Changing with the Times

Save to myBoK

by Anne Kibbler

In the third part of our special report, we look at HIM professionals and how they're coping with relentless change.

Change is the only constant these days for HIM professionals, who are continually adapting to new regulations, pervasive technology, and increasing demands on personnel. We asked representatives of four different healthcare sectors how these changes are affecting their day-to-day lives.

The panelists are:

- **Kay Bauer**, RHIA, director of health information services, LDS Hospital, Salt Lake City, UT
- **Prinny Rose Abraham**, RHIT, CPHQ, sole proprietor of HIQM Consulting, a Minneapolis-based HIM consulting firm specializing in home health and hospice consulting
- **Kris King**, RHIA, a long term care consultant with King Healthcare Enterprises in Ballwin, MO
- **Cathy Brown-Smith**, RHIT, director of health information management services, Camino Medical Group, Sunnyvale, CA

Q: What are some of the healthcare industry changes that have affected you on the job?

King: The last two years have resulted in tremendous regulatory changes in the survey process and in reimbursement methodology for Medicare skilled nursing benefits. In addition, more states are switching to a prospective payment system (PPS) for Medicaid. As HCFA continues the move toward an information-driven survey process with an increasing emphasis on electronically transmitted Minimum Data Set (MDS) information, the impact on health information management will continue to grow.

Several specific changes have had a great impact on long term care, such as mandated electronic transmission of MDS data by long term care facilities in all states; implementation of MDS-derived quality indicators as a core element in the evaluation of facility quality; revised HCFA survey protocols that rely heavily on the quality of documentation as a key factor in determining regulatory compliance; and changes in Medicare Part A reimbursement that require accurate MDS completion, accurate ICD-9 coding, and ongoing compliance with timely transmission to the state agency.

HCFA plans to implement additional changes for all sectors of the post-acute environment, with home health and acute rehab scheduled for this calendar year. As the MDS continues to become the cornerstone for post-acute reimbursement and quality monitoring, the skills of the HIM professional will be in greater demand.

Bauer: Certainly, increasing regulation and compliance have had a major effect on all our processes. I'm not being asked to do more with less, but I do have to do more with what we already have. We continually evaluate our processes to eliminate rework. Our employees are held to higher accountability standards. We're finally accepting that we have to be "survey ready" at all times. For example, HIM can no longer prescreen and present the best records at survey time.

The near future will focus on privacy and security in an electronic environment, the increased use of natural language encoders, increased speech recognition uses, and reducing dependence on a paper record.

Brown-Smith: New regulations are affecting outpatient care, especially as more and more procedures are done on an outpatient basis. Our organization, for example, is looking to build a brand-new surgery center with a 23-hour hold. At the same time, standards in outpatient care are being developed along the lines of those used in inpatient care. We are gearing up for

Ambulatory Patient Classifications (APCs), which will affect the surgery center. All physicians performing surgeries or procedures at the hospital will have to be cognizant of how they are coding, documenting, and billing these services. The hospital and physician billing processes will have to match.

Another area of focus in physician practice groups is the Health Plan Employer Data and Information Set (HEDIS), which sets standardized performance measures developed and maintained by the National Committee for Quality Assurance. It is designed to ensure that purchasers and consumers receive information regarding managed care performance that is comparable across health plans. The outpatient healthcare systems also will be faced with many changes such as regulatory agencies, APCs, and so on.

In general, there aren't enough qualified people to do the jobs generated by these changes. I'm teaching ICD-9-CM coding, medical terminology, and medical communication computer proficiency courses at De Anza College in Cupertino, CA. As soon as my students complete the health technology program, they are being gobbled up by clinics and other outpatient services and are being paid very well.

Abraham: Major changes in home care have resulted from the Outcome and Assessment Information Set (OASIS), which was released in 1999. Home care agencies have to track an episode of care from beginning to end. The information has to be collected, encoded, and transmitted at regular intervals. OASIS information has to be encoded and locked within seven days of collection. That's a quick turnaround.

In home health, most agencies do not have credentialed professionals assigning ICD-9-CM codes. Some agencies are moving to wireless, laptop, or hand-held computers that the clinician takes into the client's home and transfers to a server after the assessment. The clinician is doing most of the diagnostic coding without a lot of training. The whole issue of data analysis will help the entry of certified coders and technicians into the home health arenas as people look at the quality of the coding data. I think we will see clinicians coding primary, secondary, and surgical diagnoses with professional coders providing oversight, education, and data analysis.

The post-acute PPS links OASIS and payment to episodes of care. An agency's success may depend on positive cash flow. Unless OASIS data is accurate and timely, cash flow will be a problem, and agencies will struggle to survive. The HIM professional is critical to the formulation of an efficient organizational response.

Q: In terms of the changes you've seen, what has been the effect on factors such as staffing, resources, and workload?

Brown-Smith: We're in the heart of Silicon Valley, so salaries are unbelievable. We're trying to compete for people with administrative skills. With the high employment rates, it's very difficult to get qualified people. A lot of the HIM staff are entry level with little work experience and a lack of knowledge of HIM functions. My supervisors and I have taken on the task of training all new hires in the basics of medical terminology, terminal digit filing, and so on. The department is running with a 16 percent vacancy rate, which is significant in keeping a department functioning.

Abraham: In home care, too, ICD-9 coding and data entry have been done by clerks, but now the job has outgrown that competency level. There will still be clerks, but there will have to be people who can research and investigate data and who can understand data integration principles. There are severe recruiting and retention problems because the HIM clerks have not learned the new systems. We need to wine and dine those who have the aptitude to stay.

Health information supervisors must develop high-level management skills. You have to be able to problem solve. Systems thinking skills are critical to success, and you need to seek advice from stakeholders to establish priorities. It's also important to establish productivity standards and measurement methods needed to meet those priorities.

HIM professionals also need to be able to select, implement, and manage multiple computerized systems. They need to know how to complete and communicate workflow analysis, how to manage databases, how to work with local area networks, wide area networks, and remote applications. It's an opportunity to grow.

King: Within the long term care industry, PPS has resulted in dramatic increases in work load and continuing pressure to do

more with less. This is often the case for HIM staff, who are given more responsibilities in this new environment with fewer physical resources to perform the job. Often there is an added burden of a lack of updated computer equipment, lack of access to the Internet in the workplace, and a lack of appreciation of the value that the HIM staff bring to the facility.

Bauer: Continued emphasis on coding and data quality has created a shortage of qualified coders. Hospitals in this region struggle to keep coding positions filled. We used to rely on the colleges and universities to supply coders with a basic skill set. Now we're investigating how to provide and pay for basic coding training ourselves.

Decreasing reimbursement continues to challenge us to examine our operations for efficiency and effectiveness. An outpatient PPS will stress our resources even more.

Q: What new projects/responsibilities are you—and HIM departments in general—taking on?

Brown-Smith: The most significant new project our medical group is undertaking is the conversion of patient records to electronic format. We have eight sites, each with an HIM department, and we process close to 60,000 records in a month. At the moment we have courier services. Getting these records around is a real challenge.

At present time in our "Patient Care System," physicians have access to all transcribed reports, lab reports, and radiology reports. Our information systems advisory council is developing a health summary sheet that will list diagnoses, procedures, allergies, medications, and notes about the patient's current condition. Also in the future, the hospital's transcribed reports will be downloaded into the system.

Bauer: Right now I'm on a project team to define principles of patient information management as part of functional planning for a new tertiary care center. It's an opportunity to "wipe the slate clean" and come to consensus on principles that should govern information management with the patient as the customer. I'm also the Payment Error Prevention Program (PEPP) liaison, which gives me an opportunity to interact on a patient care management level relating to observation care and improved documentation for case management, utilization, and coding needs.

King: As a consultant, I see HIM departments taking on several responsibilities in the new environment, including ongoing auditing of MDS data for comparison to the documentation in the record; coding of MDS and UB-92 diagnoses for Medicare and Medicaid beneficiaries; computer training of staff for MDS completion and transmission; and analysis of facility quality indicator reports and MDS transmission validation reports for improvement opportunities.

When consolidated billing is implemented for Medicare Part B (likely in 2001), there will be a dramatic increase in the need for accurate billing codes and internal auditing for compliance with reimbursement guidelines. I think this regulatory change will force providers to rethink the roles and responsibilities of all of the staff involved in their billing cycle.

HIM departments also will be expected to give input on or coordinate the facility compliance plan as well as coordinate internal pre- and post-survey management activities within the facility or for client facilities. In addition, they will be responsible for educating staff regarding accurate MDS item completion and for helping to identify documentation streamlining opportunities and staff education in the fluid regulatory environment.

Abraham: HIM departments in home healthcare will be more involved in case mix analysis. Clinicians will still be responsible for identifying the primary diagnosis, but HIM professionals will help identify how that affects finances. The best model is to have coders work with clinicians on coding education and find ways to avoid high-risk, problem-prone coding errors. Agencies can't just keep adding coders—that's not the answer.

Also, a proposed outcome-based quality improvement regulation says that agencies must use OASIS data to analyze clinical outcomes and base their quality improvement programs on that analysis. Soon surveying agencies will use electronic edits to trigger compliance surveys. HIM professionals need to help agencies understand what these triggers are. For example, in OASIS you might be looking at the difference between an RN assessment and a physical therapy assessment. The nurse may say the patient is bedbound due to CHF, but the therapist's approach is to look at the activities of daily living, so she may contradict the nurse and say the patient can get out of bed and go to the bathroom. OASIS was designed to be discipline-neutral. HIM professionals can help design systems that ferret out variances.

Q: What are some of the ways you and other HIM professionals have personally and professionally adapted to industry changes?

Bauer: Primarily, you have to be willing to acknowledge that change is the only constant right now. It's professional suicide and job neglect to not acknowledge and facilitate change. Will Rogers once said, "Even if you're on the right track, you'll get run over if you just sit there." I've personally experienced this myself and watched several colleagues do the same.

Abraham: I believe people need to look outside HIM for creative solutions to new problems. The continuing education I am investing in is often outside my professional associations. I am taking more software training and project and database management classes. It's that technical component.

In general, HIM professionals are doing much more with much less. You have to be a self-learner with an investigative focus. I've really pared down what journals I get. I've picked a few that are credible, and I sort through them so that the information is at my fingertips. I have found that national conventions meet my needs more than the state ones. They are more expensive, so I need to rotate them.

King: The intensive regulatory changes have significantly affected our responsibility to stay current. On a personal note, the amount of "studying" that has been required over the past year has equaled what one experiences in postgraduate work. I don't anticipate that this will change in the next few years, unless it increases.

More specifically, ongoing development of computer skills is essential, with particular emphasis on the use of database and spreadsheet software. Many HIM professionals are taking additional courses in clinical areas and computer support areas. Some are taking courses in finance to help improve cost management activities under the new reimbursement system. Depending on their involvement in staff education, seminars, and development in team building, project management and adult learning are also beneficial.

Personally, I've found that I attend more national seminars and topic-focused educational programs sponsored by a wide variety of organizations. It's more costly, but in the end the overall value is greater. I am also a member of several different professional organizations, in addition to subscribing to several different newsletters to keep up to date on issues in the industry.

I have earned a master's degree in health management, and I am also a licensed nursing home administrator and a certified professional in healthcare quality. The two latter qualifications require specific continuing education requirements over and above health information management, but I feel it adds value to my professional growth.

Brown-Smith: Our statewide ambulatory information management group meets regularly to discuss the ever-changing environment in ambulatory healthcare. The meetings include interesting speakers, vendor shows, the latest new laws in patient confidentiality, and many other subjects we work with day to day as HIM professionals.

Q: Are HIM professionals "wearing more hats" than they used to, professionally? How are you (and others) adapting to increased demands and new roles? What are some recommendations for keeping up to date with the profession?

Brown-Smith: As an HIM professional, I do wear a lot of hats. I think that makes my career stimulating and challenging. As a director running multiple HIM departments and as an educator and a consultant, I never get bored. I always remind my students, "You must multitask, be computer literate, and read all the latest journals. There are many opportunities for HIM professionals who are willing to meet new challenges."

Bauer: I don't think I'm wearing more hats, although the hats do change frequently. I'm lucky enough to be able to delegate a less demanding "hat" as I take on a new one.

Adapting to new roles and keeping up to date requires self-education. Reading, attending classes, and networking with colleagues is critical. I can't believe I got through the first 20 years of my career without the Internet. Participating in the local HIMA keeps you in touch. Pay attention to what others in your organization are doing. Listen in on conversations—so much goes on that needs HIM input.

Abraham: It's very important to study the regulations, not just their interpretation. Read the regulations to understand the impact on your agency's core processes.

PPS creates a "survival of the fittest" mentality. You have to look at the minimum required to meet regulations. When you go shopping there are needs, wants, and desires. When it comes to HIM systems, manual and automated, you have to find out what the needs are, because you are not going to have the staff to achieve the wants and desires.

I would like to see more HIM professionals in home health. As professionals, we're not doing a good job of promoting ourselves to the home health and hospice industry. I've been doing a lot of speaking at schools about how students can apply and sell their skills in this industry, and I have been invited to be on the AHIMA professional development committee. I'm using any vehicle I can find to sell the idea that HIM professionals have skills to help home health agencies through crises, whether they are outsourced or they are hiring people.

King: HIM professionals are continually adding to their "hat collection," and if they are not, they may find themselves being replaced by nurses or others in another profession. My personal recommendations for keeping up to date are as follows:

- Become an avid Internet user so that you are as up to date as possible with the HCFA changes.
- Continue to expand knowledge and understanding of the MDS and MDS-derived quality indicators.
- Continually develop presentation skills, particularly as they relate to bringing the complex down to the level of the easy-to-understand.
- Develop project management skills.
- Enhance understanding of cost management and how this applies to the new reimbursement methodologies.
- Continually develop knowledge in clinical areas related to pharmacology and geriatric assessment.
- Continually develop "selling" skills related to managing change and working with coworkers, employers, and clients who are resistant to moving forward.
- Get ready for the major changes yet to come in consolidated billing for long term care by developing CPT coding skills and gaining more in-depth knowledge in the billing processes for long term care.

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