

2010 Convention Wrap-up

Save to myBoK

AHIMA held its 82nd Annual Convention and Exhibit September 25–29 in Orlando, FL. Attendance this year reached a high water mark that matches the best-attended conventions from previous years such as Seattle and Philadelphia. More than 5,000 practitioners, educators, students, and exhibitors came together to share ideas, challenges, and solutions and hear about some of healthcare’s hottest topics from industry experts.

A full exhibit hall offered a collection of the latest HIM products and services. Attendees also had multiple opportunities to socialize, network, and catch up with colleagues.

AHIMA thanks all the members, exhibitors, and corporate partners who made this year’s convention a successful, educational, and enjoyable event!

Save the Date for 2011

Join AHIMA next year for the 83rd Convention and Exhibit in Salt Lake City, UT. The convention will be held October 1–6 at Grand America. Visit www.ahima.org/events/convention for more information.

Hot Topics Yield Rich Discussion for Delegates

On Sunday, September 26, the House of Delegates discussed HIM’s role in EHRs, health information exchange, and regional extension centers, as well as AHIMA members’ definition of the term “health informatics.”

Votes were taken on two issues. A proposed bylaws amendment that would add “informatics” to AHIMA’s name was defeated. Proposed changes to the AHIMA bylaws regarding the way delegates are apportioned to the House also were defeated.

In all, delegates in seven action forums discussed items of strategic importance to members and the association. Each group produced a summary of feedback, which was reported to the House.

The forum on HIM’s role in the EHR and health information exchange identified current challenges with regard to HIE. Another forum focused on ways to improve HIM participation and input in regional extension centers.

More than 60 RECs have been launched nationwide to assist providers with EHR implementation, but not all have HIM participation. Each REC has different implementation guidelines, which causes fragmentation, and the lack of HIM input could result in compliance issues and lack of integrity in the legal EHR, participants noted.

Suggested remedies included appointing liaisons to HIEs and RECs, joining boards of state HIEs or RECs, and contacting key stakeholders as part of CSA Hill Days to advance awareness of HIM’s contributions to the REC environment.

Participants in another action forum delved into a discussion of defining the term “health informatics” for the profession now and in the future. AHIMA’s mission and vision statements now include references to health informatics, said Valerie Watzlaf, PhD, RHIA, FAHIMA, so it is important to explore the term relative to AHIMA.

A literature search and survey of HIM practitioners and educators to define health informatics produced 73 specific definitions, which were boiled down to common themes. Participants in the forum were asked to try to find areas of consensus. Ultimately, the participants felt further feedback and discussion was needed.

Other action forums were Current House action items (i.e., the proposed bylaws changes), Work Force and Professional Practice Experience, Leadership Development/Academy, and ICD-10 Implementation/Training.

Action forum feedback provides AHIMA's Board of Directors, delegates, and members with direction on future actions. The comments will be available online in the State Leaders/House of Delegates Community of Practice.

In addition, members of the House participated in work teams during the meeting. The six teams convened on Sunday morning and reported their findings to the larger group.

Finally, the names of the 2010 nominating committee were announced. The State Leaders/House of Delegates Community of Practice is open to all members. Join this CoP by logging on at www.ahima.org.

Preparing for the Perfect Storm of Regs

On Monday, September 27, Elaine Lips, RHIA, and Deborah Kohn, MPH, RHIA, FACHE, discussed the four big regulatory challenges—ARRA, 5010, ICD-10, and PACA—set to converge on healthcare and their impact on HIM professionals during their presentation “Turning Regulatory Compliance Initiatives into Strategic Advantages.”

ARRA, 5010, ICD-10, and PACA are interconnected, and preparation cannot begin too soon, Kohn and Lips stressed. “Strategic planning must begin yesterday for the convergence of these technical, process, and people issues,” Kohn said. In addition, these changes must integrate with other initiatives that organizations may be in the midst of, such as EHR implementation, she noted.

It is important for HIM professionals to communicate to their organizations that the four initiatives—a “perfect storm”—should be planned for at the same time. “They really are interrelated,” Kohn said. “Your CFO might not think that, but as HIM professionals you need to know that.”

Lips emphasized that organizations should ask themselves if they would rather plan for four separate implementations or one big one. Time, resources, and money will be factors.

As these initiatives converge, HIM professionals will be at the center of the action. Each regulation will change the way HIM works, for instance:

- Meaningful use: HIM departments should prepare for changes to domains like computerized physician order entry and clinical documentation and impact on legal EHR and EHR implementation.
- HIPAA 2: “They’re really starting to enforce it,” Kohn said. “We are raising the bar on expectations.”
- PACA: “Contractors will be conducting medical reviews before paying claims,” Kohn said. “We will have to be ready with all that information prior to payment [if a review is conducted].”

Just as there are consequences for lack of preparation, there are also significant advantages for early compliance. These include more specific coding, improving clinical documentation, more accurate reimbursement, better utilization management and case mix, reducing adverse impact to revenue cycle, and better retention of coders, Lips said. “You can gain operational and strategic advantages in a very competitive marketplace,” she said.

To survive the perfect storm, organizations must prepare for significant impacts to business processes and revenue cycle and information systems that support current clinical operations. The presenters listed six steps to compliance:

1. Develop a strategic process.
2. Perform a technical and operational inventory.
3. Assess readiness and perform a gap analysis.
4. Use ICD-10 to enable change.
5. Analyze costs and prepare a budget.
6. Develop an implementation plan.

Some organizations see compliance as a problem to be solved by vendors. That assumption, Kohn said, is wrong. Organizations need to determine their own compliance, timing, and strategy. “The vendors have nothing to do with your business processes or your workflows,” she said. “Only you know that information.”

The Intersection of HIM and Patient Care

On Tuesday, September 28, US Surgeon General Regina Benjamin, MD, shared how her experience as a family physician in a rural area helped her understand the value of EHRs for public health. As founder and former CEO of the Bayou La Batre Rural Health Clinic in Alabama, she persevered through Hurricane Georges in 1998 and Hurricane Katrina in 2005. The next year, the clinic was destroyed in a fire.

While she had previously thought an EHR was too expensive, she now knew it was a necessity. “We couldn’t afford not to have one,” she said. Getting physician buy-in was not an issue—“they never wanted to dry charts out again,” Benjamin said.

Today, the incentives put in place by the HITECH Act mean that “small practices have fewer reasons to delay” EHR implementation, Benjamin said.

Paul Tang, MD, MS, internist and vice president/chief medical information officer at the Palo Alto Medical Foundation, explained that a transformation of the healthcare system is urgently needed due to escalating costs and the advent of the Baby Boomer population entering the Medicare system.

Tang said that the US spends more on healthcare than other countries, and yet the quality of care we receive trails other countries. In the realm of health IT, adoption of EHRs is not yet widespread.

Part of the opportunity comes with legislation such as the HITECH Act, said Tang, who is also vice chair of the federal Health Information Technology Policy Committee and chair of its meaningful use work group. “Meaningful use is cash for getting something out of HIT,” he said. It also includes clinical quality measures that will help create transformative change, and “most importantly, it brings patients onto the team.”

Beyond health IT implementation, Tang said that any successful re-imagining of the healthcare system needs to take patients’ perspectives into consideration. Beyond a personal health record, people want a “personalized” record that does not define them solely by their health conditions.

Peter Salgo, MD, offered a third perspective on health IT and consumers. For Salgo, a physician at New York Presbyterian Hospital and a healthcare futurist, HIM “will make the difference as to whether the system succeeds.”

In addition to saving money and making care more efficient, health IT has an important role in outreach. “We’ve always viewed medicine as a place for people to get well,” he said. “But we can’t just wait for them to come to us. Our job is not necessarily to cure the sick but to keep people from our community from getting sick in the first place.”

To do that, Salgo said, healthcare organizations must communicate with consumers about wellness, both online and in person. In addition, mining health information will allow us to “use data to see what keeps people healthy and prove that interventions make people healthier,” Salgo said.

For HIM professionals, he said, “all of this will fall on you to manage health information, research data, and to make medical policy on what works and what doesn’t.”

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