



Keystone Kopy

Pennsylvania Association for Healthcare Documentation Integrity

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President's Message: Why A Regional?

By Patty Barrett, CMT, AHDI-F



As many of you are aware, PA-AHDI is in the process of voting on whether Pennsylvania, Maryland, West Virginia, Delaware, New York, New Jersey, and the New England States will join and become a Northeast/Mid-Atlantic Regional. While we have held a townhall meeting for our members and sent out frequently asked questions on the potential merger, I would like to take this time to share with you why the board felt that this would be a prudent move for Pennsylvania.

I'm sure many of you have been following the healthcare news with the HITECH Act requirements needing to be met by February 17th and the passage of the healthcare changes earlier this year. Physicians and healthcare facilities will be required to have an electronic medical record in the next few years; however, each will be provided reimbursements for their investment if they meet the "meaningful use" criteria for each year. With the government determining this criteria, it is very important, at this time, that our industry have a "voice" in shaping how transcription fits into the EMR. In order to have this voice, we need volunteers. In order to have more volunteers, we essentially need to free up valuable resources in order to help get our leaders on the front line! Therefore, we felt we could be more effective if we combined states in order to utilize our leaders and our resources more effectively. For example, instead of having a committee on each state work on bylaws, we can have one committee for each

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regional and thus free up additional resources to work in other areas of the organization.

Secondly, the reason why we felt that a regional was a logical choice was because it is always challenging to find leaders to fill the various positions within each state organization. For example, we have a couple of open committee positions within Pennsylvania. If we combine states, we may be able to have a couple of leaders on each committee so that the responsibility rests with a committee rather than one person.

Thirdly, we felt that by freeing up additional resources, our members would be able to choose the committee they wanted to work on and would be able to use their strengths in the areas that were important to he/she rather than accepting a position just because it was open.

Lastly, we realized that we had neighboring states that had absolutely no representation at the national level because they did not have a state organization; therefore, they had no delegate representation and had no voice at the national level. With the present setup of the regional, it is estimated that we may have three delegates.

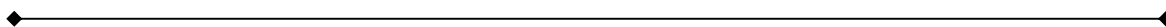
We should know within the next week what the outcome will be for PA-AHDI and the Northeast/Mid-Atlantic Regional. What this means to each of you, if we move forward with the regional, is that we will be able to utilize the synergies of each state and be a more effective organization in providing additional opportunities for our members, utilizing each person's strengths, and have a larger voice in shaping our future in medical transcription!

If there are any questions regarding the Northeast/Mid-Atlantic merger, please feel free to send me an email at patty.barrett@acusis.com, and I will be happy to give you a call.

Have a safe 4th of July and an enjoyable summer!

Sincerely,

Patty Barrett, CMT, AHDI-F
PA-AHDI President, 2009-2010



LETTER FROM THE EDITOR: CHANGE IS IN THE AIR.

By Amy Vanhorenbeck, MT



Wow, it's hard to believe that summer is here and the year is almost half over. Time keeps moving whether we want it to or not and with it comes change. I would like to take this time to introduce myself to you. My name is Amy Vanhorenbeck and I have eagerly volunteered to take over as Editor of the *Keystone Kopy*. First I would like to thank Grace LaConte for her many years of work on this project and words of encouragement as I take over. I wish her the best in her new endeavors. I have been working as an MT for over 6 years now and every day I learn something new about our industry. I hope with my transcription experience and computer knowledge we can make the *Keystone Kopy* a newsletter that not only will deliver updates on industry trends and happenings but can also provide us, as transcriptionists, some helpful tips and tricks and open the door for more networking possibilities. I look forward to future issues and if you would like to submit any articles or tips feel free to e-mail me at acvanbeck@verizon.net.

LOOKING FOR A WAY TO HELP PA-AHDI?

Have you been wanting to help PA-AHDI but didn't know how? Sadly, our fundraising chair needs to step down. Would you consider filling this position? Our fall meeting is approaching and fundraising is an important part of the weekend. Attendees look forward to the used book table, the 50-50, the Chinese auction, cancer donations, etc. We need someone willing to keep it organized, with help from the meeting team of course! Free training is provided!

We are also in need of someone to take over ads for the *Keystone Kopy*. This entails e-mailing potential advertisers prior to each newsletter, coordinating the ads

with the newsletter editor, billing after the newsletter is complete, and following up with the treasurer that they actually send the check in. You do this four times a year from the comfort of your own home. This is a good opportunity to get involved in our association and contribute to this great newsletter. Free training is provided here too!



Email Patty Barrett, CMT, AHDI-F, if interested in either of these positions

ONE MAN'S JOURNEY WITH REFLEX SYMPATHETIC DYSTROPHY

Written by: Nicoletta Rojo - student, Northampton Community College
April 27, 2010

In 1996, while at work one average day, my brother Scott fell off a ladder and the course of his life changed forever. It's not as if he had never broken a bone before. Being known to his family and friends, as well as casual observers as a rather clumsy sort of fellow, he was familiar with the drill; a trip to the hospital, probably a hand cast for the next six weeks, then back to life as usual. That is in fact how his initial diagnosis played out. The break had occurred at the segue between the bottom of the thumb and beginning of the hand. The cast was uncomfortable, but tolerable. The day of the removal of the cast came and went, the bone appeared healed, but quickly it became apparent that something wasn't right....The diagnosis was made with alacrity. The condition was widely unknown, even among the medical community; Reflex Sympathetic Dystrophy (RSD), or Complex Regional Pain Syndrome. The origin of the disease was, and remains, largely unknown. There seem to be several precursors which are able to "set off" the condition - - injury, surgery, any trauma to the body, infections, spinal cord disorders, repetitive-motion injuries and paralysis. However, it appears that about 65 percent of all cases emerge from a relatively insignificant soft-tissue injury, such as spraining an ankle.¹ Studies have indicated that RSD most commonly emerges between the ages of 25 and 55, and is more common in women than in men.²

Although theories pertaining to RSD abound, there is information about which many medical professionals widely agree. It is accepted that RSD is a chronic hyperactivity

of receptor sites of the neurons of the sympathetic nervous system as well as the aspect of the immune system responsible for controlling inflammation. A person's perception of pain is amplified as the body is constantly bombarded with over-stimulation. Although patients' experience of the disease is greatly varied, they begin to experience a gamut of symptoms including burning and stabbing pain, warm, red skin, or cold and cyanotic changes, skin texture alterations, stiffness of joints, weakness and difficulty moving.³ Other possible symptoms include abnormal hair or nail growth, changes and asymmetry of skin temperature, and abnormal sweating.⁴ Typically, these symptoms initially present in body extremities. The central nervous system may also become compromised in later stages of the disease.

...we find ourselves valuing every day a little more...

Scott's doctors explained RSD this way. When he injured his thumb a "gateway" was opened in his brain sending white blood cells and other fluids to heal his injury. Unfortunately, this "gateway" remained open even after the injury had healed. The brain never received the message that homeostasis was reestablished and therefore continued a siege of now misfiring neurons. As a result of this constant endeavor to "heal" itself, the body was doing irreparable damage, continuing to swell and stretch Scott's skin and internal arm structures into a burning, swollen, sweaty, infection. His skin became shiny as it distended beyond its capacity and sent a searing pain throughout his nervous system. Disease encroached closer and closer to the trunk of his body. Wearing a shirt or the lightest touch resulted in excruciating pain.

¹ Elena Juris, Positive Options for Reflex Sympathetic Dystrophy, Hunter House Inc., Publishers, Alameda, CA, 2005, p. 7.

² RSDSA, Reflex Sympathetic Dystrophy Syndrome Association, (Brochure), rdsd.com, July, 2008.

³ Erica Jacques, Reflex Sympathetic Dystrophy, About.com Guide, November 25, 2009.

⁴ RSDSA, Reflex Sympathetic Dystrophy Syndrome Association, (Brochure), rdsd.com, July 2008.

Gangrene began to take hold and transformed the situation into a struggle to maintain life. At that point, limb amputation became an imminent necessity.

Three days leading up to amputation, the doctors made the decision that since all medicines seemed to be failing, they needed to put his entire right side promptly under anesthesia to rid him of pain in preparation for the ordeal of massive surgery. For three days he lay in his hospital bed anticipating the loss of his dominant arm and possibly his life, unable to move from the right side of his face, all the way to the tip of his right foot. Even his right lung had ceased to function. Luckily, the surgical procedure progressed as planned and his surgery was accomplished successfully. Hopefully, progressive swelling had been thwarted.

After amputation, new considerations moved to the forefront. Since there is no cure for RSD, doctors began working on customizing a plan of treatment for Scott, as must be done for all patients. In front of him lay the probability of more RSD pain as well as phantom pain from the removed limb. Many different treatment options exist, and oftentimes several must be employed for optimum benefits. The process involves much trial and error, because what works for one person may have no effect on another. Approved therapies include drug therapy, nerve blocks, physical and occupational therapy, biofeedback, other complementary therapies such as massage and yoga, and surgical procedures.

As the years passed, Scott endured many of the therapies indicated for use in RSD patients. He underwent acupuncture, physical and occupational therapy, biofeedback, hypnosis, and a myriad of drug therapies, all the while in significant pain. When more cautious treatments did not diminish his pain level, narcotic medications such as methadone, OxyContin and morphine were utilized. Medicinal marijuana helped to take the edge off. However, the side effects of many of these made leading a somewhat

normal life unattainable. Slurring, drowsiness, and memory loss were significant, and pain still seeped through.

Eventually, with other interventions exhausted, Scott and his doctors resigned to the use of a risky implantable device which harbored the possibility of causing paralysis. Spinal cord stimulators are used when a patient has severe pain which has not been alleviated by other measures. They use low-intensity, electrical impulses to interrupt the traveling of pain signals to the brain. Surgically, the doctors chipped away bone from the delicate spinal column to implant sixteen leader lines between vertebra T1 and T7. These lines connect to a stimulator/battery pack under the skin. Scott was given a remote control to deliver an additional current if necessary, however, the stimulator generates a continuous current. Approximately every six months he receives a check-up which includes hooking up to a computer that checks for proper functioning of the stimulator. At home, he must recharge the unit once a week by plugging himself into a wall socket for approximately twenty minutes. It is hoped that the unit will last roughly 10 years at which time the battery pack will be replaced. Hopefully, the leader lines in the spine will remain viable over the course of a lifetime.

Currently, Scott is 44-years old. He is living in Florida, having moved there from Maine shortly after diagnosis to escape the brutal cold which exacerbated his condition. Thankfully, the warm weather in conjunction with the expertise of his doctors, contributes to his living a relatively pain-free life today. Although he now tolerates phantom pain, the RSD pain has resolved. He treats himself gently to avoid flare ups, and takes care to follow doctors advice and not jar his stimulator. Through his journey he has taken away a greater appreciation of the fragility and value of life, and worries less about trivial matters. As for us, his family, we find ourselves valuing every day a little more too, and we cherish any time we get to spend together.

My Word Expander/Shortcuts Experience

Kevena S. Espinoza, RMT

I had a discussion recently with a new medical transcription graduate who had all kinds of questions about the MT field, and I was glad to be able to share my experience.



Shortly after joining the Susquehanna Valley Chapter of AAMT, as it was named then, I finished my MT course and graduated with high honors. I sent multiple applications out and did the online testing, but the job requirements didn't fit me, or I didn't fit them. I was looking for part-time work because I had two small toddlers, but companies were only willing to do training if I would work full-time.

Because of networking within the local chapter, a recruiter took pity on me and said she'd let me take their test. I passed the test and was hired to do a family practice account, which was a great starting point. However, when I got off paid-by-the-hour training and went to paid-by-the-line, I panicked because suddenly everything depended on me to reach goals and to keep my production up.

One of the best things about networking within the local chapter is all of the

information that you can soak in. One of the chapter meeting sessions was on Microsoft Word keyboard shortcuts and how to efficiently use the CTRL and ALT keys. That session, my practicing those tips, as well as learning from the book "Saving Keystrokes" by Diana Rolland, pretty much "saved" my life on the computer keyboard.

I currently have thousands of shortcuts/word expansions (I have 30+ incorrect ways to spell morning when I get my fingers twisted up, so I incorporated all of these into the expander to change to the correct spelling), and encourage everyone to use shortcuts (why do you want to type hypertension out each time?). Also, when I was just starting out, Chad Sines, AHDI-F, was sharing tips on just using one letter to expand a word (i.e., the letter D to expand AND since that word is used 100s of times a day) and showed us which words are used the most and how to break them down. He encouraged us to try just 1 shortcut letter a day and to keep practicing it. I'd like to find that forum again (I think it was in a student alliance forum back in 2006 or so) because I think I could use some more shortcuts to save on my fingers.

I shared many of these tips with the recent graduate to help her get started off on the right foot and hopefully not get surprised along the way, and I also encourage you to try just one new shortcut a day.



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Chapter Updates

Susquehanna Valley Chapter (SVC-AHDI)

By Kevena S. Espinoza, RMT SVC-AHDI Chapter President

The Susquehanna Valley Chapter of the Association for Healthcare Documentation Integrity has been having a good year so far.

Our last meeting was in Lewisburg, PA, at the American Red Cross where we had three speakers: Dr. John F. Turner from the Center for Breast Health/Central Susquehanna Surgical, who updated us on the current trends of mammograms and other diagnostic tests for breast cancer, Margie Flatley-Carpenter, CMT, AHDI-F, who taught us how to do internet searches using various search engines and ways to find that missing term, as well as tips on organizing favorites folders, and Anne P Smith, the Disaster Services/Communications Coordinator who gave us a building tour of the American Red Cross with descriptions of each line of service and how the ARC operates, uses volunteers, and runs their community service and education programs. A lot of new information was shared and we had a great meeting with lunch and more networking afterwards at the Country Cupboard Buffet. Umm, umm.

We are proud to be helping to send our newest Membership Chair, Kelly Bortzfield, CMT, to Texas for the AHDI ACE meeting in August. Kelly has been doing a great job as membership chair this year. She will need to write an article for the SVC newsletter about her experience at ACE.

We are looking for volunteers to help plan meetings, especially with the changes/stricter guidelines in continuing education credits, as well as a volunteer for the chapter representative position and a few others.

Our membership is currently at 39 with several students and post graduates joining. The next meeting will be in Carlisle, PA on September 11, 2010.

Greater Pittsburgh Chapter (GPC-AHDI)

By Deborah Purse, CMT, GPC-AHDI Chapter President

It has been a busy time for the Greater Pittsburgh Chapter (GPC) what with hosting the 22nd PA-AHDI Annual Meeting and Educational Conference. It is a time consuming task at times, but well worth the effort. We do hope to see many new faces at the meeting. I am looking forward to the night out at River's Casino just to see how fast the money goes as I am not a lucky gambler.

The GPC has been working with North Allegheny Mountain Chapter (NAMC) to merge. It is an ongoing process. I am hoping this will give us a "shot in the arm" so to speak in generating greater participation. Information will be sent out as it is available to Marlene Lester and myself. Our name will change, but the fact that we are the only remaining original chapters left is remembered by those who worked so hard on starting the chapters in Pennsylvania.

GPC has new membership, which is what we need. For the first time in many years we are looking at many new faces at our meetings, and it is refreshing to introduce yourself to someone new, although all our members are just as dear to us as they have given so much to GPC.

We had a couple of meetings this year so far and one more left on September 18, 2010, at 11 o'clock at Royal Restaurant on Route 88 which is off Route 51 south (or north depending on which direction you are coming). There will be one speaker, yet to be announced. Our plans for next year



is for two large meetings, one in spring and one in fall. We hope to have five speakers at each meeting. Look for more information later on in the year. If the merger goes through with NAMC, there will be further meetings further north. I hope to see you at the meetings.

22nd Annual PA-AHDI Business Meeting Update

By Deborah Purse, CMT, GPC-AHDI Chapter President

Things have been moving along, some quicker than others, but nonetheless getting done. The speakers are all selected and approved as per the registration form. The speakers will be very interesting and a couple will prove to be even fun. Friday night we have Dr. Cyril Wecht again as he was very well received two years ago. We have expanded Sunday's meeting to cover the HiTECH Act and Brenda Hurley, CMT, AHDI-F, will hold a mini-workshop on this topic. This is an important topic to cover and all MT/ME and MTSO should understand this act.

The night out activity has been selected and it is a four-hour excursion to the River's Casino on the North Shore of Pittsburgh. There will be buses available for those who wish to go. The Embassy Suites is giving each hotel registered attendee a \$15.00 free casino voucher to use at the casino on the slot machines and the charge for transportation is \$15.00 each person. It is an even exchange. It promises to be a fun night out.

We are behind on some things, goodie bag items and door prizes/raffles. We do need these things as I have not heard of any being given as of yet. If anyone wants to help with this it would be appreciated. I will try to keep you up to date on what is happening as they are going on.

The Greater Pittsburgh Chapter of AHDI is proud to be this year's host.

UNDERSTANDING THE NEW POLICIES FOR CONTINUING EDUCATION CREDITS

By Deborah Purse, CMT, GPC-AHDI Chapter President

By now if you are a CMT you have heard there have been changes made to the guidelines for continuing education credits (CECs) by AHDI. I want to assure you that it has not impacted CMTs as much as one would think and there is nothing to sweat over. The guidelines are simple and designed so that the credits we obtain reflect our level of experience.

There are two levels of credentials, RMT and CMT. Level 1 is RMT. This is someone who has just graduated or with less than 2 years experience; in other words a beginner MT. Level 2 is the CMT. This is for the person who has more than 2 years experience in acute care or equivalent experience.

By taking the CMT test and passing we show that we have the knowledge of a second-year (I think actually equal to a third-year) medical student. As such, our continuing education credits should be based at this level of education.

What AHDI has done is eliminate the CECs that are geared towards the beginner MT. *The following is the list of what is **not acceptable** anymore as of June 30, 2010.*

- ❖ Basic MT training courses.
- ❖ Basic MT training materials such as workbooks, textbooks, and resources



- adopted by industry educational institutions and used by MT studies.
- ❖ RMT exam prep courses.
- ❖ RMT exam prep books, workbooks, and resources.
- ❖ CMT exam prep courses.
- ❖ CMT exam prep books, workbooks, and resources.
- ❖ Inspirational, motivational, or self-help keynote and educational sessions that do not contain a measurable professional development component, such as professional training, tips, strategies, etc. uniquely appropriate for a CMT.
- ❖ Subject matter that does not fall within the scope of practice for a healthcare documentation specialist, such as funeral directors/embalmers, language courses, personal safety, etc.
- ❖ Employer-sponsored training related to company policy not related to health information management.
- ❖ Self-guided tours of medical facilities, technology companies and museums. However, if the tour has a tour guide or an instructional component it may be credit-worthy if it can be demonstrated on the approval form that sufficient instruction was given.
- ❖ Product demos offered by industry vendors for the purpose of marketing or selling a product. This does not include vendor- or employer-sponsored training on these products once they are purchased.
- ❖ Presentations given by patients relating personal experience with healthcare issues as patients are not qualified to provide clinical information and AHDI cannot verify the clinical accuracy and credit-worthiness of the content.

A question you might have would be, "They took away things, was anything added?" Yes. They have broadened what is approved. They include things such as:

- ❖ Pre-approved AHDI Resources such as AHDI Webinars, AHDI Publications, AHDI Events, AHDI Products (books, e-books, workbooks, and bundles), online courses, industry research, and Mentoring. Mentoring can earn you 1 CEC in professional development.
- ❖ Pre-approved industry resources, such as CME websites, industry publications, industry online courses, industry products, AHIMA online courses.
- ❖ Other potential sources include: college credit courses (though must be pre-approved) and are considered a single source and receive up to 10 CEC in any recertification cycle, employer-sponsored training or education (training, workshops, and inservice education with pre-approval).

*Another change is that CECs **must** be pre-approved before the event or using any other source.* It is understood this might not always be possible as a speaker might not show up and would have to be replaced by another speaker. But, on the whole, all CECs must be pre-approved. The number of CECs per cycle have not changed, it is 30. They must include: 8 in Clinical Medicine, 4 in MT Tools, 6 in Technology and the Workplace, and 6 in Medicolegal. These are the required core areas. The rest can include Complementary Medicine and Professional Development.

Go to credentialling@ahdiolnline.org for further guidelines on accepted and non-accepted CEC credit-worthy material. Most of the above information was obtained from that ADHI website. Remember to keep your documentation of attendance of all events that you attend and any CECs that were approved on an individual basis.

If you have further questions, contact me at debpurse@comcast.net or AHDI at <http://www.ahdionline.com/EducationTraining/CredentialsDesignations/>. I will be happy to send you via email a copy of the *AHDI Recertification Resource Guide*.

Delegate Report

By Judy Lichtenberger, CMT, AHDI-F, PA-AHDI Delegate



It is hard to believe we are halfway through 2010! I hope you all enjoyed National Transcription Week and took a moment to acknowledge how important we are in the healthcare process – echoed in the week’s theme “Capturing America’s Story: Why We Matter to Healthcare.” Prior to MT week was the AHDI/MTIA Advocacy Summit in April, which was by all accounts a great success in getting this theme out to those who matter in government. Thank you to all PA-AHDI members who attended! You can see the AHDI website for PowerPoint and other information from the summit, but here are the numbers: almost 100 meetings, equally split between Republican and Democrat Offices, with over 600 letters delivered. At our last HOD webinar, Peter Preziosi, PhD, and others commented on the significant impact of Dewey Square Group and the importance of the large presence of our AHDI membership at the summit. They also expressed appreciation for all membership activities at the grassroots levels across the country and reminded us that advocacy is still a high priority. Thank you for your continued efforts in this regard.

As I mentioned in my last email blast to PA-AHDI members, Barb Marques, CMT, AHDI-F, gave the HOD a presentation on the Blueprint for Great Governance. AHDI membership has grown to over 12,000 members, largely growth through KB. At the same time, our components continue to decline in number, currently about 65. We all know the challenge of engaging members, seeking volunteers, staying financially afloat, all while providing for members’ needs and working on initiatives. The Blueprint for Great Governance is examining our organizational structure and leadership – purpose of components, engaging members, financial sustainability, member satisfaction, sharing best practices for initiatives and projects, member growth and engagement, etc. It is very much a work in progress at this point but the possibilities for this are exciting – some of the ideas seem almost too good to hope for! All AHDI members have been encouraged to voice their opinions, ideas, and concerns regarding the models being proposed. I hope you have had a chance to attend one or more of the Online Town Hall Meetings. There are two more scheduled – June 22nd and July 14th. Please try to attend.....every member matters!

Last, but not least, is the upcoming AHDI ACE in Austin, Texas, August 4-7. I am looking forward to representing our state at the HOD, which is held the day before ACE, and I would like to thank you again for this opportunity. You may have heard that AHDI has launched a private social networking site, www.ace365.org. The site has information for hotel/travel, program/events, photos, etc. However, this site is not just for those planning to attend the convention.....along with Twitter feeds, Flickr, and other media, ace365 will be used as a virtual conference experience for those unable to attend. Be sure to check it out!

As always, please feel free to contact me if you have any questions, comments, or concerns. Have a safe summer!

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AHDI/MTIA Advocacy Summit – 2010

By Peter Minio, R+B Sten-Tel



There are many experiences we have within our professional careers, but the most rewarding opportunities are usually far and few between. Three of your colleagues from Pennsylvania were fortunate enough to receive such an opportunity in March at this year's AHDI/MTIA Advocacy Summit. Patty Barrett from Acusis, Steve Gaus, President of Opti-Script and Peter Minio with R+B Sten-Tel all gathered in Washington, DC with folks from around the country advocating for our industry.

The message was simple: help us ensure that the incentive program to accelerate adoption of EMR technology does not lose sight of narrative documentation and dictation-transcription as a method to capture that information. On Wednesday, March 24th we all converged on Capitol Hill for a busy day of meetings which were thankfully scheduled by our lobbying firm the Dewey Square Group.

The highlight of our day came when we were scheduled to meet Congressman Glenn 'GT' Thompson of the 5th District. He was called to vote as we were waiting in the hallway to enter his office. As opposed to meeting with his aides, Representative Thompson invited us for a walk through the U.S. Capitol Building to the House of Representatives, where he voted. We were then led upstairs to the gallery where we could watch our legislative branch in action.

Along the way, Steve was able to have a very substantive conversation with Congressman Thompson, where we learned of his background in hospitals prior to politics. Let's not forget to mention that Steve also secured his support for the issues we were advocating and our industry found a new friend in Washington.

Once we came back together as a group that evening and the next day, stories like this could be heard all over. It is at that moment I began to realize that by mobilizing a base of constituents with a meaningful message, progress can be made quickly. It's also proof that we all have more power than just with our votes.

If successful, our efforts will have a lasting impact on many people, not just in the transcription industry. Needless to say, being a part of something "big" was rewarding for each of us. I feel very fortunate to have participated and urge anyone who can to join us the next time to consider it. Our industry has a voice and it will become more effective as the number of those in our sector who participate increase.



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PA-AHDI web site:

www.pa-ahdi.org

PA-AHDI Facebook Site:

<http://www.facebook.com/group.php?gid=112139057451&v=info>

SVC-AHDI Facebook Site:

<http://www.facebook.com/group.php?v=wall&gid=117820428692>

NAMC-AHDI Facebook Site:

<http://www.facebook.com/group.php?gid=169534338495&ref=search&sid=594090610.3521487549..1>

GPC-AHDI Facebook Site:

www.facebook.com, "Greater Pittsburgh Chapter AHDI"



CLEARING THE AIR IN DRUG DOSAGE CONFUSION

COMMON DRUGS IN 15-MG FORM (EASILY CONFUSED WITH 50-MG):

Abilify	Enablex	
Actos	flurazepam	Prevacid
Adderall	hydrocodone	Prevacid SoluTab
Adderall XR	lansoprazole	Remeron
aripiprazole	Lexapro	Restoril
BuSpar	meloxicam	Roxicodone
bupirone HCl	mirtazapine	temazepam
chlorthalidone	Mobic	Thalitone
darifenacin	MS Contin	Topamax 50 or 15 mg
Ditropan	oxycodone	Toradol
Ditropan XL	OxyIR	Tranxene T-Tab
		Vicodin

COMMON DRUGS IN MCG DOSAGES:

Advair	DDAVP	Lanoxin
Advair Diskus	Demulen 1 mg/35 mcg	Levoxyl
Advance	Digitek	levothyroxine
albuterol	digoxin	levothyroxine sodium
Amitiza	Duragesic estradiol	Levothroid
Aranesp	fentanyl	Levsin
Asmanex	Flonase	Levsin/SL 1.25 mcg
Asmanex Twisthaler	Foradil	Nasonex
Avodart	Flomax	Nasarel
Avonex	Florinef	Nasalide
Azmacort	Flovent	nitroglycerin
Asmanex B12	Flovent HFA	Omnaris
Brovana	flunisolide	Ortho-Cept
Byetta	fluticasone	Proventil
calcitriol	folic acid	Pulmicort
Catapres	Foradil	Risperdal mcg or 1 mg
Caverject	Forteo	Symbicort
clonidine	Halcion	Symlin
colchicine	Hectorol	Spiriva
Combivent	HyoMax	Synthroid
cyanocobalamin	interferon	Tikosyn
Cytotec		vitamin B12
		Veramyst
		Xanax
		Xopenex

DRUGS WITH DECIMAL PERCENTAGES

brimonidine 0.2%	Sensorcaine plain 0.5%
bupivacaine 0.5%	Timolol 0.25% eyedrops
flocinidone 0.05%	Timoptic 0.25% ophthalmic drops
Marcaine with epinephrine 0.5%	travoprost 0.004%
Marcaine plain 0.5%	Travatan 0.004% drop
Peridex 0.12% mouth wash	triamcinolone 0.1% cream
Restasis 0.05%	Xalatan 0.005% ophthalmic drops

Calling New CMTs and RMTs!

If you pass the Certified Medical Transcription (CMT) or the Registered Medical Transcriptionist (RMT) exam in 2010, **don't forget** to submit the cost of your exam to PA-AHDI for reimbursement! The PA-AHDI board of directors will reimburse 1 CMT and 1 RMT the cost of the exam for 2010, as funds allow.

We are quite aware of the time new CMTs and RMTs spend in preparation for the exam, not to mention the cost of this exam, and we are so proud of them for recognizing the value of this credential. To become a Certified Medical Transcriptionist or Registered Medical Transcriptionist by exam is truly important to our professional recognition.

RULES:

The exam must be taken and passed in the current calendar year. As such, all new CMTs and RMTs for this year (2010) can submit an entry form to the PA-AHDI Treasurer for consideration if you take and pass the exam between January 1 and December 31, 2010. If you are reimbursed by your employer, you would not be eligible because we want to make sure someone who does not have this reimbursement is rewarded. Proof of CMT or RMT credential must be included with the entry form. The winning entry will be selected through a drawing by the PA-AHDI board of directors at the first board meeting of the next calendar year. The winner will be notified and this award will be presented at the PA-AHDI Annual Meeting & Educational Conference of the following year. The winner must be a resident of Pennsylvania. The winner does not need to be a member of AHDI. This award will be given on a yearly basis as funding allows.

CMT / RMT REIMBURSEMENT ENTRY FORM

Name _____ CMT or RMT # _____

Address _____

Phone number _____ E-mail _____

Date of exam _____ Cost of exam _____

Please submit for to: PA-AHDI Treasurer
Mary Sanders, CMT, AHDI-F
167 Wagon Wheel Lane
Mifflintown, PA 17059

E-mail: mtsinpa@yahoo.com

Deadline: Postmark or email by December 31 of the current calendar year.

FOR PA-AHDI's OFFICIAL USE

Notification of winner _____

Reimbursement date _____

Check # _____



August 2010

August 4-7, 2010—AHDI ACE, Hilton, Austin, TX

September 2010

September 11, 2010—SVC-AHDI quarterly meeting in Chambersburg, PA (tentative)

October 2010

October 8 – 10, 2010—PA-AHDI Annual Meeting, "Knowledge is Key" Embassy Suites, Pittsburgh, PA

October 16-17, 2010—VAHDI Annual Educational Symposium in Lynchburg, VA

December 2010

December 11, 2010—SVC-AHDI quarterly meeting in York, PA (tentative)

2009/2010 PA-AHDI COMMITTEES

Education Committee

Kim Olszewski
olszewskik@readinghospital.org

Fundraising

Needed

Membership

Kevena Espinoza, RMT
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Kathryn "Ryn" Agnew
rynagnew@comcast.net

Newsletter

Amy Vanhorenbeck, MT
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Newsletter Ad Procurer

Needed

Corporate/Institutional Membership Chair

Pam Grimmett
pamgr10@hotmail.com

Web Master

Mike Zuraw, CMT
mwzuraw@lancastergeneral.org

Certification Coordinator

Deborah Purse, CMT

2010 Annual Meeting

2010 On-Site Annual Meeting Coordinator:
Deborah Purse, CMT

Legislative Issues Group (LIG) Coordinator

Peter Minio, peterm@rbsten-tel.com

Legislative Committee

Needed



Keystone Kopy Advertising Information

The *Keystone Kopy*, the official newsletter of the Pennsylvania Association for Medical Transcription, is published quarterly. To contribute an article or to advertise in the *Keystone Kopy*, please contact the **NEW newsletter editor Amy Vanhorenbeck** (acvanbeck@verizon.net). All articles are subject to the approval of the editor and the PA-AHDI president. Publication date subject to change at discretion of publisher.

Please note this important information:

Deadline	Anticipated Publication Date
Sunday, 6/13/10	Monday, 6/21/10
Sunday, 9/5/10	Monday, 9/13/10
Sunday, 12/12/10	Monday, 12/20/10
Sunday, 3/20/11	Monday, 3/28/11

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