President’s Message

Hello and Happy Spring! It is so nice to have some warmer temps, hear the birds singing, and see Minnesota emerge from a long and cold winter. I am sure that Mother Nature has a few more tricks up her sleeve but I am looking forward to enjoying the transformation into summer!

This is a hard article to write as it will be my last article as the President of MHIMA. This year has gone by so fast, and I am so honored to have been President of this great association. Each year brings on new challenges and new successes and I am so lucky to have been a part of it. I have appreciated everyone who has reached out to me with ideas, frustrations, and comments or just to say hi! It is always nice to hear how MHIMA is doing and what we can do to make your membership more valuable! I encourage each and every one to get involved with this great association!

It has been a whirlwind start of 2014. There is so much going on with meaningful use, HIPAA, MHIMA elections, and of course, the ICD-10 Delay! There is a more detailed article in the Connection but I personally want to thank everyone who called, tweeted, e-mail, or connected with Representative and Senate. While the bill was still passed through and signed into law, it was really nice to see all the support and outreach that MHIMA Members did - I am so proud!

We also had our MHIMA elections and have elected our new MHIMA BOD for 2014-2015! We ended up with a 22.4% voting turn out! We would love to see that increase next year. If you have ideas on how to get the voting participation up, please send me an e-mail, I would love to hear your thoughts and suggestions.

I hope to see all of you at our Annual Meeting at the end of the month. It is going to be a great meeting with a lot of great speakers, vendors, and fun ahead! Make sure you sign up soon and reserve your spot at the meeting!

Again, I can’t tell you what an amazing year this has been as a leader of MHIMA. Wishing you all the best! From the words of Mark Twain get out and “Explore, Dream, Discover”

Danika Brinda, MA, RHIA, CHPS, HCISPP
MHIMA President
ICD-10 Advocacy Update

Advocacy and CSA Leaders:
Your leadership ensured that HIM professionals from across the country had the opportunity to voice their concerns with Congress in just a short time frame. With the passage of H.R. 4302, your leadership is needed now more than ever to ensure that the momentum toward preparing for ICD-10 implementation is not lost. AHIMA’s 71,000 members will need to voice their opposition with Congress to ensure that no additional delays occur.
Throughout the next year, I will be working with you by individual state regions and demographics (e.g. students and educators) to ensure that we continue to educate Congress on the value and necessity of ICD-10. Periodically, I will ask you to send out messages to your state membership and colleagues on HIM initiatives. We must show Congress that we are 71,000 strong—and we can do that by the sheer volume of members who weigh in with their elected officials.

Therefore, I am asking you to share this message with your state membership to continue advocating for ICD-10:

On April 1, 2014 President Obama signed H.R. 4302, the Protecting Access to Medicare Act of 2014. As you know, Section 212 of the bill delayed ICD-10-CM/PCS implementation until at least October 1, 2015.

To ensure that Congress does not pass another legislative delay, we need you to continue advocating for the implementation of ICD-10-CM/PCS. Please consider the following action items:
Write your Members of Congress by using this link: http://capwiz.com/ahima/issues/alert/?alertid=63175786
View AHIMA’s “ICD-10: A Legislative Review” webinar and share the information with our colleagues.
Link: http://cc.readytalk.com/play?id=curu7!
Let your elected officials know that AHIMA, along with its coalition partners, supports ICD-10. Thank you for your time, and advocacy efforts.

Margarita L. Valdez
Director, Congressional Relations
AHIMA

Take the Emerging Issues Survey!
Check out the new survey! The Emerging Issues Committee would like your opinion on what topics are affecting our HIM world in a about the topics you are most interested in! The survey is only one question, so take 5 minutes and complete it for us!

https://www.surveymonkey.com/s/7XB75V8

MHIMA
Minnesota Health Information Management Association

www.mnhima.org
www.facebook.com/mnhealthinfo

Twitter: MHIMA@MNHIMA
**2014 MHIMA Legislative/Advocacy Update:**
The AHIMA 2014 Leadership and Advocacy Symposium and Hill Day was held on March 17 and 18 in Washington DC. This year attending for MHIMA were Danika Brinda, President and Sue Nathe, Legislative/Advocacy KFA. Monday the 17th, attendees spent a very busy, full day enjoying the eight inch snow fall that arrived in Washington shortly after us. Even with the weather causing some agenda changes, AHIMA staff put together a great agenda with a variety of panels and speakers. Multiple panels were put together on Monday morning with the first being Communication Directors from Capitol Hill who advised all HIM professionals on best practices for using social media while advocating for our profession and association. Secondly, Legislative Assistants then discussed the current political environment in the Congress and gave attendees the opportunity to ask them specific questions regarding the AHIMA “Hot Topics or Asks and Wants”. In addition, in the afternoon, AHIMA’s President Angela Kennedy discussed AHIMA’s Strategic Initiatives along with presentations regarding the Blue Button Initiative, the role of HIM professionals in healthcare’s future, and an open discussion regarding Professional Practice Experience (PPE). Please watch for additional information from AHIMA regarding PPEs as there have been multiple challenges regarding PPE and as we know it today.

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**2014 AHIMA Capitol Hill Update:**
On Tuesday, I was able to attend five sessions on Capitol Hill with Legislative Aids from Representative Erik Paulsen, Representative Keith Ellison, Representative Michele Bachmann, Senator Amy Klobuchar, and Senator Al Franken’s offices. During my meetings with the Legislative Aids, I discussed with them the “Asks and Wants”. This year, HIM professionals on the Capitol were asking for the Congressional staff to cosponsor H.R. 1250 and S.F. 1012 (Medicare Audit Improvement Act of 2013) and to continue to support the implementation of ICD-10. Two Representatives in Minnesota currently cosponsor H.R. 1250 (Rep. Betty McCollum and Rep. Collin Peterson). H.R. 1250 continues to be discussed in the House of Representatives. At this time, no Senators have cosponsored S.F. 1012. This legislation would:
- Establish a consolidated limit for medical record requests;
- Improve auditor performance by implementing financial penalties and by requiring medical necessity audits to focus on widespread payment errors;
- Improve recovery auditor transparency;
- Allow denied inpatient claims to be billed as outpatient claims when appropriate; and require physician review for Medicare denials.

Please continue to contact your legislators and ask them to cosponsor H.F. 1250 and S.F. 1012.

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**Legislative Updates**

**Sue Nathe, RHIT**

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**Minnesota Legislative Update:**
In 2013, H.F. 427 was introduced in the MN House of Representatives by Representative Lange. The intent of this bill was to reduce significantly the fees associated with the release of medical records. Before the MN Legislative session began, a group of HIM professionals and staff members of the MHA Advocacy Committee meet to discuss H.F. 427 and its companion bill S.F. 44 and how they would affect healthcare facilities throughout Minnesota. Data was gathered from multiple facilities through several surveys to MHIMA members and the MN Department of Health. After the information was gathered, it was then compiled into a one page document. On February 26, 2014, Erin Huppert, Legislative Analyst for Allina and myself attended a meeting with Representative Laine. The informational document was utilized while meeting with Representative Laine in St. Paul. It was during that meeting that we learned Representative Laine’s concerns and were able to address them and offer assistance along with the opportunity for her to tour Allina’s Release of Information Department. At this time, H.F. 427 has been tabled in the Legislature. MHIMA’s Legislative Committee continues to monitor this bill’s activity. I would also like to extend a huge “Thank you” to all members of the Copy Fee Committee and MHA Legislative Committee that worked on this Legislative concern, especially Leah Buermann.
Emerging Issues: Medical Homes
Amy Verhulst

The medical home can best be defined as a model of primary care built around the patient, the patient’s care team and the best way care can be delivered to the patient, whether it is in their home or in another location. There are seven principles this concept is built upon:

- A personal physician- the patient has an ongoing relationship with a personal physician who ultimately takes the responsibility for their ongoing care
- This personal physician adopts holistic, “whole person” care of the patient and arranges for the coordination of care as needed
- The physician leads a team of other physicians and caregivers in determining the best care of the patient.
- Care is integrated and/or coordinated to span across all elements of the health care system (home health, hospice care, nursing home) and across the patient’s community (family, community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure the patient gets the best care.
- Quality and safety are standards of the medical home. Practices advocate for the best treatment for the patient across multiple specialties while at the same time being the most cost-effective.
- Enhanced access to care such as open-scheduling, expanded hours and multiple options of communication through the use of technology
- Payment- a more efficient way to collect and process payments. More electronic so administrative costs are reduced therefore allowing for more to be spent of delivery of care

One of the ultimate goals of the medical home is to reinvigorate primary care and achieve better quality, lower costs, and improved experience of care. This will also hopefully lead to more new medical students taking an interest in primary care as a chosen path to practice.

The medical home concept requires that health information needs to be accessible to all involved, eased by the use of technology. All of the qualities of the medical home will lead to higher quality of care and lower costs in delivering that care. Patient-Centered Home Recognition (PCMH) is the most widely-used tool to transform a primary-care practice into a medical home. This is a step-by-step guide to help in this process.

References:

MHIMA Promotional Items: This year MHIMA will be selling fleece jackets at the 2014 Annual Meeting. Each jacket will be $25. We will be ordering multiple colors and sizes, however, quantities will be limited at the meeting.
While working on a student project in advance directives, I thought it might be a good subject for everyone to review. A power of attorney (POA) is a legal document used by a principal (person) to grant legal authority to an agent to make certain legal and financial decisions on their behalf. The principal is the individual who signs the POA and the agent is the person designated by the principal to make certain decisions or perform specific acts on the principal’s behalf. The specific authority granted to the agent is stated in the POA document. Each state will have specific rules as to how the POA must be drafted. Generally speaking, they must be written, signed, witnessed and executed by an adult.

A durable power of attorney for healthcare decisions (DPOA-HCD) is a legal document through which a principal appoints an agent to make healthcare decisions on his/her behalf in event that the principal becomes incapacitated. Not every state may call this document a DPOA-HCD. Some states may refer to it as a medical power of attorney or healthcare proxy. The determination of whether a patient is incompetent is usually made by a physician or judge. In order to be valid, the principal and the agent must be adults. The agent can grant authority to make all healthcare decisions on behalf of the principal or it may be limited to only certain decisions. The agent basically steps into the shoes of the principal. Any decision made by the agent will be treated as though they were made by the principal. Once it is executed, the principal should inform family and friends about the DPOA-HCD and provide copies to any healthcare providers such as clinics and hospitals that the principal plans to use. The healthcare provider should store copies of the DPOA-HCD in a prominent place in the patient’s record. If the provider uses a an electronic record (EHR), the EHR must be set up to refer to or link to the existence of the DPOA-HCD. The process for revoking a DPOA-HCD varies by state law but generally it involves some form express communication which must be made to the agent as well as the healthcare providers who had previously notified about the document’s existence.

Living Wills are documents executed by an competent adult that expresses the individual’s wishes to limit treatment measures when health conditions exist and the individual cannot communicate on his/her behalf. In some states, a living will may only take effect when two or more physicians certify in writing that a patient has a terminal condition. A terminal condition usually means that the patient will likely die in the near future. The types of treatment limited by living wills generally involve life-prolonging procedures, such as artificially supplied nutrition and hydration, cardiopulmonary resuscitation (CPR) and use of respirators. The executing a living will may vary from state to state. Generally speaking, the living will must be written, signed and dated by the individual making the will, executed by an adult and witnessed or acknowledged before a notary public or other witnesses or related to the individual executing the will. No every state will use the term living will. Other terms include healthcare directive or advance care plan. Once the will is made, it is important that its existence is communicated to close friends, family and healthcare providers. A copy should be retained by the individual in an easily accessible place. Healthcare providers should store copies of living wills in the patient’s paper health record or make them accessible in an EHR system. Revoking a living will does require a document that expresses the intend to revoke. State laws may limit an agent’s ability to contradict or revoke a properly executed living will. In case where conflict exists, a judge may enter an order regarding treatment after being presented with evidence at a hearing. Samples of advance directives for each state can be found at www.caringinfo.org/
JOIN US FOR THE 2014 MHIMA ANNUAL MEETING

Location – DoubleTree Hotel in Bloomington, Minnesota
Dates: April 30-May 2, 2014.

Our Key Note speaker starting out our meeting is Randy Krulish. The title of his presentation is *Walk – My Journey of Faith and Discovery after Paralysis*. Randy was raised by a loving, hard-working Minnesota farm family. Everything changed for Randy when he endured a tragic accident that left him a quadriplegic at the age of 12. Two years ago Randy wrote his autobiography. His book was written for one reason: To give others hope. Randy has had several Minnesota speaking engagements since writing his book. Please join us to hear his inspirational message that will enrich all of us. On the first day of our meeting we will all be together in the Grand Ballroom to hear presentations on the following subjects: Accountable Care Organizations and the Triple Aim Improving Healthcare Quality through Research & Outcomes Collection Breach Risk Assessment: Inform the Patient . . . Or Not. Our first day will end with a “BANG” with a fun presentation called *The Healing Power of Laughter*. Wednesday evening join us for the Vendor Reception – time to connect with the vendors attending our meeting and have some great fun too. We are going to play the game “Minute to Win It” with some great games and prizes.

On Thursday our Key Note speaker will be Jerry Bridge and the subject of his presentation is: *Is Too Much Technology Making Us Stupid?* Melanie Endicott – well known speaker on coding will give us a presentation called *Countdown to Implementation: Are You Ready?*

The breakout session topics will be:
- Student Track
- Coding, Classification & Reimbursement
- Healthcare Leadership & Innovation
- Confidentiality, Privacy, and Security
- ICD-10 Coding
- Consumer Engagement and Health Information
- Information Governance & Health Informatics

Registration is still open – Please click on the link below to register for our annual meeting now!! [http://www.mnhima.org/aboutus/aboutus6.html](http://www.mnhima.org/aboutus/aboutus6.html) then click on the spot to register.

We are really excited about this year’s annual meeting. We will have great fun, wonderful food, awesome speakers and presentations, and fantastic fellowship with other members of our state association. You won’t want to miss a minute!!
CONGRATULATIONS!
C. Jeanne Solberg,
MA, RHIA

Jeanne has been an active member of AHIMA since 1975 and has been a member of MHIMA since 1994. She earned her Bachelor of Science degree in Health Records Administration from York College of Pennsylvania and her Master of Arts degree in Health Informatics and Information Management from The College of St. Scholastica.

Jeanne is the President/CEO of Solberg Solutions, Inc. an healthcare consulting firm. Her work experience includes HIM operations; clinical/financial data management, decision support; EHR installations; and revenue cycle management. She also served as an adjunct faculty member with the College of Saint Scholastic’s masters program, the College of Saint Catherine, and York College of Pennsylvania.

Jeanne’s involvement with MHIMA includes Past Chair, Chair and Member of the MHIMA Program Committee, and Past President, President and President-elect of the MHIMA Board of Directors. Jeanne also led the MHIMA Strategic Planning session in 2012. Jeanne was also involved at the state level in multiple capacities as a member of the Pennsylvania Medical Record Association.

On a national AHIMA level, Jeanne served as the Past Chair, Chair and Member of the AHIMA Annual Meeting Program Committee, Past Member of the Assembly on Education Conference Planning, Past Member of the Virtual Lab Advisory Group, Past Chair, Chair and Member of the Commission on Health Informatics and Information Management Education, and Past Member of the AHIMA Board of Directors. Jeanne also was awarded the Linda Culp Memorial Graduate Scholarship in 2007. Jeanne also served on the StratisHealth PEPP Advisory Task Force from 1999 -2002, and the IBM Advisory Council on Optical Imaging Development from 1989-1991. She has found time to volunteer for four years for the Hospice of Lancaster County, Lancaster, Pennsylvania, and was involved in several task forces and advisory committees during her tenure in Pennsylvania. She has a long and diverse record of speaking not only in Minnesota, but in numerous states across the country. She has also presented at the Association of Medical Record Officers of the United Kingdom.

Jeanne provides a strong role model for high level commitment to professional association participation - ready to take on any task that needs to get done and doing so with a great enthusiasm, dedication and humor. She is also a role model for taking one’s professional knowledge and competencies into new areas for professional contribution as they evolve with the introduction of information technologies to managing health data and information.

In recognition of all this plus more she is, has accomplished and has contributed to this profession and to our Association, MHIMA proudly confers on C. Jeanne Solberg the 2014 Distinguished Member Award.
The 2014 MHIMA Nominating Committee is pleased to announce the results of our recent electronic ballot:
President-Elect: Laura Blabac, MS, RHIA
Secretary: Heidi Onsted, RHIA
Delegate Director: Christina Wallner, RHIA
Audit Committee: Gina Hale, RHIT, CDIP and Jeri Romano, RHIT
We had a 22.14% voter response this year. Thank you to everyone who voted! The newly elected officers, board members and audit committee members will be recognized at our annual business meeting on May 1, 2014 and will assume their elected positions on July 1, 2014.

The Nominating Committee joins all MHIMA members in congratulating those elected, and we thank all those who placed their names on the ballot and were not elected this year.

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#1 Reason to Donate to the Silent Auction!

Minnesota Student Scholarships Depend on Silent Auction Donations/Bidding and Direct Donations
MHIMA has a record of awarding scholarships to student applicants based on merit. The funds for our scholarships are derived from tax-deductible donations in the form of Silent Auction donations/bids and direct donations to the scholarship fund. Currently, our fund balance is declining, and MHIMA leadership is requesting those members who are able to be generous in donating to the 2014 MHIMA Silent Auction, bidding at the auction, and in making direct donations to the fund. The MN Student Merit Scholarship Fund is held at the AHIMA Foundation. The AHIMA Foundation is the 501(c)3 charitable affiliate of AHIMA (the American Health Information Management Association). Contributions to the AHIMA Foundation may be tax deductible to the extent permitted by law. It is suggested to contact your tax advisor. No goods or services are provided by the AHIMA Foundation in return for a contribution.
The MHIMA Scholarship Committee has selected the following students to receive Minnesota Merit Scholarships:

**RHIT Program:**
Angela Purdom, Rochester, MN
Rochester Community & Technical College
$750

Thomas Ross, St. Paul, MN
St. Catherine University
$500

Brice Silverstein, Stewartville, MN
Rochester Community & Technical College
$500

Danene Kong, Maplewood, MN
St. Paul College
$500

Kathryn Sands, St. Paul, MN
St. Paul College
$500

Mindie Burton, Rochester, MN
Rochester Community & Technical College
$200

Jennifer Omari, Brooklyn Center, MN
Rasmussen College
$200

**RHIA Program:**
Mai Thao, St. Paul, MN
The College of St. Scholastica
$400

**Educational Doctorate Program**
Amy Watters, Minneapolis, MN
Hamline University
$1000

Congratulations to these deserving students who will be recognized at the Annual Meeting on Thursday, May 1, 2014. Watch the July issue of MHIMA Connection for a link to the essays from these students.
LEGAL MANUAL UPDATE:
Just a reminder that the new MHIMA e-Legal Resource Manual subscriptions will require an annual renewal. Subscribers will receive an electronic notice from Telusys with instructions to renew your subscription, and receive the discounted renewal rate. If the subscription is not renewed by the expiration date, your access to the manual will be discontinued, so it is important to purchase your renewal in advance of the expiration date. For those who have not yet subscribed to the MHIMA e-Legal Resource Manual, you can do so by clicking on this link: Subscribe to Legal Manual

My name is Amber Franks, I am a junior at The College of St. Scholastica. I joined the MHIMA board of directors for the 2013-2014 school year. During the school year there were numerous board meetings and phone conferences that made it easy for students to attend. As a student member, I learned how important it is for MHIMA to actively engage in the community. During our first board meeting, I was made aware of the importance to actively using our memberships with MHIMA and AHIMA, the memberships provide access to different articles and trainings for students to utilize. The board of MHIMA also explained the details of membership functions such as discounts for conferences and the membership also keeps the students informed of different changes throughout MHIMA and AHIMA. The members and delegates of the board get great acknowledgement for the time they put into MHIMA. Joining the board of MHIMA as a student representative also showed me how we as HIM are a family, the board works together to make MHIMA the best that it can be, not only on a state level, but a national level as well. As little commitment it takes from a student, you get a lot of knowledge and experience from joining.

2013-2014 Student Representatives

My name is Darcee Roeschlein and I am a senior at The College of St. Scholastica. The opportunity to serve on the 2013-2014 AHIMA Student Council was presented to me early spring of 2013, soon after I had the opportunity to join Minnesota’s 2013-2014 Health Information Management Association, MHIMA, and of course I pounced on both council opportunities; being involved as a student leads to professional development and growth as a leader. Representing Minnesota’s student body I was able to not only engage the student’s view at the monthly meetings and in activities and decisions, but personally I made connections, networked, and felt like I was really a part of the HIM family. I think it is important for students to represent on the MHIMA Board, because the HIM community is small, and this is our future. Getting involved takes commitment, but once that first step has been taken, opportunities and experiences come flooding in, and that is the best way to grow and expand personally and professionally and have a voice in the future of Health Information Management.

Vision: The Minnesota Health Information Management Association, together with AHIMA, will set the standard and be the recognized leader in health information management practices, technology, education, research, and advocacy.

Mission: MHIMA is committed to the professional development of its members through education, networking, and life-long learning. These commitments promote high quality health information and benefit the public, health care providers, and other clinical data users.
# Dates to Remember!

**Check mnhima.org for details**

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