

**Health Information Technology
Advisory Board Meeting Minutes
August 10th, 2018 12:00**

1. Attendance at meeting

1. Marcie Wright
2. Lisa Bueter
3. Nicole Carter
4. Michele Duke
5. Kassie Fink
6. Pam Heller
7. Casie High
8. Jane Kirkpatrick
9. Art Reeves
10. Kelly VanHook
11. Nick Powell
12. Stephen Nacco
13. Kathy Sturgeon
14. Kylie Dryer
15. Angel Fellers
16. Rachel Whiteman
17. Cailub Pounds
18. Joseph Chipeta
19. Jennifer Schingel
20. Melanie Green

2. Approval of 2017 minutes from last meeting

Provided for review; no objection or changes reported.

3. Reports

- a. Agenda
- b. 2017 Advisory Meeting Minutes
- c. AHIMA RHIT Summary Report from 1/1/2017-12/31/2017
- d. Registered health Information Technician (RHIT) Certification Exam Information
- e. Draft 2018 HIM Curricula for Associate Programs
- f. Summary of HIM Reimagined Whitepaper

4. Welcome/members and instructors

Dr. Stephen Nacco welcomed everyone and thanked all for attending and giving feedback. Marcie welcomed all as well and everyone introduced themselves.

5. Review 2017 minutes/implemented changes

There were changes made to the HIT curriculum based on the input from last year's advisory meeting.

- Adding a capstone course is still under consideration from the recommendation last year. It would need to be proposed and approved by the college and ICCB. Some of the recommendations today were to create a shortened capstone that meets four weekends, a study week prior to spring break that focused totally on exam prep, creating a winter term course so that the RHIT exam guide bundle pack can be purchased, and early enough in the semester so that those who would like to take the exam early will have had an opportunity to attend.
- The RHIT Study Guide bundle book that includes the test fee was successful in getting students to take the exam right after graduation. 2017 had 14 graduates, 11 took the exam, 3 failed, 8 passed. The bundle allows students to purchase the exam with Pell grant funds, scholarship money, or student loan dollars.
- The new 2017 fall cohort of students were the first group under the newly required 2014 RHIT Curriculum change. Changes are going smoothly.

6. Practicum/Clinical

- HITT 125 has transitioned to a virtual PPE that teaches students how to use common software in a health information department. AHIMA's Virtual Lab is now integrated into a full Blackboard course. This includes a virtual tour of a HIM department which interviews each HIM position. The software applications they learn are 3M encoder, CIOX release of information, Nuance Clintegrity, EDCO document management system, ARGO master patient index, several inpatient and outpatient electronic health records, and Tableau. This transition has been out of necessity due to HIM departments merging (less sites) and department positions becoming remote (working from home).
- HITT 250 is the onsite professional practice experience. Student go to the Veterans Affairs, Presence Health, Carle Hospital, Presence Cancer Center, Mills Institute, Iroquois Memorial Hospital, Helping Hands, and The Family Medical Center. These sites have hosted students every year and at times multiple students at once which is so appreciated. More sites are needed, the director places a dozen or so students each year.

7. Feedback/ Recommendations from PPE sites

- A second year student commented that she did not like the VistA application in the VLab application from HITT 125 because it was not live in a real EHR and was very restricted to just clicking through a slide show.
- Jane Kirkpatrick recommended asking Crosspoint in Danville, Champaign and Vermilion County Health Departments, McKinley in Champaign, Pavilion in Champaign and Christie Clinic as possible new professional practice sites. These will be pursued.
- All professional practice sites present had no negative feedback and felt everything was going well.

8. RHIT School Score Report

- RHIT School Score Report was reviewed. 300 is passing. Marcie stresses to the students that they need to test within 6 months after graduation. Those that wait too long to take the exam fail.
- The national pass rate for 2017 was 63%, with 13 graduates taking the exam and 5 failing scores. A large portion of this class successfully took the exam right after graduation. Three of the five that failed waited too long to take the exam two were grads from several years ago that did not take it in a timely manner and failed. This group was also part of a beta-test that had to be re-scored by AHIMA. One of the failures in this group was later notified they had a passing score.
- When examining the test results of the individual curriculum domains the percent of national scores are above average with the lowest being the Compliance category at 86%. Considering this is a new exam and new curriculum content no changes will be made at this time. These scores will be compared next year to see if there is a trend to be addressed.

9. Community of Interest

- Under Marcie's direction students were very active within smaller clinics in the community. The students wrote an Emergency Preparedness Plan and worked on a security risk analysis for the Helping Hands Clinic.
- Marcie would like to do a Merit-based Incentive Payment System (MIPS) Quality Performance data review at a facility but is having a difficult time finding a site. If anyone has a suggestion please contact me.
- Asked for suggestions from advisory members for any other community education opportunities the program could provide. None were given.

10. Electronic Health Care Record

- Marcie demonstrated AHIMA's Virtual Lab a web based professional practice software that allows students to learn the most commonly used applications in a health information department. It also contains a coding lab with real medical records to use in the coding courses.

11. Draft 2018 HIM Curricula for Associate Programs

- Marcie explained proposed changes to the associate degree. The RHIT credential would be split into Revenue Management (RHIT-RM) and Data Management (RHIT-DM). Would like to have recommendations from advisory board members about the direction to take if this draft becomes final. Revenue Management would be an easy fit because this would still lead to coding positions which is where the majority of graduates currently become employed. Would like feedback from members about the data management option.
- Jane Kirkpatrick commented this type of split degree does not seem to fit with the HIT 2 year program. It should be, like other professional healthcare providers (physicians, pharmacists, nursing, etc) that they should specialize in these areas in a baccalaureate program or higher. Other healthcare programs have residency programs that are specialty tracks.
- Casie High believes there may be positions for data analysts at her facility. I asked her to check on the Data Analysis positions at her facility to see what

credentials they are requesting as well as skills needed. The majority of the board members did not have recommendations about the data management associate degree.

- I asked all advisory board members to keep an eye out at their facility for job announcements in the data analysis arena. This information would be helpful when deciding if there is a need for this associate's degree in our area.
- I asked where students would do their clinical rotation if they choose the data management track. No one seemed to have any ideas within their department where it might fit.
- **Closing** -Marcie thanked all for attending and for their feedback.