SHORELINE COMMUNITY COLLEGE
ADVISORY COMMITTEE MEETING

PROGRAM  Health Care Information Programs  DATE  June 2, 2009
PLACE  Room 2327  TIME  3:00 p.m.

MEMBERS

COLLEGE REPRESENTATIVES

STUDENT REPRESENTATIVE
*Nicole Dupler-Steen

*members present

WELCOME
All were welcomed to the meeting by Sheila Green-Shook, Chair.

PROGRAM OVERVIEW
Donna Wilde provided an overview of the HCI Programs. There are 14 graduating HIT students this June. For the 2009-2010 Academic year, there are estimated to be 169 full and part time students, 19 who plan to be second year HIT students. Of the 150 first year students planned for next year, 100 are enrolled for HIT and/or HIT and Medical Coding, while 50 are signed up for coding only. Nine of these coding students will be graduating at the end of Fall 2009. Approximately half of all the HCI students are part time and at various stages of program completion. A breakdown of HCI students by geographic area was provided. Approximately 65% are from Shoreline, other Seattle (not Shoreline), Eastside and South Snohomish County, 15% from other areas of Washington state, and 20% from out of state. Shoreline has received approximately 500 inquiries into the program since April 2008, all of whom are advised by either Gloria Anderson or Donna Wilde. Approximately 20-25% will convert into actual Shoreline HCI students.

During the past academic year, the entire curriculum was reviewed and all 19 courses were updated with revised master course outlines. The college removed PE as a requirement for all associate degree programs. The three PE credits no longer required in the program were reassigned to other courses in the curriculum – Quality Improvement in Health Care and Alternate Care Record Systems. Currently there are two full-time and four part-time faculty in the program. Part-time faculty include Ellen Braun, RDH, who teaches Human Diseases and Pharmacology. Kelly Johnson, RM, SM (MCASCP) a microbiologist and Anita Ostrander, HT (ASCP), Q (IHC), a histotechnologist, teach the Medical Terminology courses. Toni McKay, RHIT, Clinical Integrity and Compliance Analyst at Providence Health Systems in Everett, teaches the Management and HIT Capstone courses.

This was the first academic year that the entire program was taught online and faculty have used a variety of technologies for its instruction. Gloria discussed Elluminate, the webinar-type software that can be used for real time instruction for students. It allows the use of PowerPoint slides while the students listen to her (similar to a face-to-face class), provides the ability for students to ask and discuss issues, break out into small groups for a while and then report back to the main group, etc. Gloria has used Skype extensively in her classes as well for single conversations with students or group discussions. Blackboard is the current software program that the college uses for online teaching, but may switch to a new program called Angel.

HCI faculty have worked with office support staff to revise administrative processes for tracking and responding to this increased advising load to make it more efficient.
All graduates who took the national RHIT exam during this past academic year passed. Results were reviewed and almost all areas showed scores at or above the national average, with just a few slightly below. The lowest was for Medical Reimbursement (94% of national average) and this course will be reviewed again this year. The highest score was for project management (127%).

ASSOCIATE DEGREE-LEVEL COMPETENCIES FOR IMPLEMENTATION OF EHR

The one-page document, Academic Timeline for HITECH and ICD-10-CM/PCS sent to all CAHIIM accredited programs by AHIMA, was reviewed. It was determined that this HCI Advisory Committee meeting would focus on the HITECH portion and the Fall 2009 meeting would focus on ICD-10. The timeline document compared the timeframe for implementation of EHRs in acute care and physician practices, AHIMA assistance needed for academic programs, faculty education required, and competencies of HIM graduates. With this timeframe, CAHIIM programs need to incorporate corresponding content in their curricula. It was noted that in early 2010 this group of HIM students will graduate with expectations of being competent in EHR implementation and usage for acute care and physician practice.

Also reviewed was the document Health Information Management and Informatics: Core Competencies for Individuals Working with Electronic Health Records, published October 2008 by AHIMA and the American Medical Informatics Association (AMIA). Also provided to the committee was a copy of the first page of the website maintained by the federal government for health information technology at http://healthit.hhs.gov.

Gretchen Murphy then distributed curriculum information for the baccalaureate program in Health Informatics and Health Information (HIHIM) Program at the University of Washington and the draft curriculum grid for their proposed Masters HIHIM degree. She noted that with each higher academic level, the depth of content and applications was deeper, involving more critical thinking and analysis skills. In their programs there are many group assignments and onsite capstone management projects. Leadership, management, professionalism, problem solving and decision making skills are emphasized throughout both programs in addition to other discipline-specific content, including EHR, quality improvement, statistics and research. Advanced-level instruction related to health care databases, other EHR concepts, clinical systems management, clinical vocabularies and mapping, enterprise health informatics and health record compliance will be covered at the masters level.

The information given by Gretchen provided a framework for the discussion related to EHR implementation that could be taught at the two-year HIT level. The curriculum for Shoreline’s two-year HIT and the five-quarter Medical Coding and Reimbursement Specialist Programs were also available to the committee for review.

A long discussion among committee members then began in which numerous ideas and comments were presented regarding what is needed for the two-year programs based on their real-world experiences in EHR implementation in their own facilities for both scanning systems and those systems where data is directly entered into the EHR (or hybrid containing both types). These included many major workflow changes and issues that need to be addressed to equate HIM processes for the paper-oriented health records with EHR systems. Discussion included

- release of information from EHRs
- corrections in legal documents
- security matrices
- clinical documentation location and medium storage matrices – source system vs system of record
- e-Discovery
- audit trails
- password management
- review of records for documentation deficiencies
- interfacing between systems
• table building, data field requirements
• dealing with different versions of a product
• flow of information throughout the patient’s stay
• development of templates for health practitioner data entry
• document order/location with a patient record (paper vs electronic)
• screen design, and the format of printed reports compared to what is shown on the screen

Issues surrounding scanning of reports for document imaging was discussed at great length including
• preparing paper documents for scanning (removal of scotch tape, dealing with tri-fold documents, paper written on both sides, staples, folded corners)
• the scanning process and use of folder symbols showing completion of scanned records (red dots show that the chart is prepared for scanning, green dots show that chart has been scanned)
• naming conventions for forms
• chart order prior to scanning
• indexing
• the use of scanned documents in conjunction with other EHR formats within one patient’s record (hybrid)

Projects in regular course work or on practicum include:
• comparing assembly/chart order for paper records vs EHR
• writing guidelines/criteria for EHR procedures including scanning of records
• taking a module, e.g., nursing, and comparing three vendors
• comparing three or four vendors of ambulatory care/physician office practice EHRs with CCHIT
• determining productivity/timelines for scanning old records vs abstracting prior charts for current EHR including time to abstract or scan one chart, number of charts, cost per unit, total costs
• building tables
• data entry into EHR
• locating information within an EHR
• auditing EHR data for quality of data; quality improvement activities (e.g. MAs doing Schedule II drugs)
• statistical reports on EHR data
• auditing for security (e.g., third floor nurse looking at a patient’s record on the second floor nursing station).

Other general discussions included
• the roles of HIM staff vs IT staff and health care providers
• what should HIM “own” in the EHR vs IT
• general implementation issues
• quality and core measures

Shoreline faculty will review the current curriculum, determine level of current coverage in the above items, and determine where additional data/projects can be incorporated into existing courses or whether additional courses need to be developed. This will be sent out to the committee sometime during the summer via email for review and comment to allow incorporation into the 2009-2010 curriculum where possible, with full implementation during the 2010-2011 academic year.

**HCI PROGRAM CAPACITY**

Discussions took place on the major growth in the HCI programs at Shoreline since the program went online. Concerns have been raised by the two-full time faculty regarding the number of students and graduates needed due to issues of lack of sufficient full time faculty for advising, strain on the existing support staff, and possible “flooding of the market” with too many students. Tacoma Community College also has its HIT program totally online but does not have a coding certificate program. They have approximately the same number of HIT students and inquiries. At the present time they have four full
time faculty (one position will be lost that was paid by soft money). Shoreline’s two full-time HCI faculty each advise between 75-80 students and handle about 250 general inquiries each year. Nationally, the student:faculty ratio is approximately 1 faculty:30 students or less.

Discussion took place regarding downsizing of HIM departments and the fact that most basic clerical positions are disappearing due to the implementation of EHRs, and those that remain are filled by current employees of the facility. Many of the hospitals are requiring the RHIT credential along with the CCS for coders, so the coders should anticipate that most positions available will be in physician offices/clinics and hospital outpatient settings. It is difficult to anticipate the number of RHIT positions, but graduates need to consider a variety of health care settings for employment, not just the inpatient acute care setting.

Recommendation: The HCI Advisory Committee recommends that the program stay at current levels for numbers until such time as more full-time HIM faculty advisors are available and when the market shows increased demand in the future.

MEDICAL CODING AND REIMBURSEMENT SPECIALIST

It was noted that the curriculum must include ICD-10 instruction. Gloria indicated that this is currently being covered to some extent, but that more instruction will be needed each year requiring both ICD-9 and 10 to be required in the curriculum on an equal basis. Finally, ICD-10 (and not 9) will be the coding system taught by 2012. Also, information about Transaction Standards 5010 for reimbursement using the new ICD-10 system will need to be covered as well.

Discussion took place regarding whether the community HIM practitioners will need ICD-10 training on a CE basis and whether Shoreline could take a role in this activity. It was noted that AHIMA is charging a great deal of money for ICD-10 seminars. Gloria indicated that for those who already know how to code ICD-9-CM, that a two-hour training session is sufficient to obtain knowledge regarding coding in the new system.

It was noted that coded data are being reviewed for quality in many ways, and quality scores are being published. A number of coders work with RNs on the nursing units while the individual is an inpatient for coding purposes. Present on Admission (POA) issues need to be covered as well.

ADJOURNMENT

The meeting adjourned at 4:30 p.m.