First Job

By Anthony Pineda

The most common topic that HCSPC members have been inquiring about is how to find a job after graduation. Most HIT/CIM students are under that impression that graduating from an accredited CAHIIM program in order to be eligible to take the exam and become certified will satisfy the knowledge and skills requirement that employers list in job descriptions. In actuality, recent graduates are finding that most industry jobs require at least two years of experience. Job seekers, coders in particular, are wondering why the path to employment is so rigorous and difficult when the demand for qualified candidates is so high. How do we deal with the catch-22 of needing experience to get a job and having to get the job to gain the experience?

If all your efforts to land that first job end as soon as you learn of the experience requirement, then finding a job would be impossible. All the time, energy, and money you have invested in your new career would have been for naught. I have read many blogs and heard opinions from people who say, “I love coding but the industry is so hard to break into” or “I wasted 2-years and thousands of dollars” blah, blah, blah. Students need to understand that education and becoming credentialed is the first (not last) step in landing a job. The next step is to change the way we think about the industry. Constantly adapting to change is a soft skill that health information professionals need to develop early on in their career. We need a plan to integrate ourselves into that perfect job. Resources and support mechanisms do currently exist for those looking for jobs or who are fresh out of school. The trick is to utilize these resources and to follow through with the plan we create.

Since professional affiliations play a major role in influencing how the industry operates, we need to jump on the bandwagon and join the ones that are appropriate for our career. Most professional affiliations have dues (including discounts for students) associated with the different membership types. Students should view these dues as a part of our education (like books or tuition) instead of an

Planning and Registering for Summer & Fall

By Gwyer Schuyler, Club Advisor

Registration is right around the corner. You should have all looked up your priority registration by now and put that on your calendar (go to http://pipeline.sbcc.edu, then to Registration and Student Records, then to Check for Pre-Registration Requirements and Registration Appointment). Make sure to register as soon as your date and time allows so that you have the best course selection.

The Summer and Fall course schedules are also now posted for your review at www.sbcc.edu/classes. They will be separately listed on that page shortly, but in the meantime, go ahead and click on Spring 2012, and when the Class Schedule Search page comes up, change the Term to see Summer or Fall schedules.
INDUSTRY TIDBITS - “The Cancer Registry”

By Monte Handley

A cancer registry is an information system designed for the collection, management, and analysis of data on persons with the diagnosis of a malignant or neoplastic disease (cancer). For those of you working towards a Cancer Information Management (CIM) degree, we present some interesting tidbits of information on the Cancer Registry Profession. For instance, did you know that?

- Prior to CIM educational programs, cancer registrars were primarily trained on the job?
- The First hospital registry was at Yale-New Haven Hospital in New Haven, CT in 1926?
- In 1956, the American College of Surgeons required a cancer registry for approved cancer programs?
- The Surveillance, Epidemiology and End Results (SEER) Program of NCI established the first national cancer registry in 1973?
- That the increase in the number and types of health care facilities, central registries, consulting firms and registry software companies make the demand for qualified cancer registrars greater than ever?
- In 1983 the National Tumor Registrars Association, Incorporated (NTRA) established the first certification examination for tumor registry professionals?
- The name of the NTRA was changed to the National Cancer Registrars Association (NCRA) in 1993?
- There are nearly 5,000 members of the National Cancer Registrars Association (NCRA)?
- As of this week, there are 192 new job postings for Cancer Registry listed on the Indeed.com job search website?
- The median expected salary for a typical Tumor Registrar in the United States is $44,170?
- Cancer Tumor Registrar exams are given in two week testing windows twice a year, and that the fall testing window is September 8 – 22, 2012, with the application due by July 31, 2012?
- Application for the CTR Certification Examination is $255.00 for current NCRA members and $375.00 for all other candidates?
- Student membership for the NCRA is $40.00 and will save you $120.00 on the exam for a net savings of $80.00?
- That the exam is 250 multiple choice questions for a total of 4.5 hours and consist of both closed book and open book sections?
- That the passing score for the 2011 CTR exam was 70% or above?
- For 2011, CTR exam candidates having less than one year of experience, 16% of candidates, had the highest pass rate at 73%, followed by those with between one and five years of experience, with a pass rate of 68%?
- That in 2011, 316 candidates took the NCRA CTR Exam?

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If you haven’t taken a Summer session before, keep in mind that it is an intensive, 6-week term covering 16 weeks of material. The pace is much more rapid. The most courses that I could recommend in the Summer would be two, but it’s probably a better idea to stick with one course only if you have other responsibilities like work and family.

Be sure to confirm that you have met the prerequisites for any courses that you are planning to enroll in. If you are currently in progress with the prerequisite through SBCC, our registration system assumes you will pass that course and will allow you to proceed. If you have outside coursework that you think will meet the prerequisite, then you will need to submit a prerequisite challenge form A with your transcripts to have the hold cleared (www.sbcc.edu/hit/prerequisites.php).

As always, let me know if I can help you during the registration process - schuyler@sbcc.edu.
Interview with April Fritz, RHIT, CTR

By Gagandeep Bal

On March 29, 2012, I had the opportunity to interview industry leader and former president of the National Cancer Registrars Association (NCRA), April Fritz, RHIT, CTR. It was an honor to be able to represent the HIT/CIM Student Peer Club (HCSPC) not only as a club officer but also as a student studying to become a future Cancer Tumor Registrar (CTR).

April’s professional honors include the Distinguished Member and Education awards from the NCRA, the Distinguished Service Award from the North American Association of Central Cancer Registries (NAACCR), and service awards from the National Cancer Institute (NCI). For more than thirty years, she has been a teacher and trainer of cancer registry professionals making her name nationally recognized for the tools she has designed for CIM students by compiling vital information from eight different manuals and books into the Cancer Registry CASEbooks. After serving as the Manager of Data Quality for the Surveillance, Epidemiology, and End Results (SEER) Program of the NCI in Rockville, Maryland, she began her own training and consulting business in 2006.

Any CIM student would recognize the following international standard registry references that April helped to develop: International Classification of Diseases for Oncology, third edition, AJCC Cancer Staging Manual, seventh edition, Collaborative Staging and Coding Manual, SEER Summary Staging Manual 2000. She was also the director of the Cancer Information Management program here at SBCC. Indeed, April’s list of contributions to the profession and development of cancer registry is exemplary.

The Next Generation In Health Information

By Melody Elwood

I work at a medical clinic that implemented an electronic medical record (EMR) system a few years ago. Making appointments, viewing results, documenting a visit and billing insurance is all done with a computer. There is a doctor with a very successful practice in the same town as the clinic, and after 45 years he is closing his practice to join the clinic that I work for. I recently got the chance to visit his office and I realized that there was absolutely no computer anywhere to be found. All of the scheduling was done by hand and documented in a paper appointment book. Any notes the doctor made during a visit were handwritten or dictated and then typed with a typewriter. Insurance claims were filled out by hand and mailed in. Patient charts were kept on wooden shelving that the doctor told me he had made himself in his backyard.

A medical office with no computer is quickly becoming a thing of the past. For 45 years the doctor down the street from my clinic has created his patient charts, scheduled appointments, documented his visits and billed them by hand with no computer. The foundation that EMR systems are built on is based on the work that went on day after day, year after year in doctor offices just like the one I was standing in. If left untouched, 45 years from now the EMR that is used at my clinic will be so outdated that retrieving any patient information from it would be very difficult. 45 years from now, if left untouched, the handmade wooden shelves that the doctor made himself with all of his patient’s charts filed on them will still be standing, and patient information could be retrieved by simply picking up a chart and opening it.

Having worked in both a paper system and an electronic system I do have to say that there are lots of things that I really do like about an electronic medical record (not having to go on a frantic search for a paper chart that someone took off of the wall and forgot to put back being at the top of my list). Health information and how we handle it will continue to change and evolve, but standing in that doctor’s office I realized how important it is to remember where our basic processes came from if we are going to be successful at the new processes that are sure to come.
Getting That First Job in Coding

The following is an excerpt from “What’s Your Flight Plan? Getting That First Job In Coding” by Patt Peterson, MA, RHIA. In the article, Peterson discusses how volunteering or internship work can be transformed into measurable coding experience and advises coding students to keep a log to track the total number of codes that are accurate, divided by the total number of codes discovered for that coding set, to create accuracy rates that can allow your resume to shine above the rest. The full article was retrieved from http://library.ahima.org/xpedio/groups/public/documents/ahima/

Log Entries: Creating the log isn’t something you do for a class grade. And, it isn’t your teacher’s job to keep track of it for you. This is something you do for yourself because you hope one day to get a job as a coder. The log should be a bound notebook in which you will write column headings similar to this:

<table>
<thead>
<tr>
<th>Date</th>
<th>Chart Type</th>
<th>Chart Count</th>
<th>Coding Time</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2006</td>
<td>Inpatient</td>
<td>11</td>
<td>1hr, 13 min</td>
<td>80%</td>
</tr>
<tr>
<td>1/2/2006</td>
<td>Outpatient</td>
<td>20</td>
<td>1hr, 2 min</td>
<td>94%</td>
</tr>
</tbody>
</table>

As you code a series of charts, keep track of your outcomes. You’ll need to keep track of your start and stop time to be able to enter your coding time. To determine the accuracy rate you will need to know the total number of codes that are accurate, divided by the total number of codes discovered for that coding set.

Formula: What did happen, divided by what could have happened, x100 = accuracy percent
Example: Let’s calculate the accuracy rate of the Inpatient Charts in the above table.
The student coded eleven inpatient charts for a total of 60 different codes. And 12 of the codes were either in error or missing (60 – 12 = 48 accurate) so the formula is: 48/60 = 0.8 (x100) = 80%

You want to capture Accuracy Rate (not Error Rate) so this is why you have the extra step of subtracting 12 from 60. If you used 12 as you numerator it gets you an error rate, if you use 48 as your numerator you get an accuracy rate. So, do you want to show how much you got right (accuracy) or do you want to show how much you got wrong (error)?

Over time, your log should show your increasing accuracy and speed with coding charts. Ideally, by the time you graduate you will have coded a couple of hundred different types. The coding log becomes part of your hiring portfolio that you will bring to every interview. Be sure to use statistics from your log in your cover letter to potential employers when asking for an interview.

All Systems Go: Take Off! For example, after completing her coding classes and working through her simulations, Nancy has coded 300 charts of varying kinds and kept careful log entries. The log provides detailed statistics about her coding ability and productivity. She includes this on her resume:

Objective: New certified coder with an inpatient coding accuracy rate of 94 (per 13 charts per hour) and outpatient coding accuracy rate of 98% (per 23 charts per hour) seeks employment in a fast paced HIM department.

When Nancy arrives for her interview, she brings the coding log with her and uses it to open a discussion about her practical experience of coding charts. She could also discuss the value added skills she brings to the job as a result of being a recent grad – she has the latest knowledge about electronic record processing, data analysis, and legal case studies that someone who has been away from school for years may not have. The idea is to lower the risk of hiring a new grad, and the coding log is a way to do just that.

“This is something you do for yourself because you hope one day to get a job as a coder”
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Gagan: What role does a cancer registrar play at different levels of society that is local community; state; national and international? I am asking you because you have experience working at most of these levels.

April: Cancer registrars play a major role in their community as well as at national and international level by collecting high quality data. At the local level, registrars provide support to physicians and nurses in decision making regarding their patients. At the state, national and international level, registrars provide accurate data of the highest quality, which helps in research, epidemiology, setting standards, and more.

Gagan: While some of my fellow students are presently working at a cancer registry many others have not worked inside a cancer registry, so my next question is, what is the infrastructure of the cancer registry?

April: The infrastructure of a cancer registry depends on the facility where one is employed. At the hospital level, some cancer registrars are the only person in the hospital doing that job. Some registrars work in the HIM department of the hospital, some work in the cancer center, others in pathology, or another department that sees cancer patients. In a small registry, the registrar has many different functions and responsibilities. In a large registry, the registrar may be a specialist in follow-up, abstracting, or data analysis. Cancer registry’s infrastructure depends on the type of facility and the responsibilities of the registry.

Gagan: How will EHR implementation affect the work of a cancer registrar? (Many hospitals and health care facilities are going through this change how will it affect a future CTR?)

April: Very good question let me give you an example: recently I was in Singapore training the Singapore cancer registrars with my colleague. During the day, she was my co-teacher; in the evening, she logged onto the internet and put in several hours abstracting for her full time job back in the states. This was possible only because of EHR was fully implemented at her facility and she can abstract remotely. The implementation of EHR will allow more flexibility of work environment for cancer registrar of tomorrow; although, I do emphasize the importance of experience gained by working in a facility for newly trained cancer registrars.

Gagan: What is one single most important word that should be on every CTR’s resume?

April: Detail-oriented. Cancer registrars have to fill in about 150 fields of data. Being detail-oriented will help to make sure highest quality of data is being made available. Quality and accuracy of data is very important and putting 99 (unknown) in the fields takes accuracy out of the data. Access to all parts of the medical record from a secure, remote location will improve the accuracy and quality of cancer data.

Gagan: What do you suggest about volunteering?

April: Volunteering is important. It can help one get experience also helps to establish a networking relationship with other employees at the employer’s and other facilities. Many times when it comes to hiring people, managers may hire people they are familiar with. Volunteering is beneficial both ways to the volunteer and to the facility.

Gagan: Finally, what is your message to the Cancer registrars of tomorrow?

April: Welcome to the profession! You are about to embark on a tremendous journey. I have been in this profession for more than thirty-five years and I am still learning every day. I encourage cancer registrars to celebrate their work not just this week but also every day. For me, teaching is celebrating my career as a cancer registrar. Happy National Cancer Registrars Week to everyone reading this article!

For questions or comments, April Fritz can be reached by email at, april@fritz.org.

A special thanks to April Fritz, RHIT, CTR for sharing her time and wisdom with our club and to Denise Harrison, Department Chair, Cancer Information Management and Health Information Technology for her support in writing this interview.
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extra unnecessary expense. Examples of professional associations include:

- [The American Health Information Management Association](#) (AHIMA)
- [The National Cancer Registrars Association](#) (NCAR)
- [The American Academy of Professional Coders](#) (AAPC)
- [The Association for Healthcare Documentation Integrity](#) (AHDI)
- [The Health Information Management Systems Society](#) (HIMSS)

[H1careers.com](#) is an AHIMA sponsored impartial online resource for careers in Health Information Management. There is a page on this website titled “Landing Your First Job” that discusses the value of volunteering, job shadowing, networking, and how to translate prior work experience. Click [here](#) to read the entire paper.

2012 HCSPC Admin Committee Members:

**Academic Club Advisor:** Gwyer Schuyler

<table>
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<tr>
<th>Club Officers:</th>
<th>Advisory Committee:</th>
<th>Newsletter Committee:</th>
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<td>Monte Handley – President</td>
<td>Cheryl Meruelo</td>
<td>Gagandeep Bal – Contributor</td>
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<td>Fami Sharif</td>
<td>Melody Elwood — Guest Contributor</td>
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<td>Marcia Coye – Secretary</td>
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<td>Monte Handley – Contributor</td>
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<td>Kim Graff - Treasurer</td>
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<td>Anthony Pineda – Publisher</td>
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The Best Club “On & Off” Campus

**Club description:**

To provide an avenue for HIT/CIM students to network and support each other in their academic and career pursuits. Because the HIT/CIM programs are fully online, students have limited opportunities to meet and connect with other students. This club will use web-based technologies to create an online student community of support.