THE PROGRESSION OF THE ROLES AND FUNCTIONS OF HIM PROFESSIONALS: A LOOK INTO THE PAST, PRESENT, AND FUTURE

Posted on July 22, 2009 by Administrator

Category: Education & Careers
Tags: HIM, workforce

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Several studies have analyzed the roles and functions of health information management (HIM) professionals. Prior studies have focused on practitioners' daily routines across the HIM workforce, from those working for large direct-care providers and small rural physician offices, to consultants and industry sales professionals, to administrators and educators.

Data have been published in a variety of media and have provided information on ways that HIM professionals can better market their skills in the ever-changing healthcare environment.[1–10] Looking back provides the opportunity to assess past trends and predict emerging roles and functions that will help to create a vision for the future of HIM.

In 1996, Rudman et al. conducted one of the first comprehensive studies examining HIM roles and functions.[11] Data for this study were collected from a stratified random sample of 4,200 baccalaureate-prepared registered record administrators (RRAs; present-day RHIAs) and associate-degree-prepared accredited record technicians (ARTs; present-day RHITs). The study received 1,979 complete responses from 962 RRAs (48.6 percent response rate) and 1,017 ARTs (51.4 percent response rate). Questions used in the study examined 129 specific work tasks and functions. Respondents were asked to rank how often they actually performed a specific task. Factor analysis was used to connect specific work tasks into broader domains. Five work role domains were identified: coding, data analysis and performance improvement, managerial functions, information systems and technology, and participation in institutional committees. From each of these five domains, specific tasks were selected as representative.

The following three basic patterns were found from the data:

1. RRAs were more involved in management functions, information systems and technology, and institutional committees, while ARTs were more involved in areas dealing directly with the medical record. Also, RRAs were more involved in a greater variety and diversity of tasks than ARTs (87 for RRAs vs. 13 for ARTs).
2. RRAs with more experience (11–15 years) had the highest levels of role diversity and involvement within the workplace but at about this level of experience the level of role diversity remained stable (e.g., serve on institutional committees) or decreased involvement (e.g., perform quality control audits).
3. RRAs and ARTs with 15+ years experience had similar patterns of both diversity and involvement in work-related tasks, except in the area of coding.

This study found that information systems and performance improvement were emerging as areas in which involvement would help to facilitate career advancement for both the RRA and the ART.

The second part of the roles and functions study examined HIM roles and functions across different regions and examined specific tasks performed by entry-level and more experienced HIM professionals.[12]

The five tasks most frequently performed by RRAs varied from 40 percent in management and data collection to 15 percent in analysis and 5 percent in service (examples of service include educating students during their clinical internships or serving on HIM-related committees or councils). Most tasks performed by entry-level RRAs were in data collection, while more experienced RRAs were more likely to be involved in management-oriented roles. When specific tasks were further examined, data showed that the most common tasks performed for all RRAs across all regions included the following:

1. Monitor compliance with governmental and organizational regulations and accreditation standards
2. Assist in interpretation of the data
3. Prioritize department functions and service
4. Assign projects and tasks to appropriate personnel
5. Abstract data from patient records

Across all geographic regions, regardless of whether or not ARTs were entry level or experienced, the majority of their daily tasks centered on data collection. Specifically, this included the following:

1. Abstract data from patient records for quality improvement, utilization review, and research
2. Assign diagnostic/procedure codes (ICD-9-CM, CPT-4, DRGs)

This study found that specific functions of the RRA with more experience were likely to be in management-oriented activities, while ART job responsibilities focused more on data collection. Regardless of title, for example, director, manager, or chief of medical records, functions of the RRA were more related to management, whereas "coder" was the most frequent title for ARTs and is more closely related to data collection.[13]

In 2004, the Center for Health Workforce Studies in Albany, NY, conducted the next comprehensive evaluation of HIM roles and functions (HIM Workforce Research Study).[14-21] This study included a review of literature, surveys of the HIM workforce, and fieldwork in order to capture significant insight into the HIM profession.

Original data for this study was obtained by the authors from AHIMA and was further analyzed for roles and functions as well as the degree of involvement in work activities. Findings from this study show that HIM professionals are likely to be involved in certain functional areas; however, they are not likely to manage or administer the functional area (Table 1). This finding was consistent across functional areas related to information technology, quality/performance improvement, health data

content and structure, and reimbursement methodologies. However, areas in which HIM professionals are often involved and are more likely to manage or administer the functional area include healthcare information requirements and standards, legal and regulatory issues, and privacy.

Findings from this study suggest that emerging HIM roles and functions will expand beyond traditional task-oriented roles and skills, to roles and skills that include strategic planning and design and management/leadership activities that broaden traditional HIM lines of authority. For example, this research implies that HIM roles and skills are likely to move toward the following:

- Analytical thinking
- Process design
- Project management
- Cross-operational management/leadership/working across divisions within an organization
- Change management
- Planning and implementing new systems
- Educating providers and administrators
- Solving strategic and operational problems
- Developing/installing/operating clinical and financial applications related to the medical record

Furthermore, attitudes from AHIMA members concerning the HIM profession show that AHIMA members do not believe that the profession is highly valued by the medical community or that the medical community appreciates the importance of the profession. However, AHIMA members do agree on other areas related to their work and career such as believing deeply in the value of their work, believing that a guiding set of values is important to the profession, and being enthusiastic about work (Table 2).

Finally, areas where members believe more education is needed include information technology and healthcare information systems (Figure 1). The entrance of the electronic health record (EHR) and health information technology (HIT) into the HIM profession has moved the profession forward at a rapid pace, making members eager for more education in this area. This may have led to an increase in the number of master's-level programs as well as the goal of Vision 2016 to move toward

the requirement of a master's degree in health information management and informatics.[22] Also, with the development of the American Recovery and Reinvestment Act (ARRA) of 2009, in which $19 billion has been allocated to healthcare information technology with the majority of the dollars going toward incentives to entice physicians and other healthcare providers to use EHRs in a meaningful

way, HIM professionals will need to be proficient in the education and training of EHR users.[23] All allied health professionals will need to be trained on using EHRs. In order to do this, HIM professionals themselves will need more education and training on the implementation and use of EHRs.

Finally, in 2008 Rinehart-Thompson conducted a study on record retention policies.[24] This study found that 9 percent of those surveyed stated that HIM professionals had sole responsibility to determine record retention periods, while 81 percent of HIM professionals had different levels of involvement in determining these periods as part of a larger group and 10 percent had no involvement at all. Furthermore, respondents believed that in the areas of EHRs and personal health records (PHRs), the HIM professional should be the primary person one would turn to in order to determine record retention issues and concerns. With the changing healthcare environment and the stimulus boost for EHRs, record retention, privacy, and security issues will be at the forefront of every healthcare initiative. ARRA also includes many provisions for privacy and security changes related to EHRs. Expansion of the HIM professional's role so that it includes expert applications of these provisions is necessary.

Conclusion: What Does the Future Hold?

One finding that is particularly disconcerting for the HIM professional is that a majority of respondents believed that "HIM is not the generator of change but a responder of change caused by external stakeholders."[25] If this attitude frames the future roles and functions of HIM professionals, the profession as a whole may be relegated to an ancillary role in the new healthcare environment. In order for the HIM profession to take a leadership role, HIM professionals need to be generators of change. Central to HIM professionals' work is an environment based on change—change in the way data and information are collected, processed, analyzed, and managed. The question that the HIM professional must begin to ask in a meaningful and self-evaluative manner is this: Do roles and functions come about because of a reaction to change made by others? Or are HIM professionals proactive in establishing their niche in the new healthcare environment?

If HIM professionals are proactive generators of change, they will define future roles and functions and become leaders in healthcare. For example, the HIM professional should not only be involved in record retention policies but should be a team leader. Traditional boundaries of authority need to be crossed so that the HIM professional leads management teams that include risk management, the legal department, administration, and information system support personnel.

The HIM profession is unique, and as the workforce study stated, "Emerging aspects of HIM are so diverse that total mastery is beyond most individuals, especially new entrants into the profession." [26] With the 2009 enactment of ARRA as well as other advances in medicine and disease management, the speed of technology in healthcare opens new pathways for HIM professionals. As information increases within the healthcare system and as technology changes, more opportunities become available for HIM professionals who can adapt to a new and ever-changing work environment.

Future Roles and Functions Model

Looking at the past and present roles and functions of HIM professionals can help us frame the model for the future. In order to frame our body of knowledge, we need to envision what our potential can be, not limit our growth to others' expectations. In an ideal world, what would be the role of the HIM professional? Figure 2 summarizes what may be included in the present and future body of knowledge for HIM professionals. Health information technology/innovation, privacy, security, standards, quality, high-level data abstraction and analysis, clinical terminologies and classification systems, financial management, project management, globalization, patient-centered care, and research outline the HIM body of knowledge. However, this is just the beginning. This model will continuously evolve to meet new demands. The roles and functions of the HIM professional are not something that can be stagnant, and once a model is built it must continue to change and evolve. By continuously examining the roles and functions and recreating a body of knowledge, we continue to build on it and improve it. Indeed, the HIM profession is diverse, is growing in many directions, and is not easy to explain to others outside of the field, but that is what makes it a great profession. It includes many avenues to pursue, and just when you think you have reached your final role, another appears. By continuously examining our roles and functions and recreating our body of knowledge, we continue to grow as a profession.

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Article citation: Perspectives in Health Information Management 6, Summer 2009

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