

HIM Jobs of Tomorrow: Eleven new and revised jobs illustrate the trends changing HIM and the opportunities that lie ahead

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by Chris Dimick

Tomorrow's HIM jobs are arriving today, as technology transforms how we capture, manage, and use information. Following are 11 jobs that represent evolving roles and emerging opportunities. Some are familiar roles with a new twist. Others are new roles, and some are possibilities. All are opportunities for HIM professionals to use their core competencies in new ways and move into positions that have not been thought of as career tracks for HIM.

As healthcare changes, HIM professionals change with it. Never has it been more important to stay connected to the changes and engage in continuing education. Prepare now, as a job on this list might just be your next career.

Terminology Asset Manager

If you drive from New York to California without a map, chances are you'll get lost along the way. This is also true for electronic health information terminology as it traverses the distance from physician documentation to ICD-9 code.

Kathleen Schwarz, MS, RN, is the main "mapmaker" for Kaiser Permanente's electronic terminology. As the lead terminology modeler at Kaiser, Schwarz is responsible for creating digital links, or roads, between SNOMED CT terms and the corresponding ICD-9, HCPCS, and CPT codes. The terminology asset manager is also like a translator, who connects two different terms that mean the same thing to two different users.

Schwarz's position is rare in the healthcare world, but she says the growth in EHRs and increasing use of SNOMED will soon drive a need for more terminology modelers. Though reserved for large enterprises like Kaiser today, regional healthcare systems will soon need terminology modelers to map their own systems and manage terms. These new jobs could be called terminology asset managers, and they are prime positions for HIM professionals, Schwarz says.

A terminology asset manager does what Schwarz calls "prospective coding," mapping a clinical term a physician would recognize to a corresponding coding term, such as an ICD-9 diagnosis code. The goal is to link terminology as closely as possible. "It is really about getting the display name intuitive enough for a physician and clear enough to be coded to an ICD-9 code," she says.

Building maps and managing the terminology ensures that data put into a system can be searched for quality initiatives and population health studies.

A terminology modeler will never run out of terms to map. Even when links are established, a terminology asset manager would still be needed to monitor them and ensure they are producing accurate and useable data. The role is a good fit for HIM professionals due to their knowledge of clinical terminologies, medical language, and their experience with ICD-9 codes, Schwarz says. An HIM professional wanting to move into the terminology asset manager role might study up on informatics and earn coding credentials.

PHR Guest Relations Liaisons and Consultants

If it were up to Colleen Goethals, everyone would have a personal health record. Goethals, MS, RHIA, an HIM consultant with Illinois-based Midwest Medical Records Association, has been promoting PHRs for years.

Her hope is patients will flood into their hospitals and physician offices to request copies of their patient information. If that happens, HIM departments and release of information (ROI) subcontractors will need additional staff to handle the increased requests. New future jobs for HIM professionals will be necessary as more patients seek out their medical information, Goethals says.

Full-time PHR liaisons may be hired in HIM departments and ROI companies to help patients assemble their medical records. You might call these HIM staffers PHR guest relations liaisons. They would locate, copy, and disseminate health records to patients, as well as offer advice on what type of records should be included in a PHR, Goethals says. This would be a modification of the release of information clerk position, with a close focus on PHR assembly.

HIM professionals are a natural fit for the role. "We have the skill set to understand what the most important pieces of that record are for that patient to build his or her PHR," Goethals says.

Since most facilities charge a fee for copying records, a guest relations liaison fee could be included to help pay for the new positions, she says.

Independent PHR consultants are also starting to open up shop. This new HIM job role is expected to increase as public interest grows in building a PHR, according to Goethals.

Consumers could ask PHR consultants to do the leg work in PHR assembly. The services would be most valuable to elderly and chronically ill patients who may find it difficult to assemble the record themselves, she says.

Though other healthcare workers could provide this service, Goethals feels HIM holds the complete knowledge needed for the job. This includes knowledge of different state consent and privacy laws as well as the experience to know what specific information is needed for a complete PHR.

Just when these new jobs will emerge depends on how long it takes for the majority of the public to embrace the PHR, Goethals says.

Physician Group Consultant

Every physician could use a little HIM help now and again.

A physician would greatly benefit from an HIM professional's aid in setting up an EHR system, auditing documentation practices, or determining whether the practice's coding captures full reimbursement.

Many small practices can't afford to hire a full-time HIM professional or even an HIM consultant. However, if physicians banded together to share the cost and benefits of a consultant, they could make significant improvements to their practices with less cost.

Greg Fraser, MD, MBI, is the medical director of information systems and informatics at Salem, OR-based Mid-Valley Independent Physicians Association. He believes there is a place in healthcare for a shared physician group HIM consultant. Even brief help could do wonders, he says.

Physician HIM consultants could be linked to clients through state and local medical associations and physician specialty societies, Fraser notes. The physician groups might act as the middle man, connecting physicians and HIM professionals at a low cost. These groups would dispatch the HIM professional to various practices for specified amounts of time. This way the consultant could be referred to enough practices at once to make it financially worthwhile, while the cost is minimized by spreading the bill over several physician practices.

The emergence of quality improvement initiatives that rely on the medical record and the increase in physician practices use of EHRs makes the HIM consultant role more important than ever, Fraser says.

“I’ve seen a lot of practices going through that transition, and it does create new issues and new ways of doing things that physicians are not necessarily entirely aware of,” he says.

Privacy Officer

At the flip of a switch, we connect with the world.

That is the future of healthcare in Nancy Davis’s mind. In time, a nationwide health information network and interoperable electronic records would make it simple to send medical records far and wide. But just because we can, does it mean we should?

That is a question future privacy officers will face, says Davis, MS, RHIA, director of privacy and security officer at Ministry Health in Milwaukee, WI. It is also a question that will cause a need for more privacy officers, making this an expanding role for HIM professionals.

Davis expects that privacy officers will become even more important in the new electronic age. The job will expand beyond a facility or enterprise and move into regulating networks like regional health information organizations and health record banks.

Increasingly, privacy officers will determine how to integrate external medical records into their facility’s record. Davis already faces this challenge as her facility prepares to integrate into a regional data exchange.

As more record exchanges occur, it will also be up to privacy officers to create the rules for those exchanges and ensure the information is kept confidential. User management and verification in record exchanges will become a priority for privacy officers, who will work to ensure only the right people access the right records, Davis says.

The ability to read, comprehend, and implement regulatory language will also be vital. The current complex regulatory environment is sure to change, and it is up to privacy officers to meld facility, local, state, and federal regulations into a policy that works for their facilities.

As more electronic health record systems are implemented, privacy officers will become consultants to IT on privacy and security matters that affect EHR functionality. “IT can flip that switch, and they can make it happen,” Davis says. “But someone has to be there to say, ‘Should they flip that switch?’”

Health Record Reviewer

Proponents offer health record banking as a viable model for nationwide health information exchange. A health record bank’s central repository would offer a single, simplified destination for records to be both withdrawn and deposited by patients and providers, they say.

But as with any system, health record banks will not exchange all data perfectly all the time. That is where HIM professionals could come in, according to William Yasnoff, MD, PhD, managing partner with Arlington, VA-based NHII Advisors and founder of the Health Record Banking Alliance.

Initial health record banks are still in development, but once up and running several HIM-related jobs will be likely, Yasnoff believes. Privacy officers will be needed, as will a new HIM role—what Yasnoff calls a “health record reviewer.”

When a patient receives care, new records would be deposited into his or her health record bank account. In most cases, that electronic information would be entered into the proper patient account smoothly. But as HIM professionals know well from working with their own systems, problems can occur. A submitted chest x-ray could lack key identifiers. A lab result may not meet the bank’s coding standards.

A health record reviewer would be responsible for reconciling all health information that isn’t automatically transferred into a health record bank account. The reviewer would also monitor the banking system and fix reoccurring problems, Yasnoff says. “This is the medical record integrity job—making sure all of the medical records have what they are supposed to have,” he says.

HIM professionals are best for this role due to their knowledge of resolving problems within medical records. They have an understanding of medical records integrity and consistency, data standards, and skills in coding and medical terminology.

The first health record banks will immediately need to fill the health record reviewer role. Yasnoff sees these jobs emerging in the marketplace in about two years.

“As health record banks develop, these will be some of the earliest roles that have to be filled,” Yasnoff says. “Otherwise the integrity of the information will not be protected. The value will be lost.”

HIM Director

Who will be tomorrow’s HIM directors?

Beth Liette, RHIA, is a good model. As senior director of HIM at Cincinnati Children’s Hospital Medical Center, Liette has seen the future of HIM firsthand as her facility works to update their older electronic health record systems. What Liette is experiencing now, many other HIM directors will face in the coming years as EHRs become more prevalent, she says.

As electronic systems are integrated, the HIM director must build an organizational model of how the systems flow into the record. At first, troubleshooting the EHR takes up much of the day, Liette says. “One of the dilemmas the average HIM director is going to have is that these [systems] are not going to come up overnight,” she says. “You have to have people in your management organization, as well as your staff, that you can devote to both [paper and electronic] worlds.”

An HIM director’s time will be devoted much more to working with the EHR than overseeing day-to-day operations like coding turnaround time or monitoring chart completion. Monitoring and reconciling interfaces, running electronic data integrity audits, and attending design sessions for new EHRs are some of the duties of the HIM director of tomorrow, Liette says. Extensive IT skills will not be necessary, but the ability to take part in facility-wide EHR discussions is vital, according to Liette.

Increasingly, HIM directors will be virtual managers. More department staff will be working remotely, requiring new management skills and methods.

Core HIM skills and knowledge still apply. Future roles will require “just looking at all the different components of our responsibilities in a different way,” Liette says.

Health Informaticist

Health informaticists play many roles, but their general objective is to solve electronic health information problems. They can design better ways for healthcare providers to access and manage patient records, develop telemedicine networks, or aid with patient processing and billing.

“Very simply, informatics is really about people using computers to accomplish tasks,” says Rebecca Reynolds, EdD, MHA, RHIA, associate professor and privacy coordinator at University of Tennessee Health Science Center, based in Memphis, TN.

The University of Tennessee launched its health informatics graduate program in January 2007. Their students study informatics because their current jobs as doctors, nurses, and HIM professionals are changing with the use of complex electronic systems. They need specialized skills in order to do their jobs today and in the future, Reynolds says.

Most professionals who earn graduate degrees in informatics apply that knowledge to their current healthcare profession. But the future will bring more specific health informaticist job roles into healthcare facilities, Reynolds says. These roles, which are open to HIM professionals, will focus on implementing and maintaining clinical electronic systems and their workflow. Health informaticists could also be hired to work behind the scenes, actually writing code and developing electronic clinical systems. Already some advanced facilities have roles such as director of clinical informatics or medical informatics leader.

Health informaticists will work to get the most out of a healthcare facility’s various electronic systems. They have the knowledge of how systems collect and store information, as well as how to abstract that information for quality healthcare.

Some health informaticists may only focus on infrastructure and records management. They will work on long-term record retention issues and devising permanent record storage solutions, Reynolds says.

The HIM competencies needed for an informatics role include understanding EHR systems and knowing regulatory issues, reimbursement structures, and coding. Reynolds says that a strong knowledge of clinical terminologies is required for designing systems that sort clinical documentation.

Enterprise Content and Information Manager

There are more than just health records in a healthcare facility.

Financial records, human resources documents, and scores of other nonclinical information also need proper sorting and storage. Enterprise content and information managers take on this task.

As more healthcare facilities implement electronic systems for nonclinical departments, the content manager role grows in demand. HIM professionals are perfect for this new, expanding position, according to Sandra Nunn, MA, RHIA, CHP, enterprise content and information manager at Presbyterian Healthcare Services, in Albuquerque, NM.

The content manager manages all of a facility's nonclinical paper and electronic documents. For example, Nunn's staff has begun a project to scan and index thousands of blueprints from all the renovations and building projects that have occurred over Presbyterian's 100-year history. Content managers also develop organizational taxonomies, or naming conventions, to help sort documents into facility-specific categories. Nunn has created a custom "Dewey decimal system" to track the location of content and information within the enterprise. Unstructured content also needs to be indexed, and it is up to content managers to figure out where in the system it belongs.

Having records readily available saves organizations time and money, and it protects them should an audit or other legal issue arise that requires quick access to documents, Nunn says.

Content managers don't deal with health records; that is left to HIM. An HIM professional specializes in one kind of record, Nunn says.

However, HIM professionals have skills that are aligned with content management work, Nunn notes. They are already records managers, and the new role uses the same principles. Necessary skills include a strong knowledge of legal and compliance regulations. Knowing how to build a retention schedule is a must. Ensuring data integrity is a big part of HIM, and a huge issue in content management.

People who love organizing records should apply.

"I love the [challenge of] 'Here is this huge amorphous blob of information in all parts of the organization,'" Nunn says, "'how are we going to put this in order and index it so people can get it?'"

Vice President or Director of Revenue Cycle

CFOs have begun to create roles focused on getting the most out of each financial transaction as efficiently as possible.

Revenue cycle director and vice president positions are increasingly appearing to take on this task, coordinating the efforts of admitting, HIM, and billing departments to improve the reimbursement process.

The revenue cycle is the chain of events that occurs from first contact with a patient to the final resolution of that patient's bill. The VP or director of revenue cycle oversees all of the processes and information systems that affect the cycle. The goals are to improve efficiency in that cycle, shorten the amount of time it takes to collect a bill, and increase revenue in the cycle, according to Vicky Ferguson, MPH, RHIA, executive director of regional revenue cycle operations at Mercy Health Partners—Tennessee Region, based in Knoxville, TN.

Since HIM professionals play a significant part in the revenue cycle—coding for services and prepping the bill—knowledge of HIM is a key asset for a revenue cycle VP or director, Ferguson says.

Few HIM professionals currently hold revenue cycle positions. Patient financial services directors typically progress to the role. But the opportunity is there, and it will only grow with time as more positions are created, says Ferguson, a former HIM director.

“I think it is a golden opportunity for the [hospital administration] skill set that we actually come out of school with,” she says.

The benchmarks, key indicators, and processes that revenue cycle directors and vice presidents must manage may appear intimidating, Ferguson says, but the necessary knowledge can be learned on the job.

HIM professionals have the advantage of a clinical base that allows them to talk the talk when interacting with various healthcare departments as revenue cycle directors. Understanding how IT affects day-to-day operations is another important skill.

Knowing what makes people tick and being able to respond quickly to problems are skills any prospective revenue cycle professional should work on, Ferguson says.

Networking within the healthcare facility provides a good way to move into revenue cycle. “Make relationships with other areas of the hospital,” she says. “Be on committees that are not just medical record related. Get out there and be visible.”

Health Data Analyst

Health records hold more than just information about physician visits. The data inside the record can be used to develop new treatment techniques and track population health.

Health data analysts focus on the details of a medical record, using electronic systems to pull valuable conclusions out of the data.

This month the AHIMA House of Delegates will vote on a proposal to develop a specialty health data analyst certification. Jeanne Solberg, MA, RHIA, senior program director, data administration for United Health Group, was on the task force that researched and developed the proposed credential.

Organizations are beginning to realize the value and benefit of their stored information, Solberg says, and they will begin hiring more health data analysts to help them harness that information.

Health data analysts “understand the value of data,” Solberg says. “They have the ability to take an analytical approach at looking at that data and turn it into useful information.”

Health data analysts can have a variety of job roles. Some analysts mine clinical databases and establish pathways for disease processes and procedures. Others analyze data systems and look for inconsistencies and problems; some work in quality assurance departments.

Health data analysts must be skilled in statistical software and other data-processing programs. HIM professionals know how data are structured, and they can look at the broad picture of capturing data while knowing how to drill down to details. These skills make HIM professionals great candidates for the emerging role, Solberg says.

Chief Information Officer

Clinical information systems are rolling out in hospitals all over the country. These projects have become priorities for healthcare chief information officers, who typically don’t have a clinical background.

A CIO is responsible for the technology that best meets the business needs of the organization, explains Cynthia Hyde, RHIA, CIO and assistant vice president of information services at Providence Hospital in Mobile, AL. CIOs are also involved in the evaluation and acquisition of both clinical and nonclinical technological systems that involve the flow of information in an organization.

CIOs usually come up through the IT side of a healthcare facility, but the role will open up to more HIM professionals in the future as electronic clinical systems become the focus, says Cheryl Martin, MA, RHIA, CIO of Tuomey Healthcare System in Sumter, SC.

There is room for more HIM professionals to move into the position, she says, because they know how to manage information and keep it private and secure. “There is great danger in assuming that because you are good at technology that automatically translates into being able to manage the information,” Martin says. “The technology is a tool. The managing of information is a science.”

Throughout her career, Hyde has worked in every basic HIM function, from release of information clerk to coder, she says. Her experience taught her how to manage a strict, no-frills budget and how to pay attention to fine details in operations—two skills she uses daily as CIO.

HIM professionals can bring firsthand knowledge of how systems work and can be improved, Hyde says. “We [HIM professionals] are ideally suited by the content of the education that we get and what our focus is to be chief information officers in healthcare organizations,” agrees Martin.

Aspiring CIOs require skills in written communication, particularly in writing up concise project proposals, Hyde says. Knowledge of information flow and electronic data standards is also essential. “Knowing who needs what and how it needs to get there” is important, Martin notes.

Advanced expertise in technology specifics is not necessarily a CIO requirement. They can rely on IT professionals on staff who possess advanced technical expertise. But CIOs must possess a fundamental understanding of the technology. “It is easier for HIM [professionals] to learn a lot of the technology side than it is to take a technology person and teach them the health information management side,” Martin says.

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