



Call for Volunteers: Medicaid RAC Proposed Regulation Participation

The Centers for Medicare and Medicaid Services (CMS) issued a proposed regulation on November 8, providing guidance to states related to federal and state funding of state start-up, operation and maintenance costs of Medicaid Recovery Audit Contractors (RACs). AHIMA is soliciting volunteer members to participate in the review and comment regarding how the implementation of Medicaid RACs will impact the HIM profession. If you are an Active member of AHIMA and would like to contribute your voice in this effort, please contact AHIMA's Director of Federal Relations at allison.viola@ahima.org.

7 Hot Healthcare Buzzwords for 2011

Excerpted from a Nationally Recognized Media Literature Company newsletter. With rapid changes in healthcare comes a new vocabulary with terms and phrases that almost everyone in healthcare should know:

1. **Creative Destruction.** The oxymoronic phrase that's derived from economic theory refers to the healthcare idea that in order to create a new healthcare system, we will have to tear down the old one, as referenced in a Nov. 11 article about accountable care organizations in the New England Journal of Medicine by Robert Kocher, MD, and Nikhil R. Sahni of the McKinsey Center for U.S. Health System Reform and the Engleberg Center for Health Care Reform. Kocher and Sahni say that under the healthcare reform legislation "the next few years will be a period of what economists call "creative destruction": our fragmented, fee-for-service health care delivery system will be transformed into a higher-quality, higher-productivity system with strong incentives for efficient, coordinated care."
2. **HAIs** --- Getting to Zero. This phrase also is not new to the lingo, but it is destined to become a hallway mantra in 2011, as healthcare-associated infections are about to be factored into how much hospitals receive in their reimbursement. Hospital-acquired infections are a leading cause of death, added cost, increased morbidity and length of stay. And they are often quite preventable.
3. **Teachback.** Because patients are sick, sleep-deprived, stressed, tired, distracted and confused, they don't understand much about what they're being told during their healthcare experience. That's why providers are increasingly being re-trained to take a lot more time to make sure patients and/or their authorized significant others and caregivers understand what they need to know to continue their recovery. In many hospital and clinical settings, patients are being asked to repeat back what has been said to them to make sure they understand it, or "teach it back" to the provider. Patients are being given written instructions and asked to read those back too. A nod of the head is not okay.
4. **Pink Fatigue** or **Pinkification.** The plethora of pink – in commercialized products, quasi-athletic events, advertising, pink product placement – may result in overkill and a trivialization of the search for better treatment or a cure for breast cancer. Some bloggers have rightfully asked whether pink buckets of Kentucky Fried Chicken really send the right message. Pinkathon publicity campaigns also may tend to minimize the sometimes equally significant risks of obesity and heart disease to these same patients.

5. **Sat Scores.** We're not talking about tests that measure scholastic aptitude. Increasingly heard in hospital hallways, clinic and physician waiting rooms, and even emergency departments---is whether the patient will give a positive answer when he or she is asked if the healthcare experience was satisfying. Providers soon will receive federal payments based on whether their satisfaction 'sat' scores were better than their competitors'.

6. **Respectful Crisis Management.** Sometimes, providers make very big mistakes. But how healthcare systems respond to these unfortunate events can determine whether the next mistake is prevented, or whether it embitters staff, family, the public and the community in a toxic cloud of mistrust and blame. This term actually represents a growing area of scientific research to find the best management strategies that provide productive responses to a critical healthcare error. Responses that unify the team to acknowledge and mitigate harm & prevent a similar mistake from occurring are the ones to adopt. No one benefits if those who made the mistake are so afraid, they won't dare explain what factors contributed to their making it.

7. **Checklists.** Look for increasing agreement that these strategies – step-by-step protocols for catheter insertion or time-outs and counts in surgical procedures to prevent adverse events and infections. While there is some objection from providers who say that checklists' success are primarily attributable to a "Hawthorne" effect, (which holds that people perform better when they know they are being watched), don't expect those naysayers to block this trend.

Member Spotlight: Michele Skinner, RHIT, CCS, CPC is the current President of RIHIMA and Past President many times over. Michele has worked literally all over the country and brings with her nearly 30 years of HIM experience including Coding, Transcription, and Processing management. She also is certified as a trainer for ICD-10 by AHIMA.

Michele currently is the Director of HIM and Privacy Officer at Good Samaritan Med. Ctr, which is part of the newly created Steward Healthcare System(formally Caritas Christi). She also teaches HIM Management, Billing, and Coding classes at the CAHIIM credentialed Laboure College in Boston.

A little known fact is that Michele's husband is finishing up his degree in HIM and her sister is also a HIM professional (RHIT/CTR), so speaking "in code" is not unusual at a family function.

Michele is always looking for new and exciting ways to educate our members and tries to bring the 'Hot Topics' to the forefront of our meetings.

She is the Chair of the President's Oversight Committee for the 6 States Annual Convention and works very closely with the other NE state presidents to create an educational program each year that allows our region to be the most informed on the current HIM issues and new technology available.

She can be reached at Michele.skinner@caritaschristi.org or 508-427-3186



Dr. David Blumenthal discusses EHR Incentives:

National Coordinator for Health Information Technology Dr. David Blumenthal with a health reporter about EHR incentives, meaningful use and certifying the certifiers.

You've said in the past that widespread EHR use will happen no matter what. In that case, were incentives necessary?

Blumenthal says the idea that EHR use is inevitable is his opinion, but adds, "I think it's accurate, based on my observations of what med students and residents are doing right now." However, most of the providers in practice now, who will continue to be in practice for a very long time, likely won't use the technology without incentives, Blumenthal notes. He says incentives help in "speeding up/taking advantage of technology that will be used over the next decades, and making it more valuable."

There are market failures in the health care system and specifically in the health IT realm, Blumenthal says. "We don't reward performance ... we don't reward those who quickly improve performance." In such an atmosphere, "big investments made by small institutions are the least likely to be made. If you just wait for the market to work its way, you'll wait a very, very long time."

How big of an effect will the incentives have?

Incentives are already having a "major effect" and have changed the conversation about EHRs, Blumenthal says. Providers are now asking themselves, "How do I line up with the federal program?" They are also making purchasing and IT-use decisions they otherwise wouldn't have made.

Will EHR certifiers be subjected to ongoing recertification themselves?

"We are in the process of finishing a regulation to create a permanent certification process that will replace the temporary one," ... "I anticipate that accreditation will come with a time limit -- you won't be accredited infinitely."

Presidential Council Recommends New Road to Interoperability

Last week in a press conference, the White House released a report from the President's Council of Advisors on Science and Technology (PCAST), "Realizing the Full Potential of Health Information Technology To Improve Healthcare for Americans: The Path Forward." The report both praised the current efforts of HHS and ONC toward achieving electronic health records and health information exchange, but also criticized both for the direction they were taking to achieve interoperability. The 91-page report then recommended a technology for what it called a "integrated health IT ecosystem" by using a "universal exchange using metadata-tagged elements" and a "data element access service." AHIMA's response to this is as follows:

CHICAGO--The American Health Information Management Association congratulates the President's Council of Advisors on Science and Technology (PCAST) for the release of today's report that envisions the critical role electronic health records (EHRs) must play in improving healthcare as well as the Council's advocacy for the positive impact integrated EHRs can have on advancing the delivery of high-quality healthcare services. AHIMA agrees that this is an appropriate time for the PCAST recommendations to be made and now discussed. The goals stated by this Taskforce mirror those of AHIMA's more than 60,000 professional health information management practitioners to achieve universal use of EHRs and a nationwide health information exchange (HIE) that does not jeopardize the protection, confidentiality and security of an individual's health information. AHIMA will, as requested by the Office of the National Coordinator for Health Information Technology (ONC), conduct a thorough review of these recommendations trusting that the federal government and the healthcare industry will also look at these requirements as applied across the healthcare industry and not just those entities that can qualify for Meaningful Use incentives.

In the first four days since its launch, about 4,000 healthcare providers initiated registration for the electronic health record incentive program, according to CMS. The agency provided the preliminary count as of Jan. 6. On an interesting note, I e-

mailed our CMS Regional Office contact to ask about plans for the eligibility of other health care providers because we all want to be "no child left behind" and the call I received from them on 1/10/2011 indicated only that we can band together through our individual provider leadership groups, i.e. AAHSA, to push for the inclusion of other provider types. They said it was an issue of budgetary restraints. -Marlene

From December: Can You Name these Holiday Carols? How did you do?



Deck the Halls

Walking in a Winter Wonderland

Noel (No "L")

NIST Issues RFI on Effectiveness of Federal Agencies in Standards Development

The National Institute of Standards and Technology, on behalf of the National Science and Technology Council's Sub-Committee on Standards, invites interested parties to provide their perspectives on the effectiveness of Federal agencies' participation in the development and implementation of standards and conformity assessment activities and programs through their Request For Information. The Sub-Committee is specifically interested in comments that address questions as they relate to the following technologies: Smart Grid, Health Information Technology, Cyber Security, Emergency Communications Interoperability, Radioactivity Detectors and Radiation Monitors and Other technologies. Participation in standards setting Comments are due February 7 and more information on this program can be found at the [Federal Register](#).

Did You Participate in the AHIMA Free Webinars Kick Off Final Year of HIPAA Transaction Compliance, held January 11-13th? Reference: To assist with compliance, AHIMA is supporting an education effort, "Get Ready 5010." The webinars featured speakers from the Centers for Medicare & Medicaid Services (CMS), provider and payer organizations, and discussed: The current level of readiness and plans for testing; How to prepare for testing and Version 5010 basics for newcomers. If you did, please let one of OUR RIHIMA Board of Directors know. Thanks!

ATTENTION RIHIMA MEMBERS, WE NEED YOU! The RIHIMA Board is asking you to seriously consider becoming more active in the leadership of RIHIMA. In order for RIHIMA to continue its growth and activities, please consider submitting your name as a possible nominee for election or participation on a project or committee. Join the RIHIMA COP (Community of Practice), if you have not already done so- and look for further information in upcoming Newsletters.

SAVE the Dates! Friday, January 28th RIHIMA Winter Meeting 8:30 -12 Noon @ Kent Education Room. Registration is due now!!! Hurry and join us....

Friday, March 25th RIHIMA Spring Meeting @ Kent Education Room

- Monday, March 28 Winter Team Talks, Capital Hilton, Washington, DC**
- Tuesday, March 29 AHIMA's National Hill Day**
- Wednesday, April 6, Coding Roundtable @ Kent Education Room**
- NE HIM Conference, May 1-4 @ Mohegun Sun**
- Wednesday, June 8, Coding Roundtable @ Kent Education Room**
- Thursday, July 7, Coding Roundtable @ Kent Education Room**
- Thursday, August 11, Coding Roundtable @ Kent Education Room**
- Fall RIHIMA Meeting, tbd**
- AHIMA sponsored Academy for ICD-10-CM/PCS September 19 -21, 2011**
- Thursday, September 22, Coding Roundtable @ Kent Education Room**