mutual commitment to advocating for and advancing practices and standards within the medical coding and HIM profession. In joining AHIMA, ACMCS members will have access to a myriad of resources to help advance their careers, as well as an opportunity to engage in leadership roles.

AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, said, “We are appreciative of ACMCS members’ expertise and are certain their specific skills in the physician’s office arena will complement the knowledge and abilities of our members.”

ACMCS Executive Director Brad Lund said that he is “delighted the members of ACMCS have approved the agreement with AHIMA” and expects “this will lead to stronger ties between AHIMA and the physician community.”

AHIMA has set up a public ACMCS Community on our Community of Practice to assist previous ACMCS members with the transition and offer a place to network and share resources.

Save the Date: 2013 Advocacy and Leadership Symposium
The 2013 Leadership and Advocacy Symposium and Hill Day will take place on March 18–19, in Washington, DC. Learn more.

Apply to Become an AHIMA Fellow
The Fellowship Review Committee has recently awarded AHIMA Fellowship to Roseann Webb, MNM, RHIA, LHRM, FAHIMA. The AHIMA Fellowship Program is a program of earned recognition for AHIMA members who made significant and sustained contributions to the profession. The next Fellowship submission deadline is February 28. Learn more and complete the Fellowship Application.

Take the Next Step in Leadership
If you are interested in being considered for a 2013 elected volunteer position, complete the Application to Serve today. Review the descriptions of available volunteer positions on the Volunteer Opportunities page (click the “AHIMA Elected Positions and Application to Serve” tab). Elected positions include the Board of Directors, Commissioners, and the Nominating Committee. Apply now and become a part of AHIMA’s legacy of leadership. Consider nominating yourself for the AHIMA Board of Directors or as the next President/Chair-elect. Applications for elected positions are due March 29.

Open Call for Abstracts
Don’t miss the opportunity to put your HIM expertise in the spotlight at an AHIMA event in 2013. AHIMA is accepting abstract proposals to speak at the following events.

Assembly on Education Symposium/ Faculty Development Institute
July 20–24 | Baltimore, MD
The abstract submission deadline is February 8.
2013 Clinical Documentation Improvement Summit: Leading the Documentation Journey
August 5
The abstract submission deadline is March 1.

Plan to Attend the Next Career Prep Webinar
Plan to attend AHIMA’s “Advice from Recent Graduates—Navigating the Job Search” webinar on February 20 from noon–1 pm CST. Recent graduates will be answering all of your questions on next steps after graduation. To have your questions featured during the webinar, please e-mail them prior to February 13. Register via e-mail today. In addition, students and educators can access the webcast from the 2012 Student Academy here.

iShare Referral Program Winners Announced
Thank you to all the members who participated in AHIMA’s 2012 iShare Referral Program. The program was a huge success and we are looking forward to another iShare Referral Program for 2013. To participate, you just need to encourage others to join AHIMA then ask them to provide your e-mail address on our online application form. The 2012 winners are: Amy Boyd, PhD, RHIA, first place winner of a $1,000 AmEx gift card; Kristin Dunsmore, RHIA, CCS, second place winner of a $500 AmEx gift card; and Melanie Brodnik, PhD, RHIA, third place winner of a $250 AmEx gift card.

AHIMA Visa Platinum Rewards Card Available
Don’t forget to use your AHIMA Visa Platinum rewards card for all of your shopping. Each dollar spent on your AHIMA Visa Platinum Rewards card is a point earned. Request your AHIMA Visa card today.

New Publications Available from AHIMA Press
- Principles of Healthcare Reimbursement, Fourth Edition

ICD-10 Online Course Collections Available, Access through 2014
The ICD-10-CM Coding: Online Course Collection includes the 6-CEU “ICD-10-CM Overview: Deciphering the Code” course plus 22 one-hour courses focused on the specific chapters of ICD-10-CM. Coders in all settings will benefit from this thorough study of ICD-10-CM coding. The ICD-10-PCS Coding: Online Course Collection consists of the 6-CEU “ICD-10-PCS Overview: Deciphering the Code” course plus 10 shorter courses focused on the root operations and medical and surgical-related procedures of ICD-10-PCS. Coders in inpatient acute care settings will benefit from this thorough study of ICD-10-PCS coding. Register now and retain access to the course material through 2014 as a reference—even after you have successfully completed the courses.

Influence Patient Care as a Certified Tumor Registrar
Cancer registrars are skilled healthcare professionals who apply clinical and technical knowledge to maintain disease-related data collection systems, in all types of facilities, and manage and analyze clinical cancer information in multiple healthcare facilities. As specialists, cancer registrars require a specialized course of study to keep on top of emerging topics and trends. AHIMA collaborated with the National Cancer Registrars Association (NCRA) to build an online program providing the necessary training to excel in this respected, high-demand profession.

The 10-course Cancer Registry Management program is an NCRA-accredited component for Certified Tumor Registrar exam Eligibility Route A. Expand your knowledge base, acquire new skills, and prepare for changes in this vitally important field. Information and registration, Visit www.ncra-usa.org for more information.
The standards for recertification of the Commission on Certification for Health Informatics and Information Management (CCHIIM) require that AHIMA members report their continuing education units (CEUs) by March 31 in order to retain active status. For faster reporting of CEUs and immediate access to your validation certificate, visit AHIMA’s CEU reporting center. More information on recertification requirements can be found in AHIMA’s recertification guide.

**Coding Self-Review Deadline**
Your credentials are critical to maintaining your competitive edge in HIM field. As an AHIMA-certified coder, you must complete an annual coding self-review (formerly known as a self-assessment) to maintain your credential. Please note that failure to complete your coding self-review by March 31 will result in your certification status becoming inactive. Please complete your coding self-review prior to the March 31 deadline by following the instructions below.

To submit your coding self-review by mail, complete the answer form and return it with your payment to AHIMA, 233 North Michigan Avenue, 21st Floor, Chicago, IL 60601 by March 31. Be sure to keep the test booklet and a copy of your answer form in your files. If you do not have a copy, use the link on the Recertification web page to print out a self-review booklet and answer sheet.

To complete your self-review online, visit www.ahimastore.org and select “Certifications” from the left navigation bar. Select the appropriate self-review icon and add the product to your cart to proceed and check out. Before answering the coding self-review questions your coding self-review fee must be paid by credit card.

Please consider the time and effort you invested earning your credential and the prestige and competitive edge it brought to your career. Take steps to complete and return your self-review. If you have any questions regarding the coding self-review, contact AHIMA at (800) 335-5535, or submit a customer request.

**Exam Timelines**
- CCHIIM released a timeline for when all eight AHIMA exams will become ICD-10 compliant.
  - RHIA, RHIT, CCS, CCS-P, and CCA will launch as ICD-10 compliant on April 1, 2014
  - CDIP will launch as ICD-10 compliant on July 1, 2014
  - CHDA and CHPS will launch as ICD-10 compliant on January 1, 2015

CCHIIM would like to announce that all AHIMA-certified professionals will have an additional year to obtain their required ICD-10 CEUs. All AHIMA-certified professionals will need to report their required number of ICD-10 CEUs by December 31, 2014. Please see the complete timeline.

**New Details on ICD-10 Recertification**
CCHIIM’s new recertification policy specific to ICD-10-CM/PCS is an important guide designed to help prepare all AHIMA-certified professionals for whatever changes ICD-10-CM/PCS may bring. The required ICD-10-CM/PCS continuing education hours determined by CCHIIM are applicable to the specific AHIMA credential(s) held by the individual. Earning these CEUs validates that certified professionals have gained knowledge of the new coding system and are able to integrate this knowledge into their positions. Visit the Recertification web page ICD-10 CEU FAQ document to review the policy.

**CCS, CCS-P Exam Eligibility Updates**
CCS and CCS-P candidates must meet one of the following eligibility requirements:
- **By credential**—RHIA, RHIT, or CCS/CCS-P
- **By education**—Completion of a coding training program that includes anatomy and physiology, pathophysiology, pharmacology, medical terminology, or reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding
- **By experience**—Minimum of two years of related coding experience directly applying codes
- **By credential with experience**—CCA plus one year of coding experience directly applying codes
- **Other**—Coding credential from other certifying organization plus one year coding experience directly applying codes

For any certification questions contact certification@ahima.org.

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8 PAGE
AHIMA Practice Council volunteers advance practice standards, influence legislation, and guide products and services for continuing education. In 2012, there were nine Practice Councils whose accomplishments are commendable. The list of their accomplishments last year demonstrates their dedication to the HIM profession and the intersections between issues affecting our membership.

Clinical Terminology and Classification
- Completed resources for the transition ICD-10-CM/PCS, Meaningful Use (MU) Stage 2, EHR documentation, and templates to support ICD-10
- Submitted comments on proposed regulations including MU Stage 2, the Office of the National Coordinator (ONC) Standards and Certification Criteria, Inpatient Prospective Payment System (IPPS), and Outpatient Prospective Payment System (OPPS)

Consumer Health
- Published the practice brief “Consumer-Facing Health Information Practices”
- Wrote a consumer guide, “Understanding Your Medical Record” and presented it at the ONC Consumer Health IT Summit
- Created a mobile health app consumer guide
- Wrote blog posts for MyPHR.com

Electronic Health Record
- Provided ballot on the HL-7 EHR Functional Model Version 2
- Completed work on the Toolkit and

"Assessing and Improving EHR Data Quality" practice brief
- Advanced a mega issue to the House of Delegates on standards development

Emerging Issues
- Provided insight on trends and regulations affecting the profession
- Recommended that guidance be provided on the gap between real world technology and antiquated regulatory structures, Direct protocol, and HIE
- Arranged for a transition to the Envisioning Collaborative

Health Information Exchange
- Created HIE content for CourseShare
- Updated resources on the HIE landscape
- Addressed unintended consequences from HIE
- Discussed patient consent models in HIE

Long Term and Post Acute Care
- Advanced work to create a toolkit for long term care (LTC) facilities
- Created a PowerPoint on ICD-10-CM/PCS Training for LTC facilities
- Advanced an Idea Brief to CCHIIM to create a new certification in home health: Certified Coding Specialists-Home Health (CCS-HH)
- Arranged the 2012 LTC Community Spring Conference, 8th Annual LTPAC Health IT Summit, and the LTC/Rehab Forum and Home Care Community Meeting at the AHIMA Convention

Physician
- Published a practice brief “Use of Medical Scribes by Physicians”
- Developed a workgroup to focus on the connection between Accountable Care, MU, and ICD-10-CM/PCS
- Spoke at the American College of Physicians conference on ICD-10-CM/PCS implementation and readiness and workflow in physician practices and monitored the role of physicians in informing and educating patients on patient consent

Privacy and Security
- Submitted comment on MU Stage 2 and the ONC Standards and Certification Criteria proposed rules
- Updated the practice brief “Mobile Device Security” as well as interviews and articles for the Journal of AHIMA and AHIMA Advantage newsletter during Privacy and Security month
- Prepared and executed the Privacy and Security Institute
- Continues work on a new practice brief on Occupational Health Records and updating the ROI Toolkit

Quality Initiatives and Secondary Data (QISD)
- Evaluated clinical quality measures and public health reporting in the MU Stage 2 proposed rule and ICD-10
- Provided comment to various proposed regulations including the IPPS, OPPS, and Physician Fee Schedule
- Responded to national quality efforts led by ONC, AHRQ, and NQF

Learn more about how you can become involved with AHIMA Practice Councils today.
2013 is a new year that will bring us new challenges. Some of these challenges will include educating a new Congress about AHIMA and the HIM profession as well as educating AHIMA’s members about advocacy. The two primary initiatives to undertake these challenges will be AHIMA’s 2013 Leadership and Advocacy Symposium and Hill Day and our 2013 Advocacy Education Webinar Series.

AHIMA’s Leadership and Advocacy Symposium is set for March 18–19 in Washington, DC. The Leadership and Advocacy Symposium is a one-day collaborative educational conference that brings AHIMA’s leadership and members together to engage in dialogue that sets the strategic direction and advocacy efforts of the HIM profession and the Association. You will also hear from congressional legislative staff, communication staff, and industry stakeholders on the health information issues of the day. The Leadership Symposium gives members the opportunity to interact and advocate for HIM with their Congressional representatives via face-to-face meetings. This is a great opportunity to build relationships with your fellow HIM professionals from around the country, as well as with your elected officials and their staff.

Advocacy Education Webinar Series

As HIM continues to be a centerpiece of discussion in state and federal policy circles, it is more apparent that we need to continue our effort to educate and prepare AHIMA’s members to be leaders and advocates for the association. The AHIMA Advocacy and Policy Team worked closely with AHIMA’s Volunteer Leadership Development team to develop an Advocacy through Leadership program that includes the Advocacy Education Webinar Series. This series is a combination of advocacy and leadership webinars that address advocacy issues such as:

- Advocacy 101
  - Planning a State Advocacy Day
  - Advocacy and Networking
  - AHIMA Backstage: Meet the Advocacy and Volunteer Leadership Development Teams
  - Building Your Advocacy Team
  - HIM and Local Advocacy
  - Public Relations 101

Other advocacy presentations will also be scheduled that address specific issues such as:

- Getting Strong Candidates on your Ballot
- Recruitment and Retention of Members
- Governance and Bylaws
- Annual Event Planning
- Budget and Strategic Planning
- Training New CSA Officers
- Financial Information, Operations and Training for CSAs
- Best Practices and Core Service Achievements
- Organizational Planning
- Leadership Enhancement
- CSA and Executive Director Quarterly Conference Calls

These webinars are important elements to foster the personal leadership growth of AHIMA’s members by addressing the important strategic needs of the component state associations and the necessary administrative needs that will ensure vibrant health of the state associations. Our association is made up of people, so the more prepared our people are, the more prepared we will be as a unit.

State Advocacy Council

A crucial catalyst in the development of the Leadership through Advocacy initiative has been the AHIMA State Advocacy Council (SAC). The SAC started as the State Advocacy Workgroup in 2007 and has traditionally been focused on addressing ways that AHIMA, its Component State Associations, delegates, and other leaders can enhance the AHIMA and CSA ability to advocate and lead at the state and local level. The SAC does not delve into policy matters except when environmental scanning. Specific discussion areas will include:

- The structure, composition, and delivery of “Leadership Through Advocacy” programs
- Addressing ways to expand AHIMA’s and the CSA’s visibility and leadership credentials
- Tools necessary for states to monitor local public policy issues
- Serving as a consulting body for AHIMA projects with a state/policy component

The 2013 SAC is chaired by Sue Jensen, RHIT, from Minnesota. Other states represented on SAC include California, New Mexico, Wisconsin, Kentucky, Alabama, Ohio, North Carolina, and Maryland. Learn more about how you can participate.
Student Members: A Strong Voice for Advocacy

As the size of the AHIMA student membership has grown, so has the potential impact of this group to influence the future direction of HIM and the regulations that govern this evolving profession. HIM students now represent nearly a quarter of the more than 67,000 AHIMA members. As HIM leaders, student members are encouraged to connect with their state leaders and government representatives, and advocate for issues important to their chosen profession.

Virtual Hill Day with the Student Advisory Council
AHIMA’s Student Advisory Council (SAC) recently held “Virtual Hill Days” with their state representatives this past September. During these meetings, our SAC had the opportunity to educate their congressional leaders on not only the growing field of HIM, but also had the opportunity to advocate for all HIM professionals. Each SAC member had the chance to enlighten their state representative on important healthcare subjects such as how the Agency for Healthcare Research and Quality (AHRQ) could potentially be defunded. A majority of the state representatives contacted had little to no previous knowledge of our growing field. Issues within our industry, including the possible defunding of the AHRQ, were not previously on their radar. This is one example of how students like you can make a difference for the future of HIM. As students, you have the opportunity to inform your government officials on HIM areas of interest most important to you. The future of health information management will be affecting no one more than our student population, and now is the time to take action.

A Chance to Make a Difference
This year AHIMA’s Leadership and Advocacy Symposium is taking place on March 18–19 in Washington, DC. You can participate even if you are not physically able to attend. As a student, this is an opportunity to provide insight on what you are learning, your perspective on hot topics in the industry, and educate others on the growing presence of HIM.

As part of the Leadership and Advocacy Symposium, the SAC will be running a Social Media Bar. At this forum, the SAC will be educating members on how to advocate for health information by utilizing Twitter, Facebook, and other social media platforms. Connect with the SAC and your AHIMA student representatives, by e-mailing the council.

The Leadership and Advocacy Symposium is a great opportunity to connect with other vital individuals to our association. Members of AHIMA’s board of directors as well as AHIMA’s President and CEO will be in attendance. This is a great opportunity to have your voice heard in Q&A sessions with healthcare legislative assistants, congressional media directors, and policy stakeholders in Washington, DC. There is also the chance to participate in the Advocacy Breakfast on March 19. Fellow AHIMA members, federal legislators, and health legislative aides will all be attending. This is another opportunity to alert legislators on what you have been learning in the classroom.

Advocacy takes place not only on a national level, but also through your state by networking with your Component State Association (CSA). Many CSA leaders will be attending this year’s Leadership and Advocacy Symposium. If you are unable to attend in person, reach out to your CSA leaders and share your input on the policies and issues that you are passionate about. Ask them to take those messages with them to Washington to share. Learn more about your CSAs involvement with Hill Day, by visiting your CSA’s website.

Also, advocating virtually like the SAC members did is always another option. Meeting with state legislators is also a way to get started. Some CSAs conduct state Hill Days and if yours doesn’t, why not encourage them to start? Be sure that your voice is heard. You represent a growing contingent of HIM students that is the future of a growing profession. Getting involved is a great way to help impact your future.
The Student Merit Scholarship program is one of the major initiatives the AHIMA Foundation established to attract and support new talent in the HIM industry by improving the educational opportunities for current and future HIM professionals through scholarships. The AHIMA Foundation annually offers merit scholarships to currently enrolled outstanding undergraduates in HIM and HIT as well as those professionals pursuing master's or doctoral degrees in areas related to HIM and HIT practice.

In 2012, a total of 135 students submitted their applications for review; out of that pool, 61 qualified candidates received scholarships for a total of $92,500 awarded. The 2012 award recipients included 2 doctoral candidates, 15 master's degree students, 27 bachelor's degree/post-baccalaureate certificate students and 17 associate's degree students. The scholarship recipients represent 26 Component State Associations, and the average GPA is 3.8 (out of 4.0).

Scholarship Recipient Speaks
Reginald Grady, RHIA, a 2011 recipient, recently shared his thoughts on being a scholarship winner.

“Thank you for your generosity and helping me achieve my goals. I hope to be a resource and leader for those in the HIM arena as we move through the rapid changes of this profession.” Grady is just one of many grateful recipients who are directly impacted by your donations to the AHIMA Foundation scholarship funds.

Supporting the Student Merit Scholarship Program
The ongoing gap between qualified applicants and scholarships awarded indicates a need to support even more promising HIM students each year. Corporations, CSAs and individuals are all encouraged to sponsor scholarship awards. There are several donation opportunities available:

**General Scholarship Funds**
**Named Scholarships**
**Endowed Scholarships**

To find out more about options to support the AHIMA Foundation with a charitable contribution, visit the Foundation web site or contact Mary Taylor-Blasi at (312) 233-1585 for further details.

2013 Merit Scholarship Application Process
This year there will be one scholarship application cycle, which will be available online July 1 through September 30. Learn more about applying for a merit scholarship.

AHIMA Foundation Acknowledges Memorial Gifts
The following memorial gifts were made to the AHIMA Foundation between November 8, 2012, and January 16, 2013.

**In Memory of**
Linda H. Culp, RHIA
Joann H. Ferguson, CCA
Donna Dragon, CCS
Monica Pappas, RHIA
David Foster
Missouri Health Information Management Association
Charlotte A. Lefert, RHIA
Healthcare Information Network, Inc.
Theresa A. Eckman, MBA, RHIA
Peggy A. Lefever, CCA
Marianne L. Baumgarten, RHIT
Dawn M. Paulson, RHIA
Rhonda C. Voelz, RHIA, CCS
Margaret A. Schmidt, RHIA, CHPS
Custer Financial Services
Sheila R. Goethel, RHIT, CCS, CDIP
Catherine J. Hansen, RHIA
Nancy A. Davis, RHIA
Bonnie J. Petterson, PhD, RHIA
Charlotte Silvers, RHIA
Cynthia S. Randall, RHIT
Bonnie Anderson, RHIT
Monica L. Baggio Tormey, RHIA, CHP
Deborah A. Johnson, RHIT, CHP
William Thompson
Health Advances, LLC
Sarah R. Keppen, RHIA
Chrisann K. Lemery, MS, RHIA
Western Wisconsin Health Information Management Association
Debbie L. Rickelman, RHIT

**In Memory of Clarice Moersch**
The HIM Faculty of The Ohio State University
AHIMA Responds to HHS-OCR HITECH-Privacy Rule

After a more than two-year wait, the Department of Health and Human Services (HHS) Office for Civil Rights (OCR) released its final rule on HITECH-HIPAA privacy and security updates titled, “Modifications to the HIPAA Privacy, Security, Enforcement, and Notifications Rule under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rule.” Most call this the HITECH-HIPAA Omnibus Rule for short. The draft of the final rule was released on January 17, with the official rule released in the January 25 Federal Register.

The effective date of the final rule is March 26, 2013 (HIPAA requires a two-month period before a change can become effective.) The compliance date for most requirements is 180 days later, on September 23, 2013. The exception to the 180-day requirement is a grandfathering of business associate agreements (BAAs) that were in place and followed existing (pre-January 25) HIPAA requirements. In this case there is a one-year extension to update the BAA, otherwise all other agreements must be updated by the September date.

As its title indicates this omnibus rule is the completion of the previous HITECH final interim rules on breach notification and enforcement, plus rules pertaining to the Genetic Information Nondiscrimination Act passed in 2008, plus a number of HITECH related provisions that were due in February 2010, and general modifications to the previous HIPAA rules included to bring the HIPAA rule up to date in 2013. ONC did not indicate why this rule had several false starts and was released finally at this date, but many were concerned that if the rule was not proclaimed, its requirements could impact other requirements and necessary software changes that are pending Stage 2 compliance and Stage 3 proposed rulemaking under the HITECH Meaningful Use incentive program.

The Omnibus rule focuses on all HIPAA covered entities, but also addresses the HITECH inclusion of business associates (BAs) and their subcontractors for many of the HIPAA privacy and security requirements. OCR also attempts to address the subject of “agency,” which can determine the relationship between a covered entity and a BA, as required by the federal agency requirements, but most entities will still need legal counsel to determine the relationship.

Highlights from the Rule

Business Associates
- BAs must have a BAA with all subcontractors who deal with personal health information.
- BAs also become responsible for certain HIPAA provisions and liable for compliance to HIPAA, including penalties.

Patient Access and Rights
- Covered entities must provide electronic PHI from any of its electronic designated record sets when requested and may charge for this services (subject to preemption). The period for response remains the same.
- Covered entities must agree to individuals’ requests to restrict certain information to their health plan if the individual has paid for the services out of pocket.
- Health plans have certain restrictions related to the use and disclosure of genetic information.

Marketing and Sale of PHI
- Marketing rules have changed to require authorization for treatment and operations where a product is being marketed and the entity is receiving remuneration. There are a number of exceptions listed in the rule such as pharmacy reminders.
- The rule describes in more detail the prohibited practices associated with the sale of PHI by covered entities or BAs.

Research
- Under certain circumstances compound authorizations are now permitted for research purposes.
- Authorizations for future, non-specific, research is permitted under certain conditions.
- HIPAA and the Common Rule are harmonized to a greater extent.

Penalties
- The final rules on enforcement and penalties defines the liabilities surrounding “willful neglect.”

Breach
- The rule presumes a breach when PHI is released inappropriately, unless the covered entity can meet certain requirements. “Harm” is no longer a decision point.

Other
- New requirements will result in covered entities having to release new notices of privacy practices.
- PHI requirements are suspended once the specific individual has been deceased for more than 50 years.

AHIMA has prepared an analysis of the new rule that can be found here. AHIMA will also be offering webinars and meetings on this subject. More information will be forthcoming on ahima.org and in the weekly e-alert.
Since their inception in 1994, the AHIMA Triumph Awards have honored those professionals responsible for advancing the field of HIM. Each year, AHIMA members nominate those that have demonstrated extraordinary leadership, volunteerism and talent. As part of a long and cherished tradition, the Triumph Awards continue to be the highest recognition of excellence, dedication, and service, and are presented annually at the AHIMA Convention and Exhibit.

There are eleven different awards available: Distinguished Member, Champion Advocacy and Public Policy, Community Outreach, Educator, Leadership, Literary Legacy, Mentor, Pioneer, Research, Rising Star, and Student. You can learn more about the descriptions, qualifications, and the guidelines for nominations [here](#). From this page, you can also review the list of past recipients, as well as the categories and nominations form.

**Distinguished Member Speaks Out**

Specifically, the Distinguished Member Award celebrates an individual with a long, exceptional history of HIM contributions. It is awarded to an outstanding member whose record of contributions to the field over many years is truly exceptional. Merida L. Johns, PhD, RHIA, 2012 AHIMA Distinguished Member, shared her thoughts with AHIMA Advantage about achieving the award.

"Receiving the Distinguished Member award means to me that anything is possible when you ask the help of others and believe in yourself. Over the years, my belief in myself was like a magnet for opening opportunities and attracting people who wanted to get on my band wagon and be part of my journey...and that extends to today. And to all of those people I am deeply grateful, you are part of my being, and you live with me every single day."

**Take Part in 2013**

Don't miss out in 2013. AHIMA is seeking your help to ensure that worthy individuals are recognized. These awards honor the excellence, dedication, and service of those professionals whose steadfast efforts have bettered the HIM field. Learn more about the Triumph Awards and review the online nomination form. The 2013 nomination deadline is June 1. If you have any questions, contact Marilyn Render. The 2013 AHIMA Triumph Awards will be presented at AHIMA’s Annual Convention and Exhibit in Atlanta, GA.

The 2012 Triumph Award winners were recognized by AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, at the annual convention in Chicago, IL.