

TxHIMA Journal Publication

Editor: Stacey McIntosh, MBA, MA, RHIA, CHP, CCS
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Material for publication should be sent to:
TxHIMA Executive Office
1700 A Ranch Road 12, #345
San Marcos, TX 78666

FAX to (512) 392-4718
Email to TxHIMA@TxHIMA.org

www.txhima.org

Board of Directors, 2008-2009

PRESIDENT
Sue Biedermann, MSHP, RHIA
sb02@txstate.edu

PRESIDENT-ELECT
Gwen Duffie, MBA, RHIA
glduffie@mmm.com

PAST PRESIDENT, DIRECTOR
Stacey McIntosh, MBA, MA, RHIA, CHP, CCS
stacey.mcintosh2@memorialhermann.org

LEGISLATION DIRECTOR
Barbara Hayward, RHIT, CCS
bhayward@teamumc.com

CONVENTION/MEETINGS DIRECTOR
Curtis Rojas, MHA, RHIA
crojas@mckenna.org

PUBLIC RELATIONS DIRECTOR
Carol F. Smith, MBA, RHIA
csmith@mdanderson.org

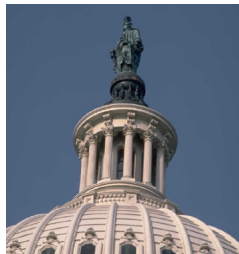
EDUCATION DIRECTOR
Rae Freeman, RHIA, CCS-P
mv_frer@etmc.org

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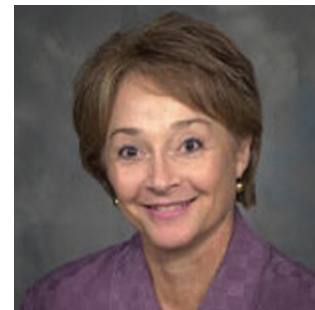
PRESIDENT'S MESSAGE

As I write this, another association year is coming to a close. Our annual meeting is just weeks away, a new board will soon accept their responsibilities, and a new fiscal year will begin. Endings are a time of reflection and closure as well as preparation for the new beginning. My reflections center around the activity of the TxHIMA and the Board of Directors.

During the 2007-08 TxHIMA year, some of the major activities of the Board includes:

- Attendance at Team Talks and Leadership Conference in Chicago by three of the board
- Strategic planning session held by the board, looking forward for the next five years while setting priorities for the current year
- Conducting the fall meeting and District Presidents meeting
- TxHIMA represented by five delegates in the AHIMA House of Delegates in Philadelphia
- A number of individuals actively participated in the myPHR campaign
- Continued development and enhancement of the TxHIMA web site
- Evaluated and selected several future sites for annual TxHIMA meetings
- Increased activity of the membership with the Texas CoP (Community of Practice)
- Secured qualified slate of candidates for the annual election with the largest percentage of membership voting as have had in many, many years
- One of the TxHIMA Board members elected to the AHIMA Nominating Committee with one of our members now on the AHIMA ballot for a Board of Directors position
- Held a board meeting to begin the budget planning process, update the TxHIMA By-laws, and review/update the policies and procedures
- Four individuals (three Board plus another member) attended the Winter Team Talks and Hill Day in Washington D.C. where contacts were made with the offices of several of our congressional representatives
- Were represented by two members at a state HOSA meeting
- The Executive Director maintained normal operations of the executive office through staffing changes
- The Executive Director evaluated options for some of the contracted service providers to the organization
- Issues of the TxHIMA Journal compiled and made available electronically

- Increased use of e-mail to inform membership of worthy news items and publicize upcoming workshops
- Held many educational opportunities for the membership to include the annual meeting, fall, winter and, spring meetings, coding workshops, coding round tables, exam review workshops, audio seminars, and regional meetings with a few of these co-sponsored meetings with other groups
- Related to fiscal responsibility, efforts were made to hold travel costs down by sharing rooms at time, some board members supporting a portion of the travel either work-related travel funds or personal funds. All other expenses for the organization have been carefully monitored while making sure that services provided to the members continues.



Sue Biedermann, MSHP, RHIA

My final personal reflection at this time is that TxHIMA is alive and well. It does take the commitment of many volunteers and the staff though as this does not happen by itself. We need dedicated, interested members to serve as volunteers whether it be to run for a position on the board, to serve as a meeting coordinator, support the activity of the annual meeting, provide a place for an educational meeting, help to identify speakers, be a speaker, recruit people to the active membership category, support the educational programs and meetings by attending and sending employees, recruit new people to the profession, and to provide feedback on educational topics. The value and benefit of a strong component state association is in the service that it can provide to the members and for the invaluable networking opportunities and opportunities for personal professional growth. But, TxHIMA is not the board or the Executive Office. TxHIMA is you.

Thank you for the opportunity to once again serve as the President of this organization. It has been a privilege.

Warmest regards,

Sue Biedermann

TxHIMA President

It's HiTime! myPHR.com

AHIMA launched the "It's HI Time, America!" campaign to heighten awareness and educate healthcare consumers on the importance of improving the management of their health information by developing personal health records (PHR). What an exciting time it is. The new campaign is in full swing. First the media campaign: two thousand, one hundred forty nine plus news reporters/outlets have received our news packet email including:

- 1050 newspapers
- 35 trades publications
- 774 television stations
- 117 radio stations
- 173 healthcare online services
- 250 TV stations begin receiving PSA (public service announcement) - aired approximately March 1
- 450 radio stations begin receiving PSA - aired approximately February 17

The spokesperson for the campaign PSAs is John Walsh, host of "America's Most Wanted". He actually has volunteered his time and AHIMA is thrilled to have gotten a commitment and endorsement from him.

The myPHR website is receiving record hits since the roll-out of the campaign. Records of 93,000 hits were made to the site in January. The average had been 24,000 per month prior to that.

Now it is your time to get on board. Please allow me to begin with some probing questions:

- Do you have a personal health record?
- Do you have a testimony of your experience in using a personal health record?
- Does your organization allow patients to bring in their personal health record? Incorporate into their provider health record?
- What can you do to promote the personal health record with your family? friends? organization?

We need *you*, volunteers to assist in the campaign. If you have not done so, please reaffirm your commitment to serve as a spokesperson, or presenter for the community at large. Please go to TxHIMA.org and click on resources, Special Interest Roster – Volunteer, for the "Willingness to Serve" form.

New tools have been developed to support information requests about the personal health record and they include:

1. PowerPoint Presentation (posted to the TxHIMA website)
2. Talking Points – myPHR.com
3. Talking Points – PHR Consumer Awareness Campaign
4. Talking Points – Consumer Awareness Campaign
5. Brief Op-ed for myPHR.com
6. Brief Op-ed for PHR campaign
7. Modular Speech with Directions and Reference
8. Public Service Announcement (PSA) – 30 seconds
9. PHR National Medical Report, Version One (6:30 minutes)
10. PHR National Medical Report, Version Two (2 minutes)
11. Letter to the Editor from Linda Kloss, CEO, AHIMA
12. Letter on myPHR.com from Linda Kloss, CEO, AHIMA
13. One-sheet /Promotional Flyer
14. PHR Campaign Press Release
15. myPHR.com Press Release
16. Free Health Forms – English and Spanish Versions
17. Sample Authorization Form

I look forward to each of you joining in on the movement.

Carol F. Smith, MBA, RHIA
TxHIMA
Public Relations Director

Winter Team Talks

Nicole Walker, RHIA, Associate Director, Health Information Management, M.D. Anderson Cancer Center

What a great time we had in Washington, D.C. this year at Winter Team Talks and Hill Day! This year, our state had four representatives to attend. The attendees were: Sue Biederman, Gwen Duffie, Carol Smith and Nicole Walker.

During Team Talks, members received various updates and had very interesting and engaging conversations. We had the opportunity to:

- Review AHIMA and FORE 2008 key initiatives
- Receive a presentation on “Creating Future Strategy: Leading from the Future”
- Review the update on HOD issue forums which included:
 - Adoption of the PHR
 - Diversity
 - E-HIM Professional Standards
 - Quality Data and Documentation in HER
 - Vision 2016

Needless to say, it was a very educational session and we received extremely valuable information.

The following morning, members reviewed the key advocacy issues and then headed to Capitol Hill to various appointments. We had the opportunity to meet with the Staffers from four of the offices. The issues we discussed were the RAC Program Moratorium, Adoption of ICD 10 CM and ICD 10 PCS, HIM Work Force Education, Genetic Nondiscrimination, Funding for the ONC and NIST, Terminologies and Classifications.

During our lunch break, we were able to tour the buildings and actually caught a glimpse of Senator Barack Obama! (Hill Day happened to be on the same day as the General Portreas hearing in which all of the presidential candidates were present!)



We found it to be a very gratifying day and specifically found it pleasing when the Staffers displayed knowledge of our issues and were able to provide their opinions and give feedback. Hill Day was also a reminder to each of us as to the importance our key advocacy issues and how each outcome can impact HIM as a profession as well as healthcare delivery in the United States. We, as TxHIMA members, need to do what ever is necessary to educate ourselves on the issues and keep them in the forefront. ■

Election Results for the 2008-2009 membership year:

400/2910 voted = 13.745% (18.5% more voters than the previous year)

2007: 326 voted

2006: 319 voted

2005: 243 voted

2004: 335 voted

Public Relations Director

Sabra Bozeman 216

Education Director

Terri Neal Frnka 204

President-Elect

Carol Smith 380

Educational Calendar

| Date | Fee | Topic | Location |
|---------------------------|-----|-------------------|----------------|
| June 2009 28-30 | TBD | Annual Convention | Dallas |
| June 2010 27-29 | TBD | Annual Convention | Corpus Christi |
| June 2011 27-29 | TBD | Annual Convention | Arlington |
| June 2012 3-5 | TBD | Annual Convention | Galveston |

Journal Article Gives Tips on Reducing Unnecessary One-Day Medicare Hospital Stays

The March/April issue of the *Journal of Health Care Compliance* includes an article written by Judi McCabe, director of the TMF Health Quality Institute hospital payment monitoring program, and Debra Holsinger, TMF hospital payment monitoring specialist. The article, "Special Project Focusing on One-Day Stays Achieves Breakthrough Results," describes an initiative unusual in that it used *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement* for achieving quality improvement in the health care utilization arena. Results described include reducing unnecessary one-day Medicare hospital admissions by 19 percent, far exceeding the project's goal of a three to five percent reduction.

The same article was printed in the October 2007 issue of the *TMF Review & HPMP Update*: <http://hpmp.tmf.org/Newsletters/tabid/515/Default.aspx> ■

AHIMA Annual State of the State Report 2007-2008



Submitted by: Sarah Glass

State association: Texas

Number of members in your state association: 4599

Average number of attendees at your Roundtable Meetings:
50 at regional meetings; 90 at state

Do you have access to contact information on credentialed non-members within your state association? No

Briefly describe your state's roundtable activities over the past 12 months:

Educational Programs

Topics

- HIM Advocacy: My PHR, Hill Day, CAC, ICD-10, Legislative Updates
- Clinical Data Sets, Vocabularies, Terminologies and Classifications
- MS-DRGs, CCs and MCCs
- RACS
- PEPPER
- PQRI
- Chargemaster; Infusion/Injection; Ambulance
- Physician Office; Home Health; Nursing Home; LTAC; Ambulatory Care; Psych; Rehab
- ICD-9-CM Coding
- LCDs, NCDs, and ABNs
- Students and Recent Graduates

Resources Used at Educational Programs

- Coding Clinic
- CPT Assistant

Links and pertinent pages from:

- My PHR: www.myPHR.com
- Hill Day: www.ahima.org/dc/hilldayinfo.asp
- Computer Assisted Coding: "Delving into Computer Assisted Coding" and "AHIMA Coding" Workflow Process Model in Resource Section of the CAC CoP
- Clarification of Clinical Data Sets, Vocabularies, Terminologies and Classification", by AHIMA's Coding Policy and Strategy Committee

- ICD-10-CM: AHIMA's position statement:
<http://www.ahima.org/icd10/documents/MicrosoftWord-ICD-10StatementApproved7-18-2007.pdf>
Legislative Proposals:
<http://www.ahima.org/icd10/legislative.asp>
ICD-10-CM and ICD-10-PCS preparation checklist:
<http://www.ahima.org/icd10/ICD-10PreparationChecklist.htm>
- Federal Register 2007 IPPS final rule
- Overview of Hospital Outpatient PPS:
http://www.cms.hhs.gov/HospitalOutpatientPPS/01_overview.asp#TopOfPage
- PQRI: <http://www.cms.hhs.gov/PQRI>
- Ambulance Fee Schedule:
http://www.hhsc.state.tx.us/pubs/021006_AmbulanceServices.html
- Infusion/Injection: Clarification of payment for drug administration at:
<http://www.cms.hhs.gov/transmittals/downloads/R902CP.pdf> – CMS transmittal 902, Change Request (CR) 4388 April 7, 2006; implementation date May 8, 2006. This is a clarification of the original transmittal R785CP (CR 4258) that can be found at:
<http://www.cms.hhs.gov/transmittals/downloads/R785CP.pdf> which was effective January 1, 2006.
- CMS website has links (look on the left side) for Ambulatory Surgical Centers, Community Mental Health Centers, Critical Access Hospitals, End Stage Renal Disease Facility Providers, Home Health Providers, Hospices, Hospitals, ICFs/MR, Clinical Laboratories, Nursing Homes, Psychiatric Residential Treatment Facility Providers, Psychiatric Hospitals, Outpatient Rehab Facilities, Inpatient Rehab Facilities, Rural Health Clinics:
http://www.cms.hhs.gov/CertificationandCompliance/01_Overview.asp#TopOfPage
- Nursing Homes: <http://www.tmf.org/nursinghomes/hottopics/index.htm>

continued...

Annual State of the State Report cont.

- Home Health: <http://www.tmf.org/homehealth/update/index.htm>
- Physician Offices: <http://www.tmf.org/poqi/qualityupdate/index.htm>
- Nursing Home Pay for Performance and Quality Measures: www.extendedcarenews.com/article/7830# and www.cms.hhs.gov/NursingHomeQualityInits/10_NHQIQualityMeasures.asp
- Home Health Quality Measures: www.medicare.gov/HHCCompare/Home.asp?dest=NAV/Home/Datadetails#TabTop
- Rehab – Proposed Rule for Rehab IPPS 2007: <http://www.cms.hhs.gov/InpatientRehabFacPPS/downloads/cms1540p-display050806.pdf> (164 pages)
- Latest list of comorbidities for Rehab Units: http://www.cms.hhs.gov/InpatientRehabFacPPS/07_DataFiles.asp#TopOfPage (Select FY 2008 Data Files; Open compressed file 1551 F-Data files; Select Appendix C)
- Educational Information for Rehab PPS facilities: http://www.cms.hhs.gov/InpatientRehabFacPPS/08_Education.asp
- National Uniform Billing Committee (www.nubc.org): <http://www.nubc.org/public/whatsnew/UB-04Proofs.pdf> – provides a crosswalk from UB-92 to UB-04.
- ICD-9-CM Diagnosis Codes: <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/> Provides information related to ICD-9-CM, including:
 - Updates to ICD-9-CM (addendum)
 - Process for requesting a new/revised code
 - ICD-9-CM Coordination and Maintenance Committee meeting agendas and summary reports
 - Registering to attend an ICD-9-CM Coordination and Maintenance Committee meeting Official coding guidelines
 - List of new/revised and deleted codes
 - Downloadable file of diagnosis and procedure codes and their abbreviated titles Conversion table (mapping of charges to ICD-9-CM)
 - Information on ICD-10-PCS
- TMF Health Quality Institute: <http://www.tmf.org/>
- Top 10 DRGs Resulting in Denials: <http://www.tmf.org/update/2006-06/1top10.htm>
- Excellent Powerpoint presentation on DRGs and CC Pairs at: <http://www.pepperinfo.org/coding-drgs-and-cc-pairs-presentation-slides.html> Click on the “view presentation” link.
- RACs: www.cms.hhs.gov/rac/
- 2007 RAC Status Report: www.cms.hhs.gov/RAC/Downloads/2007%20RAC%20Status%20Document%20vs1.pdf
- POA Guidelines: www.cdc.gov/nchs/datawh/ftp/ftp9/icdguide07.pdf
- Never Events: See “Fact Sheet/FAQ” at <http://psnet.ahrq.gov/resource.aspx?resourceID=3816>
- Hospital Quality Measures: www.cms.hhs.gov/apps/media/press/fact_sheets.asp
- PEPPER: <http://www.pepperinfo.org/cms-target-areas.html> Presentations and information regarding DRG and utilization measures in the Program for Evaluating Payment Patterns Electronic Report (PEPPER).
- HPMP: <http://www.hpmpresources.org/> A comprehensive resource for the Hospital Payment Monitoring Program, this website includes guidelines, educational presentations and articles for problematic DRGs and diagnoses as well as tools for data collection and analysis.
- HPMP Compliance Workbook: <http://www.tmf.org/hpmp/tools/workbook/index.htm>
- The Office of Inspector General’s (OIG’s) Compliance Program Guidance for Hospitals: <http://oig.hhs.gov/authorities/docs/cpghosp.pdf>
- The OIG’s supplemental compliance program guidance: <http://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>
- LCDs for Texas: <http://www.trailblazerhealth.com>
- National Lab Policy: http://www.cms.hhs.gov/CoverageGenInfo/05_LabNCDs.asp#TopOfPage
- National Coverage Decisions: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd
- To find Local Coverage Decisions for other states for references, go to <http://www.cms.hhs.gov/mcd/search.asp> and click on “Local Coverage”, pick “All States”, select CPT/HCPCS, and type the CPT code in the pop-up box.

Resources for Students, New Graduates, and Job Seekers:

- **Add a new dimension to your career development by volunteering** at the state (<http://www.txhima.org/volunteer.htm>) or local level (see the TxHIMA district map by click on the your area <http://www.txhima.org/committees2.htm>).

continued...

- **Become a member of AHIMA.** Once you are a member, you have access to these resources:

Body of Knowledge (BoK) – go to www.ahima.org and click on the icon at the top right of the screen. This gives you access to *Journal of AHIMA* articles published since January 2000, *AHIMA Advantage* articles published since January 2002, AHIMA practice briefs, position statements, job descriptions, and other Association information, government publications such as parts of the Federal Register and DHHS documents, practice guidance reports, and other HIM links. On the left side of the screen, you can browse HIM topics such as “Coding/Classification.” Use the Quick Search or Advanced Search functions to locate resources.

Student CoP (Community of Practice) – join the COP and ask for a mentor by 1) posting a discussion thread or 2) go to the Mentor biographies listed under Community Resources, select a mentor and send an email. AHIMA established the Mentor Program in 2003 to give students a way to make connections with HIM professionals. There are currently 22 mentors listed.

CodeWrite Community News is an electronic resource found in the Coding Community of Practice and is available to student members.

AHIMA's **Job Bank** is a great place to seek new opportunities to make progress in your career. The Job Bank provides multiple features like “My Resume,” which provides assistance to the new graduates not only in creating a professional resume but also in posting it. Through this exclusive feature, HIM recruiters and employers have an opportunity to seek you out. To make it more efficient for fresh graduates, job postings can be searched by job category, state, country, and keywords.

<http://www.ahima.org/certification/> has tips on taking the exams listed under each credential. Click on the credential, and see the section titled “Preparing for the Examination.”

Job Search Sites: ahima.org, txhima.org, careerbuilder.com, monster.com, healthmanagementjobs.com, himjobs.com, himrecruiters.com, and medicalrecordsjobs.com

Methods of Delivery

- Powerpoint presentations
- Roundtable discussions

Length of meeting

- Three hours for regional meetings
- One and a half hours at state conference

Location of meeting

- Hosted by colleges with HIT programs, hospital medical centers or other meeting locations in different regions in Texas

Type of meeting

- Instructor-led meetings and informal discussions

Number of meetings

- Two state conferences, six regional meetings, with more planned in the Fall.

Revenues

- Avg \$400 per roundtable

Other Activities

What do you think was the best idea/event leading to success during that time?

This year we combined coding roundtables with area HIM meetings to promote attendance at area HIM meetings.

What challenges/obstacles did you face during that time?

We are still having challenges getting the word out to non-members. Some small hospitals in Texas don't even have departmental email.

Do you feel that the resources on the AHIMA Coding Roundtable CoP are of high quality? Why or why not?

Yes. The sample strategic plan was helpful in formulating our state plan. The forms (sign-in, survey, etc) are very helpful.

What additional tools/resources do you feel you need that you do not have access to?

Does AHIMA have a list of coders or people with coding credentials by state that could be shared?

What are your goals for the coming year?

Continue to enhance development of coding roundtables in Texas.

Do you have any notable accomplishments from your roundtable events that you would like to share with the group? (Creative ideas encouraged!)

In identifying area facilities, I found this online reference. You can enter a city, and it will list any hospitals or medical centers in that city, and other hospitals/medical centers near that city as well as the distance (helpful in planning roundtables where coders don't have to drive more than two hours to get to a roundtable): <http://www.city-date.com/city>

Additional questions/comments:

Coding Roundtable Coordinators Objective for 2007-2008 Strategic Plan for Advancing Coding Practice



Submitted by: Sarah Glass, State: Texas

Strategic Issue 1: e-HIM ®

Electronic health information management (e-HIM ®) must become a reality for all members of the AHIMA community in order to achieve full deployment of electronic health records (EHR), personal health records (PHR) and the national health information infrastructure (NHII).

| Goals | Strategies | Focus Area |
|--|--|----------------------------|
| Position AHIMA as the acknowledged leader in adopting advanced classification and vocabularies | <ol style="list-style-type: none"> 1. Advocate adoption of ICD-10-CM and ICD-10-PCS. 2. Provide an understanding of the difference between a classification and a vocabulary. 3. Encourage participation in Hill Day. | Advance advocacy positions |
| Improve connections between ICD-10-CM and ICD-10-PCS implementation and coding professionals | <ol style="list-style-type: none"> 1. Provide regular updates on the adoption of ICD-10-CM and ICD-10-PCS at continuing education sessions 2. Publicize the resources offered by AHIMA that support the adoption of ICD-10-CM and ICD-10-PCS | Advance advocacy positions |
| Advance implementation models for computer assisted coding systems | <ol style="list-style-type: none"> 1. Provide education or resources on CAC 2. Identify what are the changes to the coding profession as a result of CAC, EHR and other technologies. 3. Coders need to be "at the table" when technology discussions are occurring. 4. Add additional resources on remote coding practices. | Advance advocacy positions |

Strategic Issue 2: Leadership/Engagement Impact

To insure the advancement of coding practice, coding professionals must continue to educate themselves on the issues surrounding and shaping the healthcare industry. Practicing coders need to continue to develop and strengthen their coding skills and mentors those who are currently students in the coding profession.

| Goals | Strategies | Focus Area |
|--|---|------------|
| Workforce Readiness | <ol style="list-style-type: none"> 1. Hold at least four roundtable continuing educational sessions per year to keep up with the changes in coding practice. 2. Discuss how we as coders support clinical documentation improvement. 3. Mentorship of students and colleagues. | Education |
| Design educational delivery routes appropriate for coding professionals | <ol style="list-style-type: none"> 1. Conduct coding roundtables. 2. Networking Breakfast at national convention to keep momentum going. 3. Use Coding Clinic references. 4. Work with CSA to attend the Clinical Coding Meeting at National Convention. | Education |
| Provide resources to the Coding Roundtable CoP to support consistent coding educational sessions | <ol style="list-style-type: none"> 1. Add a discussion thread on the CoP. 2. Provide a list of speakers on coding topics. | CoP |

Strategic Issue 3: Building Value

To insure the value of coding professionals within the healthcare industry a focus of life long learning must be accomplished as well as an opportunity to share knowledge. Coding professionals must provide education and to other members of the healthcare industry by building value of the current credentials and opportunities as well as navigate towards the future. Coders need to be able to educate others regarding coding skills and knowledge that contribute to items such as severity adjusted DRGs, present on admission reporting and quality report cards.

| Goals | Strategies | Focus Area |
|---|--|------------|
| Enlist members as advocates for advancing the coding profession | <ol style="list-style-type: none"> 1. Provide feedback to AHIMA to new federal rules. 2. Provide feedback from roundtables 3. Provide specific examples on payer issues | Outreach |
| Increase data gathering, feedback from coding professionals | <ol style="list-style-type: none"> 1. Use CRC feedback form to identify differences in coding practices 2. Write questions to AHA, HCPCS regarding specific coding issues | Outreach |
| Engage coding professionals in non traditional settings | <ol style="list-style-type: none"> 1. Increase variety of topics at CRCs | Outreach |

Strategic Issue 4: Grow and Strengthen AHIMA

Coding professionals work in a variety of healthcare settings and fields. Better connections need to be formed within the healthcare industry to continue to facilitate an understanding of the importance of coding consistency. It is crucial that coding professionals are viewed as the leader in the use of coding and classification systems to the healthcare industry at large.

| Goals | Strategies | Focus Area |
|---|--|------------|
| Increase recognition of coding professional's credentials and expertise | <ol style="list-style-type: none"> 1. Pose the question at a CRC, what are professionals doing to increase recognition. 2. Suggest the State CSA can host a state coder day. 3. Work with AHIMA to recognize a state clinical coding professional day | Outreach |
| Increase Roundtable Participation | <ol style="list-style-type: none"> 1. Provide cost effective roundtables by holding them at a local facility. 2. Hold Saturday, afternoon or events aimed at front line coders. | |