WELCOME
Members were introduced and all were welcomed to the meeting by Sheila Green-Shook, Chair, at 2:30 p.m. It was noted that Clytie Causing has been appointed as the representative of the Martin Luther King, Jr. County Labor Council, AFL-CIO to the Advisory Committee. She is Executive Director of the SEIU Healthcare 1199NW Multi-Employer Training and Education Fund.

PROGRAM OVERVIEW
Donna Wilde provided the committee with a program update. There were 17 second year students, including 14 who will graduate between June-December 2010 and 2 part time students who will graduate June 2011. There were 110 first year Health Information Technology (HIT) and 19 Medical Coding and Reimbursement Specialist (MCRS) students including 8 who graduated at the end of Fall quarter. 12 students dropped sometime during the year after completing one or more classes or 9% attrition rate. Drops included those for financial, personal, or academic reasons.

For the 2010-2011 academic year, there will be 57 second year HIT students (35 local, 11 in Washington state but not in the Seattle area, and 10 out of state), 87 first year HIT students and 40 MCRS students. 8 current coding students will graduate the end of Fall 2010. These numbers include full and part time students. Approximately 60% are from the Seattle area, 20% are Washington residents residing outside this area and 20% are from out of state.

97 applicants to the HCI programs were processed between January 2 and April 30 2010 for Fall 2010 entry. The program is now full for both full and part time students for the next academic year. The next application period begins January 2011 for the Fall 2011 entry point.

Faculty include Donna Wilde and Gloria Anderson who have full time status. Part-time faculty include:
- Ellen Braun, RDH, teaches Human Diseases and Pharmacology.
- Kelly Johnson, RM, SM (MCASCP) a microbiologist, teaches Medical Terminology
- Anita Ostrander, HT (ASCP), Q (IHC), a histotechnologist, teaches the Medical Terminology
- Toni McKay, RHIT, Clinical Integrity and Compliance Analyst at Providence Health Systems in Everett, co-teaches the Computers in Health Care and the Hospital/Clinic Records courses and is the main instructor HIT Capstone course
- Ellen Cadwell, RHIA – co teaches the Hospital and Clinic Records course and is the main instructor for the Medical Reimbursement course
• Dawn Lui, RHIT from MedAssets – co-teaches Basic ICD-9-CM and is one of the main instructors for Intermediate Medical Coding
• Jeannette Neibert, RHIA, from Grays Harbor Community Hospital in Aberdeen teaches Alternate Care Records
• Patty Gillespie, RHIA from Medford, Oregon teaches Human Diseases

With the email concurrence of the Advisory Committee, the Health Care Information (HCI) Programs umbrella name was officially changed to Health Informatics and Information Management (HIIM) effective Summer 2010. The individual HIT and MCRS program names will remain the same.

Shoreline did not receive the $1.3 million federal Department of Labor Grant for which it had applied last summer to develop a short term training program for Electronic Health Records. SCC did not participate in the two consortium grant applications from the Washington State community colleges (under the leadership of Bellevue College) for the short term health informatics training programs since Shoreline already has the associate degree program in HIT and the other two grant applications did not provide additional funding for more full time HCI faculty.

Donna and Gloria gave a one-hour presentation about the HCI programs to the SCC Board of Trustees December 2009. Both faculty have been participating in the SCC Faculty Learning Community throughout the year to learn about best practices for online teaching and to incorporate principles from the Quality Matters evaluation system for online courses. Ellen Cadwell, a part time HCI faculty member, worked extensively winter quarter with AHIMA regarding major issues with the Virtual Lab due to version changes in software and the fact that the AHIMA computer system was undergoing major changes. These problems should now be resolved for this upcoming academic year. However, faculty plan to have everything organized and tested with individual student computers prior to the beginning of winter quarter so that students can start their V-Lab activities at the beginning of the quarter.

PROGRAM DIRECTOR REPLACEMENT

Gloria, chair of the screening committee for the HCI Program Chair hiring committee, indicated that the position was advertised in a variety of media and that the committee is in the interview stage of the process. The person who is chosen to replace Donna Wilde who is retiring, will begin employment mid September. The committee members present requested that they be notified once the person is hired. Those present then had refreshments brought by the committee members and Donna thanked the committee for all their help and support to the program over the years.

PROGRAM EVALUATION

Detailed results of the evaluations provided in the CAHIIM annual report were then reviewed. These are for the students who graduated June 2009. There were 14 graduates, 10 are employed, 1 is continuing her education to receive her bachelor's degree in HIM, and 3 graduates are lost to contact. A graduate online survey was done with a 43% return rate. All showed that the graduates agreed or strongly agreed on all statements except for one student who was neutral on one item. An employer online survey was done with a 63% return rate and all agreed or generally agreed with all statements. It was noted that several respondents had not hired a student during the past year. Strengths of the program identified by the employers were the fact that the students had a great foundation in coding which made it easier to train them for more complex coding on the job, regulatory knowledge, skills at Microsoft computer applications, exposure to HIM departments, students/graduates were eager to learn and they had a good grasp of the HIM environment and processes. Comments/suggestions for the program included the fact that students during clinical practice are too focused on doing coding and miss out on other HIM opportunities. Some of the ESL students/graduates have major language skill difficulties. It was noted on the survey's that there are not too many job openings in the Seattle area at this time.

Results of the AHIMA RHIT exams for the October 1, 2008 through September 30, 2009 year were shared again briefly since these were reviewed more extensively at the last meeting. 13 Shoreline
students took the exam during this time and there was a 100% pass rate. Shoreline graduates were at or above the national mean in all categories, and overall was 6% above the national average.

**MEDICAL CODING PROGRAM**

Gloria discussed the MCRS 5-quarter coding program and that the students take almost identical classes as the HIT students. Many of the coding students continue their education and finish the last two quarters to obtain their HIT degree and RHIT credential in addition to the coding certificate and credentials. She has been incorporating some ICD-10 instruction in current courses, and will be adding additional instruction during 2010 and 2011 in order to meet the requirements of AHIMA and CAHIIM. She will be receiving ICD-10 training through AHIMA in New Orleans this summer.

The committee then discussed timing issues regarding how much ICD-10 should be covered since it isn’t being implemented until late 2013; if taught too soon then the knowledge and skills are forgotten. If taught too late then graduates would not be prepared for their credentialing exams and employment. Discussion also took place regarding when ICD-9-CM instruction should be totally phased out, which can be a problem when employees must access the legacy systems for coded data. It was noted that this is a difficult balance, because students only have a limited time for instruction and it will be difficult to have graduates at high skill levels in both systems. Guidance from AHIMA and CAHIIM will be followed and ongoing advice from the Advisory Committee will be needed during the next 1-2 years on this issue.

It was noted that the Advisory Committee input will also be sought next year regarding the timing of continuing education for ICD-10 that can be provided by Shoreline, the types of training that might be offered in face-to-face sessions or in online format for currently employed coders, physicians and other allied health professionals who do coding on the job.

The committee indicated that credentials required for employment as coders in the Seattle area will vary, but usually RHIT, RHIA, CCS are needed, but the CCS is the most important for inpatient coding. Some require CCS plus either RHIT or RHIA. Both CCS-P and CPC are excellent for outpatient coding.

**CLARK COLLEGE 1 + 1 ARTICULATION AGREEMENT**

Shoreline has been in ongoing discussions with Clark College in Vancouver, which has a one-year Health Information Specialist certificate program under the direction of John Clausen, RHIA to develop a 1+1 articulation agreement which allows graduates of Clark’s program to transfer directly into Shoreline’s second year HIT program. Exchange of materials and meetings have been ongoing during this year to assure that the courses are comparable. Donna has verified with CAHIIM that this is a satisfactory concept. They have concurred but cautioned Shoreline to assure the quality of Clark’s program since their graduates will be included in Shoreline’s outcomes. Students from Clark will not affect clinical practice placement in the Seattle area facilities since they will continue to reside in their own city and can do their internships and seek employment in the Vancouver area. Committee members wanted to know if this will affect Shoreline’s ability to take enough students from the Seattle area. It was pointed out that the numbers from Clark are not anticipated to be large at this time. Additional sections of courses can be added at SCC with part time faculty hired if needed, and that the agreement is for only three years, with either college able to discontinue the agreement at any point. With this in mind, the committee concurred that SCC should move forward.

**PROFESSIONAL PRACTICE EXPERIENCE**

HCI 179 Clinical Practice I, normally offered in the summer between the first and second year of the programs, has been discontinued with the concurrence of the Fall 2009 Advisory Committee. Professional Practice Experience (PPE), the new title for the HCI 234 Clinical Practice II course is offered winter quarter and is a 15 day practicum. In the past AHIMA/CAHIIM was somewhat prescriptive regarding the amount and types of clinical practice required, but because of the advent of the Virtual Lab and due to the difficulty in obtaining sites, requirements have changed to allow more latitude for the
students and the programs. The CAHIIM Board indicated that there must be HIM experience at an actual worksite, and that the experience must relate to higher level competencies. It was noted that students can either do the traditional variety of experiences or to specialize in one or two areas, depending on their goals after graduation. A questionnaire will be sent to the hospitals, clinics, and other types of facilities this summer regarding whether or not they can take students, how many, how long and the types of activities students could practice and/or discuss with supervisors and staff. Donna noted that we need to try to organize as much as we can early this year due to the large numbers of second year HIT students planned for next year (approximately 57 or 58). Students have already submitted their requests for acceptance into the second year of the HIT program for next year and have indicated their preferences for clinical practice activities/sites. Skype or Elluminate (webinar) sessions will be held with students this summer to discuss this more fully.

The committee then discussed whether or not it is a good idea to allow students to specialize in 1 or 2 areas in their clinical practice since it is very important that they see the workflow in the HIM department. Based on the results of the survey, more discussion with the committee will be done during the Fall 2010 meeting.

**DETERMINING THE NUMBER OF HIIM STUDENTS TO ACCEPT IN THE FUTURE**

A lengthy discussion took place regarding the number of HIIM students that should be accepted into the program in the future based not only on number of clinical practice sites but the employment opportunities as well. There seems to be a major disconnect between the large numbers of new jobs being projected by the federal government, AHIMA and Health Information Management Systems Society (HIMSS) and what actually seems the true picture, at least in the Seattle area. Part of this is due to the fact that there are two CAHIIM-accredited HIT programs (Tacoma and Shoreline) and one CAHIIM-accredited HIA program (University of Washington) in the area graduating large numbers of students. No one really knows where the federal government obtained its data regarding these numbers, but the federal funds to develop short term training programs for displaced IT workers was based on a perceived need for vast numbers of workers to help implement electronic health record systems in physician clinics. Donna noted that in one of the grant opportunity notices, the information regarding these large projections was based on HIMSS data. Bellevue College is leading the consortium in this state for these short term training programs in many community colleges so the market will be flooded with individuals with limited training. It was noted that at the last WSHIMA meeting, one of the panel members who is working on the IT side of EHR implementation stated that although they are looking for large numbers of individuals now, it is for the basic levels of work such as data entry into database tables, etc., and that once EHR implementation is complete, the numbers of employees will lessen dramatically. Gretchen Murphy indicated that many of her bachelor's degree graduates are now taking positions that would normally be held by associate degree HIT graduates (such as scanning, etc.) and that she tells the students when they first begin that the job market is tight and that they may have to move elsewhere for employment.

One suggestion was to do a survey of individuals in this area. David Cunningham suggested that we do this through the Advisory Committee instead since most of the large hospitals in the area were represented. It was agreed that next fall the Shoreline advisory committee will take the lead in determining what the need is in the Seattle area regarding numbers and types of HIM employees to assist in helping to determine the number of actual positions. Jill Burrington-Brown suggested that committee members talk directly with other committee members and HIM managers not on the committee and the committee concurred. Jill, Kay Anderson and Sheila Green-Shook agreed to be an ad hoc committee to help SCC faculty on this project.

Extensive discussion took place regarding Highline Community College's plans to start a CAHIIM-accredited HIT program and the major impact this would have for Shoreline CC, Tacoma CC, and the University of Washington’s HIM programs in terms of lack of sufficient clinical practice sites and flooding the market for employment. David Cunningham agreed to prepare a draft of a letter from the Shoreline Advisory Committee to Highline and the State Board opposing their intent to start the HIM program based on 1) lack of sufficient clinical practice sites, 2) flooding the job market, and 3) that Highline planned on focusing on HIM in outpatient facilities, but CAHIIM requires that HIM in all types of facilities be covered.
[Please note: since this discussion, we were informed by the Tacoma CC HIM Director that they just heard from Highline CC that they decided not to start the HIM program due to lack of ability to locate a qualified program director and that it would be too difficult to start a new program. Therefore, the letter from SCC Advisory Committee will not be sent. An email was sent to all Advisory Committee members advising them of this.]

**ADJOURNMENT**

The meeting adjourned at 3:30 p.m.