



# MAMT

Missouri State Association  
of Medical Transcription

## ***THE DOGWOOD DISPATCH***

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July-September 2006

### **PRESIDENT'S MESSAGE**

Hello Everyone!

I hope that everyone is having a great summer. It is certainly a busy one for me!

Thanks to everyone who attended the May State Meeting. I hope that you had a great time and will be coming back next year. If you were unable to attend, we hope to see you **May 4-6, 2007**, back at the Country Club. It was an exciting time for me, and I really enjoyed it. We tried a new hotel that was really great, and we tried some new things, which is always fun. The reception on Friday night at the bungalow was a relaxing way to visit with people you had not seen for a while and a good opportunity to meet new people. We hope everyone enjoyed the sessions and that the variety of credits assisted in meeting your CE requirements. Thanks to everyone who filled out a conference survey. If you have not done so, it's not too late. Your comments help us plan the next event. We have received some good suggestions for next year, one being a vendor such as an office supply business. Another area that we agree we need to do is have healthier breakfast choices. Hopefully the pool will be open and we can go for the water aerobic class again!

I want to take this opportunity to once again thank the board members and everyone else for all their input and hard work in putting together this conference. We couldn't do it with you!

Congratulations to Patti Niemeyer, CMT, for winning the Leadership Growth Award for 2006. To be eligible for this award you cannot be on the MAMT Board of Directors, which until this year Patti had served on for many, many years. She is most deserving of this award for all that she does for our profession and our organization. There were two other eligible nominees I would like to take this opportunity to recognize: Jennifer Lyons, CMT, Greater St. Louis Chapter President, and Diana Beets, CMT, President of the Central Missouri Chapter. These ladies are doing an awesome job of promoting our organization and our profession. Thank you!

Please make sure to mail your nominating ballots for the 2007 MAMT Board of Directors to me no later than September 1. I encourage everyone to get involved. It is a lot of work, but it is a lot more fun. You get to know a lot of people, and I treasure the friendships that I have made and the people I have met. Sara is including the ballot with this newsletter if you do not have one.

I am getting ready for the national meeting in Boston. I am not a "seasoned" traveler, but I am sure I will have a great time and learn a lot. Please make sure to submit your answers to the name change survey on page 4. Rhonda, our delegate, needs a good response so that she is ready to report what Missouri members are thinking on this issue. Have a good rest of the summer!

Kate Bergman  
MAMT President

# MAMT CONFERENCE 2006!

## It's All About ME!

Another annual conference has come and gone. What a good turnout! We got to meet new people and greet those we hadn't seen in a while. The Country Club Hotel & Spa was gorgeous, and we had very interesting speakers. There were talks on what each level of AAMT does for our members, the importance of being an AAMT member and being credentialed, and the certification process itself. We had talks on how important our mental well-being along with our physical well-being. We even revisited stretching exercises that we need to be practicing every day, especially in our profession.

I would have to say the presentation on organ donation was my favorite, though. It was 2 hours long but certainly didn't feel like it! It was very interactive, with many of us standing at the front of the room acting out the roles of patient, caregiver, or family member and how each is involved in the transplant process. The talk itself was enough, but then our speaker surprised us all at the end when she shared that she, too, was a heart recipient and would not be here without that gift.

Special recognition needs to go to Janette Mizer and her mother for the WONderful food they served Friday evening at our welcome reception. We cannot tell you how much we appreciate all the time and effort that went into planning such a thing, and it was delicious. Thank you so much!!

We have read all of the feedback from the conference, and we appreciate it, good or bad. We were happy to note our attendees were very pleased with the Country Club. It is a bit off the beaten path, but the good deal on room rates was appreciated. We will make sure to have a better selection of healthier food for Saturday's continental breakfast, not just pastries. Several of you wanted to have actual medical doctors speaking, and we will do that. Many were disappointed about the pool not being open (me too!), but rest assured that will be on the agenda next year.

If any of you have ideas for speakers for next year, it's not too soon to start asking! Please contact one of our board members and we'll get it rolling.

As Kate said in her message, for next year's conference we will be back at the Country Club on May 4, 5, and 6, 2007. Mark your calendars now!

Sara Proctor, CMT

## ***AAMT – WHAT’S IN A NAME?***

Local and state leaders have been asked to poll as many of their members as possible before the national meeting. We had a great discussion about this at our MAMT conference, and by the end of it there was no objection to working on changing the name of our association.

Three names had been proposed in May, but now, the state leaders have been asked by the Name Change Task Force to pose 3 questions to members all over the country. They are:

- 1. What is your opinion regarding changing the name of our association?*
- 2. What is your reaction to the restructuring proposal that has been disseminated by the BOD? (Editor's note: Proposal is below the Delegate's message, pages 5-9)*
- 3. What aspect of membership in AAMT is most important to you?*

It is extremely important that you respond. AAMT wants to give everyone the chance to voice his/her opinion, because you as members *are* the association! Please send your responses to our delegate, Rhonda Sheldon) Werdeman, at [Rhonda.Werdeman@coxhealth.com](mailto:Rhonda.Werdeman@coxhealth.com) by Friday, July 28, so that she can truly represent Missouri’s voice.

## ***AAMT LOBBY DAY 2006***

Vallie Piloian, CMT, FAAMT, AAMT President

The 2<sup>nd</sup> Annual Lobby Day in Washington, DC, year. Over 70 medical transcriptionists and streets of Capitol Hill to introduce and discuss profession and industry, visiting over 200+

Around the country and in DC, legislators are direction of healthcare documentation without and risk management may fall into the picture. overviews of the new technologies in briefings

concepts of reality. As we evolve into the electronic health record, now more than ever before, quality will be vital, as an error will no longer be tied to just one paper report within a patient’s health record, but carried throughout an electronic environment for as long as it goes unnoticed by the users. A good example of this would be if a drug name or dosage was entered into an EHR incorrectly the first time entered...this could automatically import into every document within the EHR that refers to a medication list.



was a huge success again this service owners took to the the issues facing our legislators.

making major decisions on the ever considering where quality Many have been given brief that truly have given false

Since last year’s Lobby Day, medical transcription was recognized as an apprenticeable profession through the Department of Labor. This did seem to lend in gaining more attention and credibility to our profession with the legislators this year. We lobbied for the Allied Health Reinvestment Act (S473) and the Allied Health Professions Reinvestment Act of 2005 (HR215). This particular bill encourages additional funding for allied health professionals, which includes growing our domestic labor pool of medical transcriptionists. We also lobbied for the Wired for Health Care Quality Act (S1418 & HR4642), which enhances the adoption of a nationwide interoperable health information technology system, improving the quality and reducing costs of healthcare.

The most important and easiest part of lobbying was telling them our personal stories. We certainly take pride in what we do and the passion for our profession made it quite easy to speak from the heart. It is all about our profession and our future within the healthcare industry. We all can make a difference!

## **Lobby Day: A Call To Action**

By Jennifer Lyons, CMT, Greater St. Louis Chapter President

As a first-time participant at Lobby Days in Washington, DC, I fully expected to rely on what I considered my God-given talent for saying the right words at the right time, making a good case for our profession. I let my chapter board members know that I felt there was a reason I needed to go, but I would have never expected just what was in store for me.

Walking up the steps to enter the Capitol Building, I began to think of the innumerable U.S. citizens and foreign visitors who took the same steps to either speak to their senators or representatives, or to view these halls where bills were initiated, campaigned and lobbied either for or against, and then ultimately passed as law, tabled for a future date, or allowed to die without much fight.

Walking down these halls is where I found my purpose for coming. As I marched proudly to Senator Christopher “Kit” Bond’s office, I felt an overwhelming pride in knowing that what I was going to say in that office needed to be told. I was met warmly but very business-like by a young aide who identified herself as an attorney. She let me know that Senator Bond was not available because Senator Bond was at that very moment speaking to Congress regarding emigration issues. As her eyes stared into mine, waiting for me to let her know why I was there, I simply asked her if she minded if I told her a story. She looked surprised, but said, “Not at all; please do!” The story went a bit like this:

“It’s 3 o’clock in the morning and a baby—your baby—cries out in pain. You immediately grab your daughter and rush her to the nearest ER. There you are met by the ER physician who examines your child, runs a few tests and then discusses his findings with you and prescribes medication. At that point you take your daughter home, grateful that your daughter is sleeping.

“But the story doesn’t stop there, because early that next morning there is a health care professional, a medical transcriptionist, who sits down to transcribe the dictated report of your baby’s ER visit. As she is transcribing the report, the ER physician dictates that your baby was a *male*. Without even shifting in her seat, the medical transcriptionist corrects that error after she quickly verifies the fact that your child was a *female* infant. A little later in the dictation, the ER physician dictates that your daughter’s temperature was 100.2°C. The trained MT just laughs to herself as she changes the *Centigrade* to *Fahrenheit*, thinking to herself, ‘maybe a fever for a Martian!’ And lastly, because after a 22-hour shift in the ER the physician has diagnosed your daughter with reflux and dictates that he prescribed *Xanax* syrup 75 mg/5cc. At this crucial moment, it is this unknown, unseen health care professional who corrects this error to *Zantac*.

“The healthcare professional I’ve just described to you is who I am, a certified medical transcriptionist, the gatekeeper of your private medical record, and I’m here to tell you about my concerns for the medical language specialists I represent.”

So, do you think I’ll be attending Lobby Days 2007? You bet I will, and I want to invite as many Missouri transcriptionist constituents as possible. And, let’s make plans to “take it to the streets” in Jefferson City in our very own state Lobby Day!

# ***DELEGATE'S CORNER***

by Rhonda Werdeman

June 2006

Hello friends!

I hope you all are enjoying the summer months. Although we are all very busy with family, friends, vacation, and all the other summer activities, as medical transcriptionists, the coming days are very important.

As you are aware, change is happening in our association, AAMT. Whether we like it or not, change is a part of our lives, and it's up to us whether we choose to ignore it or get on the band wagon, see what it's all about, and actually play an integral role in the shaping of our association.

The restructuring and evolution of AAMT is the main focus of the upcoming House of Delegates meeting at the national conference in Boston, and it's only a few short weeks away. You have already seen the survey on page 4, and I want as many responses as possible so that I can compile the answers and report this to the House of Delegates.

I have included the proposal for restructuring that was recently shared with all delegates and component leaders. This explains all the information for the restructuring of AAMT and explains the rationale behind each issue. Don't be alarmed, it is easy to read and well worth a few minutes of your time. As your Delegate, I need to hear from you! I encourage you to contact me via email or phone and let me know what you think so that I can speak appropriately for Missouri at the HOD meeting.

Hope to see you in Boston!

Rhonda Werdeman  
Missouri Delegate

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## **ASSOCIATION RESTRUCTURING TO REPOSITION AND ADVANCE THE PROFESSION**

The purpose of this paper is to outline a new business model that will revive the association by taking into consideration the ever-changing market forces that have impacted the medical transcription profession and the nature of volunteerism within a membership-based professional society. The concepts put forth are a synthesis of the collective thinking of volunteers, staff, and key stakeholders interested in seeing the association thrive and the profession stay relevant for years to come. These ideas are intended to build a strong and relevant association by tapping into the precious limited human and financial resources we have available at present.

### **Overview of the Challenge**

Change in medical transcription practice, new technologies on the horizon, increased regulatory requirements, along with the sustained lethargy in the association require the leadership to take a critical look at the business model and seriously evaluate structures to serve the industry better and its members. Consider practice demographics – more and more transcriptionists work from their homes juggling multiple

responsibilities – many work part-time and freelance, making them less likely to participate in the profession. The workforce is aging. Many transcriptionists near retirement feel less compelled to invest in changes they suspect will never really occur. Traditional practice roles are giving way to editing, chart analysis, compliance, and supervision depending on the deployment of enabling technologies. Soon it will become more difficult to point to a finite role for the transcriptionist. Instead, fluid roles on a continuum, dependent on the needs of the system, will be the norm.

As fragmented and isolated as transcription practice is, we can anticipate further hospital and clinic outsourcing to reduce costs. At the same time there will be more consolidation of transcription services to better compete in the marketplace. Accompanying these trends will be further efforts to reduce transcription costs, pressure to decrease turnaround times, and a movement toward standardized vocabularies and nomenclatures, all of this occurring while the need for overall documentation increases due to an aging population requiring more medical care. Couple these trends with the existing shortage of qualified medical transcriptionists, and it becomes clear why it is so essential to produce more and better-qualified practitioners.

Most transcription education programs are still preparing a workforce for traditional models of practice, not taking into consideration the rapid changes occurring in the marketplace and the need to prepare for a continuum of core competencies. This disconnect in education is exacerbated by employers looking for entry-level practitioners to immediately meet specific production standards, making it difficult for new graduates to land jobs. Furthermore, critical thinking and problem-solving skill development is short changed at the expense of production skills.

According to the Bureau of Labor Statistics, the projected growth rate of new jobs in the healthcare professions will be 28.8% until 2010. This is twice the rate of job growth in non-healthcare professions. The Bureau of Labor Statistics also predicts a need for 5.3 million healthcare workers to fill job openings created by departures and new positions. Data further indicates increases in some of the allied health professions as follows: Cardiovascular Technology - 34.9%; Clinical Laboratory Technology - 17%; **Health Information Technician - 49%**; Radiologic Technicians and Technologists - 23.1%; Radiation Therapists - 22.8%; Respiratory Therapy Technicians - 34.6%. The supply of allied health professionals is not keeping up with demand with overall enrollment in allied health educational programs declining over the last ten years. There are not enough graduates to meet the current or future demands.<sup>1</sup>

From inside the association, we see participation waning, a leveling off of membership, and a real difficulty in convincing volunteers to step up to the plate to serve in leadership roles and to assist in the evolution of the profession. In addition, many who would join the association for the social and networking aspects find these opportunities in other social and family venues or on the free and anonymous MT forums and chat rooms. Like MT practice roles, volunteer leadership roles have become increasingly complex. Technologies, particularly the internet, allow for more frequent and faster communications. Production based pay, volunteers living in the “sandwich” generation having to care for parents and children, along with greater personal life multitasking, compete for volunteers’ time. Even with limited time available for volunteerism, we expect our leaders to explain to their constituents the major sea change of events occurring in the industry and association in limited and prescribed times on meeting agendas. The result is a membership less informed, less involved, and highly skeptical that change is really needed.

Michael Faulkner, CAE, reports that while falling membership dues and stagnant membership numbers continue to concern association executives, membership is still regarded as the outward manifestation of approval by a group of individuals who need a collective voice to represent their interests. When the needs of this core group of individuals are not met, associations lapse into obsolescence or cease to be. He has

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<sup>1</sup> Career Options: Allied Health Careers. Linda Reilly, Ed.D., Associate Professor and Dean, School of Allied Health Professions, Gwynedd-Mercy College, Gwynedd Valley, PA 19437, Internet research May 2006

found that in some cases, sociopolitical change brings about the eventual demise of associations — a significant shift in public policy or cultural values, for example, results in an organization’s mission being “completed,” rendering the association irrelevant or even useless. For example, the temperance unions and women’s suffrage associations were single-purpose groups that, upon successful achievement of their missions, were unable to redirect their efforts to complementary goals. However, the defunct members went on to join (or create) other associations, whose goals often were culturally related to those of the extinct organization. This makes sense, since the members were cut from the same cultural and demographic cloth, so to speak.<sup>2</sup>

Could AAMT be heading toward the same sociopolitical obsolescence? Considering the major factors outlined above that are transforming the profession, industry, and association, the association could easily languish unless we implement some drastic measures. In concluding his study, Michael Faulkner reported that not much is known about why associations’ traditional markets do not join — and it will not be long before the industry will be faced with the challenge of discerning participation drivers in a markedly multiethnic culture, of which even less is known. Even less is known about their joining, volunteering, and participating habits. Adding further frustration is the possibility that current sociological theories may not explain participation behavior satisfactorily either.<sup>3</sup>

### **Reforms Needed for Fiscal Solvency**

These trends and the fiscal realities of the association are compelling enough to require that we institute a package of reforms that pull the association out of stagnation while repositioning it to take on new and emerging opportunities. As noted in the 2005 audited financial statements, the association is still operating with a deficit. Although the deficit was reduced from \$293,000 in 2004 to \$55,000 in 2005, we still have an uphill battle in bringing the organization into fiscal solvency. As reported in the Healthcare Trends and Fiscal Status presentation at the September 2005 House of Delegates (HOD) and then reiterated in the auditor’s report to the HOD in May 2006, the association lacks a diversified stream of non-dues revenue, thereby relying heavily on membership dues.

It was noted on both occasions that the financial deficit has more to do with a lack of new revenues rather than the association’s expenses. According to the annual audited financials dating back to 1999, expenses have stayed almost constant and so too have revenues. If the association doesn’t develop new revenue streams, given the trends we are experiencing in the profession, our existing revenue streams could continue to shrink. Our major revenue streams — membership, annual convention, certification, and the *Book of Style* — are flat or declining. We invested development funds in certification with the automation of the CMT and development of the RMT exams. If we don’t revamp the *Book of Style*, that will soon become obsolete. We’ve also sunk minimal staff costs into technology applications (QA Navigator, Interfix project).

If we consider the discussion above concerning membership trends and recognize that growth in the association remains relatively flat, it points to the need for staff and leadership to focus on non-dues related income for survival. Even though the HOD approved a decrease in all categories of membership dues and reinstated local-only membership without requiring membership in the national organization, membership numbers have not substantially grown or achieved the levels at the association’s peak in the early 1990s. Therefore, if the association wants to revitalize itself and remain a relevant voice in the future of health data capture and documentation, we propose the following package of reforms to achieve sustainability and credibility in the healthcare marketplace.

#### **1. Open Membership to a Broader Swath of Stakeholders Concerned About the Genesis of Health Data Capture and Documentation** by eliminating the associate member category and allowing all

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<sup>2</sup> *Will Demographic Trends Transform Association Membership?* Michael Faulkner, CAE, *Journal of Association Leadership*, Winter 2005.

<sup>3</sup> Ibid

professionals interested in data capture and documentation to become voting members of the association at the **professional individual member category for \$135**. The current student, postgraduate, sustaining, educational, and corporate member categories would be retained.

**Rationale:** The profession is under greater regulatory scrutiny and will be held to higher levels of accountable practice as it evolves into new and expanded roles; therefore, it is imperative that the association provide content expertise in continuing education offerings, education and practice reforms, test construction and credentialing, and visibility at policy forums concerning data capture and documentation. By increasing the pool of potential members, the membership numbers could increase. Staff and leadership would have content experts to draw on from the ranks of the membership to develop relevant and meaningful programs and services.

**Benefits:** This allows for more involvement in the organization of non-practitioner members, has the potential of growing the organization with additional content experts, and engages individuals with a history of misunderstanding the profession. Untapped categories could include but not be limited to educators, other HIM professionals, IT experts, and clinical documentation specialists. In addition, AAMT could better compete with AHIMA if AHIMA passes their proposed bylaws change in October 2006 to eliminate the associate member category and institute one voting member professional category.

2. **Revamp the House of Delegates** into six (6) regions which each region having an elected regional director who would hold a seat on the AAMT Board of Directors. This would increase the total number of board members from 9-12 general board members to nine (9) general board members and six (6) regional directors, totaling 15 board members.

#### **Proposed Regions**

Region 1: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut

Region 2: Pennsylvania, New York, New Jersey, Ohio, Maryland, Delaware, Virginia, Washington DC, West Virginia

Region 3: Florida, Georgia, Alabama, Louisiana, Mississippi, Tennessee, Kentucky, South Carolina, North Carolina, Arkansas

Region 4: Illinois, Missouri, Minnesota, Wisconsin, Iowa, Kentucky, Indiana, Michigan

Region 5: Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Nebraska, Kansas, Alaska

Region 6: California, Arizona, Nevada, New Mexico, Colorado, Utah, Texas, Oklahoma, Hawaii

**Rationale:** If the associate member category is collapsed into a professional category and voting is opened to all professional members, the composition of the board will need to be evaluated to ensure equal representation of the major stakeholder groups and broader representation of its constituents on the board

**Benefits:** This model streamlines the governance structure and addresses the concern that states have problems recruiting volunteers to serve on the board. It also gives a more consistent voice from the regional level to the national board and increases accountability. As the association changes to address and adapt to the market forces, it is critical that the governance structure of the association is flexible and nimble to confront changes in the marketplace.

Please note that states can still opt to remain intact if they choose to do so. States will not have to worry about collecting funds to sponsor delegates to the HOD and can focus efforts on component support to reinvigorate local chapters in the region. This proposal would also be cost neutral to the national organization if this structure replaces the HOD, as the annual expenses of the HOD will be invested into adding additional board members.

Regions could hold larger regional conferences and draw on a stronger vendor exhibitor and sponsorship program. The national board could rotate its meetings to attend the six regions every two years to create better synergies. There is potential for more centralized administration and stronger ability to organize grassroots efforts. Now with webinar technology available, board governance can be facilitated. Objectives at every level of the organization can become more congruent with regional representation on the national board, thereby improving the messaging throughout the association.

3. **Establish a leadership development institute** supported by local and regional components to prepare individuals to serve on regional and national boards

**Rationale:** An organization without leadership will perish; therefore, we need to devise a structured mechanism for developing future leaders.

**Benefits:** Local and regional components could sponsor up to two individuals to serve in a leadership apprenticeship role, attending all national board meetings, respective regional and local board meetings, lobby day, and the annual convention and exposition.

4. **Rename the association to reflect its new positioning.**

**Rationale:** Renaming the association makes greater sense with the implementation of the reforms listed above.

**Benefits:** Please review the documentation provided by the Name Change Task Force for benefits of changing the name of the association.

5. **Propose an Electronic Membership** to be offered to all membership categories except Corporate and Educational.

**Rationale/Benefits:** By offering a more affordable membership type, the association has the potential of growing membership numbers and increasing its presence in the medical transcription industry.

Benefits would be reduced from the regular category benefit offerings.

- Potential benefits would include product discounts, event discounts, credential discounts, Vitals, and limited membership access on the web.
- Proposed price is \$45 per person

6. **Explore with AHIMA the creation of a Limited Liability Corporation (LLC) titled the Institute for Health Data Integrity.** The institute would function as a think tank to research best practices, standards, benchmarks, workforce development to evolve competencies, career paths, future curriculum, and to evolve the practice of data capture and documentation.

**Rationale:** The LLC would be an investment of both organizations and would enable us to share content expertise in a separate and distinct entity without having to merge the two associations.

**Benefits:** The Institute for Health Data Integrity could become a high profile think tank attracting clinical documentation experts, nomenclature and clinical vocabulary experts, HIM professionals, health informaticians, standards experts, and others to inform the associations on this emerging field.

# MAMT STATE AND LOCAL CHAPTERS 2006

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## ***LOCAL CHAPTER NEWS***



### **Central Missouri Chapter**

Our chapter no longer has its own separate website, as we are now part of the MAMT site. Click on the LOCAL CHAPTERS tab and click on our link to learn more about us.

We are getting ready for our symposium in September! Our next meeting will be on August 19, 2006, at Audrain Medical Center, with 3 credits planned.

Our fall symposium will be Saturday, September 16 with 8:30 a.m. registration, Boone Hospital Center, Columbia, Missouri. We plan to have 5 to 6 credits. Continental breakfast and lunch provided. We will have some great door prizes, including five \$20 bills in cash!

We hope to see you there!

Diana Beets, CMT/Sara Proctor, CMT

### **Greater St. Louis Chapter**

(This information has been relayed to the editor, as I am going through a difficult time with the recent loss of my brother.)

Our fall symposium is set for September 9 at Missouri Baptist, Auditorium 1&2, from 8 a.m. to 12 p.m. Speakers are not yet confirmed but will be soon.

Our next chapter meeting is set for November 8 from 6:30 to 8:30 p.m. at Missouri Baptist Auditorium 1. This will most likely be our meeting to vote in new officers.

Our chapter will also be working on plans for local Lobby Day plus the national Lobby Day. We will keep you posted.

Jennifer Lyons, CMT/Sara Proctor, CMT

### **Tri-State Chapter**

Our meeting in July was focused on getting to know each other and what our chapter could do for the members. It was such a success that our meeting ran over by an hour and a half!

Our next meeting will be on August 19 from 10 a.m. to noon at The Library Center, speaker TBA.

Our symposium is scheduled for October 14 from 8 to 4 at The Library Center and is coming together well with some very interesting speakers slated. There will be 7 continuing education units.

Rae Messick, CMT

## ***CERT CONNECTOR'S CORNER***

***Sara Proctor, CMT***

At our state conference, AAMT President-Elect Cathy Baughman gave compelling reasons why we as MTs need to become credentialed. Before we get to that point, though, we have to actually go through the process. That's where I come in! Cert Connectors are there to help bridge the gap between you and that scary experience of taking a test and make it less scary. If anyone would like a copy of the slides I used, please let me know and I will send it to you. However, almost all of my information came from the CMT guide on the AAMT website.

There were a few questions at the meeting I did not have answers for, so I am providing the responses below from Ellen Drake, the head of the certification commission.

*Question:* Several MTs have commented they felt part 1 of the exam (multiple choice) was very difficult and seemed geared more toward a doctor. How would you respond to that?

*Answer:* "Doctors go to school for 8 to 12 years beyond a bachelor's degree; they have extensive English and medical vocabularies, and even specialists must understand the anatomy, pathophysiology, diagnostic procedures, and treatment for a wide range of diseases and conditions. Why would anyone think that a person would have the interpretive medical language skills and critical thinking abilities needed to transcribe for doctors without similar comprehensive training (although NOT clinical training)? My experience as an educator has shown that not even nurses' medical language, A&P, and disease processes training is equal to that of a good MT. We've had many nurses cross over into this field, and they're always surprised that there's such a huge learning curve, even for them...The medical knowledge tested for on the CMT exam comes straight from the AAMT Model Curriculum."

*Question:* What is the current passing rate on the new CMT exam?

*Answer:* "We currently have a passing rate of 64%, which the psychometricians with whom I talk at testing conferences, tell me is perfectly within reason. It is slowly rising, and I think that is a reflection of the study materials available and the study groups that are forming."

*Question:* There were 2 people at my presentation who had taken the new exam. Neither passed the first time, and they felt the problem was in part 2 because they typed out the entire phrase instead of just where the blank was. Are there clear instructions to type only what is needed?

*Answer:* "The instructions on part 2 tell the examinee to transcribe only what is missing from a scenario. Candidates are given note paper (they may have to request this) on which they can make notes about the instructions if they want to, because *once you start the exam, unfortunately, you cannot go back to the instructions*. Examinees do have to return this note paper to the proctor when they leave."

I hope these answers are helpful. If you have anything else you would like me to ask, send me an e-mail and I will get an answer for you. Please check out page 10 for a Cert Connector in your local area as well.

### **CEC CHALLENGE!**

For challenging yet educational CECs, try <<http://www.medicalsimulations.com/>>. These are interactive and fun simulations and the CME certificate is FREE! I have not done one yet, but I read you actually work with the patient and try to treat them. Cool! I'd like to know how others do, so keep me posted.

# ***ODDS AND ENDS***

## ***LIABILITY INSURANCE***

**Patti Niemeyer, CMT**

Since we are unaware of the status of each chapter's conversations around the topics of considering incorporation and/or liability insurance we are, once again, reminding you to hold this discussion at a future Board meeting. You will recall we discussed this at our state meeting at Lake Ozark and the issue is that most component associations do not have D&O coverage sufficient to protect the chapter leadership in the event of a possible lawsuit. The coverage that AAMT has in place is "slip & fall" insurance.

This issue will be reviewed by the delegates when they convene in August at the AAMT annual meeting, however, I must say that issues surrounding a possible name change for the association, association restructuring and a possible affiliation agreement for components are more pressing issues. The National Component Relations Task Force has tabled its activities with respect to incorporation and liability insurance for components until the name change discussion is determined, as this would effect decisions to incorporate. Suffice it to say that it would be good for your component chapter to consider these issues and be prepared to make a decision to protect your chapter leadership either with incorporation, additional liability insurance or both at some future date. You can access forms needed for application to incorporate through the website of the Office of the Secretary of State. More information will follow in the newsletter subsequent to the AAMT Annual meeting scheduled for August 2-5, 2006. Thanks, again, for all you do to help grow transcriptionists professionally.

## ***TECHNOLOGY VENDOR SHOWCASE***

AAMT presents the first ever Technology Vendor Showcase. Together with the Illinois Association for Medical Transcription (IAMT), the Missouri Association for Medical Transcription (MAMT), and the Business Issues Group, we will be providing a platform for emerging technology and educational advances in the healthcare industry. Make room on your calendar now to be a part of this important event held at the Sheraton Westport in St. Louis, Missouri. Go to <http://www.aamt.org/scriptcontent/tvs2006.cfm> to find out more details. *Registration for this event will start the beginning of July 2006. Keep checking this page for updates.*

## ***WE'RE GONNA BE FAMOUS!***

We will have the privilege of being featured in the AAMT online chapter newsletter "Bridging Boundaries," in their August issue. We were asked to write a short piece about our state association, talk about our conference, local chapters, etc. When that is available, I will send out a message to everyone and provide the link.

## ***AND THE NOMINEES ARE...***

It is time again to think about MTs who you feel would be good candidates – including yourself - to serve on our state board of directors. On the next page is our nominating ballot, with every position except delegate (a 2-year term). Please note that we have submitted a revision in our bylaws to make treasurer a 2-year position, but as stated below it has not yet been approved. We will keep you posted on this development. The deadline for nominations is at the bottom of the form.

## ***PLEXUS JULY 2006***

Make sure to pick up the newest issue of Plexus. It contains an article about the name change, plus the top story is about compensation for the MT and editor.

FYI: 3 opportunities for CECs!

# *Nominating Ballot*

Missouri Association  
For Medical Transcription  
Board of Directors, 2007

<b>PRESIDENT-ELECT</b>	
1. _____	2. _____
<b>RECORDING SECRETARY</b>	
1. _____	2. _____
<b>CORRESPONDING SECRETARY</b>	
1 _____	2 _____
<b>TREASURER *</b>	
1 _____	2 _____
<b>DIRECTOR AT LARGE</b>	
1 _____	2 _____

\*A bylaws revision has been sent to request this become a two-year position. We have not received approval from AAMT at this time. If this is approved to become a two-year position we will not be voting on a new treasurer.

**Nominating ballots must be returned no later than September 1, 2006, to:**

**Kate Bergman  
900 Again Street  
Columbia, Missouri 65203**

# NATIONAL, STATE & LOCAL CALENDAR OF EVENTS 2006

The year's events are not over yet! Please notify us of events and meetings going on in your neighborhood. For more information on national events, go to [www.aamt.org](http://www.aamt.org). For state and local chapter events, go to [www.aamt.org/ca/missouri](http://www.aamt.org/ca/missouri). Mark your calendars for the following dates:

## August

2-5 AAMT National Convention, Boston, MA

18 Tri-State Meeting, Library Center, Stuff-It and regular meeting, 10 a.m. to noon. Bring donations and give-aways for symposium.

## September

9 Greater St. Louis Chapter Symposium, Missouri Baptist Auditorium 1&2

## October

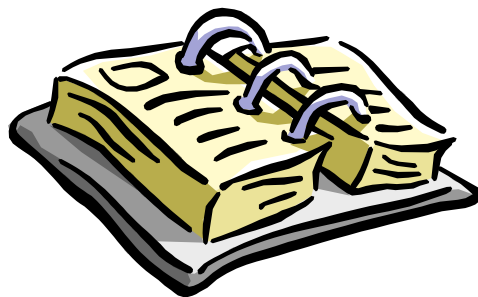
14 Tri-State Chapter symposium, 8 a.m. to 4 p.m., The Library Center in Springfield

## November


2-4 Technology Vendor Showcase, Sheraton Westport, St. Louis, MO

8 Greater St. Louis Chapter Meeting, 6:30 to 8:30 p.m., Missouri Baptist Auditorium 1


11 MAMT board meeting, Lake Ozark, 10 a.m. – 11:30 a.m.



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