

News & Views

December 2006



President's Message

Dear Fellow NHIMA Members:

I wanted to take this opportunity to update you on the 2006 AHIMA House of Delegates vote on inclusive membership and some of the reasons your NHIMA delegates voted for the amendment. Some of the points we considered significant are outlined as follows:

The AHIMA National Convention is over, the House of Delegates vote was taken, and inclusive membership was voted in. When the Nebraska delegates—Kari Eskens, Stephanie Taylor, Ranae Hug, and I—left for the 2006 House of Delegates on October 7, we had informally discussed that we would be voting against inclusive membership. Instead, after hearing a tremendous amount of discussion, both for and against, your Nebraska delegates voted for the inclusive membership amendment.

So, what made us change our minds on such an important issue? Although we thought we had basically decided how we would vote, we attended the inclusive membership focus sessions offered by the House and diligently listened to further information and pros and cons of the issue. These sessions were for members to express their views and their concerns or their support of the inclusive membership issue. The more we listened, the more we were convinced that the time was right for inclusive membership for our profession.

We discovered that Massachusetts was introducing an amendment to modify the bylaws to require that the president-elect, president, and past president of AHIMA be AHIMA-approved credential holders. This amendment was to be voted on prior to the inclusive membership issue. We felt that this amendment along with the recent requirement that the majority of members of the AHIMA Board of Directors be AHIMA-approved credential holders helped reinforce the importance of our credentials now and into the future.

Another discussion point revolved around the question "What are we afraid of?" Some current members seemed to believe that we would suddenly be inundated with a large number of new non-HIM non-credentialed active members who may not have our profession's best interests at heart. This seemed highly unlikely since in 2005 only 5,000 of our 50,000 members (10%) had been in the old associate category. However, regardless we should be embracing other professions and encouraging partnerships with them. As discussed in the House focus sessions, the HIM landscape and profession have changed dramatically in the past 10 years and have become much more complex which demands that we work with other professions to succeed in HIM initiatives. For example, with the EHR we need IT involvement. By partnering with IT and opening the door to include them in our professional organization, we will help solidify our importance to the development and implementation of the EHR and future computer concepts.

Additional discussion regarding inclusive membership centered around more members for small states, increased conference attendance, and the fact that CSAs still elect their delegates and, therefore, do have a say at the national level.

So, after careful consideration of the pros and cons of the above points and all discussion, your four delegates met just before the House vote and determined that inclusive membership was in the best interest of our profession and our organization. We all felt that inclusive membership would strengthen our professional influence, allow for growth in the number of HIM professionals to meet future labor demands, and expand our own professional knowledge by partnering with other professions. We then voted for inclusive membership during the House of Delegates vote. We believe this will serve our profession well into the future.

I leave you now on a lighter note. I wish each of you the best of holidays and a happy new year.

Donna A. Keller, RHIT

2006-2007 NHIMA President



Inclusive Membership - FAQs

AHIMAs 2006 Membership Changes

During its October 2006 meeting in Denver, CO, AHIMAs House of Delegates approved changes to the association's membership categories. The changes were the subject of much discussion online in chats, the AHIMA Communities of Practice, and in Team Talks and state meetings. Here's an overview of some important points.

What are the changes approved by the HOD?

The House first approved a motion to modify the bylaws to require that the president-elect, president, and past president of AHIMA be AHIMA-approved credential holders. The motion was approved by two-thirds majority vote.

Next, the House approved an amendment to the AHIMA bylaws which eliminated the associate membership category and defined active members as individuals interested in the AHIMA purpose and willing to abide by the Code of Ethics. The change removed the requirement that active members hold an AHIMA certification in good standing. The bylaw change also required the majority of members of the Board of Directors to be AHIMA-approved credential holders. It also eliminated the associate membership category for component state associations.

How was the vote taken?

The motion was approved by a vote of 143 to 70. AHIMA's bylaws stipulate that approval of an amendment to the bylaws require two-thirds majority of the votes cast. Votes were cast by what is known as a standing counted vote, in which proponents and opponents are asked to stand in turn. The voting followed official rules as advised by a registered parliamentarian.

How do delegates decide how to vote on issues like this?

AHIMA asks its delegates to dialogue, deliberate, and act for the betterment of the membership, the profession and the Association. Delegates are expected to use critical and strategic thinking, basing decisions on knowledge and dialogue. Dialogue with members of their state is very important, and so is dialogue with members of other states, with fellow delegates, with members of the board and AHIMA committees and councils, and with respected opinion leaders -- particularly on issues with association-wide impact. Member input is important, AS is information gleaned from environmental scans, healthcare trends, work force trends, data, etc.

All of this data collection and critical decision-making is consistent with the Houses decision-making tool, Roberts Rule of Order.

What does this outcome mean for members?

The bylaw change grew from the vision of a future in which all active members have a say in the direction, leadership, and future of the association, whether or not they have a credential. Despite the membership category change, AHIMA members will continue to receive the same benefits of membership that they always have.

All of the processes by which AHIMA is governed remain the same. Each year AHIMA members vote to elect leaders to the AHIMA Board of Directors, the Commission on Accreditation for Health Informatics and Information Management Education, and the Council on Certification. The ballot is determined by the Nominating Committee, the majority of whose members are elected by the House of Delegates. Voting decisions continue to be in the hands of members who exercise their right to vote.

In addition, as a result of the October vote, the bylaws now require that the president-elect, president, and past president of AHIMA be AHIMA-approved credential holders and that the majority of members of the Board of Directors be AHIMA-approved credential holders. All the above changes will be in effect for AHIMA's 2007 election.

With the change in bylaws, some former associate members who are now active members may wish to volunteer for state or local organizations. This may be to the benefit of many organizations that are seeking volunteer help. State or local associations may wish to reach out to these members and involve them with, for example, meeting planning, CoP facilitation, or committees and task forces.

What's the difference between certification and membership?

Credentials are and will continue to be an important way of demonstrating HIM expertise, especially to employers. AHIMA has targeted employers with marketing the value of our credentials with noted success. Recent employer research indicates that the presence of a credential matters to potential employers.

All individuals (members or not) who hold AHIMA credentials are required to maintain their credential through continuing education (CE). Credential holders are also required to pay a CE maintenance assessment or fee. This fee is not the same thing as membership dues. CE maintenance fees cover expenses for certification and tracking of CE units, while membership dues allow access to the many AHIMA benefits, products, and services.

An individual's CE requirements are a function of which, and how many credentials they hold, not their membership status. There is no requirement for CE associated with a membership category -- the CE requirements are tied to the credential, as they always have been.

AHIMA intends that HIM credentials will still represent the highest mark of achievement for HIM professionals. AHIMA continues to promote the value of membership to credentialed non-members and to promote the concept of lifelong learning to all members, whether they have a credential or not.

This next year will be a transition period in which these changes are implemented. We will be providing state leaders with a variety of information resources to assist in implementing these changes. Please let us know how we can best assist you.

**The NHIMA Membership List is no longer printed in News & Views.
However, the NHIMA membership list can be emailed to NHIMA
members. Request your list by emailing the NHIMA Central Office at
kim@consulthi.com.**

2006 NHIMA Scholarship Recipients

Alison J. Otte (Harms) RHIA, CTR is pursuing her Master's degree in Public Health, with concentration in Health Education, from the University of Nebraska in Omaha. She stated in her application that as she "continues [her] studies for a Master's in Public Health, she routinely sees how HIM and public health tasks are inter-related. For example, working with electronic transfer of health data and consumer access to information, protecting the confidentiality and security of sensitive patient information, taking an active role in policy writing and management of regulatory principles and practices, performing research and statistical analysis, and continuous evaluation of services provided. Her undergraduate education in HIM has built the groundwork or foundation from which her public health skills are growing."

Michelle Talmon, RHIT is completing her Bachelor of Science Degree in HIM at the College of Saint Mary in Omaha. She wrote she "chose the HIM profession because it is a field with various job opportunities in different health care settings...HIM will allow her to experience new challenges and use her educational background to better serve the health care community. She enjoys the HIM profession because it allows her to use her organizational, problem-solving, and critical thinking skills."



Things Hospitals Can Do for Doctors

By Charlene Tilson – Past President

I recently attended the Baird Holm 2006 Health Law Forum in Omaha and one of the presentations was entitled “10 Things Hospitals Can Do For Doctors.” I wanted to share part of this presentation by John Holdenried with you, which addressed “providing software and training with respect to electronic health records”. Mr. Holdenried stated this safe harbor and Stark exception became effective October 10, 2006. This standard includes donation of E-HR software, information technology, and training services but does not include hardware. The physician must pay at least 15% of the cost (with no loan from the hospital), must include an e-prescribing component, and is effective until Dec. 31, 2013.

Also the software must be inter-operable, cannot include staffing the physician offices or items and services primarily used to conduct the personal business of the physician, and the physician cannot make the donation a condition of doing business with the hospital. If, for example, a “scheduling system” was part of the software, that component must be “carved out” and paid by the physician.

As we all go forward toward an electronic health record in our organizations/facility, this new safe harbor and Stark exception should give many small physician offices an opportunity to partner with hospitals to develop cost-effective medical record integration strategies.

25+ Year AHIMA/NHIMA Members

25+ year members of AHIMA/NHIMA were recognized at the Fall Conference in Omaha. Each of these members received a certificate of recognition and a clock.

Phyllis Jensen	Katherine Bongers	Peggy Wolff	Nancy Tuma
Kathleen Gurnett	Janet Dooley	Kathleen Pitch	Judith Puetz
Lois Givens	Mary Meysenburg	Mary Adams	Connie Anderson
Patricia McPherson	Pamela Jacobsen	Phyllis Dicke	Rita Fish
Dolores Preisinger	Judy Meyer	Thomas Cleary	Linda Miller
Kathleen Bassett	Maxine Penn	Judith Schamp	Kathleen Storbeck
Susan Dittman	Donna Keller	Joan Slizeski	Mary Nightingale
Colleen Classen	Clarice Kulceski	Erma Jean Heine	Darrel Voegler
Theresa Schlautman	Kathleen Loschen	Linda Coulter	Pam Sweeney
Elizabeth Pfeifer	Susan Grennan	Linda Weeks	Pam Koch
Victoria Parsons	Charlene Dunbar	Pamela Thoeming	Katherine White
Judy Althouse	Jean Scharfenkamp	Monica Seeland	Yolanda Jimenez
Joan Kluck	Sue Petersen	Debra Bylund	Carolyn Gray
Ellen Jacobs	Leslie Westover	Wanda Meyer	Barbara Hanson
Mark Schwartz	Denise Trumbo	Marsha Feldman	Kathaleen McCiellen
Julie Hansen	Constance	Elizabeth Morse	Karen Everitt
Bettie Akerson	McDonnough	Joyce Cameron	Teri Howard
Barbara Seefus	Patricia Smith	Beverly Gabel	Ruth Cover
Connie Scott	Nancy Thygesen	Marlene Rodysill	Retha Hudkins
Jeanette Black	Diann Goetz	Rosemary Borghoff	Carol Tyler
Barbara Clark	Luwana Trumble	Ann Hanigan	Jan Niles
Marie Starbuck	Katie Bradley	Mary Jo Fike	Cindy Smith
Diane Sutko	Dorothy Suhr	Sara Holoubeck	Jane Carrothers
Beverly Loomis	Sandra Smith	Julia Maurer	Carolyn Tipton



NHIMA Spring Conference - April 19 & 20, 2007 Ogallala, NE

The NHIMA Spring Conference will be held on April 19th and 20th at the Grey Goose Lodge in Ogallala.

The theme or main focus of the conference will be the electronic health record which includes remote coding, Legal EHR, etc. Some of the presentations (subject to change) we have secured so far are as follows:

Chris Meyers, Regional HIMS Director of Banner Estrella Medical Center, Phoenix, Arizona will be speaking on EHR implementation/Franchise Model. She will also be speaking about Scanning do's and don'ts.

Pat Henrickson, Corporate Compliance Officer, Banner Health will be speaking on "Life after HIPAA".

Both Chris and Pat are National Speakers.

Kristine Gates, J.D. will be presenting issues relating to the Legal EHR. Kristine is giving a presentation in Omaha on this same subject in January, 2007.

Julie Smith, RN from CIMRO will be speaking on the DOQIT program and implementation of EHR's in the Physician Clinic setting.

Pam Vulgamott, RN and Ranae Jestila, IT Analyst will be speaking on Physician Clinic EHR

implementations and will be sharing their experiences.

Kim Woods is the project manager for the RHIO in Western Nebraska and will be presenting an update.

Dr. Mark Chu is an employed physician at Ogallala Community Hospital and he will be speaking on alternative medicine and acupuncture.

There will be a networking session on the evening of the 19th and local tours of Mansion on the Hill and other historic areas in Ogallala available.

There are a block of rooms secured at the Grey Goose Lodge at reduced rates of \$49.95 for single/double, triple \$54.95 and Quad \$59.95. You may call 800-573-7148 to make your reservations and refer to the "NHIMA" group to receive the discount. Reservations must be made by April 4, 2007 to receive the discount. You must notify them of any cancellations 24 hours prior to arrival to avoid a penalty.

If anyone would like to contribute ideas or comments to the planning process or become a member of the planning committee you may contact Ranae Race at 308-284-7277 or email her at ranae.race@bannerhealth.com

Welcome to New NHIMA Members

Andrea Guess
Pam Johnson
Katherine Otte, RN, BSN
Amy Gomez
Cheryl Vasquez
Melissa Onstead

Deborah Davis
Byers Shaw, Jr.
Teresa Morris
Linda Hanneman
Terry Rose

Terry Schefcik
Lauren Drury
Michaela Tesar
Cheryl Allard
Jennie Wesely
Stephanie Tonniges



Member News

Advance for Health Information Professionals has named the HIM Department at Children's Hospital of Omaha the "2006 HIM Team of the Year."



Announcing the 2006
**HIM TEAM
of the Year**

Children's Hospital of Omaha, NE,
comes out on top. >>

NHIMA Member 5 Year Anniversaries

The NHIMA Board would like to recognize individuals who have been longstanding members of the NHIMA.

40 Years

- Patricia McPherson
- Lois Givens

35 Years

- Marie Starbuck
- Barbara Clark
- Jeanette Black
- Connie Scott
- Barbara Seefus

30 Years

- Linda Coulter
- Erma Jean Heine
- Joan Slizeski
- Judith Schamp
- Thomas Cleary
- Phyllis Dicke
- Mary Adams
- Kathleen Pitch
- Peggy Wolff

25 Years

- Carolyn Tipton
- Jane Carrothers
- Jan Niles
- Cynthia Smith
- Carol Tyler
- Retha Hudkins
- Ruth Cover
- Teri Howard
- Karen Everitt
- Kathaleen McClellen

20 Years

- Monica Herman
- Patrick Gurnett
- Paula Graham
- Theresa Luetkenhaus

15 Years

- Kathleen Carlow
- Michelle Woodgate
- Suzanne Kahnk
- Barbara Guenther
- Lori McLucas
- Kellye Miller
- Mary Cantwell
- Marci Baker
- Kathleen Gabrie
- Shirley Carmichael
- Lisa Ackerman
- Mary Thomas

10 Years

- Susan Oman
- Renee Huntley
- Michelle Ilsley
- Michelle Wessel
- Pamela Moore
- Jan Alm
- Melody Cackin
- Dianna Wilhite
- Linda Kathol

5 Years

- Kara Lytle
- Nancy Prunty
- Denise Sinsel
- Sheila Anderson
- Heather Gonzales
- Kathryn Davey
- Susan Muller-Joy
- Karen Anderson
- Nancy Ebben

Nebraska's Ranae Race is on AHIMA Workgroup

By Ranae Race

I have the opportunity to be on an AHIMA Workgroup called "Assessing Quality and Improving Documentation in the EHR". The groups' goal is to create the importance of assessing and auditing the EHR for data quality including best practices for implementation of an EHR documentation improvement process including a set of tools that will enable members of the industry to measure, improve and validate the quality of health record documentation. I was honored to be chosen to be on this workgroup and at the same time was a little intimidated as there are peers from all of the United States and Canada. At first I wondered how I might contribute, as I am just this little ole person from Ogallala, Nebraska but I soon found out that we all have our strengths and we were able to bring many different ideas to the table.

We began our charge in August and met via teleconference every Thursday for one hour. We just concluded our meetings last week. I had the opportunity to assemble all of our hard work for team B into a draft "Practice Brief" which I presented at our last meeting. We were divided into two teams, team A and team B - both teams had been given their deliverables and they met separately each week until the last few weeks when we came together to collaborate on each others deliverables. We will be combining both team A and team B's work into an awesome document with lots of resources that will apply to all types of organizations. We use the Communities of Practice (COP) to post, respond, and place our ideas and comments.

What a wonderful learning experience this was for me. I am so glad I responded to the call for volunteers when AHIMA put out their request last summer. I would recommend volunteering on these workgroups because you get back ten times over what you give and you have the opportunity to network with so many wonderful people. So look for the Practice Brief sometime next year in the AHIMA Journal or on the AHIMA website.

NHIMA Coding Roundtable Report

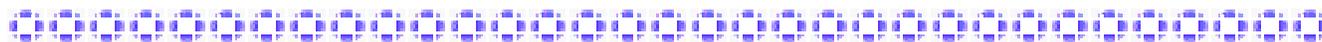
By Theresa Rihaneck, Chair

The NHIMA Coding Roundtable sponsored a beginning ICD-9-CM coding workshop in early November. The workshop utilized the telehealth network and was telecast to Norfolk and North Platte from the Grand Island site. We had an overwhelming response to the workshop. There were fifty-six registered attendees, twenty-one of which were NHIMA active members. The workshop was worth 6 free continuing education credits to active NHIMA members that attended.

We would like to thank the telehealth coordinators who assisted us at the sites. A special thank you is sent to Pam Koch for donating her time to teach the workshop.

There were a few technical difficulties, but using this system was a good way to get the NHIMA's name out there. We were glad for the opportunity to reach out to people who may not know who we are or what we do while at the same time providing a membership benefit.

If you have a suggestion for a future workshop topic or have a coding question, please post them on the Geographic Nebraska CoP or email them to Theresa Rihaneck at trihaneck@nebraskamed.com. We need member participation to make the Coding Roundtable a beneficial group. We appreciate those who joined in for the workshop.



Nebraska HIM Professionals Credentialed in September/October/November

Alexa Arends, RHIA
Cynthia Beatty, CCS-P
Pamel Britsch, RHIT
Robin Buettenback, CCS-P
Cynthia Carlson, CCA
Brittany Coryell, CCA

Phyllis Dicke, CCS
Heide Epley, CCS
Sara Fuerhoff, RHIA
Peggy Jones, CCS
Crystal Kellen, RHIA

Colynne Manning, CCA
Karin Paasch, CCS
Elizabeth Peterson, CCS
Gary Sorensen, CCA
Kathy Stratman, CCS
Becky Sue Thorson, CCS

Disclaimer: Names are obtained from www.ahima.org/certification

Communities of Practice – FAQ

Q – How do I know when a Community has been updated?

A – On the Nebraska Geographic Community home (or any other community), go to the top of the page and click on **Notifications**. Here, you will be able to designate which items you want to be notified about and how often.

NHIMA Policy & Procedure Revisions

The following policies were revised at the November 3, 2006 Board of Directors meeting:

1.50 Treasurer – Updated to include filing of IRS Form 990.

2.30 Bylaws – Updated to remove committee references.

3.70 Mailing Labels – Updated to reflect labels only will be purchased or given out for appropriate purposes.

All policies are available for review in the Nebraska Geographic Community of Practice, Resources section (click “View All” and then choose to view the NHIMA Policy Manual).



The Nominating Committee is looking for Nominees for 2007 Ballot. If you are interested or know someone else who would serve the NHIMA well, contact Peg Wolff by email at pwolff@wncc.net or by phone at 308-632-6064.

Nebraska Long-Term Care Stakeholders Partnering to Engage Nebraska's Nursing Homes, Consumers in New National Quality Campaign – *Advancing Excellence in America's Nursing Homes Campaign Aims at Accelerated Improvement, Resident and Staff Satisfaction*

Nebraska nursing home associations, government leaders and consumer advocates are working to urge the state's 231 nursing homes to volunteer for a new, two-year national campaign aimed at accelerating the rate of quality improvement in nursing homes across the country.

Achieving high quality care has been a priority for the nursing home community for many years and many of the campaign's founding organizations have existing quality initiatives. *Advancing Excellence in America's Nursing Homes* builds on the work and goals of existing efforts, such as the Nursing Home Quality Initiative, Quality First, the Campaign for Quality Care and other important initiatives.

The *Advancing Excellence in America's Nursing Homes* campaign kicked off on September 29, 2006 at a national Nursing Home Quality Summit in Washington, DC. The voluntary campaign targets eight measurable clinical quality and organizational improvement goals on which nursing homes can work to improve their quality of care. Consumers are also invited to join the campaign. Registration and information are available at the campaign Web site, www.nhqualitycampaign.org. The campaign is newly underway; the Web site will be updated as new information becomes available.

There have been important improvements in the quality of care in Nebraska's nursing homes since Medicare began publicly reporting on clinical quality nearly four years ago. The new campaign aims to accelerate improvement to ensure that every resident is getting the best care possible.

Campaign leaders in Nebraska say that voluntarily signing on to work on at least three of the eight campaign goals is an important way for nursing homes in our state to demonstrate that high quality is a top priority.

The campaign is different from existing national quality initiatives in several respects. It encourages consumer involvement as an important aspect to achieving success. Consumers can help advocate about the importance of expecting high quality care and encourage nursing homes to voluntarily participate and raise awareness in their communities.

The campaign also acknowledges organizational culture elements, such as the critical role of consistent nursing home staffing and resident and family satisfaction for improving care. The campaign Web site will also offer free technical assistance and guidelines for participating homes.

The campaign will rely on Local Area Networks for Excellence (LANE) to disseminate information and encourage participation at the local level. In Nebraska, AARP, Alzheimer's Association of the Great Plains, CIMRO of Nebraska, Nebraska Aging Enrichment Coalition, Nebraska Association of Homes and Services for the Aging, Nebraska Health and Human Services, Nebraska Health Care Association, Nebraska Hospice and Palliative Care Partnership, Nebraska Hospital Association, Nebraska's Long-Term Care Ombudsman Program, Nebraska Medical Directors Association, Southeast Community College - NH Administrator Program and others are working together to support the campaign by lending leadership, organizational, technical and communications expertise.

For more information about the *Advancing Excellence in America's Nursing Homes* campaign, visit www.nhqualitycampaign.org or contact Suzie Harder, RN, BSN, MEd, CIMRO of Nebraska Nursing Home Quality Improvement Manager, at 402/476-1399 or via e-mail at sharder@neqio.sdps.org.

This material was prepared by CIMRO of Nebraska, the Medicare Quality Improvement Organization for Nebraska, under contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 8SOW-NE-NH-0750



Resources for better healthcare

President (Delegate)	President-Elect (Delegate)
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Legislative Committee.....	Anne Skinner
NHIMA Guide for Privacy, Retention & Disclosure of Health Information	Pam Koch
Nominating Committee	Peggy Wolff
Archivist	Retha Hudkins
Spring 2007 Conference Committee	Ranae Race
Fall 2006 Conference Committee	Mary Meysenburg
Coding Roundtable.....	Theresa Rihanek
Professional Promotions	Alison Harms

2006-2007 Corporate Members



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