

The Evergreen Bulletin

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.

AUGUST 2011



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President's Message

By: **Sheila Green-Shook, RHIA**
WSHIMA President 2011-2012

Hi Everyone, I hope you are enjoying the summer—what there has been of it!

On July 8th, the 2010-2011 WSHIMA Board met with the incoming 2011-2012 Board at an all day strategic planning meeting. The strategic planning meeting is an opportunity for the outgoing and incoming boards to get together to talk about what worked well the that year, review the annual meeting held in Spokane, and talk about successes and opportunities. We also reviewed the goals and objectives for 2010-2011, and will discuss these again at the next Board meeting in September.

On July 15-17, Bill Thieleman (Chief Delegate), Marci Vanderbosch (1st year Delegate), Gwen Hughes (President-Elect), and I went to the AHIMA summer team talks/leadership meeting in Chicago, Illinois. AHIMA does a great job in planning the content of these three days—lots of information and, more importantly, the ability to network and learn from our colleagues across the United States. Hot topics at the meeting were ICD-10, meaningful use, and the proposed AHIMA bylaw amendment. Please go to www.ahima.org to learn more about the bylaw amendment that will be voted on at this year's AHIMA national meeting in Salt Lake City, Utah.

It is hard to believe the meeting in Salt Lake City is less than 60 days away and I hope to see many of you there!

We are finalizing our committees and, as always, are looking for volunteers. If you are interested in volunteering for any committee, please feel free to email Joyce Duffy or myself at www.wshima.org. Some interesting committees are:

Coding / Data Roundtable	Rik Lewis / Sally Beahan	Co-chairs
Legislative / Advocacy	Betty Doyle / Marsha Steele	Co-chairs
Membership	Donna Wilde / Deb Jurgenson	Co-chairs

Our organization is as strong as its members, so please don't be shy about volunteering. Not sure what volunteer activity you might want to do? Again, please contact either Joyce Duffy or myself, we would be happy to talk about different options to get you involved with WSHIMA.



ICD-10 Resources

By
Carol Quinsey

No matter where you and your organization are along the path to implementation, there are abundant resources to aid you. A quick Google search yields thousands of items to choose from, many of them available at no charge or free. There are consulting organizations, professional associations and organizations, healthcare organizations, insurance plans, and commercial businesses ready to work with you. They offer tools, books, plans, consulting services, training, and information.

Some purveyors of all this assistance are generally familiar to us, making choices simultaneously comforting and difficult. Some sources of information are known, some trusted, and some unknown. Familiar sources of information among the links returned in a Google search on ICD-10 were the American Health Information Management Association, the American Academy of Professional Coders, the Centers for Medicare & Medicaid Services, and the Health Information Management Systems Society at the following websites:

www.ahima.org

www.aapc.com

www.cms.gov/ICD10

www.himss.org

Some of the less familiar sources of information offering services of various sorts were Milliman Healthcare, Deloitte, Athenahealth, Inc., Nachimson Advisors, and Moss Adams at the following websites:

www.milliman.com

www.deloitte.com

www.athenahealth.com

nachimsonadvisors.com

www.mossadams.com

The AHIMA Body of Knowledge (BOK) has a considerable number of resources on ICD-10-CM/PCS, some of which were published in the Journal of AHIMA and some only available through the BOK. A few recent listings are:

- Strategies to Prepare for ICD-10 Transition. JAHIMA, June 2011
- Growing ICD-10: Seedling Transition Programs Take Root. JAHIMA, June 2011
- ICD-10-CM/PCS Transition: Planning and Preparation Checklist. AHIMA Body of Knowledge, 2011. (Update to the June 2007 "ICD-10 Preparation Checklist".)
- Role based model for ICD-10" posted at www.ahima.org/icd10/role.aspx

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ICD-10 Resources, Cont'd

The Centers for Medicare & Medicaid Services (CMS) website (www.cms.gov/ICD10) has an excellent ICD-10-CM/PCS Myths & Facts document among others. Current topics include:

- A myth that the implementation date is flexible (WRONG),
- A myth that ICD-10-CM/PCS was developed without clinical input (WRONG), and
- A myth that implementation can wait until electronic health records have been established (again, WRONG).

The bottom line is that it is neither too late nor too early to begin educating yourself and your colleagues about ICD-10. Resources are abundant and there will be more regularly arriving. WSHIMA is working out a strategy to assist in delivering education and information about ICD-10-CM/PCS to our members.

However, the first steps to learn about ICD-10-CM/PCS can be taken by all of us as individuals. We should all read as much as we can about this major change before us. Education leads to preparedness, which leads to success!

Let The Learning Begin!



Delegates Report on 2011 Summer Team Talks

By
Bill Thieleman
Chief Delegate

Summer Team Talks are always such valuable and powerful experiences. This year's event was no exception. Marci Vanderbosch, First-Year Delegate; Gwen Hughes, President-elect; Sheila Green-Shook, President; and Bill Thieleman, Chief Delegate; were in attendance at the Chicago events.

Team Talks started with announcement of 2011 Triumph Award recipients and Linda Kloss, MA, RHIA, FAHIMA being named this year's Distinguished Member. The awards will be presented at Convention in Salt Lake City, October 3. Board election results were also announced as follows:

President-elect:

Kathleen A. Frawley, JD, MS, RHIA, FAHIMA –New Jersey

Directors:

Ann Frischkorn Chenoweth, MBA, RHIA - Utah

Dwayne M. Lewis, RHIT, CCS - Oklahoma

Melissa M. Martin, RHIA, CCS - West Virginia

Delegates were informed of 2011 key strategic initiatives that are based, in part, on the Environmental Scan conducted with all state associations. Branding, recognition, and communications are at the top of the list with increased responsiveness to market agility as close second. A research and leadership institute, establishing more effective governance, and enhancing educational programs are also on the slate.

Some of the work reflecting these focal points include Vision 2016, exploiting opportunities arising from health information technology, developing a visionary-advisory board as a thought leadership core of the new research and leadership institute, refining the AHIMA core model, and repurposing the environment scan.

Rose Dunn, RHIA, CHPS, FAHIMA CPA, MBA, FACHE is serving as interim Chief Executive Officer following the departure of Alan Dowling, PhD. She reported that a committee of AHIMA board members, rather than a search firm, is facilitating the search for a new CEO. Also, AHIMA has been in the news frequently, especially in relation to Accounting for Disclosure, Meaningful Use, Health Information Exchange and ICD-10. AHIMA is focusing attention on many strategic alliances and relationships to enhance the HIM voice. In addition, AHIMA has added several business contracts to provide services, many of which are international, including the World Health Organization. In support of these ventures, a complete redesign of business procedures is under way.

The Virtual Laboratory has 217 participating schools, 9,048 student users and 730 contributing instructors. There are now 99 Fellows of AHIMA.

The House teams reported on their 2010-2011 work and Environmental Scan, co-chaired by Bill Thieleman, was responsible for AHIMA making Webex services available to all state associations. It will facilitate meetings and webinars at less than three cents per minute regardless of the number of users logged on. Team members felt it would allow more state association members to participate in committees and other work regardless of where they live and work.

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2011 Summer Team Talks, cont'd

Patty Thierry Sheridan, President-elect, reviewed the agenda for the annual House of Delegates. Delegates will turn attention to a resolution fostering Diversity and Inclusion which will enhance and enable work previously done by the Diversity Task Force. Also resolutions on the MPI in integrated delivery systems and Data Quality Management will be on the agenda. The principal item will be approving a vastly revised set of AHIMA by-laws with many of the changes, on the advice of legal counsel, meant to clarify roles of delegates and board members and provide compliance with Illinois laws relevant to the association. In addition, it will create a new House of Delegates Speaker position.

Past-president Rita Bowen introduced the new Affiliate Coordination Council as a means to link information and support common goals. Its charter intends a high level collaboration for strategic alignment of current and future affiliations and partnerships. Members joined in 2011 Strategic Planning. The council will share information about AHIMA activities with affiliates, identify opportunities to leverage affiliation, and conceive symbiotic efforts and programs.

Claire Dixon-Lee reported on the Commission on Accreditation for Health Informatics and Information Management Education, indicating there are more than sixty volunteers who perform site surveys for two year, four year and masters level HIM and Health Informatics programs in the United States and Puerto Rico. There are currently 228 associate degree programs, 54 baccalaureate programs and six masters programs accredited, and an additional 36 programs in the candidacy process. Claire reported that there are 10,856 full time and 17,201 part time students enrolled in accredited programs.

The Commission on Certification for Health Informatics and Information Management is currently working on re-design of the AHIMA Continuing Education Units Center, slated for roll-out this fall. They are also revising existing specialized credentials and adding new ones including a credential for clinical data improvement. This year, the commission achieved National Commission for Certifying Agencies for the RHIT and RHIA examinations and is awaiting results of the accrediting process for the CCS examination. ICD-10 exams are scheduled to launch in March 2013.

Keith Olenik reported on AHIMA Foundation, introducing Bill Rudman, PhD, RHIA as the new vice president heading the foundation. In 2010, \$94,650 in scholarship funds was awarded to 72 students from 33 state associations. Applications for 2011 are due September 30. Keith discussed the Health Information Relief Operation or HIRO program which was instituted to provide financial assistance for communities of health information professionals whose personal or professional lives have been severely disrupted by a natural or man-made disaster.

Information on how to donate to Health Information Relief Operation:

<http://ahimafoundation.org/Support/HIRO.aspx>

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2011 Summer Team Talks, Cont'd

The Foundation has many initiatives and collaborations in progress, most notably working with 3M to demonstrate the value of the HIM professional, the ONC on privacy and security for physician practices, the Delta Regional Institute on EHR training and workforce preparation, the Center for Adult Education and Learning on advancing education and workforce development, and Center for Medicaid/Medicare Services ICD-9-CM to ICD-10-CM-PCS translation. Of note, during the meetings, delegates personally contributed \$5,000.00 to the Foundation.

For those interested in contributing a item to the
2011 Silent Auction at AHIMA Convention, information is available at:

<http://ahimafoundation.org/Support/Auction.aspx>

Delegates also heard a variety of reports on major strategic efforts including ICD-10, Workforce Development under HITECH, Meaningful Use, Regional Extension Centers, Health Information Exchange, and National Health Information Network. Then Roundtable discussions focused on I-10, Meaningful Use, Future HIM Roles and Regional Extension Centers/Health Information Exchange.

Board committee reports included an interesting discussion of new credentials under discussion including at two-year degree level: workflow redesign specialist, REC/HIE specialist and CTR specialist; at four year degree level: Meaningful Use specialist, Privacy and Security specialist, Trainer, Practitioner Consultant and at masters level: Health IT sub-specialist, Chief Knowledge Officer, and Research and Development scientist. This work represents strategies to capitalize on the evolving market and HIM profession.

The Professional Practice and Agility Committee is working to effect rapid response in our rapidly evolving environment. They monitor response for its effectiveness and identify topics that require rapid response. Their Awareness and Positioning Project seeks to increase awareness of the HIM profession, in part by defining HIM's seminal value to consumers, employers, government, academia, corporations, etc. They are also creating a matrix of health informatics roles and functions and defining health informatics for HIM.

The Finance Committee reported that a new audit firm has been selected and the external audit for 2010 completed. The financial reporting software has been upgraded, new budget software is being implemented and a comprehensive cash management and investment strategy is being developed. Advocacy and Alliance Committee reported that this year, they have submitted comments to HHS, addressed Legal EHR in HL7 EHR Standards, and provided AHIMA consultation and input to ONC, OCR, NIST, FDA, AHRQ and OIG, Congress, a variety of standards organizations, CMS ICD-10 Implementation and Guidelines, and more.

Additional information from Summer Team Talks will be posted to the WSHIMA CoP and WSHIMA members are reminded that they should be making their plans to attend AHIMA Convention 2011 in Salt Lake City. We hope to see you there.

Legislative Advocacy Activities

By
Betty Doyle

HIPAA Privacy Rule Accounting of Disclosures

On May 31, 2011, the Office of Civil Rights (OCR) of the Department of Health and Human Services (HHS) published a notice of proposed rulemaking (NPRM) to modify the HIPAA Privacy Rule's standard for accounting of disclosures of protected health information. The NPRM is intended to implement the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") requirement for covered entities and business associates to account for disclosures of protected health information (PHI) to carry out treatment, payment and health care operations if the disclosures are through an electronic health record (EHR).

OCR is proposing to revise the Privacy Rule: (1) to modify the scope of information subject to the accounting requirement to protected health information (PHI) about an individual in a designated record set; (2) to explicitly include business associates in the language of the accounting of disclosures requirements; (3) to reduce the accounting period from six years to three years; (4) to list the type of disclosures that are subject to the accounting requirement (rather than listing the types of disclosures that are exempt from the accounting as is currently done in the Privacy Rule); (5) to expand the individual right to include an access report that would provide individuals with a right to receive a report that document who has accessed an individual's electronic designated record set; and (6) to revise the Notice of Privacy Practices (NPP) requirement to include a statement of the individual's right to obtain an access report which would constitute a material change to the NPP.

One health care privacy expert has speculated that with the new accounting of disclosures proposal may represent a "worst case scenario." One of the most controversial elements of the proposal is the new right to an access report which is perceived to add limited value to the patient and will be costly for the health industry to implement.

The comment period ended on August 1, 2011. OCR received 435 comment letters from large and small healthcare delivery systems, national and state component trade associations, national and state component professional associations, individuals, privacy advocacy organizations, vendors of electronic health care records, and health plans. The number of comment letters may be an indicator of concern about the proposal as written and signal for OCR to reconsider elements of the proposed rule. AHIMA submitted a comment letter and WSHIMA is one of four component state associations to submit comment letters. You can access all 435 comment letters on the OCR website at www.regulations.gov using the search function to locate docket folder RIN 0991-AB62.

HHS assigned the WSHIMA comment letter with the docket identification number of HHS-OCR-2011-0011-0398. The AHIMA comment letter is assigned HHS-OCR-2011-0011-0163.

The Final Rule for the accounting of disclosures may be published by the end of the year. The WSHIMA Legislative Advocacy Committee will continue to monitor the status of the proposed rule as well as the other proposed rules that are expected soon.

Breach Notification Final Rule

By

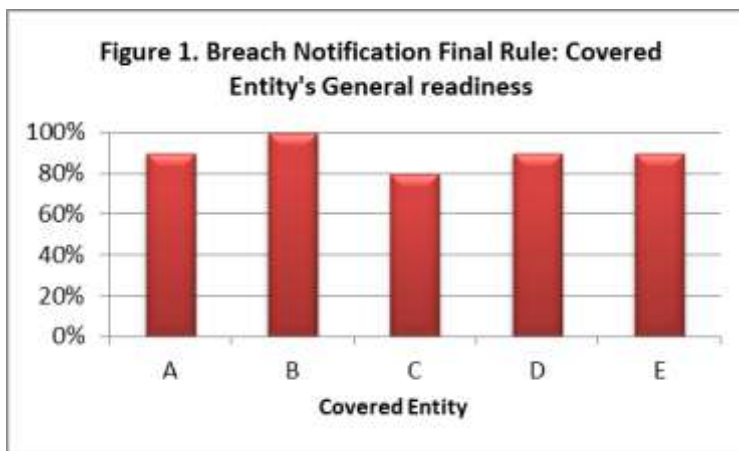
Xiaoqing (Tracy) Wu and Jessica Thody

This article summarizes the survey conducted by the University of Washington's Health Informatics and Health Information Management (HIHIM) students in fulfillment of their capstone project for Spring quarter 2011 on the actions that healthcare facilities have taken to implement the Breach Notification Final Rule.

On August 24, 2009, the Department of Health and Human Services (HHS) published the Breach Notification Interim Final Rule, which implemented section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act. This rule became final on September 23, 2009. The final rule requires the covered entities (CEs) and their business associates (BA) to provide notification for a breach of unsecured protected health information. However, due to the complexity of breach notification and the public comments on the interim final rule, HHS is reconsidering the final rule to determine how provisions of the rule will be administered.

This survey was designed to identify the perspectives of privacy officers in Washington State regarding the general readiness and concerns of CEs related to compliance with the Breach Notification Final Rule. It also queried the privacy officers for recommendations they have for other CEs on preparing for breach notification requirements.

Five privacy officers from different covered entities in Washington State were interviewed for this project. The survey elements are contained in *Table 1, Interview Matrix*. It can be seen from the responses that the five CEs are 80-100% in compliance with the final breach notification rule.



These five CEs readiness is also depicted in Figure 1. Breach Notification Final Rule: Covered Entity's General Readiness.

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Breach Notification Final Rule, Cont'd

Table 1. Interview Matrix

ID	Elements	Covered Entity (WA)				
		A	B	C	D	E
	Readiness for the Breach Notification Final Rule					
1	Percent of readiness in general	90%	100%	80%	90%-100%	90%-100%
2	Conduct self-assessment/risk-assessment	●	●	○	●	○
3	Review and update breach notification policies and procedures	●	N/A	○	N/A	●
4	Update and/or revise Business Associate agreements	○	N/A	○	N/A	○
5	Approach to evaluate, train, and implement	Internal Team	Internal Team	Internal Team	Internal Team	External, internal team, and others
6	Conduct training	●	N/A	○	●	○

● Done ○ In Process ○ Not Started N/A Not Applicable

When asked about risk assessment, three of the five CEs had completed this. Two of the five CEs had completed the policy and procedure updates, with two reporting the policy and procedures did not require updating. Similarly, staff training has been completed by two of the five CEs, with two reporting in process, and one reporting not started. The five privacy officers offered these recommendations for colleagues on the readiness to comply with the breach notification final rule:

- Start collecting the BA agreements in advance;
- Work through the risk assessment;
- Use a checklist as a tool for breach notification process, and decision trees for harm risk assessment;
- Get help early if an covered entity does not have internal expertise or available resources; and
- Involve a broad range of stakeholders in the process of developing the covered entity's policies and procedures.
-

It is our conclusion that an effective breach notification process begins with the preparation of front-end administrative, appropriate technological safeguards and methodologies, as well as security guidelines. The Breach Notification Final Rule is an ongoing process that needs constant attention. To remain in compliance, covered entities should continue to stay organized, communicate within their organizations, and keep up on internal policies and procedures as well as the expected HHS updates to the Breach Notification Final Rule.

ICD-10 Readiness and Adoption

By

Peggi Ann Amstutz, MBA, CCS, CCS-P

Senior Manager, AHIMA Certified ICD-10-CM/PCS Trainer; Moss Adams LLP

Gary Volland

Applications Development Manager, IT Auditing & Consulting Group; Moss Adams LLP

The Department of Health and Human Services has issued a final rule on HIPAA electronic standards that would replace ICD-9 code sets with the greatly expanded ICD-10 code sets for claims, remittance advice, eligibility inquiries, referral authorizations, and other transactions.

This shift, effective October 1, 2013, represents a major change for the health care industry and without a solid upfront strategy in place prior to implementation, health care organizations could fall behind.

With ICD-10, all systems, tools, and interfaces responsible for submitting claims, receiving remittances, exchanging claim status, or conducting eligibility inquiries and responses—must be analyzed to identify software and business process impacts.

Health care organizations should take inventory of their current systems and underlying IT infrastructure to determine each application's life cycle phase and then map out transitions to other systems and subsequent reporting processes.

If your organization intends to upgrade and maintain its current systems, the software vendor should be contacted now to find out what a transition plan looks like. It's important to determine whether current software licenses include regulation updates, and if they do, when the vendor will upgrade the respective systems.

Many health care organizations utilize systems that have been highly customized or have been developed internally from scratch. Customized systems may not have a simple upgrade path available. Internally developed software systems will require substantial reengineering of applications, underlying databases, reports, and system interfaces to support the new ICD-10 codes.

Data conversion is another key consideration for ICD-10 adoption. The Centers for Medicare & Medicaid Services and the Centers for Disease Control have created General Equivalence Mappings (GEM) to ensure that consistency in national data is maintained. GEMs will be updated annually, as will ICD-10-CM and ICD-10-PCS during the transition period prior to ICD-10 implementation.

While coding individual claims, it's important to remember that GEMs are simply helpful tools for converting larger system databases to ICD-10-CM and ICD-10-PCS.

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ICD-10 Readiness and Adoption, Cont'd

In addition to operational system and data conversion considerations, many organizations have extensive processes for meeting both internal and external reporting needs. A data warehouse often supports these processes, which can require an extensive effort to extract, transform, load, and format information that's aggregated across multiple systems. With ICD-10, the aggregation, processing, and reporting of historical and active information will need to be accounted for.

While many C-level hospital executives have recently sought process improvement initiatives, typically only large hospitals can afford the implementation costs of lean methodology. Organizations that can implement a robust business intelligence strategy are well positioned to take advantage of additional metrics that ICD-10 provides.

Many organizations have projects already underway to support their ICD-10 adoption program. Organizations need to assess their current program and make sure all underlying projects have been properly defined and are on track. In addition, all project dependencies should be clearly defined, and each project should have its own risk tracking process. Finally, it's crucial to proactively communicate with vendors, partners, and other external entities to align project timelines, process and system changes, and test plans.

It's important to remember that technology isn't the only ICD-10 challenge. Coders will need refreshed biomedical training that includes medical terminology, anatomy, physiology, pathophysiology, and pharmacology. This can be done through online or classroom instruction, or independent study.

Biomedical education can be divided into "body systems." For example, coders from the cath lab should cover cardiovascular and pulmonary topics in depth, but they could skip or skim obstetrics.

Whenever possible, facilities and providers should work together developing and delivering this education. By offering this education to the provider community, a facility will hopefully gain cooperation in clinical documentation improvement projects.

Once biomedical education is completed, ICD-10 education can begin in earnest. The American Health Information Management Association estimates it takes about 16 hours to learn the ICD-10-CM system and 40 hours for the ICD-10-PCS system.

ICD-10 Readiness and Adoption, Cont'd

Health care organizations face numerous technical challenges and considerations as they contemplate ICD-10 adoption. Since ICD-10 transition planning has now started, the following outline represents a suggested timeline to follow:

June 2011—Assess current systems and processes and develop an implementation plan and impact assessment.

June 2013—Upgrade, replace, and implement operational and reporting systems.

January 2013 through September 2013—Conduct pilot testing, “go live” preparation, and systems cut-over.

January 2013 through September 2013—Ensure staff has received appropriate ICD-10 education and, most importantly, hands-on practice with ICD-10 code application.

October 2013 through December 2014—Perform post-implementation follow-up.

Peggi Ann Amstutz, MBA, CCS-P, CCS, AHIMA certified ICD-10-CM/PCS trainer, is a senior manager at Moss Adams, a leader in assurance, tax, consulting, risk management, transaction, and wealth services. She can be reached at peggi-ann.amstutz@mossadams.com.

Gary Volland is an applications development manager in the Moss Adams IT Auditing and Consulting Group. He can be reached at gary.volland@mossadams.com.



WHAT YOU NEED TO KNOW ABOUT CEUS AND ICD-10

Reminder

It is not too early to begin educating yourself about ICD-10-CM/PCS, scheduled to be implemented in the United States October 1, 2013. AHIMA has committed to providing assurance to healthcare industry stakeholders that AHIMA Certified Professionals possess the knowledge, skills, and abilities related to ICD-10-CM/PCS corresponding to each AHIMA credential. To this commitment **AHIMA is REQUIRING baseline educational experiences and training specific to ICD-10-CM/PCS as part of the CEU requirements for every person holding AHIMA certification.** Specific requirements are as follows:

- * CHPS - 1 CEU
- * CHDA - 6 CEUs
- * RHIT - 6 CEUs
- * RHIA - 6 CEUs
- * CCS-P - 12 CEUs
- * CCS - 18 CEUs
- * CCA - 18 CEUs

(6 CEUs are generally equivalent to one day of training. An explanation of this is provided in the FAQ section of the document attached to this e mail.)

CEUs should be tailored to the specific needs of individual job roles. For example, an RHIT who performs coding as a large percentage of the daily routine is encouraged to follow the requirements set forth for those holding specialized coding credentials. An RHIT who does not perform coding as part of the daily routine may need only an awareness of ICD-10-CM/PCS that includes the general structure of the system and potential impacts to workflow processes to prepare and implement the systems.

Those holding more than one AHIMA credential must report **only** the higher number of CEUs noted above when reporting CEUs for their individual two year reporting cycle. ICD-10-CM/PCS specific CEUs during the period of January 1, 2011 through December 31, 2013.

WSHIMA is committed to providing educational opportunities that can assist our members to meet these educational requirements. There will be additional educational sessions announced as planning progresses.

CALENDAR OF EVENTS

August 2011

August 25-27, 2011
8 AM - 5 PM

UW ICD-10 Code Set Training

September 2011

September 16, 2011

WSHIMA Board Meeting
Group Health - AMB C216

November 2011

November 18, 2011

WSHIMA Board Meeting
Group Health - TBD

January 2012

January 27, 2012

WSHIMA Board Meeting
TBD

March 2012

March 16, 2012

WSHIMA Board Meeting
TBD

April 2012

April 19-21, 2012

2012 WSHIMA Annual Meeting
Marriott Seattle Airport

July 2012





July 13, 2012

AHIMA Leadership Conference
Chicago, Illinois





July 14-15, 2012

AHIMA Leadership Conference
Chicago, Illinois

MISSION

-  A code of ethical health information management practices
-  The public's right and high-quality health information
-  The celebration and promotion of diversity
-  Innovation and leadership in advancing health information management practices and standards worldwide

VALUES

-  Advocates public policy that advances HIM practice
-  Provides career, professional development and practice resources
-  Facilitates achievement of standards and provides education opportunities
-  Facilitates member communication



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President Elect **Gwen Hughes**

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2nd Year Director **DeeDee Adams**

1st Year Director **Amy Bledsoe**

Chief Delegate **Bill Thieleman**

Delegate **Marci Vanderbosch**

Delegate

SHIMA Representative **Jeremy Doyle**

TAHIMA Representative **Helen Conroy**

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INHIMA Representative **Nancy Knight**

Education

Legislative / Advocacy **Betty Doyle**
Marsha Steele

Coding & Data Quality **Rik Lewis**
Sally Beahan

Membership **Donna Wilde**
Deb Jurgenson

2012 Annual Meeting **Marci Vanderbosch**

Evergreen Bulletin **Gloria Anderson**

History

Bylaws

Nominating

Central Office **Joyce Duffy**