HIM Briefings

Community network: HIM leaders and state chapters navigate the COVID-19 crisis

The novel coronavirus (COVID-19) pandemic ushered in unprecedented disruption and change. Workplaces were transformed almost overnight, and an avalanche of new guidance, including new codes, enacted sweeping changes. Simply keeping up with the latest news became a struggle, and as staff were advised to work from home and networking and education events were canceled, many HIM professionals may have felt they were on their own.

Fortunately, AHIMA component state associations (CSA) acted quickly to provide their members with critical support. From community chat hours to virtual events, these leaders are helping to guide HIM through the crisis and setting an example that HIM professionals can apply in their organizations.

Connected community

In mid-March, everything changed in California, remembers **Sharon Lewis, MBA, RHIA, CHPS, CPHQ, CAE, FAHIMA,** CEO/executive director of the California Health Information Association (CHIA). As stay-at-home orders rolled out across the state, Lewis knew CHIA would need to act fast. The chapter had launched a COVID-19 webpage early in March and sent out an eblast after California Gov. Gavin Newsom declared a state of emergency. But with CHIA's annual convention coming up in June and members seeking information and guidance, Lewis began immediately preparing alternatives.

During a virtual meeting of the California Society of Association Executives, Lewis had a lightbulb moment. One of CHIA's pillars is connecting the HIM community—a goal that had become more critical than ever. Creating a virtual space for HIM members to connect with each other and CHIA leadership would allow members to keep up with and discuss breaking news while sharing tips and innovations.

Lewis worked with the CHIA board to launch a weekly open-registration community chat. They put together an initial lineup of speakers to share expertise and information and invited the HIM community to share their concerns and challenges to drive future discussions.

The chats have helped HIM professionals navigate a flood of new codes and coding guidance, address patient access and release-of-information challenges, and track the evolving expansion of telehealth and telehealth requirements, Lewis says.

"We have had members come out of the woodwork who really want to share an innovative process that they've done in response to the COVID-19 crisis," she says. "And different people are sharing how they've identified ways to improve processes during this time that they've wanted to change, and leveraging technology to make a change, and what they might do differently in the future. I've been amazed at how we're bringing the HIM community together."

Lewis has tapped into the CHIA board of directors for additional expertise, including one board member who is a surveyor with the California Department of Public Health. She's invited HIM academic programs to join the chats and discuss the challenges academic programs and students are facing as they try to complete their professional practice experience. The programs put out a call for virtual events their students can participate in and were able to start conversations with organizations to address students' needs.

Reimagining networking and education

Lewis and the CHIA board of directors quickly realized they would need to rethink their annual convention in June. As California's stay-at-home orders extended, Lewis tapped into her network of resources to learn how to shift a live event to a virtual one.

One peer she reached out to was **Lauren Manson, RHIA,** executive director of the Ohio Health Information Management Association (OHIMA). Only a few weeks before, Manson had been responsible for switching OHIMA's conference from live to virtual—less than a week before the conference was supposed to take place.

Manson and the OHIMA board had been monitoring developments with COVID-19, but even in early March, it still appeared that the situation in the U.S. was contained to only a few regions. Ohio seemed as if it would be in the clear.

That changed a week out from the conference. Confirmed cases began popping up across the state. Large sporting events were canceled, Ohio Gov. Mike DeWine issued recommendations against mass gatherings, and hospitals began to restrict employees' travel. At an emergency board meeting held via conference call on March 10, Manson and the board agreed that a live event was no longer possible. But with the conference scheduled to begin March 16, that left little time to work on an alternative.

"The idea of a virtual conference came up because then at least we could still offer continuing education to our members and attendees who had already registered and paid," Manson says. "So we transferred to a virtual conference and canceled the tradeshow portion. We pulled it together in five days."

Manson and the board opted to use Webex® to run and record the sessions. She knew the HIM professionals who would be attending were expecting the virtual conference to take place close to the same time the live version had been scheduled. The easiest way to do that was to have the speakers record their sessions on their previously planned days and times. The only potentially tricky part was finding enough volunteers to moderate and record the presentations. With five concurrent breakout sessions to be recorded over two days, it required a significant time commitment.

Fortunately, the OHIMA board was ready to make the commitment for the good of the HIM community.

"My board stepped up and were truly amazing," Manson says. "I had to depend on my volunteers, and kudos to them. I knew they were all going through their own busy times trying to figure out the new normal with COVID-19 during that time, and every single one of them stepped up."

As Manson was working out the logistics, other CSA leaders reached to her to share tips and support. After OHIMA's virtual conference successfully went live, Manson in turn found opportunities to support HIM professionals across the country. Some CSA leaders, like Lewis, reached out to her to learn about her virtual conference experience. Other CSAs partnered with OHIMA to offer the OHIMA virtual conference to their own members.

The past several months have been difficult, Manson says, but the HIM community has stepped up to the challenge.

"We really do help each other in whatever ways we can," she says.

Common concerns

Coding is one of the core functions of most HIM departments, and the crisis has put it under serious strain. New ICD-10-CM, HCPCS, and CPT® codes were released in March and April for diagnosis and testing of COVID-19. The codes were followed by waves of guidance and FAQs. Although the codes and guidance were greatly needed, the rapid pace of publication and implementation meant that many struggled to stay current.

In addition, waivers and interim final rules that allowed the expansion of telehealth services and changes to billing for provider-based departments created more complexity. Lewis worked with the CHIA board and members to share information about the latest coding news during CHIA's community chats.

Along with seeking answers to coding questions, Lewis found many CHIA members had to rethink the release of information (ROI) process. Fulfilling patients' requests for their records became complicated because many HIM departments were now working from home and some hospitals use a hybrid of paper and electronic records, Lewis explains. Well-established ROI processes needed to be rethought.

To address concerns about handling paper records, organizations have developed solutions such as leaving paper records that are part of a patient's record request in a bin for a day before further processing, according to Lewis. Others have staff wear gloves when scanning paper records into the EHR.

Organizations that have moved HIM and ROI staff to working remotely have changed how patients are able to submit authorizations to release records in person. One organization has set aside an area in the waiting room where patients can complete the authorization, Lewis says.

Some organizations are also encouraging patients to access their records via patient portals, Lewis adds. Although not all patient portals contain complete information, generally patients are able to access data such as test results, diagnoses, and medications.

HIM professionals have shown remarkable resiliency and creativity in solving these challenges. Many of these innovations and lessons can continue to be applied even after the crisis passes, Lewis points out.

"We're hearing certain things might be a new norm," she says. "Maybe the way they're handling ROI. An example is people are figuring out how to handle subpoenas. One of our facilities checked with their attorney and they can have

subpoenas mailed. So that’s a whole change of process.”

Other HIM professionals have reported that they were finally able to digitize some processes, Lewis says. One organization was able to shift a state disability process from completely paper-based to online. Another organization reported that it’s launching a virtual tumor board.

Another change could be here to stay—expanded work from home, Lewis adds. With most HIM departments under stay-at-home orders, hospitals in need of more space for clinical services could be considering permanently shrinking the HIM department’s footprint.

HIM professionals can consider tracking changes that they would like to see stick around as well as those that could use some tweaks as the dust settles. Keep track of tips and innovations you’ve heard your peers discuss and evaluate whether they could be implemented at your facility.

Most importantly, stay engaged with your staff, your organization’s leaders, the HIM community, and your wider community. Whether a process change is only temporary or here to stay, HIM professionals must advocate for solutions that best serve the needs of patients. Be prepared to adapt as the situation evolves.

“It’s really hard work being a leader in today’s environment,” Lewis says. “I feel like agility is our middle name right now. We have to be agile.”

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