

**OA Employee Spotlight**

**Michael Vlassick**  
**CPC**  
**Coding Consultant**

Hello everyone! I want to say that I'm glad to be on board with On Assignment HIM. I'm currently working in Manhattan, NYC. Any coder who has worked in Manhattan knows that it can be overwhelming getting around. I love the city and really like the hospital I'm working at right now.

I live in Butler, Pennsylvania, with my partner, three dogs and two cats. We have two Manchester Terriers, a Doberman, and a Tibetan Terrier. We live in the city in a 100-year-old Victorian home. It has been a challenge over the past year trying to get the place remodeled.

I have an associate's degree in healthcare management and I'm now working on completing my bachelor's degree in alternative medicine. I have been working in medical records since I was 19 years old. I started at Allegheny General Hospital as a medical records technician. I decided to move into coding and finally got my CPC.

Once I had the experience that I needed, I moved into consulting. I have been consulting now for over 10 years. I have worked at hospitals in over 20 states so far.

I really love my job and love to travel. I look forward to having a great relationship with On Assignment HIM. I want to give a shout out to Geoff Goodman – the most awesome recruiter ever!

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**ICD-10  
Ready or Not?**

*By Vickie Weinert*

For those of you who have been holding your breath since the announcement of the 'intent to delay,' you can breathe now, it *is* happening . . . really. There are so many of us that are extremely excited about the benefits of the new code set, and we've been saying, "No delay! Bring it on!" Yet, others may have apprehensions for I-10, why?

It could be that the small number of coding professionals who are hesitant to change have sincere reservations about their own skills and abilities. Or, it's management who is concerned about how to ensure their staff's readiness to code in this sophisticated coding environment. At the end of the day, the decision has been reached—**October 1, 2014**—ready, or not. If you're of the 'the glass is half full' personality group, the brief delay of implementation is just icing on the cake. It has provided us with extra time to be more prepared and ready. How can we use this time most efficiently to best prepare ourselves or our staff for a smooth transition and be more ready, than not?

**Assessments**

Many facilities are performing skill level assessments on their staff. I have mixed feelings about the necessity for these. Expensive assessments of your staff will most likely tell you what you already know. Most coding managers already know the weaknesses of their staff. If the results of the assessment will tailor the education you provide, think about this: Even skilled, seasoned professionals

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**ASK THE EXPERT!****What is MYOMO?**

**MYOMO** stands for **My Own Motion Mobility System**. It is a "cutting edge" new medical technology designed to help traumatic brain injury and neuromuscular disease patients (e.g.: stroke, spinal cord injury, multiple sclerosis, cerebral palsy, and muscular dystrophy) regain lost upper limb mobility through technology control assisted movement of partially paralyzed limbs using their own biological signals. The device is lightweight and portable—a functional arm brace that restores movement to a weakened arm as a result of neuromuscular damage. The device uses a noninvasive myoelectric platform technology in a wearable device that enables a person to initiate and control their own motion. The technology does not use direct electrical impulses or stimulation to the affected limb (as one might suspect in technology like cardiac pacemakers or neuro-stimulators). EMG (electromyography) control software continuously monitors and senses weak muscle signals and sends it to the device's signal processor that allows a person to move their affected arm. EMG-driven robotics demand that the patient is actively engaged throughout the movement; if the patient stops, the device will stop (this aspect/feature provides useful feedback during physical therapy). The **MYOMO** has been proven effective in assisting people in their activities of daily living in the home and facilitating functional repetitive task practices during physical and occupational therapy.

Look for On Assignment HIM at  
this upcoming event:

**Chicago AHIMA  
Convention & Exhibit  
September 30–October 3  
Chicago, IL  
Booth #455!**

**Stop by and see us for your  
chance to win a  
\$500 Nordstrom gift card!**

# OA Employee of the Month



**Susan Ortiz**  
**Recruiter**  
**HIM Contract Team**

I grew up in Northeast Pennsylvania in a small town called Pittston. I moved to Tampa, Florida, in 1998 to begin my college career at the University of Tampa. I graduated in May of 2002 with a BS in business management and minor in marketing.

While in school, I was a member of the tennis team, lettering my freshman year. I also worked full-time in the retail world, gaining valuable customer service, sales, and management skills.

My professional career started after graduation at Verizon. I sold all service lines, from home phones, to Internet, to wireless. I was very successful at the company, winning TVs, trips to New York, Los Angeles and even the Grammy Awards one year.

After five years with the company, I decided I needed a new adventure in my professional career, which brought me to staffing. I worked for an HIM staffing company for just over four years. I learned a lot about an industry I hardly knew existed and enjoyed the new challenges each day brought.

I left the HIM staffing company to work for a company that provided online continuing education units to healthcare providers in long-term care. While I enjoyed this new step in my career path, my heart never left staffing. I missed the unknown challenges each new day brought. Luckily, I stayed in touch with many of my former co-workers from staffing, and learned of an opportunity with On Assignment HIM through Lori Ruhland-LaMantia and Andy Norrie.

I started with On Assignment July 2, 2012, and it has been the best decision of my professional career. I work with an amazing group of people and have the best support from my manager, Brian Lasch. I look forward to a long and prosperous career here.

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can forget and could benefit from reminders, so why hold back education from anyone? I suggest providing quality education for all equally—regardless of coding level. If provided in the right environment and in a variety of settings, no one will get bored, and no one will feel overwhelmed.

I am in favor of a more personal self-assessment. Every coder should make an honest assessment of their own strengths and weaknesses, and seek to fill in those gaps in *what* they need to learn. And in some cases, this may not be the responsibility of your employer to provide. More importantly, know *how* you learn best. Do you like to read and study alone in a quiet place? Are you a hands-on learner? Do you like to study in groups, discussing the topic and hearing others input? Are you a little bit of each? Take a quick quiz to find out your learning style at <http://www.edutopia.org/multiple-intelligences-learning-styles-quiz>. Accelerate your acquisition and retention by learning in the way that best fits your personality.

If you've been given the daunting task of providing training for your staff, you, too, need to assess your teaching skills. Teaching is an art. Having knowledge and skillfully imparting that knowledge to others are two very different concepts. You need to recognize each of your staff's learning style and teach accordingly. Please, please, please, I implore you, on behalf of coders across the country—NO DEATH BY POWERPOINT. These do not engage the audience, and very little, if any, learning occurs. There are some fantastic tools that can be used in the "classroom" that are much more effective. Moreover, don't be afraid to admit you need assistance from professionals.

## Getting Ready for the Reality

If you've delayed your training to wait for the new implementation date, you're already behind. Don't wait to start educational sessions to prepare for ICD-10, and no more overview sessions about I-10, it's time to dive in and swim in the deep end!

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## TALK TO US!

On Assignment HIM welcomes your feedback.  
Please share your thoughts with us at

[kristin.walsh@onassignment.com](mailto:kristin.walsh@onassignment.com)



## DID YOU KNOW?

### Fasting Makes Brain Tumors More Vulnerable to Radiation Therapy

*ScienceDaily* (Sep. 11, 2012) — A new study from USC researchers is the first to show that controlled fasting improves the effectiveness of radiation therapy in cancer treatments, extending life expectancy in mice with aggressive brain tumors.

Prior work by USC professor of gerontology and biological sciences Valter Longo, corresponding author on the study and director of the Longevity Institute at the USC Davis School of Gerontology, has shown that short-term fasting protects healthy cells while leaving cancer cells vulnerable to the toxic effects of chemotherapy.

The latest study, which appears in the online journal *PLOS ONE*, is the first to show that periods of fasting appear to have the same augmenting effect on radiation therapy in treating gliomas, the most commonly diagnosed brain tumor. Gliomas have a median survival of less than two years.

"With our initial research on chemotherapy, we looked at how to protect patients against toxicity. With this research on radiation, we're asking, what are the conditions that make cancer most susceptible to treatment? How can we replicate the conditions that are least hospitable to cancer?" Longo said.

Longo and his co-investigators, including Thomas Chen, co-director of the USC Norris neuro-oncology program, studied the combination of fasting with radiation therapy and with the chemotherapy drug Temozolomide, currently the standard treatment for the treatment of brain tumors in adults after an attempt at surgical removal.

The researchers found that controlled short-term fasting in mice, no more than 48 hours each cycle, improved the effectiveness of radiation and chemotherapy in treating gliomas. Despite the extremely aggressive growth of the type of brain tumor studied, more than twice as many mice that fasted and received radiation therapy survived to the end of the trial period than survived with radiation alone or fasting alone.

"The results demonstrate the beneficial role of fasting in gliomas and their treatment with standard chemotherapy and radiotherapy," the researchers wrote. They said the

results indicated the benefits of short-term, controlled fasting for humans receiving treatment for brain tumors.

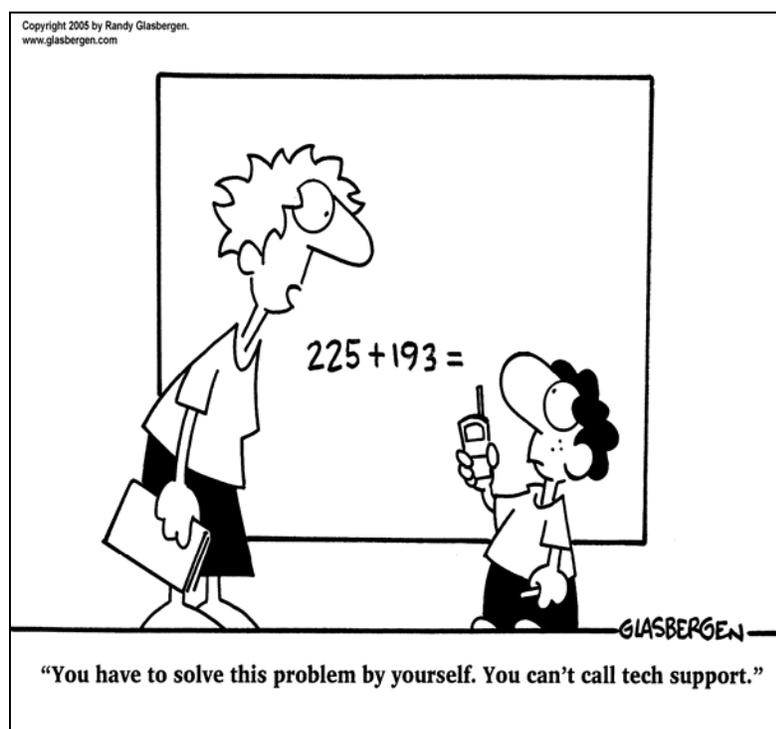
Longo cautioned that patients should consult with their oncologist before undertaking any fasting: "You want to balance the risks. You have to do it right. But if the conditions are such that you've run out of options, short-term fasting may represent an important possibility for patients."

USC Norris Cancer Center, Mayo Clinic, and Leiden University Hospital are all conducting clinical trials on fasting and chemotherapy. A clinical trial on glioma, fasting, and radiotherapy is being considered at USC.

Fernando Safdie of the USC Andrus Gerontology Center and Sebastian Brandhorst of Centre for Medical Biotechnology, Germany, were co-lead authors of the study. Min Wei, Changhan Lee, and Saewon Hwang of the USC Andrus Gerontology Center; Weijun Wang and Chen of the USC Norris neuro-oncology program at the Keck School of Medicine of USC; and Peter Conti of the Molecular Imaging Center at the Keck School were co-authors of the study.

The research was funded by the National Institutes of Aging in the National Institute of Health (grants numbers: AG20642 and AG025135), the Bakewell Foundation, the V Foundation for Cancer Research and a USC Norris Cancer Center pilot grant.

<http://www.sciencedaily.com/releases/2012/09/120911172308.htm>



# Set the Record Straight with *On Assignment*

Health Information  
Management

## ? WHO KNOWS ?

A patient is admitted to the hospital as an inpatient stay with sepsis, SIRS, and community acquired pneumonia (not otherwise specified). What are the ICD-9-CM and ICD-10-CM codes for this?

Send your answers to:

[kristin.walsh@onassignment.com](mailto:kristin.walsh@onassignment.com)

All correct answers will be put into a raffle for a chance to win a \$25 gift card from On Assignment HIM!

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I recommend starting with an Anatomy and Physiology refresher, especially one that incorporates details you will need to code in the I-10 environment. Next, get the basics of each chapter of the code set of ICD-10-CM. Then, learn how to apply the root operations in ICD-10-PCS. Finally, start practicing a little every day. As we get closer to the deadline, you're going to need to wear two hats and start double coding records to hone your skills and ramp up productivity time. In no time at all, you'll be coding at the same rate you do now.

Contributed by Victoria Weinert, RHIT, CCS, AHIMA-Approved ICD-10-CM/PCS Trainer, and President of Torionit providing ICD-10 training in creative learning environments. [www.torionit.com](http://www.torionit.com) For information regarding training, consulting, or the tools mentioned in the article for ICD-10 implementation, contact the author at [vweinert@torionit.com](mailto:vweinert@torionit.com).

### Do you have a question about ICD-10?

Is there a topic you've been curious about regarding the transition? Send in your questions! Each month On Assignment HIM will feature a question in *Set the Record Straight*. Look for your question's response in coming editions.

Email your questions to [vweinert@torionit.com](mailto:vweinert@torionit.com)



August 2012  
?WHO KNOWS?

And the winner is...

**Peggy S.!**

Answers:

**A. False B. True**

People First.

*On Assignment*<sup>®</sup>  
Health Information  
Management

## Remote Coding

On Assignment HIM provides a comprehensive solution for your remote coding needs. Remote coding provides a cost-effective solution at a dramatically reduced cost; enabling you to pull from some of the best coders in the industry who otherwise wouldn't travel onsite. This means access to some of the best coders in the industry!

How do we do it? We have partnered with Amphion Medical Solutions to use Themis, an Application Service Provider (ASP), that allows records to be accessed via the Internet. Coders are able to download assigned records from Amphion Medical Solutions secure data center and begin working anytime and anywhere. When they have completed their work, they simply submit the codes back to the hospital's abstracting system or send a coding summary sheet via the Internet. We have developed a process that is custom created for your facility. Remote implementation and application can be set up in as little as one week's time.

On Assignment HIM Remote Coding Solution provides:

Experienced remote coding staff that understands the unique needs of our clients when it comes to flexible scheduling, IT troubleshooting, and time.

- Scanner Management – we bring the scanner to you!
- Set up education and training supported by webinars for ongoing education.
- Coordinate the installation between HIM/Coding and your IT department.
- Proactively work to eliminate any roadblocks that may hinder the connection at your facility.
- Acclimate client and coder to the software.
- Trained coding staff.
- Improved coding turnaround times, which positively impact revenue cycles.
- Ability to monitor productivity.
- Tech support for troubleshooting questions.

### HIPAA Compliant

One of the top priorities of On Assignment HIM is to help you maintain all compliance requirements. With security as one of the primary concerns with remote coding, rest assured that Themis is HIPAA compliant. Amphion Medical has implemented the tightest security measures that use encryption certificates, audit logs and multiple security layers.

### About On Assignment HIM

On Assignment Health Information Management is a recognized leader in the health and life sciences staffing industry. For more than 25 years, we have built a reputation as one of the best in the business.

The On Assignment HIM division is solely dedicated to recruiting, retaining, and placing top Health Information Management professionals on Contract and Direct Hire positions throughout the United States.

Contact us: 800.364.4260  
[oahim.com](http://oahim.com)

