Each student is assigned a unique appointment date and time as the earliest time that you can register for classes. To get your date and time, log into Pipeline http://pipeline.sbcc.edu, click on 'Registration', then on 'Check for Pre-Registration Requirements and Registration Appointment.'

Here are the Enrollment Priorities:

1. Eligible EOPS/DSPS/veterans/current and former foster youth up to age 24  
   Nov 13
2. Eligible continuing students who have completed 100 or fewer units at SBCC (excluding ESL and Basic Skills)  
   Nov 14-21
3. Eligible currently enrolled first semester students  
   Nov 26-30
4. Eligible new to college local high school graduates  
   Dec 3-5
5. Eligible new, new transfer, and returning students  
   Dec 6-13
6. Personal Enrichment students and students who have completed over 100 units at SBCC (excluding ESL and Basic Skills)  
   Dec 14
7. Open registration, including dual enrollment students  
   Dec 17-Jan 27

Email Gwyer if you have any questions on priority registration – schuyler@sbcc.edu.

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**Shooting Ahead to ICD-11**

By Anthony Pineda

My enthusiasm for health information technology (HIT) has always been driven by the vehement ambition of the HIT/HIM industry: to “advance health information technology” through “investigation and application of new technology.” (Harman, 2007) However, the recent announcement about the one-year proposed delay – from Oct. 1, 2013, to Oct. 1, 2014— in the compliance date for use of new codes that classify diseases and health problems has left me on the dole.

These code sets, known as the International Classification of Diseases, 10th Edition (ICD-10) will include codes for new procedures and diagnoses that will supposedly improve the quality of information available for quality improvement and payment.

Please see *ICD-11* on page 3
By Artur Olesch

Artur Olesch is a Berlin-based journalist who writes for the Polish healthcare platform www.osoz.pl. For over a decade now, Olesch has been involved with KAMSOFT—one of the biggest providers of IT solutions for healthcare and pharmacies in Poland. In the following interview, Olesch asks Pascal Lardier, Director of International Events of Health 2.0, about the coproduction of health by patients and physicians today and in the future.

Health 2.0. What exactly does this new word describe? When was the first time you used that word?

It is a new word, indeed. Our first conference was in 2007 in San Francisco and at that time some people called the movement a fad. Since then, our organization, Health 2.0, has introduced over 500 technology companies to the world stage, hosted more than 9,000 attendees at our conferences and code-a-thons, awarded more than $1,400,000 in prizes through our developer challenge program, and inspired the formation of 46 new chapters in cities around the globe! The movement was obviously far from being a fad. Just like web 2.0 was a new version of the web, Health 2.0 describes a new era for health innovation where stakeholders collaborate, patients are empowered, and the production of health becomes participatory.

Many people associate the word with social media and related things such as blogs, health platforms, and health websites. Is that correct? How does “Health 2.0” differ from “e-health” or “ICT,” for example?

From the start, communities such as online patient forums and the associated produced content played an important role in the Health 2.0 movement. But it’s not just about social media and communities anymore: it’s about patient-physician communication, personalized medicine, population health management, wellness, sensors/devices, data, analytics, system reform, and more. In the beginning, health content became participatory. It is now becoming more and more personalized. All these profound transformations were calling for a new name and Health 2.0 was a good candidate for describing the extension of e-health.

Nowadays, Health 2.0 also describes a movement and a community of health entrepreneurs who are playing an important role in accelerating the innovation cycle. New ideas are often coming from them. And this is why providers, payers, pharmacies, IT suppliers, and even health authorities are getting more and more interested in their work. Our conferences are also a way to showcase their work around the world.

Let’s make a short time journey. Where do you see Health 2.0 in 10 or 20 years? Will it change medicine in a considerable way?

It has already changed medicine in a considerable way. The main rule we follow as a conference organizer is to always present live demos. It shows our audience that these products are ready for use and many times already piloted or even implemented on a larger scale. Patients are becoming more and more active in the co-production of their own health. New technologies keep them longer out of the hospital and provide more support from care communities including families, friends, and even strangers. This way, healthcare is extended to outside the usual domain of health professionals.

Which dangers does the Health 2.0 phenomenon involve? Some say that there are considerable risks associated with electronic health records.

This scare has definitely put a break on the development of national health records worldwide. Now we showcase many technologies that include an electronic health record allowing patients to better manage their health.

Please see Health 2.0 on page 4
purposes. Aside from my angst, I am relieved that a decision has been made because now I can integrate ICD-10 into my educational plan. I also feel, even though the point is moot, that we need to continue the discussion as to the value of ICD-10 compared to ICD-11; and to call out the salvoes piling up in my email inbox from professional organizations about the benefits that ICD-10 will bring.

**Things to think about**

If you can fathom $256 billion in the costs of health expenditures in the United States in the 1980’s, try fathoming $2.6 trillion in 2010. (Beamesderfer, Adara & Ranji, Usha, 2012) Much of the increase in spending is from employer-based health insurance. A major policy priority has been to address this growing affliction by shifting healthcare that rewards based on clinical outcome rather than volume of service.

The World Health Organization (WHO) finished ICD-9 in 1978, which represents the technology and thinking from the 1960’s. Furthermore, in 1990, the WHO endorsed ICD-10 representing technology and thinking from the mid-1980’s. Both ICD-9 and ICD-10 were designed with input from insurance companies, which goes a long way in explaining why over half of the code set is devoted to accident descriptions. How does implementing ICD-10 support a movement towards a healthcare system that rewards based on clinical outcome, rather than volume of service? Answer: It doesn’t.

According to the WHO, physicians were involved in the development of every portion of ICD-11 making it medically focused and patient-centered. The final revision of ICD-11 will be internet ready with a web platform and significantly more sophisticated than ICD-10. In addition, it will be electronic health record (EHR) ready, contain linkages to the Systemized Nomenclature of Medicine-Clinical Terms (SNOMED) and have applicable genomic information and substructures linked to the Human Genome Organization (HUGO). (World Health Organization, 2012)
Health 2.0 – please correct me if I’m wrong – has a lot to do with the so-called “empowered patient”. But if we discuss our health issues on a website, this can cause a lot of mistakes. I’ve heard doctors saying: “Empowered patients are a problem because they think that they know better than doctors. Sometimes it’s really hard to change their minds. Even if they are wrong they tend to believe what friends say instead of trusting the doctor’s knowledge.”

It’s true there has been a fundamental shift in the relationship between patients and health professionals. Patients now often come to their physician’s office having researched what they think is their condition. When they challenge their doctors’ knowledge and diagnosis, this usually happens in cases where there was already a lack of trust in the relationship. I believe doctors should encourage and guide this attitude, work with their patients to help them understand how the information they found may or may not apply to them. This shift is an opportunity for better care rather than a threat to the health system.

Which new Health 2.0 initiatives around the world seem to be most interesting right now?

Chronic diseases have been an important burden on health systems, so there is a lot of interest in the technologies that promote treatment adherence and enable population health management. We also see a lot of opportunities in tools that allow to connect health professionals and improve the safety and efficiency of the clinical workflow. The innovation opportunities are sometime where you don’t expect them: in the taboos of medicine like sexual health, mental health, addictions …

You organize Health 2.0 conferences around the world – in Berlin, Bangalore and San Francisco. What are the differences in Health 2.0 between the United States, Europe and Asia?

You’re forgetting a few: This year we’re also going to the Middle East (January 27-28, 2013 in Dubai) and Latin America (June 21-22, 2013 in Sao Paolo)! It’s a lot but the demand to bring the Health 2.0 conference to other markets is very high. It’s hard to summarize differences between these markets: health systems create very different environments for the development of the Health 2.0 movement; taboos vary greatly from one culture to another; the challenges for health entrepreneurs are not always the same. Liability is always an important question in the US, whereas we barely discuss that question in Europe.

One last question: How do you use what Health 2.0 offers in your daily life?

I review a lot of technologies every day and I try quite a few. I end up using some. I won’t name names, but I spend a lot of time on patient forums. Not necessarily for myself, but also for my family and friends. I have a few apps on my phone to motivate me to lead a healthier life. And I recently started using a mood measurement platform to follow someone around me with serious ups and downs. That’s about it!


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Jennifer Caswell and Devan Safer
Recipients of the 2012 CHIA Student Scholarship Award

The California Health Information Association (CHIA) is “committed to helping members complete their educational goals and enable them to successfully embark on their health information management (HIM) career path.” The Student Scholarship Award provides financial assistance to CHIA Student Members who demonstrate academic excellence in an accredited Health Information Technology (HIT) program.

Eligibility requirements and instructions are on the Scholarship Application form. Scholarship applications must be submitted by March 1st. Visit http://californiahia.org/chia-student-scholarships for more information.

ICD-11 from page 3

More things to ponder

Perhaps it was naïve to think that the healthcare industry in the United States was ready for a paradigm shift into the 21st century. Leapfrogging from ICD-9 to ICD-11 would require all the vested “stakeholders” to move together and agree to retire ICD-10 altogether. Although, it sounds impossible, I remain optimistic because I have always found the impossible far more interesting.

I recently learned, while taking the courses in the healthIT Workforce Program, that in order to facilitate change in healthcare you must look at the problem holistically; understand the needs and motivations of the stakeholders; collaborate with the broader set of system stakeholders; explore the broader set of possibilities; think about the solution as a system of strategies and activities; and to act and start now towards a better future state.

I have decided to embrace the decisions of the powers that be because whether I agree with the politics or not, the long awaited sequel to ICD-9 is coming forth. As I register for HIT 203 this next semester, I will keep my fingers crossed, and pray for the impossible.

Works Cited
Links and Resources

HIT/CIM Student Peer Club
Facebook
http://facebook.com/hspsc2011
LinkedIn
http://la.linkedin.com/groups?gid=4408348
Blogger
http://sbcchspsc.blogspot.com
Google Group
https://groups.google.com/forum/?fromgroups&hl=en#!forum/sbccs-hit-cim-student-peer-club-hspsc

Advance for Health Information Professionals
Student & New Grad Center
http://health-information.advanceweb.com/Student-New-Grad-Center/default.aspx

Health 2.0
http://health2con.com

Health Information Careers Pathfinder
http://hicareers.com/pathfinder.swf

HIM Career Map
http://hicareers.com/CareerMap/%20

HIT Pro Exams
http://www.hitproexams.org

Landing That First Job
http://hicareers.com/Toolbox/landingfirstjob.aspx

The American Association of Professional Coders (AAPC)
http://www.aapc.com/
Credentialing Information

The American Health Information Management Association (AHIMA)
http://www.ahima.org
Credentialing Information
http://www.ahima.org/certification/

The Association for Healthcare Documentation Integrity (AHDI)
http://www.ahdionline.org/
Credentialing Information
http://www.ahdionline.org/scriptcontent/creddesig.cfm

The California Health Information Association (CHIA)
http://californiahia.org
CHIA Student Scholarships
http://californiahia.org/chia-studentscholarships
CHIA Membership
http://californiahia.org/join

The Healthcare Information and Management Systems Society (HIMMS)
http://www.himss.org
Credentialing Information
http://himss.org/asp/CertificationHome.asp

The National Cancer Registrars Association (NCRA)
http://www.ncra-usa.org
Credentialing Information
http://www.ctrexam.org/credential/index.htm

The Office of the National Coordinator for Health Information Technology (ONC)
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204

The State of California Office of Health Information Integrity
http://www.ohii.ca.gov/calohi/Home.aspx

HAPPY THANKSGIVING!
ATTENTION ALL STUDENTS

By Gagan Bal

The Santa Barbara City College HIT/CIM Student Peer Club (HCSPC) is always seeking highly motivated students who are looking to complement their educational experience and help other students in the process. If you would like to become involved in the development, management, and administration of the HCSPC, you should consider becoming a part of our Club Advisory Committee.

We need enthusiastic and committed HIT/CIM and Medical Coding students to volunteer their time to accomplish club tasks. If you are interested in joining our Advisory Committee and would like to meet and get to know your peers, please contact me at sbcc.hcspc@gmail.com. Please include a short sentence about why you would like to join our team.

DISCUSS ANYTHING FROM ANYWHERE IN OUR HCSPC Google Group

Access Google Groups on your Android™ or Apple® iOS device by pointing your mobile browser to: https://groups.google.com/forum/?fromgroups&hl=en#!

Information about ICD-10 is here!