

**BUSINESS TECHNOLOGY MEDICAL OFFICE - ADVISORY COMMITTEE MINUTES**

**Wednesday, May 2, 2018**

**Time: 5:30 pm – 7.00pm \* PUB 258C**

**Members Present**: April Gapsch, PeaceHealth; Joseph Clemons, The Vancouver Clinic; Ray Maly, Community Member; Darlene Terry, Washington State Manual, Virdie Schrei, RHIT, Providence;

**Members Absent**: Morgan Berg, Lifeline Connections; Norman Berg, The Vancouver Clinic; Stefanie Tolliver, The Vancouver Clinic

**Guests**: Manuel Galaviz, MD, Peacehealth

**Clark College**: Marilyn Hale, Department Head, BMED; Instructors for BMED, Sunnie Elhart, Olga Lybar, Suzanne Smith; Dr. Brenda Walstead, Dean of BHS; Jennifer Obbard, Assoc. Dean of Health Sciences; Shelly Ostermiller, Assoc. Dir. Advising - HEOC; SueAnn McWatters, Program Specialist – Advisory Committees

Committee Chair April Gasch called the meeting to order at 5:38pm and introductions were made. Ray Maly was introduced as a new committee member, representing the community.

**Minutes of the Previous Meeting**

*The minutes of November 1, 2017 were presented: Joseph made a motion to approve. This was seconded by Darlene and passed unanimously.*

**Date of Next Meeting**

The committee selected their next meeting date: **Wednesday, October 17th at 5:30pm.**

**Office of Instruction Announcements**

SueAnn McWatters made the following announcements:

**Welcome SueAnn McWatters,** for those who may not have met SueAnn, she is the new Advisory Coordinator. The position was formerly held by Nicola Farron, and she started in January of this year providing meeting coordination and support to the twenty-seven Career and Technical Education Advisory Committees in addition to administrative support in the Office of Instruction. Sue Ann comes to us most recently from WSU Vancouver where she worked in the College of Business, Finance and Operations, and Development and Alumni. She is a former Clark student and graduate of WSUV, attaining a Bachelor’s in Business Administration.

**Healthy Penguin Walkabout** Saturday June 2, 2018, registration opens at 9:00 with the event beginning at 10. Community members and anyone interested in good health are invited to participate in this FREE event to stroll the beautiful campus and receive free health assessments.

Brenda stated that this was the 3rd annual event. Faculty/staff and students come together to provide stations around the campus for the community to do blood/sugar checks, health assessments, blood pressure checks, pulse checks, etc.

**Spring Recognition event** planned for Wednesday, June 13th. The event will be held on campus in PUB 161. Our opportunity to share some refreshments and acknowledge and thank each of our community advisory members for their service to the college. Watch for a save the date, coming to your email soon.

**Program Updates**

Suzanne spoke about introducing the coding piece in the billing classes so that students can really understand how these codes are applying to the forms. Rather than requiring the students to purchase coding books, the program would like to use the 2017 version in class with the potential to donate to the library. If any of the committee members are done with their coding books, we would happily take them. Every diagnosis and procedure has a related code. There are thick manuals that students have to use to look up codes with full descriptions to be able to popular billing forms correctly. The goal is to pass the national exam. Sometimes these books cost upwards of $500/term. There are also different types of coding:

* ICD (diagnostic coding)
* CPT (procedural service codes)
* ICDPCS (inpatient coding – hospitalizations)
* Medicare based services
* Ambulance codes
* Dentistry

Brenda mentioned the new director starting in summer. Her name is Sarah Kuzera. She has a PhD in education and loves medical assisting. The hope is to get funding for a new lab and potentially into a simulated clinic.

Jennifer spoke about hiring 3 new adjunct faculty. The transformation has been positive and the students are enjoying them.

Joseph stated that they are always hiring for medical assistants. The students coming out of Clark are some of the most qualified, however it would help if there were night/evening classes offered. The Vancouver Clinic interviews candidates for hire, but they have school during the day. There is a lot of investment in the medical assistants and professional growth. TVC tries to provide opportunities other than being a medical assistant. We have them participate in projects (process improvements, committees, etc.) to give them other experiences. TVC recently had six interviews for externships. Brenda agreed that offering night classes is in the plan. The program is hoping to do one cohort during the day and one at night at Clark College WSU Vancouver.

The committee discussed the role of a medical assistant. There is an entire degree focused on it. Students have to learn competencies and skills and be able to pass. Working in a clinic is also a part of their coursework. Students have to have 200 hours as part of their practicum and have to be registered with the state to be able to practice. MA’s need to have a patient perspective. They are the greeter, weight taker, do vitals, and do the basic document gather in preparation to see the doctor. They can also do procedural work (drawing blood, laboratory tests, etc.). MA’s also spend a lot of time on the computer and working with patients. April stated that in her job, she spends a lot of time fielding patient calls. That part wasn’t emphasized much during her time at Clark, but would be great to see that.

Darlene mentioned that Workforce has programs through WorkSource that when an MA or surgical tech have done their externship, they can place them in a paid internship program, however it doesn’t obligate the organization to hire them. WIOA legislation passed a specific pool of money to help people get into high demand jobs. The NW Promise Program helps pay for the paid internship. This is a great way to funnel people right out of programs and into the workforce in a smooth way. Both Oregon and Washington provide this program. April stated that she did the program.

**Billing and Coding**

Suzanne explained the 4 main billing and coding classes:

* BMED&129: Medical Reimbursement
* BMED&130: Medical Coding – CPT/HCPCS
* BMED&132: Medical Coding ICD-9-CM/ICD-10
* BMED&133: Intermediate Medical Coding

The goal is to change BMED&129 to give students an introduction on billing (requirements and understanding forms thoroughly) but also introduce the coding piece. There will also be a quick introduction to both procedural and diagnostic coding. BMED&130 will be diagnostics for outpatient and BMED&132 will diagnostics for inpatient. BMED&133 will bring everything together and prep the students for the national exam. MAs will be required to take BMED&129, 130 and 132. The committee discussed that MAs don’t necessarily need BMED&132 for inpatient coding. Darlene stated that even if the MA were to take less credits, NW Promise would pay for upskilling for already employed workers. If a student chose to go into a certain profession that needed the inpatient skills, they could fund it. Sunny mentioned that 4 students have gotten certified in coding after they were finished getting their MA.

**AAPC-CPC (certified professional coding) or AHIMA-CCS (certified coding)**

Each has their own advantages. Most employers require a national certification. The committee discussed that they would want the one that is more comprehensive and provides the best support.

*AAPC – CPC*

Suzanne explained that this national certification has instruction involved in each of the chapters before giving practice tests. It also tells the student what they did right and wrong. The AAPC is also closely aligned with the Billing and Coding Club. The president is going to do a workshop on how to use it. There is also a local chapter here that will provide more support and training.

*AHIMA-CCS*

The training for this certification is out of Oregon or Seattle.

Darlene stated that she works with long term care facilities and many are looking specifically for people with Medicare/Medicaid coding ability. She asked if something like that this would eventually be a part of the program. Suzanne explained that there are certain requirements for Medicare. In the billing class, Medicare and Medicaid are covered. Currently, there are no class that are offered specifically for Medicare.

Olga stated that even thou students may have their prep exam in AAPC, that doesn’t mean they also can’t sit in for the AHIMA.

The AHIMA exam includes pharmacology (medications and coding related to pharmacy), so the program would need to start have it as part of the degree requirements.

The committee discussed any simulated programs that are similar to the Epic systems. The Epic software requires a minimum of 100 providers. Most people get trained through their job. No healthcare employer is going to expect a new employee to know Epic software. Even if a student has some experience, the situation can change. It’s more about how companies acclimate students to know how to use the concepts of the software in order to be able to use it knowledgeably. Joe mentioned that when The Vancouver Clinic hires, the first two weeks are just learning the software.

Suzanne explained the differences between billing software and an EMR simulator. She was able to test three different options: EncoderPro, AAPC Coder and Speedecoder. College requirements state that is has to be compatible for students. Many simulation programs do not have a rubric. Even if the program were to get Epic, it doesn’t necessarily complete the solution. There are two separate things: information that gets entered for what happen in the visit and what the coder defines it as.

**Industry Updates**

Joe stated that MAs are the hardest to hire for right now. The idea of upskilling is a great discussion. Patient access has the largest number of open positions. It is entry level, but The Vancouver Clinic tries to focus on retention and opportunities to grow. TVC is building in Ridgefield, Washington as well as expanding on the Salmon Creek location. They are looking to build another facility in Camas.

Darlene is collaborating with Worksource and Workforce SW WA. She recently sad down with long term members to discuss how to provide better training and better applicants. The number one suggestion was soft skills. Applicants are not learning it for work and are so technology focused, they have missed that component. Simple things like coming to work on time, work ethic, interacting with co-workers and patients, etc. are all important parts of the job. Empathy is important when working with patients.

Ray stated that his experience has been very positive. The friendliness of staff has been great. Being able to call and get help in a timely manner has made things very convenient.

Joe agreed that healthcare is becoming more consumer focused. There is a choice for patients on where they can go. If clients come in and have a bad interaction, they can go elsewhere. Sunny mentioned that OHSU doesn’t train patient access reps any longer. Several MAs of have chosen to move to the advocacy route. Is a care coordinator/care navigator necessary? Joe explained that TVC doesn’t have a specific role, but they have social workers and employees that help in that capacity. They have something called Panel coordinators. PeaceHealth and Legacy both stated that they have positions like that.

**Elections**

Tabled to the next meeting.

The meeting adjourned at 6:53.

Prepared by SueAnn McWatters