



## President's Message

Gloria Litton, RHIA, CCS

It was great to see so many of you at the AHIMA conference in Washington DC in October. We were very lucky to have the conference so close to us this year and many of you took advantage of the opportunity to attend this meeting.

For many of you, it was your first experience at a national meeting and I am sure that you found the many track offerings that were available very impressive and informative. There were topics that were of interest to everyone. We were also lucky to hear from many international speakers from many countries all over the world and to learn about some of the issues that they face and how their issues are similar and different from our own. In addition to the meetings, the conference was host to a record number (219) of exhibitors this year.

VHIMA had 5 representatives in the House of Delegates meeting on the Sunday prior to start of the convention. The results of the voting during this meeting will be discussed separately in this newsletter. This meeting was my first opportunity to partici-

pate in the House of Delegates. It was great to see how the representatives from all the states participate in the decisions made by the leaders of AHIMA. We had many opportunities

**Take advantage of the opportunity to participate and accept any invitations you might receive to volunteer your time and resources**

to give opinions and make suggestions regarding current and future decisions made by the governing body of AHIMA. Again, as in the past couple of years, a large focus is being placed on education and maintaining the educational requirements for the members of AHIMA in the various state component organizations. AHIMA realizes that there is a great need for educational opportunities in the HIM field and limited access by the members to get this education. Based on the HOD representative's input,

decisions about the structuring and offerings of future education will be made.

One of the charges set forth in the HOD meetings was for state leaders to take the lead in the development and implementation of the electronic health records in their organizations. We, as HIM professionals, realize our importance in this endeavor. However, many of our organizational leaders are not aware of our knowledge and the contribution we can make in this technological advancement. It is up to us to make our expertise known in our professional organizations and in the legislature that impacts the development of this technology.

I believe that we, as a state organization, need to become a more active force in the development of electronic health records in our state and nationally. I plan to take this challenge to the VHIMA Board members to determine how we will participate in this endeavor in the future.

As the VHIMA convention volunteers work to plan our annual meeting in May in Williamsburg, I hope that

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## Attention HIM Professionals: Speak Up for ICD-10

As HIM professionals, we realize the many ways coded data is used throughout health-care, and we recognize the urgency of moving forward with ICD-10. We know that modernization of code sets is an essential building block in the future national health information infrastructure. However, many healthcare decision makers not as close to coded data as we are do not share that understanding.

As HIM professionals, we must demonstrate our expertise by taking our message to the


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you will find an opportunity to participate in the planning of this event. There are many jobs, great and small, that need to be done to organize this event. Please take advantage of the opportunity to participate and accept any invitations you might receive from the members of the various planning groups to volunteer your time and resources. Any contribution is greatly appreciated and needed.

Please feel free to contact me with suggestions or if you want to volunteer at [gloria.litton@mjh.org](mailto:gloria.litton@mjh.org) or at (434) 982-7651. I thank you all for the opportunity to represent you at the national meeting and hope that you have an enjoyable and blessed holiday season.

*Gloria*



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**Editor:** Lou Ventura, RHIA

**VHIMA President:** Gloria Litton, RHIA, CCS

# Delegates Debate Issues of Lifelong Learning, Certification

Lifelong learning and AHIMA certifications were at the top of the minds of members of AHIMA's House of Delegates on Sunday [October 10, 2004].

During the meeting, delegates voted on two action items, considered industry hot topics during issue forums, and honored recipients of this year's Triumph Awards.

## Extending the RHIT Progression Window: CoC Proviso Defeated

The House voted down a motion to extend a proviso approved by the 1998 House of Delegates. The initial proviso created a "window of opportunity" that allowed holders of the RHIT credential who were certified on or before December 31, 1999, and who had a baccalaureate degree in any subject to sit for the RHIA exam. The window of opportunity expires December 31, 2004.

The motion would have extended the proviso to say that individuals credentialed as RHITs by December 31, 2005, who also held a baccalaureate degree would be eligible to take the RHIA exam through December 31, 2007.

The motion was defeated by a vote of 128 to 81. It had been submitted by the Council on Certification (CoC), which had been asked by the Board of Directors to examine the issue.

The council provided data to the delegates based on research conducted in 2003 with both educators and members who applied to take the RHIA exam through the proviso. The issue was the focus of "lively, healthy, and passionate discussion" among delegates on Sunday, according to delegate work group chair Michelle Wills, RHIA. Prior to the meeting, the topic also was discussed online in the State Leaders and HOD Community of Practice at [www.ahima.org](http://www.ahima.org).

## Embracing Lifelong Learning: A Resolution

The House also approved a resolution intended to raise awareness and promote lifelong learning to AHIMA members. The resolution, "Embracing Lifelong Learning: The Guiding Principles for Professional Development," updated a previous resolution from an earlier House.

"It really is important to make a statement about who we are and what we do, and a resolution is a way to do that," said AHIMA president Melanie Brodnik, PhD, RHIA, during the meeting. The 2004 resolution is intended to affirm AHIMA members' commitment to lifelong learning and to encourage them to develop a professional development plan that would help them prepare for the e-HIM future.

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# Officer Spotlight

*Introducing "Officer Spotlight," a new feature we plan to run each issue to show a more personal side of the members of the VHIMA Board of Directors, along with their perspective on volunteering. Enjoy!*

## Linda E. Vernon, RHIA, 2004-2005

### President Elect

**Hometown:** Westfield, NJ (moved to Richmond, VA in 1978)

**Fondest childhood memory:** Going to New York City every year with my father over Thanksgiving weekend, which was my birthday, and going to Radio City Music Hall to see the Rockettes.

**Marital status:** Married for 18 years to Bill

**Children:** Sarah, 12 and twin boys, John and Zach, 9

**Pets:** Sir Thomas, the cat (nicknamed Tripod because he lost a leg due to being hit by a car). He truly has nine lives!

**First job:** Worked as a nurse's aide in Labor and Delivery at Overlook Hospital in Summit, NJ.

**First HIM job:** Medical Record Technician at the University of Virginia Hospital in Charlottesville, VA

**Current occupation:** Stay at home mom

**What's your favorite thing about the HIM profession and/or your job?** Meeting new people and learning new things in an ever-changing environment.

**Current VHIMA position held:** President-elect

**Why did you run for/volunteer for this position?** This will be my second time as President of the VHIMA. I am glad to serve again because for me, a stay at home mom, it enables me to keep in touch with the profession. It was rewarding to me the first time and I hope it will be a second time. I enjoy serving on the Board. I have met a lot of friends and continue to meet new ones.

**How much time does the position take from your work and home life?** The only time away from home is going to Team Talks/Leadership Conference, The National and State Conventions, but they are planned in advance so you have plenty of time to prepare the family. Approx. 6-7 hours might be spent a month planning for Board meetings, but hopefully you have delegated some responsibilities to help make your job easier. Remember, Board meetings do not always require travel but are done by conference calls.

**What do you like best about your VHIMA position?** I enjoy interacting with people. I especially enjoy interacting with other HIM professionals throughout the state and country hearing what issues they might have and having the ability as delegate of Virginia to have an impact on a national level.

**Favorite night on the town:** Having dinner with Bill and going to the movies.

**Favorite food:** Pasta

**Favorite drink:** Diet Pepsi but I do enjoy an occasional glass of wine at the end of the day.

**Favorite movies:** I enjoy movies with Richard Gere and Meg Ryan. I recently saw "Shall We Dance?" and just loved it! I also like the movie "You've Got Mail." Richard Gere in the movie said

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## Lee Murray, RHIT

### 2004-2005 Membership Chair

**Hometown:** Technically, Virginia Beach; emotionally, Cumberland, VA

**Fondest childhood memory:** Christmas – no matter what ridiculous thing I asked for (a kitchen floor, a fireplace, a mink), my parents always found some way to fulfill it.

**Marital status:** Single

**Children:** None

**Pets:** Two geriatric kitties, Ellie and Beastie, reside at the Murray feline nursing home, where they are pampered and spoiled rotten!

**First job:** Cashier at "gift shop" – if you could call it that – at Ocean Island Inn Motel in Virginia Beach.

**First HIM job:** Office Manager for Physicians & Surgeons Transcription and Consulting Services, in Virginia Beach

**Current occupation:** HIM Transcription Manager for Bon Secours Memorial Regional Medical Center, in Mechanicsville

**What's your favorite thing about the HIM profession and/or your job?** The continuous opportunities to learn something new on a daily basis.

**Current VHIMA position held:** Membership Chair

**Why did you run for/volunteer for this position?** I had enjoyed serving as Secretary for a couple of years and wanted to continue being involved.

**How much time does the position take from your work and home life?** Probably averages out to no more than an hour or two a month (if there are Board meetings)

**What do you like best about your VHIMA position?** Getting to know the other Board members/volunteers.

**Favorite night on the town:** Movie and dinner with friends

**Favorite food:** Chocolate

**Favorite drink:** Non-fun – Plain old water; Fun – Margarita

**Favorite movies:** "Gone With the Wind," "Singing in the Rain," "Ice Age"

**Favorite TV shows:** "Bewitched," "ER," "Everwood," "Gilmore Girls"

**Ideal vacation:** A week at the beach in the fall – air is brisk, few tourists. Dream – two weeks traveling around Scotland.

**I can't resist:** Potato chips, or nachos and salsa

## Delegates Debate Issues continued from page 2

### A Forum for Issues

During the issue forums, delegates held group discussions on four other issues:

- Volunteer leadership development
- National initiatives: HHS framework for strategic action, e-HIM, SNOMED, and ICD-10
- Consumer education
- Environmental scanning

Each group produced a summary of feedback about the issues. The summaries will be available online in the State Leaders and HOD Community of Practice.

### A Year of Action

The meeting also included a report on the state of the association from executive vice president/CEO Linda Kloss, RHIA, CAE. Kloss reported that with one quarter remaining in this fiscal year, AHIMA is on track to meet or exceed its program and business goals. She noted that the past year has been “a time of growth, influence, and action” and that it had been filled with unexpected opportunities. These opportunities include several industry projects in which AHIMA has recently taken a leadership role, such as:

- AHIMA is founding sponsor of the Certification Commission for Health Information Technology (CCHIT), a group formed by three leading healthcare organizations to create a way to certify ambulatory electronic health records.
- AHIMA has become a contractor with the National Library of Medicine to contribute to the development of mappings from SNOMED CT to ICD and advise on use cases for vocabulary tools.
- AHIMA will co-host (with the American Association of Medical Transcription) an industry meeting to gain a better understanding of the impact of technology on medical transcription.
- AHIMA held a special briefing for corporate affiliates in September. The briefing covered the latest in national health IT initiatives.

Also on Sunday, the House honored the recipients of the 2004 Triumph Awards.

In addition, members of the 2005 Nominating Committee were announced. They are:

- Barbara Siegel, chair
- Nikki Adams
- Sheila Carlon
- Cheryl Homan
- Louann Schraffenberger
- Susan Parker

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## Attention HIM Professionals: Speak Up for ICD-10

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healthcare industry and advocating the expedited adoption and implementation of ICD-10.

We must be strong advocates for ICD-10 adoption by informing the healthcare industry about the vital need for a better coding classification system and the benefits of making the upgrade. A great place to start delivering this message is right in your own workplace. Listed below are a few key points you can share with your coworkers and colleagues:

- **ICD-9 is obsolete.** Developed nearly 30 years ago, ICD-9 no longer meets the demands of today's health data needs. It cannot accurately describe the diagnosis and inpatient procedures of care delivered in the twenty-first century.
- **ICD-10 is global.** The US is the only developed country not using ICD-10. Implementation of the updated coding system is necessary in order to maintain clinical data comparability with the rest of the world.
- **Benefits outweigh costs.** Even though implementation costs vary greatly, it is expected that the benefits will far outweigh the costs incurred. Benefits include more accurate payment procedures, better understanding of the value of new procedures, improved disease management, and fewer miscoded, rejected, and improper reimbursement claims.

AHIMA is working with national decision makers to advocate for this needed change. AHIMA is also preparing a

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# Joint Commission News Briefs

## **Joint Commission Issues Alert on Patient Awareness Under Anesthesia**

Tens of thousands of patients undergoing surgery each year experience the helplessness of being partially awake while under general anesthesia during surgery, but being unable to communicate their distress to caregivers. Better understanding among health care professionals of this frightening phenomenon could reduce the risk of these events and assure appropriate support for patients when they do occur, according to an Alert issued by Joint Commission.

## **Health Care at the Crossroads: Organ Donation in the 21st Century — November 17, 2004**

Declared a pressing public health issue by the U.S. Department of Health and Human Services, the gap between the demand for organ transplantation and the supply of available organs continues to grow unnecessarily. Attend this one-day seminar, a follow-up synopsis of findings and theories originally presented during the March 2004 public policy symposium. We have assembled the nation's foremost experts to tackle the issues that inhibit organ donation and to mobilize the community to address this crisis.

## **Survey Fee Increase in 2005, Subscription Billing in 2006**

Beginning in 2005, the Joint Commission will institute a survey fee increase--only the second in the last decade--for all of its accreditation programs. Over the years, the Joint Commission has made significant investment in improving the value of its accreditation services and has had to employ a number of expense management and reduction strategies. However, the Joint Commission has run out of new expense management tactics and is at risk of not being able to follow through on critical investments it has made to date.

In 2006, the Joint Commission plans to institute a subscription billing model that will allow accredited organizations to spread their survey fees over the three-year accreditation cycle.

## **Joint Commission, CMS To Make Common Performance Measures Identical**

The Joint Commission and the Centers for Medicare and Medicaid Services (CMS) announced the signing of an agreement to work together in completely aligning current and future common Hospital Quality Measures in their condition-specific performance measure sets. The current Hospital Quality Measures are included in the Joint Commission's ORYX® Core Measures and CMS' 7th Scope of Work Quality of Care Measures on heart attack, heart failure, pneumonia and surgical infection prevention.

CMS and the Joint Commission released and made available on their websites a common measures specification manual; it includes a data dictionary, measure information forms, algorithms and other technical support information.

## **Joint Commission, National Quality Forum To Work On Deep Vein Thrombosis Prevention And Care Project**

The National Quality Forum (NQF) and the Joint Commission today announced a joint project to develop and standardize performance measures for the prevention, as well as the care, of deep vein thrombosis (DVT). The project is funded through an unrestricted educational grant from Aventis.

## **Joint Commission National Conference on Quality and Safety Set For December 1-3 in Chicago**

Among the greatest challenges facing health care leaders today are improving quality and reducing errors in the delivery of care, containing costs while increasing productivity, and building leaders throughout their organizations. These challenges are the core issues that will be addressed at the Joint Commission National Conference on Quality and Safety in Health Care, Decisions That Count on December 1 -3 in Chicago. The conference is sponsored by the Joint Commission and its affiliate, Joint Commission Resources.

# VHIMA's Candid Camera at the 76th Annual AHIMA Convention in Washington, D.C. October 11-14, 2004



Norma Jackson, RHIA, and Lisa Whitaker, RHIA, outside a breakout session room.



VHIMA President Gloria Litton, RHIA, (R), sees old friend Brandi Fowler, a representative from Spacesaver.



Cindy Phelps, RHIA, and VHIMA Past President Marion Swaim, RHIA, catch each other in the hallway for a quick chat.



One aisle of the exhibit hall.



(L-R) Loren Wolfe, Lori Ange, and Paula Hathorne from the UVA hospital.



The White House at sunset.

## Lifelong Learning: Grow with the Changes

In HIM, one thing that won't change is change. Healthcare delivery systems and technology will continue to evolve at a dramatic pace; e-HIM™ will revolutionize traditional practice and traditional roles. HIM will remain a dynamic profession by growing with the changes—acquiring new skills, gaining new knowledge, and assuming new roles.

AHIMA is committed to helping its members progress to new capacities and positions. An integral piece of this commitment is developing tools to assist in professional development. As in many fields, education is no longer a pursuit left behind when a career begins; it must now be viewed as a continual, lifelong professional practice.

Professional development is critical, because new technology will bring more than new software applications; it will bring new processes, different ways of thinking, and different structures in organizations. Future HIM roles will require a new core set of knowledge and skills that fully employ standards-based technology.

Along the way, these same changes will create numerous opportunities for career development. Ongoing development of skills and knowledge will become a guiding principle for HIM professionals, essential for their personal fulfillment and employability and a hallmark of jobs in an ever-changing economy.

Professional development is proactive, not reactive, and a lifelong learning plan helps to establish goals. A lifelong learning plan is a conscious, self-directed, continual engagement in acquiring, assimilating, and applying knowledge and skills. The following guidelines can help you formulate your own lifelong learning process:

- Develop awareness of the healthcare industry and its trends
- Embrace a holistic approach toward professional development that fosters a balance between professional and personal responsibilities
- Provide leadership within each healthcare setting as HIM practice advances to e-HIM
- Commit to learning as a lifelong journey
- Maximize your time, energy, and focus by defining a yearly goal
- Decide on activities and strategies that you will include in your plan to accomplish your goals
- Create a portfolio of your accomplishments

Throughout the year, explore professional development opportunities in AHIMA online courses. Check the AHIMA Web site by visiting [www.ahima.org](http://www.ahima.org) and clicking on "Professional Development."

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### CAHIIM: The New Accrediting Body for Degree-Granting Programs

The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) is the accrediting body for degree-granting programs in health informatics and information management. CAHIIM and its sponsoring organizations cooperate to establish, maintain, and promote appropriate standards of quality for postsecondary educational programs in health informatics and information management to provide a competent, skilled professional work

force for the healthcare industry.

CAHIIM strives to carry out its mission by promoting, evaluating, and improving the quality of undergraduate and graduate health informatics and information management education in the United States and internationally.

AHIMA has conducted specialized programmatic accreditation since 1943, operating jointly with the American Medical Association and most recently in collaboration with the Commission on Accreditation of Allied Health Education Programs.

In 2004 the AHIMA House of Delegates voted to establish an accreditation commission (CAHIIM) with sole and independent authority in all matters pertaining to accred-

itation of educational programs in health informatics and information management. By spring 2005 the transition of AHIMA's accreditation process to CAHIIM will be complete.

Through partnerships with the academic community and the practice fields, CAHIIM will serve colleges and universities in a voluntary peer review process as a means to continuously improve quality education to meet healthcare work force needs. As a result, CAHIIM accreditation will become the benchmark by which students and employers determine the integrity of health information education for the global community.

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# Volunteer and Reap Professional Benefits

By Carol Smith, RHIA

Now that we as HIM professionals are in the era of e-HIM, our professional organization will be at the forefront of leading our membership and supporting electronic record process development and education.

There is no better time to get involved in shaping our course for the future and determining how we can best support our membership in these endeavors.

You should have already received the Willingness to Serve Form (mailed in early October). Please review, complete, and submit the form by one of the methods below. **We strongly encourage each VHIMA member to consider how you would be willing to serve your profession through its state association, and to volunteer.**

The Willingness to Serve form is also on the VHIMA website at [www.vhima.com](http://www.vhima.com). The form can be copied to Word and e-mailed, or you can fax or mail the form to the addresses/numbers listed below.

Forward the completed form to **Carol F. Smith, RHIA** at your earliest convenience.

Carol F. Smith, RHIA

360 Westfield Road

Charlottesville, VA 22901

E-Mail: [cfs8f@virginia.edu](mailto:cfs8f@virginia.edu)

Phone : 434-924-2196

Fax: 434-924-2883

## CAHIIM: The New Accrediting Body for Degree-Granting Programs

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For more information on CAHIIM, advice on HIM college and university programs, accreditation, or guidance on academic program development in health informatics and information management...[w]atch for the CAHIIM Web site, which will be available after November 1 at [www.cahiim.org](http://www.cahiim.org).

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## Attention HIM Professionals: Speak Up for ICD-10

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variety of learning tools for you and your organizations. Check the AHIMA Web site at [www.ahima.org/icd10](http://www.ahima.org/icd10) and the online FORE Library: HIM Body of Knowledge for resources on ICD-10. Participate in audio seminars and new online course work. Learn from your peers in the Communities of Practice. Become informed and then inform and influence others.

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# Online Chart Management

## Bringing Charts Online Makes for Leap to E-HIM

By Rachel Chebeleu, MBA, RHIA

The Hospital of the University of Pennsylvania (HUP) has always employed innovative technology when it comes to medical care. Until recently, however, our prestigious teaching institution still depended on old-fashioned tools when it came to medical records: paper, file folders, and shelves. And because various departments needed immediate access to charts at the same time, we clearly needed an alternative to paper.

### The Chart Tug-of-War

HUP is the 672-bed flagship hospital of the University of Pennsylvania Health System. With 35 patient care units and extensive research and teaching programs, the hospital is an incredibly busy and information-intensive place.

We are a complex institution, and a lot of people need a chart at the same time. The chart tug-of-war began upon patient discharge, with physicians, coders, nurse-social workers, quality assurance staff, researchers, and others all needing simultaneous access to a patient chart. Everyone had to wait in line to get the chart and were fighting over whose need was more important. We were losing money because of this.

Furthermore, billing for physician services was seriously backlogged, chart delinquency rates were too high, charts were sometimes misplaced or could not be located, and the confidentiality and security of patient information was a constant worry.

### Moving to Web-based Chart Management

We decided the best solution to our chart access and storage issues was to make patient charts available online, and we began the process of transitioning our charts to an electronic format.

Daily, discharged patients' charts are collected and then scanned into eWebView from ChartOne. Scanning occurs in different areas of the hospital, and the results are merged to create a complete electronic patient chart. Additionally, because some of our computerized systems provide results electronically, interfaces were built to enable these systems' data to directly feed into the electronic patient charts.

Charts are typically available for viewing by authenticated users on any hospital PC between 12 and 24 hours after discharge via a private, secure Internet connection. The system offers an unprecedented level of security through irrefutable logs, digital signatures, and RSA encryption. In addition, the system keeps audit trails of who views the chart as well as when and why they view it, enhancing HIPAA compliance.

### Reaping the Benefits

Implementing a Web-based chart management solution has brought about a major change in chart availability at HUP. Physicians, coders, nurse-social workers seeking approvals, research staff, quality assurance experts, and others with a legitimate need can view charts at the same time.

The biggest gain for us has been accessibility. The reaction has been very positive because the medium is so immediate. You cannot underestimate the convenience of sitting at your desk and bringing up the record on your screen. For physicians in particular, the system's instant access to charts from anywhere, at any time, has enabled easy and quick resolution of chart deficiencies, which in turn has caused delinquency rates to decrease.

Ease of chart access and tremendous efficiencies gained through replacing paper with digital imaging have yielded quantifiable returns on investment on a number of fronts. In the first year of implementation, the Web-based chart management solution has:

- Enabled the hospital to reduce its HIM staff by almost one-third, from 50 full-time equivalents to 36
- Helped the hospital recoup close to \$500,000 in denied reimbursements. Nurse-social workers have timely access to charts that are critical tools in arguing their cases to insurers for patient stays.
- Improved the revenue cycle by trimming 10 days off the time it takes to get physician services coded. Previously, fee abstraction averaged 15 days; now it's less than five. The percentage of doctors' bills that get out the door in 10 days or less has soared from 40 percent to 78 percent, a figure that keeps improving.
- Reclaimed 2,000 square feet of record storage space in a facility with little room for expansion. That space is now used for income-generating surgical services.
- Saved the hospital money in chart-related supplies.

Finally, the ability to completely control access to patient charts has helped the hospital better protect the security and confidentiality of patient records, a huge concern for every healthcare institution, especially since HIPAA went into effect. From our perspective, this is what e-HIM is all about.

**Rachel Chebeleu is director of medical records and professional fee abstraction at the Hospital of the University of Pennsylvania.**

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## Officer Spotlight

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### Linda E. Vernon, RHIA 2004-2005 President Elect

dancing made him feel happy and that is how it makes me feel. I currently take jazz and tap.

**Favorite TV shows:** "Oprah"

**Ideal vacation:** I would like to revisit Hawaii where Bill and I went on our honeymoon 18 years ago.

**I can't resist:** SHOPPING! I was born to shop. My favorite store is CHICO'S.

**What's the best advice you've received and from whom?** My father would always say, "don't look ahead or behind. Live each day to it's fullest because you don't know whether you are going to be here. And remember to give each day your very best."

**What achievement are you most proud of?** Being married for 18 years and having three beautiful children that are all healthy and unique in their own special way. They are what keep me young!

## The PHR—A New HIM Role

If you suddenly found yourself responsible for live-in support and coordinating the medical needs of an aging or handicapped loved one, would you have convenient access to health information needed in their best interest? Probably not. Even with an HIM background, it would be a major undertaking to assemble all the important details. These and any circumstances requiring knowledge of medical history pose problems for consumers.

Healthcare organizations across the care continuum retain health information, but individuals generally do not. One way to correct this problem is to expedite the launch of the PHR—the personal health record. That's the message delivered...when Julie Wolter, MA, RHIA, and Jeanne Donnelly, MBA, RHIA, presented "PHR in the City: A New HIM Role." Wolter and Donnelly summoned HIM professionals to lead in the development of an effective PHR that brings timely information to established and new caregivers, encourages patient involvement in discussions and decisions, and helps to document and monitor healthcare factors such as medications, immunizations, allergies, diagnostic tests, and questions and answers.

### A New Role For Consumers

Complexity in the healthcare industry often forces a consumer to balance the services of multiple providers, noted Wolter and Donnelly. Many parents are challenged, for example, when asked for their children's immunization records. The tendency has been for the

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## 2004 Member-Get-a-Member

Let your peers know there is Success by Association

*"With the addition of the Communities of Practice, it was easy to encourage staff to join as active members so they could utilize that wonderful member benefit. I am thrilled that I get a reward for helping staff grow and making our association grow!"*

Virginia M. Blowers, RHIT, CHP  
2003 First Place Winner  
Director of Medical Records  
Yakima Valley Memorial Hospital  
Yakima, WA



AHIMA is the national association of health information management (HIM) professionals. AHIMA's 48,000 members are dedicated to the effective management of personal health information needed to deliver quality healthcare to the public. For information about the Association, go to [www.ahima.org](http://www.ahima.org).



As a member of AHIMA, you know firsthand the impact membership can have on your career. Why not share that advantage with others, and win valuable prizes along the way?

More than 300 of your colleagues have already brought in members this year, and are playing a key role in helping

to make AHIMA a stronger and more diverse networking resource as its membership grows.

Go to [www.ahima.org/members](http://www.ahima.org/members) only and click on "Member-Get-A-Member" for all the details, including recruitment tools and how to earn the exciting prizes pictured here:

- Compact binoculars for all occasions
- A distinctive AHIMA desk clock
- Two Grand Prizes—FREE roundtrip airline ticket, and a portable DVD player



## The PHR—A New HIM Role

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consumer to lean on healthcare providers to maintain records and make them available when necessary. Paper-based records often result in healthcare teams working from fragmented and incomplete medical histories. The unfortunate adverse effects can be misdiagnosis, poor choice of medication, duplicate tests, treatment delays, and even death.

Wolter promoted the Markle Foundation's definition of the PHR: a "single, person-centered system designed to track and support health activities across one's entire life experience...not limited to a single health care provider." According to the Markle definition, the "patient is the link" between the disparate providers generating health information about them, and the "PHR is the tool" for linkage. The patient is the common denominator, said Wolter and Donnelly, the one who is always present in this lifelong journey. They suggested that for patient to get the care they need, they must assume some responsibility for getting the best, most complete information to the clinical decision makers at the point of care.

Patients or their representatives have primary and active control over the PHR. The consumer's job is to enter, maintain, and share health information with physicians and other members of the healthcare team, said Wolter and Donnelly. With a PHR, consumers will learn to capture ongoing details about themselves—signs, symptoms, and important facts—that can, in turn, be used by caregivers.

### A New Role For HIM

At a time when the PHR is gathering momentum, the HIM profession is largely unprepared to rise to the task of facilitating its launch, said Wolter and Donnelly. Preliminary research with HIM professionals in the state of Missouri, for example, shows that only 52 percent maintain a PHR for themselves. Forty percent report maintaining a PHR for family members, and 21 percent heard of the PHR for the first time during the research.

This is unfortunate, said Wolter and Donnelly, because HIM professionals can play important roles in the PHR. They understand the relationship of accurate and timely health information to quality outcomes, they possess the knowledge of documentation principles and the skills to contribute to PHR design, and they have the exposure to champion the cause.

HIM professionals are also equipped to help deal with known obstacles, Wolter and Donnelly pointed out. The PHR will require commonly understood terminology and standards, and a mechanism for capturing data is needed. Its full value will not be realized if physicians aren't receptive to using it for fact validation and improved communication.

Education is the key, said Wolter and Donnelly. "We need to educate the involved groups: patients, caregivers, providers, the public at large, and other HIM professionals," said Donnelly. "In the new HIM role of PHR advocate, HIM professionals can demonstrate how providers would benefit from making patients active participants in their own care. We can convince the patient how the PHR can help them help themselves."

Wolter and Donnelly encouraged HIM professionals to become advocates for the PHR. "Use your skills in a new way," they urged, and educate consumers on how the PHR can make a significant difference in the quality of healthcare. HIM professionals are in the right place at the right time to champion this cause.

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