



Evergreen Bulletin

OUR VISION STATEMENT:

To promote the contribution of the health information management professional and the Washington State Health Information Management Association by ensuring the protection, integrity, and quality of health care information.

HIM – Ready, Set, Rock-n-Roll at the WSHIMA Annual Meeting

By Eugenia Terry, RHIA

It was the best of times, it was the worst of times; actually, it was a great time at the WSHIMA Annual Meeting in Lynnwood April 12 to 14. We had some great speakers, great learning opportunities, great networking and great social events. In spite of some limitations with the hotel due to construction (does anyone remember the dearth of bathrooms?) the evaluations were overwhelmingly favorable.

It Was the Best of Times

With 288 attendees it was by far the largest attendance ever at a WSHIMA Annual Meeting. Although registration fees remained the same as they have for several years, WSHIMA made a significant profit which is always helpful in supporting all our initiatives. With 61 students attending we also had outstanding support of and for our schools (students get a reduced rate).

Starting with Linda Giles speaking on “How to live life on Purpose – and not on Accident” on Thursday we were off to a positive, uplifting learning event. Linda was also our keynote speaker on Friday morning talking about “Embracing Change,” which has great relevance in our HIM world as we move from paper to electronic systems.

Speaking of that change we had Keith Olenik, who is currently running for AHIMA President-Elect, with a standing-room-only audience give us insight into the new electronic discovery rules and how to manage in HIM under them. Keith also gave the AHIMA Update and donated his time and his travel expenses.

A sampling of other topics includes: Pain management, Electronic forms approval process, Scanning lessons learned, APR/DRGs, Computer assisted coding, Protecting PHI and our classic Coding Roundtable, to name a few.

A new presentation consisted of a panel of Washington state HIM directors discussing the state of E-HIM in their facilities. Panel members included Sally Beahan from University of Washington Medical Center, Sharon Kolch from Stevens, Sean Longosky from the VA, Terri McDaniel from Empire Health, Rhona Moses from Group Health and Sharena Sanders from Yakima Valley Memorial. These individuals provided us with excellent insight into the process of moving toward an electronic record. It

Continued on page 2-----

July 2007 Issue

INSIDE THIS ISSUE

<i>HIM—Ready, Set, Rock-n-Roll at the WSHIMA Annual Meeting</i>	<i>Pg 1-2</i>
<i>Tacoma Community College Student Abstracts</i>	<i>Pg 2-5</i>
<i>2007 Professional Achievement Award</i>	<i>Pg 5</i>
<i>Professional Development Scholarship Award</i>	<i>Pg 5</i>
<i>Advocacy Committee</i>	<i>Pg 6</i>
<i>Coding and Data Quality Committee Update</i>	<i>Pg 6</i>
<i>SHIMA Update</i>	<i>Pg 6-7</i>
<i>Linda Kloss Presents at Seattle Forum on Health Information Exchange</i>	<i>Pg 7</i>
<i>Remembrance</i>	<i>Pg 7</i>
<i>Update—Duplicating of Medical Records Charges</i>	<i>Pg 8</i>
<i>WSHIMA Calendar of Events</i>	<i>Pg 8</i>
<i>WSHIMA Board</i>	<i>Pg 9</i>

Editor: Theresa Bervell, MHA, RHIA
E-mail: tmbervel@u.washington.edu
Editorial Assistant: Mari Pinyuh, RHIT
Submission Of Articles:
 Please submit articles and materials for publication to: [425-750-2610](tel:425-750-2610) or tmbervel@u.washington.edu

-----Continued from page 1

was fascinating to hear the variety of stories and experiences. This is such a timely topic and obviously an ongoing transition that we plan to repeat this topic at every annual meeting.

Not the Worst of Times but not Optimal

Having tooted the positive side of the horn, what was less than optimal? As mentioned above, the hotel situation had some problems. When the Board negotiated with the hotel we were told their construction would be completed before our meeting, but that didn't happen and we experienced limited facilities and some noise and disruption because of the construction. However, the hotel staff were very customer-oriented and did all they could to accommodate us at every turn.

We also handed out a couple of vendor prizes at the Friday night social to a couple of registrants who weren't present. This was a mistake since we say you must be present to win and will not be repeated.

Thanks to the attendees for their graciousness in the face of these issues.

Thanks, Gratitude and Recognition

Many, many thanks and much appreciation to the WSHIMA Annual Meeting Committee:

Sharon Kolch ----- Hotel/Site
 Mary Meeks ----- Registration
 Marci Vanderbosch ----- Vendors/Silent Auction
 Petra Smith ----- Program

These individuals did an outstanding job and we are very grateful to have them on this team.

Also much appreciation to the attendees who created the energy and focus that made this such an enjoyable event.

Next Year in Wenatchee!

Mark your calendars for May 1-2, 2008!

▲



Mary Meek leads the swearing in of the new Board at the Annual Meeting. From left to right they are: Kathy Peterson, President, Carol Quinsey, President Elect, Sheryl Hinchliff, Past President, Marci Vanderbosch, 2nd Year Director, Terry Long, Secretary, Kimberly Lee, 1st Year Director, Rich Weidman, Chief Delegate, Sheila Green-Shook, 1st Year Delegate, Eugenia Terry, 1st Year Delegate, Jackie LaRue, SHIMA Representative and Jonathan Eastabrooks, TAHIMA Representative.

Tacoma Community College Student Abstracts

Coordinated by Rich Weidman

Thanks to Rich Weidman for coordinating these abstracts. HIM Students from TCC agreed to write up abstracts of the WSHIMA annual meeting breakout sessions for the Evergreen Bulletin.

Following are the student abstracts of the WSHIMA Annual Meeting held in Lynnwood last month.

Coding Roundtable

By: Corinne Jarvis

Presented by: Laurel Green, CPC of Northwest Emergency Physicians Team Health and Candice A. Shaffer of Lynx Medical Systems

The Coding Roundtable presented by Laurel Green, CPC of Northwest Emergency Physicians Team Health and Candice A. Shaffer of Lynx Medical Systems focused on Emergency Department coding basics. The roundtable discussion was informative and helpful for all levels of ED coders. Laurel Green gave an overview of Evaluation and Management coding and its 7 key components. She also provided information

regarding Critical Care and Observation Coding. Candice A. Shaffer presented information regarding facility ED coding which included OPPS rules and general guidelines for visit level calculation, alternative approaches to ED visit level coding such as the LYNX algorithm, AHA-AHIMA guidelines and the ACEP model and revenue cycle management issues in the ED. Following the presentations, several coding examples were provided with an opportunity to code them and discuss the coding with roundtable members.

AHIMA Update

By: Corinne Jarvis

Presented by: Keith Olenik, The Olenik Consulting Group

In the AHIMA Update on Saturday morning, Keith Olenick discussed how much change the HIM industry has undergone in the past 10 years and how very different the industry is now as compared to the past. We are still in a state of change. Our jobs are changing, what we work on is changing, and we are constantly encountering new professional challenges. Even so, we do have the ability to deliver positive contributions to our nation's healthcare delivery system. Our core values remain the same throughout these changes, and our vision is still to deliver quality healthcare through quality information. We were challenged with 10 things we

Continued on page 3

-----Continued from page 2

can do individually to be involved and become positive change agents within the industry. He discussed what AHIMA is doing, including the four main area of focus of eHIM which are data standards, E.H.R. use, the legal E.H.R. and personal health records. The overall message is to be involved, utilize the tools available through AHIMA, and understand that the time is now to make a difference in health care. Quoting from Dr. David Brailers' presentation last year in Denver: " Do what you are doing larger, louder, and faster." ❧

APR-DRGs – They Are Coming to a Hospital near you – soon!

By: Laura Delano

Presented by: Nancy S. Nelson, RN: 3M Health Information Systems

The All Patient Refined-Diagnostic Related Group (APR-DRG) is a modification of the traditional DRG that adds four classes of severity of illness (SOI) and four classes of risk of mortality (ROM). The APR-DRG is a more accurate assessment of the complexity of care. When patients with advanced illness are admitted to acute care, often times they are multi-symptomatic, and have several co-morbidities. The APR-DRG includes patients of all ages and DRGs. It separates complexity into four classes of SOI and four classes of ROM. Each subgroup is then further divided into mild, moderate, severe, or extreme, allowing a corresponding weight to be assigned to each, while achieving greater accuracy of resource utilization.

It is important that providers and coders understand the impact of documentation on data quality. The UB 04 allows for the selection of more codes. Present on Admission (POA) will require identification of what was present when the patient came to the hospital. Key steps are to work towards identifying documentation opportunities, educating providers so that they are aware of what we need of them and what impact their documentation has on case mix index.

In summary APR-DRG classification allows for a truer comparison of your patients. Thorough documentation provides the most accurate measure of

patient severity of illness and risk of mortality. Improving documentation also allows for greater coding opportunities that paint a picture of your patient profiles while also representing your hospital's overall performance. ❧

Protecting PHI and Responding to Data Thefts

By: Valerie Austin

Presented by: Randy Gainer, of Davis Wright, Tremaine, LLP

The biggest risk to PHI is the inside environment. This means much of today's data theft comes directly from the employees, whether they are contractors, IT staff or just any employee or person who has access to patient information.

Laptops are also a big source of data theft because they are often stolen or misplaced and the data is left unencrypted. Risk also remains from the outside due to electronic penetration but there are some basic precautions that can be taken. Data should always be encrypted, software with firewalls and other intrusion detectors should be installed as well as video surveillance can be used to monitor who is accessing areas and information. All employees from janitorial staff to the highest level should be screened, background checks are necessary for everyone and ensure that anyone you use as a contractor or vendors are screened.

Once data is stolen action must be taken, consumers must be made aware that their information has been stolen. Sending out letters to everyone at risk whether any damages are done is costly but necessary. Internal officials and counsel must also be made aware of the breach of security. It is best to notify law enforcement even if no action is taken. Also the regulators must receive notification and responses should be made to inquiries and litigation to help diffuse the situation. When a network security breach is publicly disclosed it will almost be hit again, so all security flaws and vulnerabilities should be corrected. ❧

Data Transparency

By: Debby Shamblin

Presented by: Gordon McLean

The data transparency presentation by Gordon McLean discussed the health care industry's poor public image and how it can be addressed by adopting more open policies

regularly exposes the dangers and inadequacies in the health care system, feeding the fears of an already mistrusting health care consumer. The previous business practices that were private, self-serving and out right arrogant at times are no longer a workable path to stay solvent in the present environment. The new health care consumer expects more, is computer savvy, yet still challenged in its understanding and interpretation of data. The health care industry needs to be proactive in the implementation of transparency or risk increasing tensions and restrictive legislation. By embracing transparency, the health care industry holds the power to its own redemption and return to credibility. Mr. McLean is an engaging and informative presenter. As president of Mount Carmel Hospital, he speaks as an industry insider setting an example for change to come from within the health care delivery system itself. ❧

Electronic Records Express Disability Determinations Services

By: Valerie Austin

Presented by: Jennifer Elsen, Security Administration, Olympia Office

The audience received an excellent overview on where the three Disability Determinations Services (DDS) that are located in Washington State and their relationship to the Social Security Administration, the State of Washington, Department of Social Health Services, and the Health Recovery Services Administration.

Ms. Elsen enthusiastically presented how the Disability Determination Services has come into the electronic information age by requesting that the medical community to submit requested medical documentation electronically to DDS by utilizing Electronic Records Express (ERE). Ms. Elsen discussed several key benefits to the medical community, such as deduction of paper, no stuffing envelopes, no postage, and no waiting for a fax confirmation. Benefits to DDS and the patient included the decrease in the time it takes to process a disability case, reduction in the production and storage of paper records, and decrease costs in care processing.

Continued on page 4-----

-----Continued from page 3

Ms. Elsen instructed the audience on the procedures to access the E.R.E. through an HIPAA compliant unique user ID and password, as well as instructions for submitting medical records. 🌱

Washington State Cancer Registry

By: Vivian Smith

Presented by: Kathryn Golub CTR
WSCR Program Manager

Kathryn started off with thanking all the people involved in cancer registry at the local level. She went over the essential data elements required by the Center for Disease Control, such as Facility/provider id, patient demographics, cancer identification, staging information provided by the physician, treatment information and date of last contact with patient and vital status. She also mentioned that the WSCR now has an algorithm that can derive the staging information from the physician's notes.

There were two slides that were basically the meat of the presentation. The first one dealt with where the data originated. This includes the SEER program at the "Hutch." Also various hospitals not affiliated with SEER, both with and without in-house cancer registries. In addition there are 36 states which also share case specific data on patients who were originally treated in Washington. The last source of data includes physicians' offices and small clinics. The data is sent through a secure, with lots of emphasis on SECURE, file transfer system. All the data collected ends up in the data archive, where it is preprocessed and several different reports are produced. The data is then loaded into database but only after going through a series of edits. The edits were developed by the following groups; NPCR (National Program of Cancer Registries), COC, NAACCR and SEER.

The second slide dealt with what happens next. The data that is being loaded into the central registry database is checked to see if the case had already been reported or was a new case. It was mentioned that 100% of the cancer cases are visually reviewed and if needed re-edited. Information can be sent "up stream" to SEER/nonSEER facilities for use in correction or updating the

original data. After the data from the WSCR data archives is validated and loaded into the Central Registry Database it is used in many different ways, such as for reports, for research projects, for public health planning, and other such uses. Several examples she mentioned were in the study of cancer clusters and for the Breast and Cervical Health Program.

The Washington State Cancer Registry has received the gold certification from the National Program of Cancer Registries-Cancer Surveillance System. This rating also influences the funding and reporting standards. This is based on the quality, completeness and timeliness of the data. Kathryn also went into some of the challenges facing the WSCR at this time. These include understaffing, lack of funding and the constant changing standards of reporting required by the CDC. 🌱

Embracing Change

By: Germaine Pickart and Lisa Phan
Presented by: Linda Giles

Linda Giles, of Life Inspired, is a life coach and motivational speaker. Her message at the Washington State Health Information Management Association was to encourage health information professionals to be open to everyday life changes that occur unexpectedly. The choices that an individual makes are always right, never wrong. It is important to remember that everything in life is until today. Behaviors can change at any moment. In difficult life situations, it is time for change. Levels of change that people should embrace are identity, beliefs, behaviors, and environment. Anyone can change these four levels at any time. Beliefs will hold an individual closer to their goals or hold them back. A successful individual believes that there is no such thing as failure, only feedback. Identity means that one defines himself as someone who wants to change for the better. A supportive environment must be created to encourage achievement. Understanding these levels of change will help overcome life's obstacles from failures and mistakes. If one stops,

listens, and trusts themselves with the people we work with, then they can embrace change for good.

People who embrace change are happy, feel good about themselves, and perform kind acts. Linda recites a quote from Lao Tzu: "Whatever is flexible and loving will tend to grow; whatever is rigid and blocked will wither and die". Empowering positive changes makes people resilient, helps them face more self-imposed obstacles, and allows them to communicate with more effectiveness in their workplace and personal lives. Resiliency allows a person to be persistent until they succeed. For more information on embracing change, visit www.LifeInspired.com. 🌱

Medicare Presentation: Noridian

By: Liz Escher

Presented by: Tammy Ewers, CPC,
Noridian Part A, Education
Representative

The presentation dove into the myriad of changes that will be taking place in Medicare coverage and management in the upcoming months and years. There was a lot of material to cover, far more than the time allowed to the speakers. What was covered was detailed and complex to understand. The first subject was contractor reform which will lead to vast changes from the present system. The most major change will be to have one A/B MAC in each of the 15 new jurisdictions that will come online through 2010. For instance, Washington, Oregon, Idaho and Alaska will be grouped into Region 2; California, Nevada and Hawaii will be grouped into Region 1. Competition will be open for potential contractors, some of which will be entirely new to the Medicare arena. Contracts will be reopened for open competition every five years, guaranteeing that change will be a constant in the upcoming years in terms of Medicare administration. Regional initiatives will be the first to be forthcoming; national coverage initiatives and legislative changes will be coming later.

The presentation next turned to various initiatives that will affect coders and reimbursement in hospitals, clinics and physician offices. Some of the topics

www.wshima.org
www.ahima.org

Continued on page 5

-----Continued from page 4

covered included screening exams, tests and procedures; split/shared E/M services; drug coverage and when/how emergency room visits are covered by Medicare. Of interest was the fact that self-administered drugs (including insulin) are not covered by Medicare Part D.

The program was to also include a lot of information about types of review, but time ran out. The speakers were intent on allowing people to make comments and ask questions during the session which ultimately limited the amount of material that could be covered. This particular topic is important for experienced coders, and those involved in quality, compliance and reimbursement. As a student, I found it a bit overwhelming, especially as it was towards the end of a very long day. The presentation could have easily taken one day to complete thoroughly. 🌱

Pain Management

By: Lorri Schubert

Presented by: Louis Jacobson, MD

The first part of the pain management class was presented on 4/12/07 by Louis Jacobson, M.D. from Pain Services of the Covington Multicare Clinic.

Pain patients are perceived to be what Dr. Jacobsen called the “5 D’s”: Difficult, demanding, dissatisfied, disabled and drug-seeking. Chronic pain can be described as a complex unpleasant sensory and emotional experience not a simple sensation. Chronic pain is an enigma because with the minimal pathology seen, there is maximum dysfunction. The patient’s lifestyle can become disrupted affecting employment, social life, and other family members.

Dr. Jacobson’s approach to treatment is based on a biopsychosocial model which aims to reduce disability, improve function and to reduce suffering and improve quality of life. The focus will be on a patient’s ability, not disability; a rule is to never challenge pain but to always challenge disability.

The patient will be educated that immediate pain relief is not a realistic goal in the life-long management of overwhelming chronic pain. One of the key goals of pain assessment is to get to know the patient, i.e., the patient’s lifestyle, beliefs and expectations, and the effect of pain on the patient. The pain physician will then attempt modalities that try to move the pain from the patient’s foreground to the background. Some adjunctive modalities will involve the use of injections, medications, physical therapy and a TENS unit. The physician will also attempt to have the patient tell a “secret” about him/herself (other than pain) that may “exacerbate suffering and consequently the experience of pain” in such areas as finances, employment, relationships, etc. For those patients who are overwhelmed, cognitive-behavioral counseling may be recommended. Lastly there will be an emphasis that the patient can build his/her own lifestyle and can take care of his or his/herself. The second part of the class sounded out codes for coding complex chronic pain consultations, return visits, procedures (such as nerve blocks), and combination codes for multiple procedures and how to code if there is a return visit plus a procedure. 🌱

organization you are dealing with? For example, our own www.wshima.org means that we are a nonprofit organization. Here are some other TLDs and what they represent:

- .com Commercial businesses
- .edu Educational institutions
- .gov Governments
- .int International organizations
- .mil The military
- .net Networking organizations 🌱

Jonathan Eastabrooks Receives Professional Development Scholarship

By Susan Helbig, RHIA

Jonathan Eastabrooks, RHIT, is the 2007 recipient of WSHIMA’s Professional Development Scholarship Award! The award, presented to him at the 2007 WSHIMA Spring Conference in Lynnwood, Washington, acknowledges his dedicated leadership and commitment to the HIM profession.

Jonathan believes that further study leading to a bachelor’s degree will give him requisite knowledge and skills to attain one of his professional goals to become a director a health information management department. To this end, he has been accepted into the RHIT to RHIA Progression Program at the College of St. Scholastica.

Jonathan holds a position as a health information coder at Multi Care Health System. He is a 2004 honors graduate from Tacoma Community College’s (TCC) Health Information Technology program where he was the first running start student to attend college in lieu of high school. While at TCC, he was elected to Phi Theta Kappa, the International Honor Society of the Two Year College. Currently, Jonathan is President of the Tacoma Area Health Information Association (TAHIMA) and was the driving force in designing and maintaining TAHIMA’s excellent web site.

Jonathan exemplifies both the purpose WSHIMA’s professional award “to assist

2007 Professional Achievement Award

By Susan Helbig, RHIA

This year, WSHIMA’s 2007 Professional Achievement Award went to an organization, not an individual. WSHIMA’s 2007 Professional Achievement Award was awarded to the Tacoma Area Health Information Management Association (TAHIMA) for their superb new web site!

Led by TAHIMA President, Jonathan Eastabrooks, who conceived, designed and brought the TAHIMA web site to fruition, the award was presented to the TAHIMA Executive Board during WSHIMA’s 2007 Spring Conference in Lynnwood, Washington.

To see what a local area HIM association can accomplish, go to www.tahima.org.

Did you know...

...a TLD (top-level domain) is part of an internet address that tells you what type of

Continued on page 6-----

Continued from page 5

qualified, credentialed members to pursue a professional opportunity” and the required eligibility criteria to:

- Be an active AHIMA/WSHIMA credentialed member in good standing,
- Demonstrate leadership and commitment to the HIM profession and
- Demonstrate leadership and commitment to WSHIMA and/or local HIM associations by holding office, volunteering to chair or participate in committees, etc.

Let us all congratulate Jonathan’s accomplishments to date and watch his career and service to his association unfold in the coming years. ▲

Advocacy Committee

By Sheila Green-Shook, MHA, RHIA, CHP

The Advocacy Committee hopes everyone who attended the WSHIMA annual meeting advocacy tracks found them of value. There were great speakers and great feedback as well. This month, the Advocacy Committee will begin to work on updating the legislative manual. If you are interested in participating in this, please contact Catherine Gates at catherine.gates@seattlechildrens.org or Sheila Green-Shook at sgreen-shook@evergreenhealthcare.org. Thanks also to all of you who provided feedback as to what workshop topics would be of interest to you. We will be looking to offer a workshop in the fall.

Update: The current WAC for charging of medical records expires as of June, 2007 and the new rates will go into effect July 1st, 2007. Once the new rates have been released, we will get them posted to the WSHIMA website for everyone. See page 8 for more details of the changes.

Also of note is a revision of RCW 70.02.050 to include ‘registered domestic partner’, Senate Bill 5336. To read the full bill, access: <http://www.leg.wa.gov/legislature/>, click on bill search at type in 5336. The changes to this Bill go into effect on July 22nd, 2007. ▲

Coding and Data Quality (CDQ) Committee Update

By Lin Heller, RHIA, CPC, and Bev Hillinger, RHIA, CPC
 Co-Chairs, CDQ Committee

A major focus of the CDQ committee’s work this year has been planning and carrying out one and a half exciting days of coding and compliance education at April’s WSHIMA annual meeting. The coding track included a coding roundtable session on Emergency Department coding in which participants practiced coding ED cases. Discussion of the case studies included lively debate on the guidelines for use of the new drug administration CPT codes. Summaries of the case studies with their final code assignments are now available on the WSHIMA web site. Select *Board News* to locate *Questions and Answers from Coding Roundtables*.

The coding roundtable was preceded by two excellent presentations on ED evaluation and management (E/M) coding. Addressing ED facility reporting, Candace Shaeffer from LYNX Medical Systems told attendees about working with the Centers for Medicare and Medicaid Services (CMS) on the development of facility guidelines for E/M reporting. She explained the various facility level models that CMS is reviewing and told the group that she does not expect implementation of official facility level E/M codes for at least another two years. Laurel Green of TeamHealth presented a thorough look at physician services ED reporting. She provided the group with new methods to use in evaluating the various components of professional E/M levels like medical decision making. Attendees on Friday were inspired by Dr. Louis Jacobson’s unique approach to working with chronic pain patients. He explained his view of pain as a complex multidimensional experience involving many aspects of a patient’s life, taking into account areas

such as health, emotional, situational, vocational, litigation. He focuses on the effects of pain and each patient’s response to pain in a rehabilitation context. Jackie Ireland, a coder from MultiCare, supplemented Dr. Jacobson’s remarks with updates on pain management coding.

Nancy Nelson from 3M provided a history of the development of APR-DRG principles and described how the different systems are used to define risk of mortality and severity of illness. Tammy Ewers and Dr. Richard Whitten from Noridian addressed a number of Medicare topics such as contracting reform, the Physician Quality Reporting Initiative (PQRI), medical review, appeals, Medically Unlikely Edits (MUEs), plus ideas for working with your Medicare contractor.

The CDQ committee has also arranged a coding roundtable session for the upcoming 2007 Tacoma Community College HIT Student Leadership Conference. The concurrent session “Understanding Drug Administration Coding and Billing for OPPS 2007” will be presented by Stacey Radick of Opticode. Finally, we look to the Tri-Cities area for a late summer full day coding roundtable to be planned with coding staff from Kadlec Medical Center. Stay tuned for details.

Our thanks go to the members of the CDQ committee for their efforts and contributions to WSHIMA’s educational activities over this past year. Thanks to Chris Davis, Diane Sandvick, Jessica Smith, Kathy Peterson, Melanie Endicott, Pam DeVol, Peggi Ann Rufener, Petra Smith and Sherry Marrs! ▲

SHIMA Update

By Jackie La Rue, RHIT
 SHIMA President

We had our first workshop on May 19. The speakers were Susan Sparks, who spoke on special children with swallowing problems, while Jill Burrington-Brown and Carol Ann

www.wshima.org
www.ahima.org

Continued on page 7

Continued from page 6

Quinsey spoke about subpoenas and e-discovery. Rich Weidman also brought us up to date on team talks.

The exciting news is that the SHIMA web site is just about ready. Thank you to Judy Tabor for all her help.

Our next meeting will be in late summer. ♣

Linda Kloss Presents at Seattle Forum on Health Information Exchange

By Bill Thieleman, RHIA, CHP

Gretchen Murphy and I have been representing WSHIMA and HIM in general on the planning committee of the CHITA Forum (formerly HIPAA Readiness Forum) since 2000. Rarely have we been as excited about one of our programs as we were with our twentieth event held May 18, 2007. This forum marked a new chapter in our efforts to educate healthcare professionals about privacy, security, and standardized transactions as we took up the topic of electronic health information exchange (HIE) in Washington State and the United States.

The two keynote speakers were Kelly Cronin from HHS Office of National Coordinator for Health Information Technology and AHIMA's chief executive officer, Linda Kloss. These two people are among the best connected leaders in the effort to establish HIE in this country. I'm happy to share with you that WSHIMA sponsored Linda's travel to Seattle for this event. Kelly Cronin talked about creating an interoperable health IT environment that brings together electronic health records, personal health records, public health information, and the standards that will support the National Health Information Network (NHIN.) She described the organizational framework

now in place to move this transformational work forward and the alliances that are working through the vast array of challenges to make health information exchange a reality.

Linda Kloss gave an overview of the emerging HIE environment and state level initiatives, a summary of key findings and offered her view of implications for the future. She talked about technical, political and cultural systems of strategic change at play in health care transformation through HIE. She shared a brief history of and lessons learned from efforts of projects around the country and in Washington State.

AHIMA's Foundation on Research and Education (FORE) is conducting a major research project in support of the NHIN on state level health information exchange (SLHIE.) to examine various state HIE models and identify effective characteristics and strategies, find environments that foster success and to publish guidance. That effort produced a workbook for HIE development offering a guide to key issues, options and strategies.

Key to HIE success is a coordination of federal and state initiatives requiring engagement of SLHIE in the NHIN development. Findings showed that if HIE does not capitalize on secondary uses of the information such as mining for quality, patient safety and utilization, a network may not be sustainable. Findings also showed that success requires federal support for Medicaid's involvement in state level HIE, demonstrating a return on investment through cost savings and efficiencies.

FORE research continues with the SLHIE 2007 Consensus Project, focusing on gathering state experiences and collaborations in the areas of governance, financial sustainability, information management policies and best practices. Other efforts pursue outreach and dissemination of learning from the research.

More information on the state level HIE Consensus Project is available at www.staterhio.org. Watch for information about future CHITA Forum presentations in WSHIMA E-lets. ♣

Remembrance

By Ingrid Bentzen

Joan Rude, RHIA (fondly remembered as Joanie) faced many challenges in life, but always with a smile. I first met her in fall of 1960 at Seattle University. She grew up in Yakima and I in Tieton but lived in the same dormitory (Marycrest Hall). As I recall, Joanie first was majoring in Nursing but later changed to Medical Record Science. She became one of the members of Mu Rho Lambda that was from my year. Pat Harnish, Gretchen Murphy, Mary Alice Hanken and others who were majoring in Medical Record Science will remember the organization and Joanie. I left Seattle University. '62-'64 and returned for the directed practice year ending in August 1965. There were eleven students in our class; Ingrid Bentzen, Joan Champoux Rude, Beverly Power Reding, Carolyn Joyo, Judi Lacy May, Carol Johnson, Karen Snyder, Zenny Ocompo, Irene Dynes, Sandy Whitworth and Pat Williams Yergen. Sister Peter Oliviant, later known as Sister Marie Blanche Comeau, was our mentor.

In 1966 Sister Peter was in residence at St. Elizabeth Hospital in Yakima. Joanie worked with Sister Peter at St. E's while Pete was serving in Viet Nam. I visited Joanie when I returned to Yakima area on visits. When I moved to St. E's in July 1967, Joanie and Pete had made their home in Richland, WA and raised their two sons.

Joanie continued active in AHIMA and WSHIMA. We met at meetings and caught up on family and friends. As years passed, we saw less and less of each other, which I now regret having been living only 90 miles apart. I have many fond memories of Joanie as I am sure all who knew her must have. One of my most favorable impressions of Joanie was that when faced with a challenge, she always ended with a positive note, such as, "This too shall pass" or "Every cloud has a silver lining." She was always proud of Pete and her sons, Paul and Tommy. She gave much of herself to support their interests. She was proud of the accomplishments of her sisters and brother. She was a great organizer of community and church projects, a characteristic I believe came from her mother. ♣



Duplicating Medical Records—Update for Charges

[RCWs](#) ; [Title 70](#) ; [Chapter 70.02](#) ; [Section 70.02.010](#)

Update: The current WAC for charging of medical records expires as of June, 2007 and the new rates will go into effect July 1st, 2007.

(Amending WSR 06-11-166, filed 5/24/06, effective 6/24/06)

WAC 246-08-400 How much can a medical provider charge for searching and duplicating medical records? RCW 70.02.010(~~(14)~~) (15) allows medical providers to charge fees for searching and duplicating medical records. The fees a provider may charge cannot exceed the fees listed below:

- (1) **Copying charge per page:**
 - (a) No more than (~~ninety-one~~) ninety-six cents per page for the first thirty pages;
 - (b) No more than (~~sixty-nine~~) seventy-three cents per page for all other pages.
- (2) **Additional charges:**
 - (a) The provider can charge a (~~twenty-one~~) twenty-two dollar clerical fee for searching and handling records;
 - (b) If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit.
- (3) This section is effective July 1, (~~2005~~) 2007, through June 30, (~~2007~~) 2009.
- (4) **HIPAA covered entities:** See HIPAA regulation Section 164.524(c)(4) to determine applicability of this rule.

WSHIMA CALENDAR OF EVENTS

By Joyce Duffy, RHIA

July 27, 2007	WSHIMA Strategic Planning Meeting University of Washington, Waterfront Activity Center
September 15, 2007	Coding Roundtable To be held at Kadlec Medical Center Richland, WA
September 29-October 2, 2007	2007 Professional Development Conference, HRABC
October 6-11, 2007	AHIMA Convention Philadelphia, PA
April 30-May 2, 2008	WSHIMA Annual Meeting Coast Wenatchee Center Hotel, Wenatchee, WA
October 11-16, 2008	AHIMA Convention Seattle, WA

**Washington State Health Information Management Association (WSHIMA) Board
2007— 2008**

President:
Kathy Peterson

Past President:
Sheryl Hinchliff

President Elect:
Carol Quinsey

Secretary:
Terry Long

Treasurer:
Jean Carman

Directors:
Marci Vanderbosch
Kimberly Lee

Delegates:
Rich Weidman
Sheila Green-Shook
Eugenia Terry

Local Presidents:

INHIMA:
Faith Totten

SHIMA:
Jackie Larue

TAHIMA:
Johnathan Eastabrooks

WSHIMA Mission Statement:

- Provide career, professional development and practice resources
- Facilitate achievement of standards and provide education opportunities
- Advocate public policy that advances HIM practice
- Facilitate member communication
- Promote the contribution of its members

WSHIMA Values:

- A code of ethical health information management practices
- The public's right to private and high quality health information
- The celebration and promotion of diversity