

Being One of Many: Managing an HIM Department in a Multi-enterprise System

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by Gina Rollins

Large healthcare systems centralize HIM functions and share resources in varying degrees. Department managers say there are both benefits and challenges in being one HIM department among many.

A growing number of hospitals, physician practices, and other healthcare services are now part of large healthcare systems, where they are under common control or ownership. Some functions may occur at the corporate level, such as finance and information systems, and system-wide activities may include strategic planning and budgeting. HIM professionals report that these multi-enterprise environments generally offer abundant career and professional networking opportunities as well as resources for HIM-related technologies and policy development.

On the other hand, decision making can be slow, and there may be a loss of autonomy in areas such as policy making and contracting. Managing across sites also requires a great deal of flexibility, excellent communication skills, and a broader perspective than is often necessary in a stand-alone facility, according to HIM leaders. “You begin to think differently, beyond yourself, beyond HIM and more about the overall global impact of decisions,” says Mary Staub, RHIA, CHP, corporate director of HIM at Intermountain Healthcare in Salt Lake City, UT.

Staub directly oversees a corporate HIM team and has a dotted-line reporting relationship with HIM directors at Intermountain’s 21 hospitals and 150 medical practices. She is responsible for establishing overall HIM-related policies and procedures and representing HIM interests in corporate decisions and policies.

The emphasis is on standardization, or what Staub calls systemness. “We’re much more integrated than we were years ago. We develop best practices that we all abide by, and we use the same systems. It helps us be more efficient and operate more effectively,” she says.

Degrees of Centralization

The quest for standardized policies, procedures, and systems—and the improved operations that come from them—have led health systems to adopt varying degrees of centralized or corporate HIM functions. For example, Partners HealthCare System in Boston established a corporate director of health information services as it organized as a system.

Karen G. Grant, RHIA, CHP, the first and only person in that role, has direct responsibility for several corporate HIM functions, including confidentiality, enterprise master patient index, and coding. The HIM directors from Partners’ flagship academic medical centers, Brigham and Women’s Hospital and Massachusetts General Hospital, also report directly to her. However, the HIM directors from Partners’ community hospitals report to executives at those facilities and have a dotted-line relationship with Grant.

The structure was modeled on Partners’ organization for information systems, with a twist. “Information systems staff all became Partners’ employees, with one help desk and the like. But the hospitals are their own entities with their own licenses and the EHR is owned and operated by the individual hospitals, so a completely integrated HIM wasn’t the best option,” explains Grant.

Other systems essentially don’t have centralized HIM functions but rely instead on routine meetings between HIM directors at affiliated institutions to arrive at common policies and procedures.

An example is Banner Health, headquartered in Phoenix, AZ. HIM directors from hospitals in the system's two regions have virtual meetings weekly and in-person meetings quarterly. The HIM directors at Banner's flagship hospitals in the two regions lead the sessions and are the greater among equals in setting policies and HIM direction, according to Ranae Race, RHIT, HIM manager and compliance officer for Ogallala Community Hospital in Ogallala, NE. The decision to forego corporate-level HIM functions may be revisited in the future, she says.

"Because of the differences in the regions and the hospitals' geographic locations, it would be very difficult for one person to do the job well as systems director of HIM," Race explains. "We have so many nonstandardized processes, [he or she] would be spinning their wheels." Once the electronic health record and computer physician order entry systems are in place, there will be greater standardization in processes and that may be reconsidered, she says.

Other organizations have adopted complete HIM centralization. One example is Parkview Health in Fort Wayne, IN. Maria Stolze, RHIA, vice president of HIM, has direct responsibility for all HIM functions at the system's eight facilities. There are no HIM directors at the local level.

Instead, two directors—of HIM services and transcription, respectively—report to Stolze. Managers and supervisors who report to the two directors have day-to-day responsibility for HIM functions at Parkview hospitals. The supervisors rotate between facilities, although at least two are dedicated to the flagship Parkview Hospital because of its size. Depending on size, there may be as few as three HIM personnel at individual facilities, as coding and transcription are performed off-site.

Parkview arrived at this model to improve quality and service and to decrease cost, goals it has achieved, says Stolze. The approach also has been critical to adopting uniform HIM policies and procedures. "I'm the ultimate decision-maker. Even if we're not all in agreement, that's an advantage of our model. Otherwise there might be conflicting policies and procedures between the individual facilities. You need someone to call it when there are different perspectives," she says.

Success Is in the Networking

Regardless of the corporate structure, HIM professionals working in multi-organization enterprises report that having a mechanism for HIM communication and collaboration is essential to consistent operations, smooth information system implementation, and professional support and advancement.

Banner's weekly virtual HIM meetings "open me to the rest of world," reports Race. "Even though I'm in a rural environment I need to learn all the skills needed in a larger facility. [The weekly meetings] allow me to think about the future, so when a new technology or process comes here, I know the problems, challenges, and opportunities and I can set the pace better for our facility," she says.

Duke University Health System sponsors webinars and other training initiatives so that staff at its community hospitals have the same level of knowledge and resources as its flagship Duke University Hospital, according to Barbara Woolley, MBA, MA, RHIA, senior director of HIM.

Professional networking and the opportunity to collaborate with and learn from colleagues may be one of the greatest benefits of working in a corporate environment. "There's success in numbers. You can get information from more than one expert and work out the best solution," says Karen Schmidt, RHIT, CCS, director of medical record services for the Henry Ford Health System in Detroit, MI.

Having resources available at the touch of the fingertips is another advantage. HIM directors at Catholic Healthcare West, headquartered in San Francisco, CA, benefit from comprehensive coding, compliance, and regulatory support provided by Gloryanne Bryant, RHIA, CCS, corporate director of coding and HIM compliance, and her staff of coding and compliance managers.

Bryant conducts coding summits three times annually, provides regular updates to monthly HIM council meetings, develops policies, and helps sites prepare for audits. "One of the things I hear back from [the HIM directors] is the amount of resources we're able to provide and the timely response to questions," she says.

Corporate HIM functions can provide helpful benchmark data for quality improvement purposes that otherwise might be hard to come by. Partners issues an annual report of various HIM-related metrics, says Grant.

More Career Opportunities

Working in a system also affords greater career opportunities than are generally available in stand-alone organizations. With expansive operations, systems can offer a wide variety of positions for HIM professionals, both within and outside traditional responsibilities.

“In a smaller organization you just don’t have the same opportunities. Here, there are roles for HIM in our cancer registry, biostatistics and research operations, coding in different areas, physician billing, and in health information technology. An HIM person is the project manager heading our enhanced EHR implementation,” explains Henry Ford’s Schmidt.

Another career plus is that salaries and benefits may be consistent throughout the organization, regardless of location. HIM staff working in smaller or rural facilities may have the same pay scale as those in the healthcare system’s larger, urban centers, according to Schmidt.

To take advantage of the professional opportunities, HIM leaders must be willing to assert themselves. “There are more opportunities, but you have to reach out, take the initiative and not hold back,” says Schmidt. That same attitude applies to addressing day-to-day responsibilities. “You have to be willing to step out of your comfort zone and be proactive. You can’t be successful if you’re not willing to call someone you’ve never seen before and who may not be the exact person you need,” explains Intermountain’s Staub. “You may have to call a person you know and ask who they think you should call. It can be hard to maneuver through the system.”

A Need for Flexibility

If a certain doggedness is a must in a multi-enterprise environment, so too is the willingness to compromise. “There must be flexibility. A huge priority to you may not be so in the grand scheme of things,” notes Staub. “There has to be a balance between departmental and corporate priorities. At times, you have to take yourself out of the situation, put your personal needs aside, and step back on certain issues.”

Large systems also come with a certain amount of inertia and communication challenges. Decision making can be slow as data and feedback filter in from disparate sources and consensus is achieved over time. In addition, with many parties affected by a decision, including them all can be a daunting task. “It can be a challenge to get all the right people at the table and make sure you don’t leave anyone out, especially when there are HIM issues overlapping with other areas,” says Schmidt.

Another downside is the loss of a certain amount of autonomy. HIM directors at stand-alone organizations may have much more control over the selection of vendors and contract terms, choice of HIM-specific systems, and HIM-related policies and procedures.

Partners’ corporate HIM structure establishes a preferred transcription vendor and system-wide policies for concerns such as confidentiality. Likewise, Partners issues coding guidelines, developed through expert consensus. While this promotes consistency and efficiencies, “there can be the feeling of a loss of independence, but because we utilize a team approach people have the ability to participate and provide input,” says Grant.

Succeeding in a multi-organization enterprise “requires excellent communication, problem solving, good negotiation skills,” says Parkview’s Stolze. “People will never respond if they’re not given good leadership. When they’re asked to do unconventional things, it boils down to leadership and trust.” Stolze takes pains to develop leadership capabilities in her staff, hosting, among other activities, quarterly off-site meetings devoted to aspects of management and teamwork.

HIM professionals with experience in stand-alone environments are not necessarily at a competitive disadvantage when it comes to vying for system-level positions, says Bryant. “If the person has been in a good-sized, progressive HIM department, they will have had experiences and developed skills that will serve them well,” she says.

Indeed, corporate-level HIM leaders say first and foremost, an in-depth knowledge of HIM principals and regulations—acquired, in many instances, at stand-alone facilities—is the foundation of their professional success.

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