

Bridge Builders: HIM Professionals Blend Core Skills and New Opportunities to Meet the Future

Save to myBoK

by Mark Hagland

HIM leaders share how they welcome change, pursue new skills, and take some risks, always seeking to help their colleagues and their organizations advance.

Mary Beth McCoy, RHIA, knows what it means to bring leadership to a changing HIM environment. As director of HIM and information systems applications at Denver Health, a 398-bed public health system for the Denver metro area, McCoy was brought into an electronic health record (EHR) system implementation after it had started to exhibit problems.

The trouble was occurring in the implementation of the computerized physician order entry (CPOE) element of the EHR, which is live in the hospital's intensive care units and scheduled to roll out across all of the inpatient organization's medical and surgical units in 2005.

"The impact of the CPOE system—which we've interfaced with lab, pharmacy, and radiology—was much greater than we had anticipated on the nursing and ancillary departments," McCoy says. Organizational leaders had "left the nurses out" of the planning stages and rolled out the implementation without a proper understanding of the implications for clinical workflow. McCoy quickly took steps to correct the problems, including bringing nurses onto the project team, initiating monthly feedback sessions during which she and her colleagues sought the input of the system's medical residents (who were doing most of the order entry), and hiring nursing, pre-med, and HIM students as part-time support staff to help users navigate the system.

More broadly, McCoy contributed a unique and valuable set of skills to the project—a combined knowledge of HIM and IS. "By taking a leadership role, I think what I bring to [the project] is a big picture," she says.

"There are so many opportunities for us [in HIM] to broaden our opportunities in the organization," McCoy notes. That might include interpretation of the regulatory environment or cooperating with the IS department in systems implementations. Accordingly, McCoy has sent Denver Health's HIM professionals to seminars of all kinds—not just HIM seminars, which she says are highly valuable, but also technology conferences. She encourages them to read widely both HIM and IS professional literature and to join professional associations.

"The staff in HIM have been fantastic," McCoy says. "They look at [the changes] as an exciting opportunity." As healthcare practice and technology change, McCoy's HIM staff take on new roles. Now that staff no longer file charts, some have shifted to supporting the organization's smart card system. A whole division within HIM now handles scanning and quality control, including preparing charts for online completion by physicians. "From our perspective, it's an exciting evolution toward our next step," McCoy says.

Bridging Today's and Tomorrow's Practice

The changes that McCoy has led at Denver Health are typical of a new brand of HIM leader, say industry experts. These "HIM futurists" are creating bridges to the new healthcare system by envisioning the future and helping urge their colleagues toward it.

HIM change leaders are learning more about information technology (IT) and embracing technology both conceptually and practically. They are helping IT professionals and others design and implement new clinical information systems, especially EHR systems. They are helping HIM colleagues rethink their jobs and roles, and they are personally seeking and pointing out

new opportunities. With virtually every inpatient hospital and many other organizations approaching clinical information systems, these HIM leaders are playing a key role in moving their profession—and their organizations—forward.

Now HIM professionals “are being involved in leading change, and that puts them in a more proactive seat than just implementing the change,” says Keith MacDonald, senior research manager in the Emerging Practices Research Group in the Lexington, MA, office of First Consulting Group. “As a result, that requires staying up to speed on the latest developments in technology and in HIM and bringing those forward to management.”

Talk of “envisioning the future” can be daunting. Yet MacDonald, who formerly worked as operations director of a large multispecialty group practice, notes that HIM professionals have natural advantages in this role. “The biggest driver these days for both HIM and IT is ‘Where can we save money?’ And often, the HIM folks are reporting up to the CFOs. So what better audience to speak to regarding using technology to save money?” he says.

HIM professionals monitoring the leading edge of change have a tremendous opportunity going forward, he stresses. This is particularly true as the opportunities for rethinking HIM functions arise, as in the case of remote, Web-based, and computer-assisted coding. In fact, because many HIM departments report to CFOs, MacDonald notes, HIM professionals have particular opportunities for demonstrating their ability to help organizational leaders approach strategic goals. “One of the things I hear from HIM professionals is that reporting to the financial folks makes them a little bit uneasy because of compliance issues,” he says. “But that’s a good perspective to have, to report to that portion of the organization and know the impact their role can have on the bottom line.”

It is also crucial, according to MacDonald, for HIM professionals to let go of what for many has historically been a feeling of intimidation when it comes to information technology. He continues to encounter situations in which HIM professionals are “clearly fearful,” he says. Fortunately, in some of those same situations, he sees HIM directors and others helping their colleagues move forward.

Fostering the Crucial Tech Connection

For Anne Tegen, MHA, RHIA, close and productive working relationships with the IT department and organizational leaders have been crucial to her ability to lead change. Tegen is director of HIM at Children’s Hospitals and Clinics in Minneapolis and St. Paul. The two-facility, 286-bed health system began the process of implementing its electronic health record system back in 1996 and went live in the spring of 1998 with the first piece of the system, the actual EHR itself. That fall the organization went live with its HIM department software.

Tegen has been involved in the work group defining the electronic health record.

Tegen has a history of keeping her eye on the future. She encouraged her staff to attend seminars on data warehousing back in the early 1990s. By the time the organization created its data warehouse a decade later, the HIM department was ready. Tegen and other HIM professionals were on the design team, and when the system went live, three of the four staff administering the warehouse were RHIAs. The three RHIAs originally reported to the HIM department, then became part of the IT department’s knowledge systems division—a wonderful opportunity for them, Tegen says.

This close integration of HIM and IT—and the key roles it brought to HIM staff—came about, Tegen says, because early on, “I was educating myself and getting my staff to attend seminars that were different, not just the HIM things.” The worst thing HIM professionals can do is limit their education, according to Tegen. Right now it’s natural—and often essential—to study IT, given the rapid pace of technological change. “We put another RHIA into clinical security, because clinical security requirements call for the oversight of an HIM professional, especially with current topics like remote access,” she explains. EHR products also present security concerns, she notes, especially the ability to “lock it down to patient level.” Future success will depend on close HIM involvement with IT, Tegen says. To that end her team has assigned another RHIA professional as the HIM applications specialist, working on projects involving the master patient index, imaging, and coding software.

Tegen stresses the importance of a good relationship and shared goals between the HIM and IT departments. Tegen and her organization’s CIO (to whom she reports) share the goal of achieving a paperless, or at least near-paperless, environment in HIM and throughout the organization. “And,” she says, “while I couldn’t really run an IT shop, I’ve tried to encourage my staff to really know as much about the technical side as possible and to understand that. And I’ve learned myself. Many years ago, I

took coursework when nothing was electronic, not even the master patient index.” In fact, she cites the EHR as a career-long goal—and she has spent 30 years as an HIM professional.

Many Opportunities to Lead

The opportunities to help lead HIM forward are many and diverse. Lydia Washington, RHIA, seized on a program at the UTMD Anderson Cancer Center in Houston that supports improvement initiatives proposed by staff members. Some pieces of the 480-bed cancer center’s EHR were already being put in place, says Washington, director of HIM, but she saw the need for a concerted push toward a document-imaging solution.

Washington used the organization’s Aim for Excellence program to launch a document-imaging pilot. Working with her medical record committee chairman, she prepared a project proposal, which was accepted and went live in July 2002. Among the tasks required of her were the creation of clinician focus groups to examine record-keeping and documentation issues and the management and facilitation of the request for proposal process.

For Beth Liette, RHIA, the opportunity to lead came immediately upon her arrival at Children’s Hospital Medical Center in Cincinnati. Arriving as HIM director in March 2003, Liette found herself faced with the task of smoothing out the HIM aspects of an EHR implementation that had become tangled and far from paperless. Cincinnati Children’s is “really advanced, really ahead of the game,” Liette says, but the design of the EHR had gotten out of hand and the disentangling effort was “very, very painful.” Working closely with her colleagues in the HIM department, the IT department and its leaders, and clinician leaders and others at the center, Liette helped right the course of the EHR implementation and prevent an overwhelming flood of paper and documents, constant equipment breakdowns, and confusion.

Skills for Success

Liette and Washington both agree that using a blend of core HIM skills and basic leadership and management skills has been essential to their success in their initiatives. “I’m a very grassroots-type person,” Liette says. “And I learned very early on that there are many different ways to attack an issue and get resolution to it. One of the responsibilities for HIM leaders is to figure out that puzzle. Given the culture, climate, and reporting relationships of an organization, you have to learn when and how to get things done.”

Liette, Washington, Tegen, McCoy, and MacDonald all agree that some very basic skills and qualities are needed to show leadership in such circumstances (see “[The Leading Skills for Leading Change](#),” below). These include personal initiative, the desire to lead, a broad vision, the willingness to embrace change, and a drive to learn.

In the end, says McCoy, personal leadership means taking risks. “I think the biggest thing is being able to step outside of your comfort zone,” she reflects. “My knowledge base and comfort zone are about HIM. But the CIO asked me to do this dual role, and at first I said, ‘No way.’ But he was convinced that I could do it and could be a bridge.”

“My colleagues in IT joke and tell me I’ve ‘gone over to the dark side,’” McCoy continues, laughing. “But the reality is that it’s a fascinating and complex environment, and it’s great to be a part of it. Now, a year later, the move seems to have been perfectly logical. We all need to step outside our little zones or we’ll be left behind,” she says. “But all this is exciting; it’s an exciting opportunity for our profession.”

The Leading Skills for Leading Change

Regardless of project, position, or organization, successful leaders commonly share key traits. Those interviewed for this article say that leadership requires:

- Taking personal and professional risk
- Thinking innovatively
- Pursuing ongoing self-education and self-development
- Urging other HIM professionals forward in self-education and professional development
- Embracing information technology

- Leveraging technological change for leadership opportunities, both for oneself and for HIM within the organization
- Positioning HIM as the professional “bridge” group within the organization, connecting clinicians, IT professionals, and other staff
- Seizing opportunities to demonstrate to senior administration the economic, operational, and quality-of-care opportunities in new systems (such as EHRs) and new arrangements (such as remote coding)
- Actively seeking new professional roles and opportunities for personal benefit, the benefit of the HIM department, and the benefit of the entire organization

Mark Hagland (MHagland@aol.com) is a healthcare journalist based in Chicago.

Article citation:

Hagland, Mark. "Bridge Builders: HIM Professionals Blend Core Skills and New Opportunities to Meet the Future." *Journal of AHIMA* 76, no.1 (January 2005): 34-37.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.