PRESIDENT’S MESSAGE

Aurae Beidler, MHA, RHIA, CHC, CHPS, aurae.beidler@gmail.com
President

Fall is in the air! I hate to admit it but the days are getting shorter and the nights cooler. This year, I’m actually embracing the transition to Fall (rather than stubbornly holding on to summer), for many reasons, some of them being:

- AHIMA Annual Convention (October 7-11 in Los Angeles) is on the West Coast this year! I hope you’re able to attend the convention or one of the pre-convention conferences on coding or privacy and security;
- AHIMA House of Delegates meets Sunday October 8th in Los Angeles to discuss topics affecting the HIM profession, such as Business Process Outsourcing, Consumer Engagement, HIM Reimagined, Professional Development and Leadership and Future of the House. Each of our five OrHIMA Delegates will be attending and reporting back on what is discussed;
- Fall Institute will be on Friday October 27th at Salishan Golf and Spa Resort! Just over an hour from Salem and just over two hours from Portland, I’m excited that we’re trying a new venue. Come celebrate the end of our 75th year with excellent speakers and exhibits. The agenda and registration will open within the next few weeks; and
- The return of football! College or NFL; I’m excited.

I’m also excited to get a few new/continued initiatives going this year, one of which just kicked off this week - the Membership Engagement Committee/ Workgroup. This group will work towards four goals:

1. Increase membership
2. Increase value of membership
3. Increase OrHIMA volunteers
4. Increase student engagement (related to all three above).

We’d love to have you on this group so please let me know if you want to join. Some of the items that came out of our kickoff brainstorming event include:

- Providing HIM Awareness campaign brochures to schools including high school career counselors and health careers classes, job fairs;
- Revising the OrHIMA website with the focus on engagement and how to get involved, including social media participation;
- Participation in board meetings or town hall meetings;
- Assisting students on exam completion with student groups, encouragement to take the exam before the deadline;
- Meet and greet events across the state with CEUs and invited speakers;
- Mentors at tables during events.
We’re also making another attempt at completing the revision of the OrHIMA ROI manual so if you can lend your expertise, please let me or Crystal Clack know. We have a solid group of five experts working on it and hope to have a successfully completed manual in 2018.

Prior to traveling to AHIMA’s House of Delegates and our OrHIMA Board strategy meeting on October 28th, I’d like to hear from all of you. I will be setting up a virtual Town Hall in late September and hope you can attend. I will share some of the House of Delegates topics at that time and ask for your feedback. But know that no matter the topic, I’d like to hear from you with any concerns or questions, or feedback or complaints. This association is YOUR association so let’s help it meet your needs.

Aurae Beidler, MHA, RHIA, CHC, CHPS
President

What’s New in the World of Oregon’s Prescription Drug Monitoring Program

Chris Apgar, CISSP, capgar@apgarandassoc.com
Director of Communications

I have the pleasure of serving as the chair of the Oregon Prescription Drug Monitoring Program (PDMP) Advisory Commission and would like to welcome you to a new world of PDMPs here in Oregon. During the 2016 Oregon Legislative Session a bill was passed permitting a connection between the PDMP database and electronic health information systems. The reason – to make it easier for healthcare prescribers to access the PDMP data while providing patient care.

The initial driver behind the legislation was to make it faster to access prescription information in emergency departments around the state. The Emergency Department Information Exchange (EDIE) is used in EDs in Oregon to support quick access to patient information and provide better care to patients who find themselves in need of treatment in an emergency. To access the PDMP in the ED practitioners have to access the PDMP separately from the EHR and EDIE. This costs precious time and reduces the likelihood that, in a busy ED, the PDMP will be accessed.

A project is underway to connect the PDMP to EDIE as well as Reliance eHealth Collaborative (formerly the Jefferson Health Information Exchange). The first phase of the project is nearing completion and soon practitioners in the ED and practitioners who are members of the Reliance eHealth Collaborative will be able to access the PDMP data using one login and one electronic health system. This will make it easier for practitioners to access PDMP data to check what controlled substances have been prescribed to a patient, if any. The goal is to help reduce adverse drug interactions, assist the practitioner and the patient to manage and treat the patient and increased the use of the PDMP.
I’ve served on the PDMP Advisory Commission since its formation in 2010 and have been impressed with the work of Oregon’s PDMP which is a part of the OHA Health Division. Oregon was a pioneer adopting a model that was intended to assist in improving patient care rather than what was in place in other states where the initial goal of other states’ PDMPs was more oriented towards law enforcement rather than improving patient care. I’ve seen the PDMP use increase significantly since its creation seven years ago and we say a 10 to 15 percent decrease in opioid dispensing.

I do need to emphasize that the intent of the PDMP is not to find what some have characterized as “those drug seekers”. It has been and continues to be a valuable tool in evaluating alternatives to opioids and reducing adverse health events because of drug interactions. Once again Oregon’s PDMP is evolving to better serve Oregonians and Oregon’s healthcare practitioners.

Share Your Ideas –

If you have ideas for articles or email blasts, please submit your ideas to me at capgar@apgarandassoc.com. My goal this year is to send out an email blast weekly to keep you informed and to share ideas that are of importance to HIM professionals. Don’t let the thought of composing an article or blast deter you from submitting what you think your colleagues would like to hear. There are no length requirements so it can be as short as you see fit to write.

Director of Education Report

Dott Campo, RHIT
Director of Education

Summer, summer, summer time! Hard to believe that we are almost through summer. Even though summer has seemingly flown by, we at OrHIMA have been busy. In July Aurae, Crystal, Renee and I, as OrHIMA delegates, traveled to Chicago for the AHIMA Leadership Symposium. As someone who had not ever traveled outside Oregon, California or Washington (or ever flown for that matter) the trip was a blast.

As an OrHIMA Delegate, this trip was an amazing learning experience. Aside from attending general sessions geared toward the entire group, as Education Director I also attended specific presentations geared towards my role with the board. Some of the presentations I had the pleasure of attending were about member engagement, student engagement, annual meeting planning, etc.

One of the most rewarding parts of the trip (aside from the decadent chocolate lava cake Crystal, Aurae and I shared) was listening to and learning from all of the other delegates from CSA’s all over. As a group, we not only had the opportunity to learn from each other, we also had the opportunity to teach each
other. The AHIMA community as large as it may seem is just a “small” group of HIM professionals encouraging, teaching and supporting each other. Although the weekend went quickly, we all came home with notebooks and brains chock full of fabulous ideas. We will be using the things that we came away with to improve upon our already awesome association.

On August 11th, we had the pleasure of once again hosting the fabulous Lynn Kuehn who did a most fabulous day long coding class on Spine and Cardiovascular Coding in ICD-10-PCS. Everyone learned a lot and a great time was had by all. Thank you to everyone who attended and thank you to Lynn Kuehn!

There is still a free on demand webinar on the OrHIMA website (www.orhima.org). The webinar is “AHIMA Standards and Ethics” presented by Gloryanne Bryant. Don’t miss out on this great opportunity to brush up on standards and ethics as well as earning a free CE. Special, just for you, our members.

Planning for the OrHIMA Fall Institute is in full swing. The event, held October 27th at the beautiful Salishan Spa & Resort in Gleneden Beach, will be a great opportunity to learn from some amazing presenters as well as let your hair down and relax at the beach. Examples of presentations we will be having are:

- Sepsis Documentation, Coding and Clinical Documentation Improvement for Revenue Protection with Laura Legg
- Health Information Exchange Update with Gina Bianco
- The Art of Coding with Carol Kerr
- Why AIDET +1? What We Have Lost in the Electronic Age (improving communication)

To reserve your room, call Salishan’s Reservation Department at 1-800-452-2300 between 8 AM to 6 PM and let them know you are part of the OrHIMA Fall institute to get the group rate.

As always, we are thinking about our other events we will be holding in the future. These events are for you, and we feel that you should have a say in how they are put on and what is presented. If you have thoughts and ideas about events, please contact me or any of the other board members with ideas. If you would like to be more involved with the planning process, whether something short term or something with a little more of a time commitment, we would love to hear from you as well.

Thank all of you who are a part of our association. OrHIMA appreciates each and every one of you. I hope you all have a great rest of your summer and I hope to see you Fall Institute.

Dott Campo, RHIT
Director of Education

---

**Job Board**

- Director of Coding & Charge Capture – Peace Health
Remote Outpatient Coding Specialist – Health Information Associates
HIM Coding Supervisor – St. Charles Health Systems

To keep up on current postings, check out http://www.orhima.org/him-careers/job-board.

Be Your Organization’s Breakout Star!
Bring Back Valuable Strategies and Ideas from AHIMA17

The AHIMA Convention and Exhibit is the health information event of the year, bringing together close to 4,500 healthcare leaders, professionals, and stakeholders to address current and emerging industry trends and topics.

There are countless opportunities for you to learn through educational sessions from expert speakers, network with peers from around the globe, and talk with vendors from the industry about cutting-edge solutions and technology in the exhibit hall. All of which offer valuable information that can be taken back to your organization and applied immediately!
Get a sneak peak at this years’ sessions with our Convention Planner!

**GENERAL SESSION SPEAKERS INCLUDING...**

Point/Counterpoint Session on Healthcare featuring:

**Newt Gingrich**, Former Speaker of the US House of Representatives

**Barbara Boxer**, Former US Senator

An inspiring closing keynote by award-winning actress, **Viola Davis**

Register before **August 21**, to take advantage of early bird savings.
Proper Evaluation and Management (E&M) coding is important for accurate and timely claims review and payment, but any E&M coder knows that proper documentation is key to accurate coding. E&M coding is one of the most difficult coding concepts to master! Provider documentation can vary greatly but then again, so can interpretation of the E&M guidelines. According to CMS, in 2014 over 50% of hospital visits and between 8-15% of office visits contained coding errors. Many of these errors were due to insufficient documentation and no proof of medical necessity. Too often we see a chief complaint listed as “recheck” or “follow-up” without any elaboration of symptoms, diagnosis, etc. This simple statement does not meet medical necessity and leaves the documentation lacking.
right from the beginning. Here are some helpful terms/concepts to help you increase your knowledge of E&M coding.

**New vs Established Patient** - Many E&M codes distinguish between a new vs. an established patient.

- **New Patient** = Any patient that has NOT received professional services from the provider or another provider of the exact same specialty who belongs to the same group practice within the past 3 years.
- **Established Patient** = Any patient that has received professional services from the provider or another provider of the exact same specialty who belongs to the same group practice within the past 3 years.

**Chief Complaint** – Explanation or concise statement describing the symptom, problem, condition, diagnosis or other reason why a patient presented to your office/facility. *Establishes medical necessity!*

**History of Present Illness (HPI)** – Description of how a patient developed the present illness, from first sign/symptom to the present. Used to determine the extent of exam and medical decision making necessary. Includes information about Location, Duration, Timing, Severity, Quality, Context, Modifying Factors, and Associated Signs & Symptoms.

**Review of Systems (ROS)** – An inventory of up to 14 body systems obtained by asking a series of questions in order to better define the problem, clarify the diagnosis, identify any necessary tests, or define a baseline.

**Past, Family, and Social History (PFSH)** –

- **Past History** = Information about a patient’s past illnesses, allergies, operations, injuries, current medications, etc.
- **Family History** = Information about medical events, diseases, and hereditary conditions in a patient’s blood relatives that place a patient at risk.
- **Social History** = Information about a patient’s social habits, such as use of drugs/alcohol/tobacco, marital status, living arrangements, occupation, etc.

**Physical Exam** – Two sets of guidelines that can be followed.

- **1995 Guidelines**
  - Count the number of organ systems/body areas
  - Single system exams are not well defined
  - Better for general examinations

- **1997 Guidelines**
  - Count the number of elements (bullets) performed
  - Single system exams are well defined
  - Better for specialty exams
Most often used to build EHR templates

**Medical Decision Making (MDM)** – The provider’s mental and physical work based on the presenting problem. Driven by the nature of the presenting problem(s) and how the problem(s) are addressed. There are three main elements to MDM.

- Number of possible diagnoses and/or treatment options
- Risk of complications and/or morbidity or mortality associated with the presenting problem(s) and/or possible treatment options.
- Amount and complexity of data to be analyzed.

Two out of three of the elements above must meet or exceed criteria to choose the appropriate level of E&M code. The four levels of MDM are:

- Straightforward
- Low Complexity
- Moderate Complexity
- High Complexity

This basic terminology should help you begin to understand E&M coding, but there is so much more to it!

**Monique Vanderhoof, RHIT, CPC, CCA, CRC** is Director of Coding Services at RMC. Monique started in healthcare in 1993, working in various roles in the clinic setting. Monique’s aptitude for coding and management was noted and Monique quickly ascended to a position as office manager of a cardiology clinic which she held for 14 years. In 2011 Monique joined RMC as the Manager of the HCC/Risk Adjustment Division where Monique’s sharp coding skills and management ability was recognized. In 2016 Monique was promoted to Director of Coding Services. In this new role, she is directly responsible for all coding services at a large psychiatric hospital. Additionally, Monique retained the HCC/Risk Adjustment Division, performing audits, coder and provider education. Monique has done an outstanding job at RMC, focusing on quality services, and excellent customer service. Monique can be reached at moniquev@rmcinc.org.

**Bring Your Own Device (BYOD): Build A Policy that Addresses ePHI**

**Chris Apgar, CISSP**
Director of Communications

We’ve seen plenty of statistics about mobile device use and the risk to PHI. We’ll all hope that everyone who uses a mobile device understands that even the most casual of texts talking about PHI is risking a breach of privacy. ePHI (electronic PHI) that’s on mobile devices is always at risk. If you leave your phone or tablet just hanging out on your desk (or kitchen table), or worse, they’re lost – you’ve got a breach if it’s left on or it’s not encrypted.

What do you need to do to protect your organization from ePHI breaches?
Establish a strict BYOD policy, for one, and assure anyone using a mobile device has mobility management software in place. Require your employees sign a mobile device use agreement and make sure your vendors have implemented their own security controls.

One of the simplest initial “gateways” to create is the password and logon / logoff setup. Here are a few general guidelines related to passwords that Apgar & Associates recommends as part of the policies and procedures we help companies establish for their privacy and security:

- All mobile devices should be encrypted at the level set by the National Institute of Standards and Technology (NIST). This also means those USB drives and other portable media should be encrypted.
- All mobile devices used by those who work with or discuss PHI must have not only passwords, but also an auto-logoff feature per the HIPAA Security Rule.
- Passwords should be rated “strong” and regularly changed, not reused for at least several password change iterations.
- Passwords should be multi-level; with one for the device, a separate one for VPN and yet another for the application itself.
- Consider multi-factor authentication as an additional measure.

A good time to evaluate (and re-evaluate) your BYOD program is when you conduct your annual risk analysis and as a part of your security incident response plan creation and ongoing review. It’s simply not realistic to expect people not to use their tablets and smartphones, so the best way to protect ePHI and your organization is to have a strong program in place.

August 2017

Protecting yourself from potential scammers while being charitable

The states of Texas and Louisiana are reeling from the devastating impact of Hurricane Harvey, and members of the public are eager to do whatever they can to try to help. But as is too often the case when tragedy strikes, the public needs to be alert for charity relief scams that prey on public sympathies in order to steal private information and ultimately, funds intended for Harvey relief. Scammers are fraudulently collecting sensitive information and stealing donations by creating and using fake social media platforms.
(e.g., Facebook, charity websites, phishing email, and Twitter) to ask for donations to the Hurricane Harvey Relief funds. These fake websites will usually do one of two things: 1) ask for a credit card number to steal the donations or 2) infect your electronic device with malicious software that can extract sensitive information (passwords, usernames, or account numbers) that is subsequently used to commit fraud.

Scammers’ using natural disasters to take advantage of charitable individuals is not a new cybersecurity issue. In 2005, the American Red Cross asked the FBI to investigate at least 15 fake websites that were created to look like legitimate Red Cross posts for Hurricane Katrina donations. In 2012, a charity calling itself the “Hurricane Sandy Relief Effort” purportedly raised $600k for storm victims, but it was all actually a scam to help the thieves pay off their own credit card debt.

**Want to help? Here are some tips!**

- If you want to make a donation, go to the charity’s official website to make the donation. Type the address in your browser or use a bookmark to ensure you don’t go to a fraudulent website by mistake.
- Be sure to verify the existence and legitimacy of non-profit organizations by using Internet-based resources. You can find trusted contact information for many charities on the BBB National Charity Report Index.[i]
- Most legitimate charities maintain websites ending in “.org” rather than “.com”.
- Do not respond to any unsolicited incoming e-mails or text messages, by clicking links or downloading files contained within those messages, because those links or files may contain viruses or other malicious software (including ransomware) that could steal your personal information and/or harm your computer or other electronic device.
- Be cautious of organizations with copycat names similar to but not exactly the same as those of reputable charities.
- Do not be pressured into making contributions; reputable charities do not use coercive tactics.
- Legitimate charities do not normally solicit donations via money transfer services.

To combat the threat of this type of scam, HIPAA Covered Entities (CE) and Business Associates (BA) should consider training staff on the following good practices:

- Hang up the phone if you are suspicious of the caller.
- Never allow remote access to your computer unless such access is known to be legitimate, and the requestor’s authenticity can be verified (e.g., calling your IT Help Desk to verify the identity of IT support personnel requesting remote access to perform maintenance).
- Do not trust unsolicited phone calls, emails, or texts.
- Be suspicious of requests for personal information over telephone, email, or text.
- Do not download unknown software or purchase unsolicited online services.
• Verify the identity of the caller directly with CE or BA officials, or with the company the caller claims to represent.
• Record the caller's information if you suspect a scam and report it in accordance with your organization's policies.

The Federal Trade Commission (FTC) recommends avoiding any charity or fundraiser that[ii]:

• Refuses to provide detailed information about its identity, mission, costs, and how the donation will be used.
• Won’t provide proof that a contribution is tax deductible.
• Thanks you for a pledge you don’t remember making.
• Guarantees sweepstakes winnings in exchange for a contribution. By law, you never have to give a donation to be eligible to win a sweepstakes.

Resources:
Office for Civil Rights (OCR): https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html
Better Business Bureau (BBB) Scam tracker: https://www.bbb.org/scamtracker/us

[i] http://give.org/charity-reviews/national

Cost Effective Continuing Education – Online Programs for the HIM Profession

If you’re interested in enhancing your career, here are links to educational opportunities that may be well worth your while to check out.

• Master's Degree in Healthcare Management
• Bachelor's Degrees in Healthcare Management
• Associate Health Information Technology Degrees
• Master's Degrees in Health Informatics

These rankings of online degree programs are brought to you by AffordableColleges.com.

Free IG Resources From AHIMA

The following materials and resources from AHIMA are tools that provide guidance for developing an IG framework that healthcare organizations can utilize as they either start or refine their own IG programs.

• AHIMA’s Information Governance Adoption Model (IGAM™)
• IG Road Map Infographic
• The Link between Data Governance and Information Governance
• Professional Readiness and Opportunity
• IG for Healthcare Benchmarking White Paper
• Information Governance Principles for Healthcare (IGPHC)™
• IG Infographic – What is IG?

To access AHIMA’s IG resources, [click here](#). Remember to check back often for new resources.

---

**A BIG SHOUT OUT TO OUR GOLD SPONSOR**

**Gold**

![RMC Logo](image-url)