IFHIMA Global News
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IFHIMA is committed to the advancement of health information management practices and the development of its members for the purpose of improving health data and health outcomes.

President’s Message

As I write this message in mid-October the leaves are red, gold and falling in northwest Montana. I love this season, as it gives you time to reflect on the beautiful infrastructure of trees and flowers before Winter dormancy and the anticipated Spring rebirth.

I consider the IFHIMA 2020-2025 Strategic Plan, which was approved by the Board in August, to be the infrastructure that will support the birth of new activities over the next five years. Babale Garba Nafada, IFHIMA Africa Regional Director, and I discuss the new Plan in articles in this issue.

IFHIMA activities discussed in this issue, including the ICD-11 whitepaper, are evidence of actions already being taken to demonstrate value to our members, and advance our industry position.

The impact of the COVID-19 pandemic continues, and is perhaps growing. This is shown by the in-person conferences, normally held in September-November by nations such as Australia, Canada, Japan, Republic of Korea and the USA, have either been cancelled or converted to virtual platforms. IFHIMA continues to provide new COVID-19 information to our members, as evidenced by the new privacy article discussed in the article written by Dorinda Sattler. I’m delighted that our educational institution and corporate members are contributing articles to this and future issues.

If you’ve not visited the website lately, please do, as considerable new content including articles, podcasts, and WHO updates have been added. The data privacy whitepaper has been updated and re-released, highlighting in a new case study the privacy advancement and challenges in the Gulf Cooperation Council (GCC). The website, along with the IFHIMA LinkedIn group, are updated almost weekly so please avail yourself to this information and communication channels. My thanks to the social media group for their continued diligence in expanding our message. You can join the conversation on the IFHIMA LinkedIn group.
With Winter around the corner in the northern hemisphere we will await the Spring rebirth that will undoubtedly begin to show the fruits of the volunteer groups advancing the Strategic Plan. We shall be a tad jealous of our friends in the southern hemisphere who are basking in the sun while aiding in the advancement of IFHIMA activities.

I thank you for all the time and talent you share with IFHIMA, and your HIM colleagues around the globe.

Please be well and stay safe.

Lorraine Fernandes, RHIA
IFHIMA President, 2019-2022

IFHIMA is pleased to welcome Vicki Bennett, CHIM, FAIDH, CHIA to the 2019-2022 Executive Board. Vicki is the President-Elect and Australia National Director, filling the position vacated when Kerryn Butler Henderson resigned in September.

Vicki brings a wealth of experience in the international consulting realm, particularly with the Pacific Health Information Network. In Vicki’s work role at the Australia Institute of Health and Welfare she works closely with the WHO Australian Collaborating Centre. Vicki previously served on the IFHIMA Board.

We welcome Vicki to the Board and thank her in advance for assisting the Board and members as we advance the 2020-2025 Strategic Plan, as well as IFHIMA’s mission, vision and values.

IFHIMA Strategic Plan

2020-2025

The new Strategic Plan (SP) is a culmination of 18 months of work done by members, Dubai 19th Congress attendees, and the Board. The members who completed IFHIMA surveys in 2018 and 2019 gave rich perspectives about the value of IFHIMA, the member needs, and suggestions of what is needed for the future. There was diversity in opinions and priorities (as one should expect), yet consistency across the input mediums to establish themes and priorities that drove the Board’s discussion and final work product.

The Strategic Pillars will drive work by the Board and volunteers, as well as future budgets. These Pillars are:

- Member Engagement and Growth.
  IFHIMA will invest in its members and demonstrate the “value of membership.” The two membership surveys gave considerable insight to priorities for this Pillar.
Education, Training and Research
The needs and priorities in this area will be met through new or updated content addressing the vast areas of health information practice. Further review of the survey data will guide prioritization for the potential activities.

Developing Nations
IFHIMA will promote and continue to support developing nations as they enhance or construct their multi-faceted HIM Strategy. The unique needs of developing nations are intertwined with other Pillars.

Strategic Partnerships
IFHIMA will establish collaborative Strategic Partnerships, leveraging the knowledge and expertise of HIM professionals. Expanding the WHO relationship will be a priority, along with re-energizing the IMIA partnership. Additionally, IFHIMA will also evaluate any new strategic partnerships.

Advancing the Pillar goals and activities requires a strong Foundation that must include increased and diversified revenue, a strong marketing and communication strategy, and a sound technical and administrative infrastructure.

The Pillar activities will be led by a Board member, with the SMART$^1$ goals and process applied to ensure successful execution.

Specific
Well defined, clear, unambiguous, goals are essential.

Measurable
The goals with specific activities must be measurable.

Achievable
Goals must be attainable within the resources and capabilities available.

Realistic
Goals must be realistic; not just aspirational without a grounding in reality.

Timely
Start and concluding dates must be assigned to goals thus a sense of urgency and accomplishment is created.

Applying sound management to strategic principles is essential, as shared by Peter Drucker$^2$, well known Austrian American business consultant and author. Drucker shares “Strategy is a commodity, execution is an art.”

The five year execution cycle starts now, which is the toughest part of any strategic plan. To that end, a volunteer call for the various Pillars and workgroups was undertaken with the National and Deputy Directors in September, and will also be undertaken with Associate Members later this year. These

IFHIMA is pleased to announce the sponsors for the upcoming ICD whitepaper. These sponsors have generously donated to help underwrite the upcoming ICD-11 whitepaper, as well as other IFHIMA activities. Please join me in thanking them for their investment in IFHIMA and the health information profession.

- **Platinum Sponsor**
  ASHO, Spain

- **Gold Sponsors**
  The Coding Company, Australia
  Kathy Giannangelo Consulting, USA
  3M, USA

- **Silver Sponsors**
  CHIA, California Health Information Association, USA
  HERA-I, Health Records Association of India
  SEDOM, La Sociedad Espanola de Documentation Medical, Spain
  SHIMA, Saudi Arabia Health Information Management Association
volunteers will work with the Pillar leaders to refine goals, establish priorities, and construct output.

The Board looks forward to advancing the Strategic Plan through work with our many members around the globe.

Every step in this journey will require we remember our vision adopted during Marci MacDonald’s tenure, and affirmed by the current Board, “A healthy world enabled by quality information.”

Author:
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President, IFHIMA 2019-2022
Principal, Fernandes Healthcare Insights

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IFHIMA Releases New Article in Response to the COVID-19 Pandemic

Given the COVID-19 pandemic’s extraordinary circumstances, the importance of managing the privacy of health information and applying governance principles have been heightened. In response, IFHIMA has released a new article entitled “Managing Health Information Privacy During the COVID-19 Pandemic: Considerations and Perspectives from Around the Globe.”

Authors Sharon Campbell, Australia; Jean Eaton, Canada; Lorraine Fernandes, US; Dr. Sabu Karakka Mandapam, India; and Dorinda Sattler, US, explore the challenges of managing privacy during this pandemic, mainly since healthcare has had to pivot rapidly to new technologies and treatment modalities to control disease spread and mitigate the impact to personal and economic consequences.

Topics discussed in a backdrop of the world-wide health emergency related to health information include data sources and privacy protection; collection, access, and disclosure of health information; secondary use of data; and balancing individual privacy with community benefit. The authors highlight privacy concerns with new treatment modalities and technologies to include COVID-19 testing, mobile contact tracing apps, privacy impact assessments, remote working, and telehealth.

The article includes a call to action for HIM professionals to apply information governance principles and privacy practices. There is a reminder to readers that the application of these do not end once the global health crisis subsides. The article closed with case studies related to health information privacy during the pandemic from Australia, India, and the US.

One can find “Managing Health Information Privacy During the COVID-19 Pandemic: Considerations and Perspectives from Around the Globe” in the Articles, Resources & Education tab of the IFHIMA website.

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A Quality Management System to Address Cybersecurity Challenges to Ensure Patient Safety in a Global Digital Healthcare

Introduction

The exponential growth of medical devices connected to the internet of things (IoT) and global medical information systems leads to enhanced treatment. However, this very achievement may place patients’ data and lives at risk. The number of reported health data breaches has been growing:

![Number of Reported Data Breaches (2009-2018)](image)

Source: HIPAA Journal, 2019

To reap the benefits of global digital healthcare, questions need to be raised about patient safety and data privacy. Devices are not immune to cyberattacks and allow for data sharing across platforms and systems internationally, facilitating data flow from highly regulated to unregulated areas. This changing landscape highlights two points which from my experience in developing and implementing global medical information systems can be addressed by an effective Quality Management System (QMS).

1. Cybersecurity and digital health
2. Data privacy across international boundaries

Calendar of events

1st Annual SHIMA Conference
Virtual, Saudi Arabia
December 12-13, 2020
Language: English and Arabic

DVMD online Congress
February 25.-26, 2021
Leipzig, Germany
Language: German
https://dvmd.de/events/16-dvmd-fachtagung/

AHIMA
September 18-22, 2021
Houston, Texas, USA
Language: English

CHIMA
October 5-6, 2021
Winnipeg, Manitoba, Canada
Language: English

Please visit IFHIMA.org for most recent events.

Webcast COVID-19

On Demand

IFHIMA is pleased to share the webcast recording from our May 2020 webcast “IFHIMA COVID-19 Survey Results.” This recording and the questions participants shared during the webcasts are a culmination of the survey work conducted in late March through mid April 2020. We thank the IFHIMA members for their strong participation and rich comments shared.

Watch the Webcast >
Cybersecurity and digital health

82% of healthcare organisations have experienced cyberattacks in 2018-2019 against their medical IoT products thereby undermining confidence in the sector. A mental shift from perceiving such devices as being purely hardware is essential to avoid cyberattacks. Designing cybersecurity into the product should be done at the start and included in the device design history files as specified by 21CFR Part 820.30 and ISO 13485 rather than bolted on as an afterthought.

Data privacy across international boundaries

Another layer of complexity in safeguarding patient data is introduced by global medical information data. Implications of geographic location on data privacy must be considered and challenging questions on data storage locations (e.g. EU vs USA) must be addressed.

As countries require different levels of data privacy, a universal framework to protect data is paramount and requires ongoing collaboration with regulators, legal and data privacy experts globally.

A Proposal – Integrated Quality Management System

Often cybersecurity and data privacy are addressed by establishing standalone frameworks, which even in traditional organisations has proved challenging. With the new landscape that global digital healthcare brings, such frameworks may prove insufficient. A QMS based on ISO 9001 principles that merges cybersecurity and data governance frameworks and considers ISO 27001 principles of Information Security Management Systems (ISMS) is necessary.

A robust QMS would allow for cybersecurity, data governance and ISMS principles to be rooted in the quality policy of the organisation enabling goals established at the uppermost levels to trickle down through the QMS to influence functional and individual objectives and targets.

Without an overarching QMS, organizations often find that their product development, security, risk, compliance, governance, and privacy teams are isolated in the way they think and function. These siloed functions and ambiguous roles often result from a deficit of strategic understanding of how these distinct functions come together to create a synergistic working relationship between the respective teams that allows quality control over technology, people and processes. Cybersecurity and data governance principles are just as important as the technology itself in treating patients.

Conclusion

Digital health products are increasingly becoming vulnerable to cybersecurity attacks and data privacy breaches. Organisations willing to go the extra mile in implementing an overarching QMS to address these issues are more likely to be the winners.

The implementation of a QMS however may highlight the real cybersecurity risks involved with product design or sharing sensitive data over various platforms and geographies and may abort product development or curtail data sharing until vulnerabilities can be addressed and a universal framework spanning international boundaries is implemented to safeguard the patient and their data.

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Roles and Issues of IFHIMA Regional Directors: The Journey So far

Abstract

IFHIMA was established in 1968 to serve as the global voice for all HIM professionals across the world. As a non governmental Organization, it has an official relationship with WHO. At the Apex of the HIM global body besides its President, President Elect and the Membership Chair, are the Regional Directors whose roles are to be the representatives of IFHIMA at the Regional level and serve as the advocates of members in their respective regions of the world. They are the regional mouth piece of IFHIMA in the global arena especially now leading the workgroups that will execute the Strategic Pillars. In November 2019, IFHIMA Congress took place in Dubai and six New Regional Directors emerged to serve for the next 3 years (2019-2022). The journey is not far yet it is far. The IFHIMA Board used member input from two surveys in the past 18 months, as well as the roundtables at the 19th Congress in Dubai, to undertake strategic planning. A formal SWOT analysis was undertaken based upon these inputs.

IFHIMA Strategic Pillars (Call for action)

1. Member engagement and growth
2. Education, Training and Research
3. Developing Nations
4. Strategic Partnership

What are the strengths, weaknesses, opportunities and threats? Do they have the political will, economic power, social disposition and technological wherewithal? This article is designed to explore the strengths that must be used to advance the strategic plan while offsetting weaknesses and threats.

Fig1: SWOT and PEST analysis

1. Member Engagement and Growth

The strength of IFHIMA Regional Directors lies on the strength of IFHIMA’s ability to mobilize its resources towards the achievement of its strategic membership engagement and growth. Graham (2013) stated that to create more opportunities for members, an organization needs to encourage exchange programs, develop academic/business partnership. IFHIMA Global News is strength that re-echoes the voice of HIM professional across the globe.

Regional Directors need to identify those committed to IFHIMA workforce for engagement. Regional officers need to be established with common objectives. HIM members have the opportunity to showcase themselves, their National Associations activities in the Global News.

2. Education and Training

The Strength of IFHIMA across the globe is its competencies, proficiencies in knowledge and skill in health information management. The career development is much more enhanced
by the level of education and training of its members, National Associations, regulatory bodies, associate and corporate members. These all constitute IFHIMA Regional Directors strength. IFHIMA Global News is one of the best scientific medium where HIM professional could show the world that IFHIMA’s presence in the academic and business arena.

3. Developing Nations
The strength of IFHIMA Regional Directors could be strengthened further by collaborative efforts of experienced Directors from other regions like the East Mediterranean, the Americas, European and the Western Pacific. Developing Nations like Africa and South East Asia could strategically be strengthened in its efforts to enhance its members academically, through the establishment of institute for specialization in clinical coding, health informatics, information technology and development of HIM application software packages.

4. Strategic Partnership
The strength of IFHIMA, as far as strategic partnership is concerned, is it already has an official relationship with WHO. Therefore, it can also establish its regional offices alongside with WHO in all the six regions of the world now that WHO and IFHIMA are working tirelessly towards the implementation of ICD 11 in our health facilities. Here, the roles of IFHIMA Regional Directors is paramount towards identifying and mobilizing HIM clinical coders to participate actively in this direction. PAHL and RICHTER(2009) also supported the idea of having strategic partnership and layed more emphasis on methodology as a key factor.

Conclusion
The Regional Directors must therefore use all the instruments of IFHIMA leadership roles such as political, economic, social and technological capacities and abilities to commit resources for the achievement of IFHIMA's Strategic Pillars. Doran (1981) opined that meaningful strategic plan or pillars cannot be achieved without specification of objectives, measurements, availability of resources, relevance and time-frame for the achievement of the stated objective. This process, known as SMART, will be used by the Executive Board and the leaders in prioritizing and executing initiatives over the next five years.

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Graham(2013) instructional guideline to leading your team: Measure performance and reward talent
Launch of the Canadian College of Health Information Management (CCHIM) website and agreement with CIHI (Canadian Institute for Health Information)

**Release 1:**

**Author:** Canadian College of Health Information Management

The Canadian College of Health Information Management (College) and Canada’s health information management association, CHIMA are excited to announce the following:

Announcing a Strategic Partnership Between the Canadian Institute for Health Information, The Canadian College of Health Information Management, and the Canadian Health Information Management Association


Partenariat Stratégique Entre L’institut Canadien D’information Sur La Santé, Le Collège Canadien Des Professionnels En Gestion De L’information Sur La Santé Et L’association Canadienne Des Professionnels En Gestion De L’information Sur La Santé


The new strategic partnership with the Canadian Institute for Health Information (CIHI) reinforces that certified health information professionals are critical to managing the data that helps inform policy and the care that Canadians receive across the country. These standards of practice for data collection, management and governance are based on industry needs, best practices and the rigorous standards and governance developed by CIHI, the College, and CHIMA.

For further questions, please contact general@cchim.ca.

**Release 2:**

**Author:** Canadian College of Health Information Management

The Canadian College of Health Information Management is excited to announce the following:

**A New Identity For The Canadian College Of Health Information Management**


**Une Nouvelle Identité Pour Le Collège Canadien Des Professionnels En Gestion De L’information Sur La Santé**

https://cchim.ca/fr/une-nouvelle-identite-pour-le-college-canadien-des-professionnels-en-gestion-de-linformation-sur-la-sante/

This past year has been influential in understanding the value of health information professionals. Research was conducted, including with stakeholders, members, and the general public, to inform a new identity for the Canadian College of Health Information Management. This identity is one that will reinforce trust and the importance of certified health information professionals in the health care sector.

For further questions, please contact general@cchim.ca.
Tips and Tricks for Staying Connected

The Department of Health Informatics and Information Management
The College of St. Scholastica

As we’ve moved through the last year, professionally and personally, one of the biggest challenges related to the necessities of social distancing and quarantine is the task of staying connected. Maintaining the relationships with our colleagues across our own organization and through professional networking is much harder when conferences are cancelled and we are working from home. HIM professionals are fortunate to have careers that can (mostly) be completed from a remote workplace, and our knowledge of the location, application, and analysis of health data is in greater demand than ever.

We know and are demonstrating our value within healthcare, but still have to work collaboratively in order to achieve success. Legislative and regulatory standards continue to be reviewed and updated within government agencies, so our professional organizations are as relevant as ever. Growing our impact within our own organizations and the healthcare industry is important to the future of the HIM profession, and we’d be remiss to let the opportunity pass by.

The question we are outlining is “How?” It is clear that we need to spend time on networking and building our personal and collective profile, and a few easy directions provide the base that we can each build from. This short list is meant as a starting point, and these should be attainable tasks no matter how much time you have available.

- **Professional Organizations**
  Reach out to international, national, or local organizations to see what ongoing priorities are being addressed. Look for opportunities to volunteer!

- **Educational Institutions**
  Check in with your alma mater. There’s a network of alumni that you can tap in to for perspective and camaraderie. It’s possible that the school is already hosting events that you can plan to attend.

- **LinkedIn**
  It is THE professional social media network. Spend time with your account to add profile details about your knowledge and skill set, as well as searching for groups, individuals, and organizations that are aligned with your knowledge and values.

- **Social Hours**
  Utilize web conferencing to set up informal meetings and networking events. This can be applied at any time to stay in touch with those professional contacts that aren’t easy to visit in person.

Set time aside, and enjoy the rewards! Whether you have returned to life as normal after the pandemic or are still dealing with limited contact, keeping connected will help you now and later.

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Comparing the DRG Systems of Australia and the United States

Whilst both Australia and the United States utilise the World Health Organisation International Classification of Disease system to identify and report diseases and health statistics, there are some notable differences for interpreting its application. Underlying principles remain the same, the capture of accurate and timely data that reflects patient casemix.

DRG systems are inpatient classification schemes that categorize patients who share similar clinical characteristics and costs. Each inpatient discharge is assigned a DRG which is primarily based on ICD-10 diagnosis codes plus the procedures coded. The first DRG system was implemented in 1983 by the United States’ government-sponsored healthcare payment program for the elderly and disabled – Medicare.

Many DRG systems have since been introduced worldwide including AR-DRG (Australian refined), MS-DRG (U.S. “Medicare severity”), the 3M proprietary APR-DRG (All patient refined), Germany’s G-DRGs, NORD-DRGs (Nordic), and many others specific to certain countries or regions.

Both AR-DRG and MS-DRG assignment is driven by the principal diagnosis, secondary diagnoses, operating room procedures, gender, and discharge status amongst other variables. The principal diagnosis is defined as “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care” and is listed first on coding summaries.

In the U.S., because clinicians know nothing about coding rules, the principal diagnosis is not determined by the clinicians caring for a patient but rather by coders who must use the clinicians’ documentation applying coding rules and guidelines. Conversely, in Australia, clinical coders are restricted from interpretation and must be guided by clinicians’ documentation. When multiple conditions meet the definition of principal diagnosis, the first condition listed must be assigned.

Both DRG systems aim to capture the clinical complexity of a hospital’s casemix to allocate funds appropriately and track the severity of patient illnesses. Furthermore, both countries recognize the importance for educating clinical and non-clinical staff on their role and its impact on DRG assignment.

Additional conditions, either present on admission or that develop subsequently, may qualify as secondary diagnoses if they affect patient care. In both Australia and the U.S., some of these secondary diagnoses substantially increase the cost of care within a DRG and are used to break the primary DRG down into subgroups, each having a different value.

MS-DRGs identify two classes of pertinent comorbidities: simple CCs (Comorbidity/Complication) that increase the costs of care and major CCs (MCCs) having a much greater impact on costs. AR-DRGs quantify levels of resource utilisation associated with each diagnosis using values ranging between zero and five. These values, known as Diagnosis Complexity Levels (DCLs) contribute to the DRG complexity split; a DCL value of zero indicates the diagnosis has no effect on complexity within that specific DRG subgroup compared to a non-zero DCL value that will add complexity.

Thus, MS-DRGs subgroups may split into as many as three DRGs with different “values”: without CC/MCC, with CC, or with MCC. Only one CC or MCC is needed to shift a DRG; multiple CCs, MCCs or combinations make no difference. An example of pneumonia MS-DRGs is shown in Table 1. There are also some MS-DRGs with 2 splits or no split.

Similarly, AR-DRGs subgroups may have two (Major/Minor) or three (Major/Intermediate/Minor) complexity splits (Table 2). Complexity is determined by the DRG subgroup assigned and a total episode clinical complexity score (ECCS) that takes into account all complex conditions (DCLs).
An understanding of the similarities and differences between the U.S. MS-DRGs and Australian AR-DRGs creates an opportunity to quickly mature documentation improvement and coding integrity. The goal is facilitation of discussion and empowerment of all levels of staff with the knowledge necessary to aid accurate documentation, resulting in high quality of data capture and as a byproduct, appropriately reimburse hospitals for service provision.

Table 1. MS-DRG splits for pneumonia

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>CC/MCC</th>
<th>Value</th>
<th>Payment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>193</td>
<td>With MCC</td>
<td>1.3107</td>
<td>$7,864</td>
</tr>
<tr>
<td>194</td>
<td>With CC</td>
<td>0.8630</td>
<td>$5,178</td>
</tr>
<tr>
<td>195</td>
<td>Without CC/MCC</td>
<td>0.6650</td>
<td>$3,990</td>
</tr>
</tbody>
</table>

*Assumes $6,000 national base payment rate

Source: 2021 CMS Inpatient Prospective Payment System Final Rule – Table 5

Table 2. AR-DRG splits for pneumonia

<table>
<thead>
<tr>
<th>AR-DRG</th>
<th>Complexity Split / ECCS</th>
<th>Value</th>
<th>Payment^</th>
</tr>
</thead>
<tbody>
<tr>
<td>E62A</td>
<td>Major Complexity (ECCS &gt;= 2.5)</td>
<td>1.5741</td>
<td>$8,374</td>
</tr>
<tr>
<td>E62B</td>
<td>Minor Complexity (ECCS &lt; 2.5)</td>
<td>0.7986</td>
<td>$4,249</td>
</tr>
</tbody>
</table>

^Assumes $5,320 national base payment rate equivalent

Source: FY 20-21 IHPA: Admitted acute price weights - Australian Refined Diagnosis Related Groups (AR-DRG) Classification Version 10.0 – Table 10

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Australian Special Interest Group brings International HIM Professionals together

The HIMAA (Health Information Management Association of Australia) International HIM Special Interest Group (SIG) is a community of practice structured as a forum to discuss, review and implement health information related activities that are being undertaken internationally.

In 2018, I joined the International Special Interest Group (SIG) after meeting some of its members at a HIMAA event. I wanted to learn more about them and what health information related activities they were undertaking. Now, two years later, I am glad I made the decision because I had the privilege of learning from several great speakers and I am also making great connections with fellow HIMs who are passionate about international matters.
The SIG has over 30 active members and meets quarterly via videoconference. This year the SIG has heard from a number of very impressive speakers who shared their knowledge and expertise and presented on what health information related activities are being undertaken internationally.

The Special Interest Group aims to provide members with opportunities to contribute to enhancing HIM practice in Australia and overseas, and to mentor or partner with professional colleagues within the group and in other countries.

Our recent meeting in August discussed a range of topics and we held a round table where members shared a special item, greeting or food from a country of interest or a nationality they identified with.

The SIG is looking forward to a wonderful year ahead and would like to invite new members, both based in Australia and overseas, to join us so that together, we can contribute to relevant national and international dialogue, strategy development and the overall enhancement of HIM practice internationally. Interested persons can express interest in joining the HIMAA International SIG by emailing us on himaa@himaa.org.au

Submitted by:
Shane Sanfilippo
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IFHIMA Launches ICD-11 Whitepaper Q4, 2020

As all HIM professionals know, ICD-11 is the eleventh revision of the International Classification of Diseases. It will eventually replace ICD-10 as the global standard for coding health information and causes of death. In May 2019, ICD-11 was officially endorsed by all WHO members during the 72nd World Health Assembly. It will officially come into effect on January 1, 2022 at which time member nations may begin reporting morbidity and mortality statistics using ICD-11.

Earlier this year, the IFHIMA Board of Directors approved forming a workgroup charged with creating the whitepaper to educate IFHIMA members and other key stakeholders on ICD-11 and the role of health information professionals. Chaired by Ann Chenoweth, MBA, RHIA, FAHIMA, this workgroup includes representatives from around the globe, including Canada, Australia, Barbados, Africa, Indonesia, United States, Japan, Spain, Saudi Arabia and South Korea.

The ICD-11 whitepaper is expected to be published in Q4, 2020.

Submitted by:
Ann Chenoweth, MBA, RHIA, FAHIMA
AHIMA National Director to IFHIMA

Social Media Workgroup

The Social Media Workgroup has been busy since its formation in February. The main focus of postings to the LinkedIn page have been those surrounding the 2021 – 2025 Strategic Plan, the ‘Managing Health Information Privacy During the COVID-19 Pandemic article’, the updated ‘Privacy of Health Information, an IFHIMA Global Perspective’ whitepaper, telehealth innovations, and international policy responses to the COVID-19 pandemic, including the fabulous podcast series showcasing the experiences of IFHIMA members during this time.
Over the last thirty days, there have been 29 new followers to the LinkedIn page, with an overall total of 306 followers. The number of unique visitors is 58 and the number of post impressions is 2300. These numbers have grown since the last workgroup meeting in August.

If you have not yet visited the page, and to stay tuned to health information professional news around the globe, https://www.linkedin.com/company/ifhima

If you have any queries or suggestions concerning social media, or would like to be involved in the workgroup, please contact Sandy (sabbissen@centurytel.net) or Sally (sallyemac@gmail.com).

Update from South Korea and the Korean Health Information Management Association (KHIMA)

Like other countries in the world, South Korea is not able to do in-person meetings due to COVID-19. We can only return to our daily lives when the current pandemic is declared over. At KHIMA, the conference will be held in the fall of 2020 with a webinar in mid-November. In addition, the spring conference in 2021 is currently planned to be a webinar format as well. The schedule is yet to be finalized. Through the COVID-19 situation, we realized the importance and necessity of online education and plan to invest more in the development of online teaching materials. In particular, the KHIMA Research Institute is developing more detailed issues and content for HIM education. The researchers are led by professors at universities and HIM professionals of various health institutions. Update on ICD: South Korea publishes the ICD Korean version every three years. Since KCD-8 is scheduled to be used from January 2021, the final detailed proofreading work is currently being carried out jointly with the National Statistical Office. The implementation of ICD-11 in South Korea is expected to be around 2025, and plans are currently under way for ICD-11’s translation to the Korean language.

Submitted by :
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Note from the Editor

Hope you and your families are continuing to do well during the pandemic! Welcome to another issue of Global News, where we strive to bring you interesting, relevant, and informative content from across the IFHIMA regions. As a reminder, IFHIMA publishes Global News two or three times per year with the intent to highlight national association news, share board activities in support of the IFHIMA mission and strategic plan, and keep members abreast of other IFHIMA activities.

I encourage contributions from all of our member nations to make it a truly global newsletter. Please feel free to contact me with your ideas and questions. A copy of the guidelines can be found at:

https://ifhima.org/editorial-guidelines/

Be well and stay safe.

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Disclaimer:

Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Dilhari DeAlmeida (editor@ifhima.org) for consideration for publication. Responsibility for referencing in any article rests with the author. Readers should note that opinions expressed in articles in Global News are those of the authors and do not necessarily represent the position of IFHIMA.

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