

**AHDI House of Delegates Meeting  
August 6, 2008**

**AHDI Vision:**

To direct the evolution and ensure the integrity of healthcare documentation and data capture.

**AHDI Mission:** To promote the integrity of healthcare documentation through development of an educated, prepared workforce in clinical documentation.

**AHDI Purpose:** To set and uphold standards for education and practice in the field of clinical documentation that ensure the highest level of accuracy, privacy and security of the US healthcare system in order to protect public health, increase patient safety, and improve quality of care for healthcare consumers.

**Goals for 2008** – This is what is being done in the various areas:

- **Workforce development**
  - Credentialing – goal is 650 by 12/31/08
  - Customize Apprenticeship Program – MTIA
  - Revise Department of Labor agreement
  - Advocate for legislation (Military Spouse Program, Advocacy Summit)
  - Continue MSI Presentation
  - How to “Become an MT” webinar initiated and continues to be available
  - The Next Gen Campaign
  - Credentialing Position Paper/MTIA board that was just released
  
- **Practice Standards**
  - Interfix KB Collaboration
  - CDA4CDT Project (Add new WTs) – project presently has the basic 4 for standardization
  - SR Certification (with M\*Modal) – develop a curriculum for certification
  - HER Committee
  - Dictation Best Practices
  
- **Outreach Programs**
  - RHIO Participation
  - Oasis Project (to help senior citizens pay attention what is in their medical record)
  - HIMSS Participation

- BRAC Attendance (military every 6 months)
- MTIA Conference
- AHIMA
- Advocacy Summit
- Updated ROAR Campaign
- Mission Possible
- BOD Blast
- HOD Blast
- Fireside Chats
- Leadership Institute
- TAT White paper
- Bentley College Study

▪ **MTIA Partnership Success**

- Advocacy Summit
- Conference Reciprocity
- Health Data Matrix Shared
- Vitals Shared
- Database Creation
- Board Candidates
- CDA4CDT Collaboration
- Bimonthly Oversight Planning
- Credential Preferred
- TAT Document
- SR White Paper
- Model Curriculum and Credential for SRT
- Workforce Development

▪ **HOD/BOD Success**

- Leadership Meetings Monthly
- 21<sup>st</sup> Century Task Force
- Team Building
- Opened all BOD Meetings to Gallery
- BOD and HOD Blasts
- Pairing Delegates to Board Members
- Board to Sign in DAL
- Mentoring

**Treasurer Report** (Sherry Doggett):

- In 2007, we continue to remain in the “black;” however, we remain fairly flat.
  - BOS income is up
  - Membership income is down
  - Credentialing income is up
  - Operation expenses are down

**Speaker's Address** (Kathy Rockel):

- We have 52 new members
- We did the Advocacy Summit and were extremely successful
- We had State Lobby Days
- We added HOD blasts to membership.
- We started the Sustainable Structure Task Force
- We are sending out CAST tips
- 2 membership categories are growing: Electronic membership is up by 500%! The student membership category is also growing!

**Bylaws and Resolutions Committee Reports** (Chad Sines):

- The following bylaw was passed:

Postgraduate Membership: Any person who is verified as having graduated from a medical transcription course **within the past 3 months** is eligible for Postgraduate membership, not to exceed one year. Postgraduate members shall be eligible to vote and hold office in a local chapter. Postgraduate members shall not be eligible to serve as members of the House of Delegates. Postgraduate members may vote in the State/Regional/Web-based and national association and may hold office in a State/Regional/Web-based Association after having been an AHDI member for one (1) year. Postgraduate members may serve on or as chairpersons for chapter, State/Regional/Web-based, and/or national committees, with the right to vote on committee decisions.

- The following bylaw was sent to a task force for further evaluation:

Be it resolved that student membership be identified with the educational version of the Benchmark MT product being offered by AHDI and that students who use this educational version be placed in the appropriate membership category as a student, with all of the rights and responsibilities of a student AHDI member.

**Nominating Committee** (Kat King):

- We are electing 3 board members and a speaker of the house
- Voting is now available online

**Bentley College Survey** (Gary David):

- The survey stats included the following: 3807 surveyed, 20 interviews, 13 interviews with MTSOs and 5 MT focus groups
- Next steps:
  - Site visits with MTs
  - Identify factors impacting TAT
  - Verbatim, SR, and editing
  - Survey of MTSOs
  - Further dissemination of results to AHIMA; HIMSS; AMA; and American College of HealthCare Executives

**CDA4CDT** (Laura Bryan):

- The purpose of this project is to bridge the gap between narrative documents and structured data

- The HP and consult WT have been done; operative report WT is in a ballot at this time; imaging reports will be going to a ballot; and progress notes and specialty reports will be the next area tackled.
- Benefit of this project: Job security for highly skilled, knowledgeable, and technology-minded medical transcriptionists.

**Crafting a Value Proposition for the MT** (Gary Boyd): Gary spoke for the rest of the afternoon and his main points on crafting a value proposition for the MT included the following:

**Misperceptions include:**

- MTs are typists
- Transcription is a commodity
- What doctors dictate is correct
- Transcription is a cost and does not add value
- The more technology the better the documents

**Problems include:**

- Research has demonstrated that the Medical Transcription Industry needs to improve from a messaging perspective
- Customers and analysts have been able to frame the industry and its value, thereby devaluing the product

**Factors Affecting Customer Satisfaction:**

- TAT
- Product quality
- Product cost

**Perception Setting:**

- Transcription is a professional act that calls upon a range of professional sense making abilities rooted in experience and training

**What Generates Revenue?**

- Doctors do not generate revenue; documents generate revenue
- It is not the specific act of the doctor that generates revenue. Rather, it is the representation of that act in a document that generates the revenue
- Anything that puts integrity of the document at risk similarly puts at risk the revenue stream of the healthcare provider

**Examples of Reimbursement Ranges Thus the Value of Documentation**

- Heart failure with MCCC - \$7200
- Heart failure with CC - \$4960
- Heart failure without MCC and CC - \$3544

**What Doctors Dictate:**

- Doctors have a reputation of being poor dictators and the work of the MT is done despite dictation not because of it
- If you assume that doctors are not necessarily correct in their dictation, then the work of the MT becomes framed much differently than if you think doctor dictation is inherently correct and complete

*In knowledge work, technology needs to work for people not vice versa*

*Value is a matter of perception*