

News & Views

December, 2017



NHIMA Contact Information:

Board Members - Committee/TF Chairs

Dates to Remember:

April 11-13, 2018 – NHIMA Annual Convention, Younes Conference Center, Kearney, NE

President's Message

It is certainly that time of the year that we feel all the stress, hustle and bustle of extra priorities and deadlines, holiday parties and end of year work deadlines to finish in hopes to start the new year off with a fresh new perspective and a clean desk 😊. While we all know that our world of HIM is forever changing and that desk may never be clean, it also provides us appreciation for our jobs, coworkers and the ability to have relationships with one another as an HIM profession to walk on this journey.

As promised, I stated I would discuss the SBAR items that were brought up at our Annual House of Delegates meeting that was held in LA on October 8, 2017. There were 5 topics in which various members were divided into different groups to discuss the topics amongst other HOD members.

Business Process Outsourcing is the first topic I will discuss in this month's News and Views. The group discussion was led by Perry Ellis who is a widely known recruiter for HIM positions. Perry brought his concern as an SBAR to AHIMA due to the drastic decrease in coding positions as compared to the number of coders looking for jobs. In all his years of recruiting he has never faced the issue of not having coding positions open and available to those searching and needing work. This group discussed the impact offshoring coding services is having on coding positions within the United States.

Here are some reasons that are believed to have an impact on this change:

- 1) Advances in technology are having a direct impact in the number of coding positions
- 2) The amount of coding that is being outsourced outside of the United States due to lower costs is also drastically impacting the work available for coders within the United States.
 - a. The various groups also addressed the perception that the quality of the work that is being done off-shore is of lower quality than what can be provided within the states. There was a recommendation for additional studies and research to prove or disprove this theory as there is not currently any data that supports this perception; therefore, nothing for HIM Professionals to leverage with leadership within their organizations.
- 3) There was recognition and acknowledgement that coders did a fantastic and better than expected job transitioning from ICD-9 to ICD-10. The number of additional coders was not needed as had been initially determined.

Solutions/Discussion:

- 1) AHIMA members discussed what elements need to be evaluated and what are some additional options that can be looked at to provide HIM leaders in their organizations the tools needed to support the coders in addition to enhancing their jobs and knowledge to continue to support the organizations in a way that opens their profession to more opportunities with data analytics, etc. We as a profession cannot stand by and watch things happen to us. We must make things happen. In my specific group, the question was asked..."Are we prepared to get the data regarding quality? We feel their quality is less, but what if it isn't? What if they provide just as good quality but at a much lower cost? Are we prepared to deal with those results?" This really hit me hard as well because I think we all assume the quality is not as good. But....what if it is....how do we as a profession address this? How does AHIMA address this?
- 2) We must be one step ahead of our competitors and embrace technology. We cannot remain idle.
- 3) We must constantly be thinking about the changes, how they will affect us, how they affect our departments and get creative in your thinking and utilize and challenge your staff in new and creative ways to benefit the organization in which you work.
- 4) This topic falls right into the HIMR discussion as well as employers and students must embrace education and certifications to enhance our value and skillsets.

We will continue to share more information and tools as they become available. However, be a leader of change in your organization. We know our profession better than anyone else. Have confidence in yourself, your staff, your skillsets and your knowledge and display that confidence to leadership within your organization. Don't wait for life to happen to you. Make life happen for you.

Our Annual Conference committee continues to work extremely hard securing some very good speakers for the 2018 NHIMA Annual Conference. We received great feedback from last year and are working to address any comments to continue to enhance the conference to meet the needs and demands of our members and attendees! Please save the date and join your fellow HIM Colleagues for another great planned NHIMA Annual Conference on April 11-13, 2018!

Wishing you all a Very Merry Christmas and Happy New Year and some very cherished time with your friends, family and loved ones.

And always remember....~ Old Ways Won't Open New Doors~

Your President, *Courtney Burbach*, *RHIA* President, NHIMA 2017-2018



Health Center Part of Groundbreaking Apprenticeship

ALBION, Nebraska (July 17, 2017) – The U.S. Department of Labor (DOL) and the American Health Information Management Association (AHIMA) have joined forces to offer a groundbreaking apprenticeship at Boone County Health Center (BCHC). This is part of the U.S. Department of Labor’s historic investment in apprenticeships.

In recent years, many types of apprenticeships have been offered in areas such as plumbing and construction. But this will be the first time they offer an apprenticeship in healthcare, and BCHC is one of just two hospitals who have chosen to take part.

Coders at BCHC will do a mixture of online training and virtual lab work. They will also have a mentor through AHIMA to help them. The program will wrap up with an exam to become a Certified Coding Specialists (CCS) through AHIMA.

A coder’s job is to translate health care into a code which can be sent to Medicaid, Medicare or insurance for billing.

“Our Certified Professional Coders (CPCs) have a background in Critical Access Hospital coding,” said Health Information Management Director Brenda Machmueller. “This apprenticeship will allow them to broaden their knowledge base and further hone their skills in all aspects of inpatient coding.”

A signing ceremony took place at BCHC on Wednesday, July 12th to kick off the apprenticeship program. CEO Tanya Sharp welcomed guests and spoke of her excitement for this opportunity at BCHC.

AHIMA Apprenticeship Navigator, Barbara Glondys spoke about the value of the union between AHIMA and the DOL as well as Health Information Management (HIM) in the ever-changing landscape of healthcare.

Department of Labor Regional Director Dean Guido approved the program standards and signed the apprenticeship agreement.

Then the BCHC coders Andrea Hassenstab, Shelley Lueken, Stacey Slaymaker and Bridget Reis signed the apprenticeship agreement, showing their pledge to the program.

They were presented with a Certificate of Registration along with a shirt and pen in recognition of their commitment.

“This apprenticeship will be good for patients, because it will continue to ensure their bill is as accurate as possible,” said Machmueller. “It’s good for BCHC, because it helps ensure compliance with all the ever-changing coding rules for Medicaid, Medicare, and other insurances.”

“The program also helps our coders who will now have a broadened skill base, as well as the state of Nebraska who gains expert coders who can work in any specialized health care facility across the state.”

The coders will start their apprenticeship program right away and have one year to complete.

Read about Providence Medical Center’s Apprenticeship Program ---

<http://www.wayneamerica.com/wayne-hospital-first-in-nebraska-to-connect-with-apprenticeship-program/>

Coding Roundtable Update

Susan Bailey, M.Ed., RHIA, Manager Consulting Services, 3M Health Information Systems, reviewed the top 10 educational opportunities in ICD-10-CM at the Clinical Coding Meeting last October. Diagnoses included Underdosing, 7th Character for injuries and complications, Complications, Atrial Fibrillation, Myocardial Infarction, Heart Failure, Stroke, Bleeding due to anticoagulation, Obstetrical cases and Sepsis.

Coders are encouraged to review the following guidelines as found in the 2017 ICD-10-CM Guidelines for Coding and Reporting. This document is found on the CDC website.

Underdosing - Guideline 19.3.5 (C):

7TH Character for injuries and complications – Guideline 19.A

Complications – Guideline 1.B.18

Atrial Fibrillation - New ICD-10 terminology –

Paroxysmal -AF that terminates spontaneously or with intervention within seven days of onset; episodes may recur with variable frequency.

Persistent – AF that fails to self-terminate within seven days; Episodes often require pharmacologic or electrical cardioversion to restore a normal sinus rhythm.

Permanent/Chronic – Refers to individuals with persistent atrial fibrillation where a joint decision by the patient and clinician has been made to no longer pursue a rhythm control strategy.

Myocardial Infarction - Documentation should include the site (anterior wall, inferior wall, other wall or unspecified) and type (STEMI or NSTEMI).

Heart Failure - per Coding Clinic, 1st quarter, 2016 pp 10-11 - HFpEF (Heart failure with preserved ejection fraction) can be interpreted as “diastolic heart failure”. HFrEF (Heart failure with reduced ejection fraction) can be interpreted as “systolic heart failure.”

Stroke Specificity –

Non-traumatic subarachnoid hemorrhage – Identify specific location or artery involved

Non-traumatic intracerebral hemorrhage - Identify site (subcortical, cortical, brain stem, cerebellum, intraventricular)

Other and unspecified non-traumatic intracranial hemorrhage - Identify site (subdural, Extradural/epidural)

Cerebral infarction due to thrombus/thrombosis – Identify specific artery involved (precerebral, vertebral, basilar or carotid)

Cerebral infarction due to embolism – Identify specific artery involved (precerebral, vertebral, basilar or carotid)

Cerebral infarction due to unspecified occlusion or stenosis – Identify specific artery involved.

Bleeding due to Anticoagulant Therapy – Refer to guidance in ICD-10-CM and ICD-10-PCS Coding Handbook, 2017, Coagulation Defects.

Obstetrical Cases – Chapter 15 codes have sequencing priority over other chapters; some codes include a character to indicate the trimester of the condition; there is a “in childbirth” option for some obstetrical complications.

Sepsis – Guideline 1.C.1.d

Diabetes – Guideline 1.A.15 “With”

Next month - Top 10 ICD-10-PCS Educational Opportunities.

Happy Holidays and Best Wishes in 2018!!!!