

# HIM Everywhere: In the Transition to e-HIM, Information Management Becomes Ubiquitous

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by **Linda L. Kloss**, RHIA, FAHIMA, chief executive officer

The way we manage health information continues to evolve. For many who work in hospitals, the medical record is now some combination of digital data, imaged documents, and residual paper. Most provider organizations are somewhere along this transition continuum from paper to fully digital.

HIM work processes are being reshaped to take advantage of digital data and imaged documents. As a result more and more departments are becoming responsible for the management of health information, and some functions are even being carried out virtually rather than in the physical workplace.

## Virtual HIM

In “Virtual HIM” Cheryl Servais reminds us that the current reshaping of HIM functions is transitional and that HIM departments that perform their functions both virtually and in the workplace will be the norm for the immediate future. She identifies the operational factors to be considered and the potential benefits of virtual work processes. In a sidebar to that story, Deborah Kohn describes the technologies that support virtual information management. Read a complete story based on this sidebar on the *Journal*’s Web site, <http://journal.ahima.org>.

One way physical departments are being reshaped is the separation of coding from other information management functions. “HIM Breakup” reports on the trend toward aligning coding with revenue cycle work processes. The article brings to light the strengths and weaknesses of this approach. Strengths may include greater cost effectiveness of revenue cycle work processes.

Today nearly half of hospital HIM departments report to finance. This reflects the criticality of revenue cycle management, but it may also perpetuate the mistaken notion that coding is solely or primarily a billing function. A finance focus may make it more difficult for HIM services to be as engaged in essential EHR and information use roles as they need to be.

Rose Dunn describes the back end of the revenue work process in “Improving Cash Flow in a Down Economy.” According to Dunn, the increase in the number of external reviews by recovery audit contractors, Medicaid auditors, and other third-party payers demands sound processes for handling potential denial situations.

HIM must attend to work processes that are essential to cash flow and be actively involved in improving overall clinical and administrative information systems and processes. To do both during this time of transition may require organizational adaptation.

## HIM Everywhere

Paper record processing and storage is essentially a static and largely centralized function. In contrast, electronic health information is all about information flow, use, and communication. In this world, information is liquid as it follows the patient throughout the care process. Its liquidity unlocks many uses by providers, patients, public health, payers, and clinical and health policy researchers.

In this world, information management must be nimble and grounded in sound practices that are enabled by standards, policy, and technology. It must be designed into systems and processes and overseen by highly skilled and valued HIM specialists or knowledge workers—you.

Interestingly, a subset of these skills will be needed by all who work in healthcare, as some aspects of information management will be part of everyone's job. Virtual, decentralized, networked, distributed, liquid, ubiquitous—however we describe it, this is a very different future and one that will take shape at an accelerating pace over the next five years as the US commits itself to completing the transition.

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