

HIM-Interchange

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The Editor HIM-Interchange, HIMInterchange@hima.org.au

Advertising enquiries

marketing@hima.org.au

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Letter from the Editor

Joanne Fitzgerald



Dear *HIM-Interchange* readers

Welcome to Issue 2 of 2018 and I hope you are still enjoying the new look of the journal.

Following the article written by Tracey Matthies (2018) in the last issue that outlined how the Sunshine Coast Hospital and Health Service in Queensland rolled out new edition Clinical Coder (CC) education, the *HIM-Interchange* Subcommittee sought to find out how other jurisdictional health departments and health services prepare for a new edition of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification and the Australian Classification of Health Interventions. An unofficial survey was carried out to understand the views of a sample of CCs on new edition education. Some of you reading the journal will have contributed opinions and content to the report prepared by Deborah Yagmich and Jennie Shephard (2018) through participating in the survey.

From the responses, it would seem that the online training developed by the Australian Consortium for Classification Development was the one constant for CCs around the country. After that, training varied from face-to-face sessions delivered by state health departments to hospital run sessions to no additional training at all. While CCs overall were satisfied with the new edition education they received, the views regarding suggested improvements provide ideas for future education strategies. The survey proved to be such a rich source of information that we could not do it justice in a single article, and we will be providing some follow up articles in future issues.

In this issue we continue the conversation regarding Clinical Documentation Improvement (CDI), with the republication of an article from the United States that discusses the mission of CDI and the benefits to be

gained when the primary driving force is not only reimbursement (Krauss 2018). I wonder how many CDI programs currently in place in Australian hospitals have a mission statement that is primarily around improved Diagnosis Related Group assignment, be it an explicit statement or implicit based on the focus of the CDI program? Perhaps it is unrealistic to believe that in the reality of finite health budgets, hospitals will focus on CDI for motivations other than financial. A simple business case outlining the relationship between documentation, clinical coding and Diagnosis Related Group outcomes provides an attractive prospect for health services. However, Krauss and other authors (Groom 2018, Shephard 2017) provide a commentary that encourages us to think about what we really want out of CDI programs and the missed opportunities from having a reimbursement only scope. If you have a view on this it would be good to hear it. Why not write a letter to the editor?

Also in this issue is a report on the national standards related to the collection of data on sex, gender and sexual orientation in Australian health data sets (Butler-Henderson et al 2018) plus two personal perspectives from Health Information Managers at very different stages of their careers – one starting out (Heng 2018) and one looking back (Butler 2018).

Enjoy the issue.

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