

Health IM and Health IT: Frequent Traveling Companions

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HIM and IT can do more than share the road, they can collaborate to improve the journey.

Healthcare systems and data responsibilities increasingly are converging and overlapping in a variety of settings. As health information managers and health information technology professionals work on applying health technology to improve patient care, their professional paths are crossing frequently.

Common journeys bring many opportunities both for individuals and organizations to join complementary skill sets to further the development and usability of new healthcare systems. This is new ground, and the opportunities are emerging case by case, a result of the particular facility, its staff, and the projects at hand.

Organization Structure and Roles

Traditionally HIM departments have reported to a CFO or COO. Several reporting trends emerging in hospitals demonstrate change in support of collaboration and teamwork. One is a reporting structure in which HIM reports to the same senior executive as health IT; yet another is the convergence of the two disciplines in a blended service department.

At Denver Health in Denver, CO, the HIM department reports to the CIO. Mary Beth Haugen, MS, RHIA, serves as director of applications and HIM. She has eight direct reports responsible for approximately 156 full-time equivalents across both HIM and IT. The convergence has been “critical to the success of Denver Health’s EHR rollout,” Haugen says. “The integration of the departments has created a synergy between HIM and IT, which allows the department to be more flexible and accommodating while improving the implementation of the EMR.”

Another example of convergence is leveraging the expertise of an HIM professional in a position to influence and affect the adoption of technology and its integration into the organization’s workflow. The position—which could be an analyst, manager, program manager, or project specialist—may report to the CIO or the HIM department, but the function is similar: to guide, coordinate, and manage projects and initiatives surrounding the electronic health record.

This role includes tasks that plan and manage technology projects directly affecting the EHR. Functions performed include upgrades and expansions to the enterprise document management system, clinical documentation implementations, and interfaces to and from the document management system.

The role works closely with HIM, health IT, legal and risk management directors, and privacy, security, and compliance officers. In some cases traditional health IT functions are managed, including health IT project scope, budget, vendor selection, and vendor relations. An important supplemental role incorporates the development of policies, standards, and best practice guidance for EHR development and use, such as maintaining integrity of legal health record definition and e-discovery considerations.

Partners HealthCare in Boston organizes health information services as a matrix management model. The integrated healthcare system was founded by Brigham and Women’s Hospital and Massachusetts General Hospital. The HIM directors at the two hospitals not only report to their respective hospital vice presidents, they are Partners information systems employees who also report to the Partners corporate HIM director.

The model allows the HIM directors to manage site-specific departments and work within their own hospital cultures to get things done, but it also supports consistency in applying health information standards across the system. At Massachusetts General Hospital, both the director of HIM and the CIO report to the same vice president. This has enabled significant

convergence to take place in advancing electronic health records and information systems while supporting the enterprise-wide protection of health information.

Roles in the Merge Lanes

Roles that support HIM convergence and partnership with information technology and systems range from trainers to project managers to data analysts.

Joint Educator or Trainer

New roles are emerging around education and training in the use of technology tools and how they fit into workflow and information management for patient care.

HIM and IT may partner to develop enterprise-wide educational and communication initiatives that deliver HIM subject matter expertise to clinicians, caregivers, and managers. These are likely when IT initiatives require changes to HIM practice or policy that affect the organization. For example, many HIM directors also serve as privacy officers at their organizations, and it is their responsibility to manage compliance and advocacy around securing personal health information.

This collaboration began with the HIPAA privacy regulations, where HIM led the way in establishing compliant programs, consulting IT for technical direction. There is opportunity for much more collaboration in privacy and security functions. When both disciplines travel together they will arrive at the same destination.

Successful EHR implementations and use require significant education and training. This presents another collaborative opportunity. Clinicians need to learn the application and its functionality. They also need to know the policies and procedures around using the systems, such as documentation content, timing of entries, and copy and paste guidelines. A team training approach that covers technology, records management, and workflow can effectively train hundreds of physicians, nurses, and a variety of other providers. This has been accomplished successfully at Partners HealthCare in Boston.

Project Manager

Project management skills that balance a strategic understanding of the end result with the ability to organize and manage the tasks and details to produce deliverables are critical in today's healthcare environment. Project management must involve both HIM and health IT representation.

Convergence or partnership is required whether managing an IT project from the health IT or the HIM perspective, since technology use without infrastructure and context support will not always be successful. Projects that incorporate both sides of the equation have a better chance of successful execution

Workflow Analyst for Clinical Systems

Cynthia Thompson, MS, RHIA, works in the information systems department at Hartford Hospital in Hartford, CT. She says her many years of HIM experience and her teaching background culminated in the "perfect position" as a consulting analyst on the EHR team in the large teaching hospital.

"Over the past nine years I have been involved in all phases of the design, implementation, and support of the transition from the paper medical record to the electronic health record," Thompson says. She works with a diverse team of IT, nursing, pharmacy, and other specialties. Recently, her focus has narrowed considerably to assessing the impact of the EHR on the medical staff.

"Much of what I do currently is analyzing the physician workflow, assisting them in the conceptual vision of what the EHR will ultimately look like, serving as both a liaison and interpreter to the design team," Thompson says. She is also responsible for all clinical system physician training. She has created somewhat of a unique niche, she notes, but it is one she believes can easily be emulated in other healthcare settings.

New Security Roles

Whether an organization's privacy and security officer roles are filled by one person or two may depend upon organizational size, culture, and the current state of collaboration between the HIM and IT departments. Privacy officers typically have an HIM background; security officers are usually IT professionals. In this situation, each officer is able to focus on his or her own area of expertise and create robust programs. However, optimally they communicate and collaborate to ensure that their programs complement one another.

In other facilities an HIM professional serves in both roles. At the UAB Huntsville Regional Medical Center, Jennifer Childress was asked to expand her privacy officer duties to incorporate the role of security officer. When her facility decided to implement an EHR, she recognized the need for technical expertise for security management and made sure that IT was on board. Even two years post-implementation, Childress, RHIT, continues to work closely with the IT director concerning security issues. By combining her own knowledge of business processes with the information provided by IT, Childress offers her organization a "big picture" of privacy and security and create an integrated program for awareness training.

In a standard security policy, the data owner determines access to the data. HIM professionals, traditionally the custodians of the data stored within electronic record systems, are a natural fit in this role. Some facilities have placed technically oriented HIM professionals in system analyst or system administrator roles.

At St. Luke's Hospital in Chesterfield, MO, Jennifer Melvin, RHIA, is an HIM professional with an educational background in management information systems. She serves as the front-end system administrator for her organization's EHR system. The HIM department determines which organizational roles may access which document types by following guidelines based upon the HIPAA minimum necessary requirement. Taking an active role in the access control process allows HIM to fully understand the ways in which the information is used by their customers and to adapt as appropriate to dynamic business requirements.

HIM professionals are also taking on roles as facilitators when their organizations experience a security breach. Their background can offer valuable direction to others on the response team, including health IT. At Massachusetts General Hospital in Boston, Mark Haas, MBA, manager of health information services, has this role. He leads the organization in deterring and mitigating medical identity theft through the data integrity committee, a hospital-wide, multidisciplinary group that reviews all events and the impact on the master patient index. The committee actively identifies and promotes policies and procedures, such as the possible use of biometrics as a security measure.

EHR Program Manager

Two new roles are emerging as more organizations implement EHR systems. EHR program managers and system integration architects are excellent examples of positions held by HIM professionals that tend to be part of the IT department. Although the titles are different, these two roles take on many of the same challenges.

Marie Gardenier, RHIA, CHPS, is the enterprise EHR program manager at Albert Einstein Healthcare Network in Philadelphia, PA. She works with staff from virtually all corners of the organization and at many levels, developing strategic plans and policies with an oversight committee while working with project teams on individual EHR projects and IT management on functional EHR criteria.

Gardenier sees her role as a guide, teacher, and coach. "My job is primarily to help organize and guide my organization's journey toward a viable paperless (or 'paper-lite') patient record environment. Along the way, I'm helping my administrators, clinicians, and technicians pave new trails while trying to preserve the historic principles key to assuring that our records continue to meet all that is demanded of them as we transform their construction, format, and media."

Gardenier believes this type of leadership role is well suited to HIM professionals, who have had experience working with patient records over time. "Experienced HIMers should have a multifaceted perspective unlike anyone else on what makes a sound, viable patient record, regardless of the media," she says. "If we have the interest and aptitude, we can use this role to share that knowledge with others and help influence the first generation of electronic patient record systems that are under construction in many provider organizations."

Kathy Westhafer, RHIA, CHPS, is another HIM professional in the program manager role. Westhafer has spent most of her career in HIM management positions, most recently being the corporate director for HIM at Christiana Care in Delaware.

Three years ago, the CIO approached Westhafer about a new “program manager” position being created in IT. At the time, there were two other program managers at the organization—one for patient safety and one for patient access. The position for clinical information access would provide the organization with an overall HIM view into EHRs that were in the implementation phase.

The role was created so that the person guiding the EHR implementations did not have day-to-day responsibilities for running a department, Westhafer explains. “At the time, I really wanted to do both,” she says, “but I now see the wisdom. This role really needs focus and attention and couldn’t be effective, at least in this organization, if attention to putting out daily fires was also part of the job.”

Westhafer is involved in all aspects of projects, from system selection to implementation and follow-up on issues related to record integrity. Often this involves helping translate sound record-keeping practices into the electronic world. She works with all levels within the organization, from the C-suite to physician leadership to project team members. She has also been keeping her eye on the EHR and personal health record landscapes and “making sure that as we make our strategic decisions, we know what is coming down the pike in terms of industry trends and regulations, not just technology.”

As organizations strive to become more wired, HIM professionals are uniquely positioned to take on leadership roles, Westhafer says, “really pulling together the domains in which we’ve always practiced.”

Data Management and Analytics

A quickly growing domain where HIM and health IT converge concerns the use and maintenance of data. Linda Hyde, RHIA, represents a good example of health information converging in the area of sophisticated data management with IT solutions.

As director of research operations for the clinical research services group at Cardinal Health, Hyde works very closely with the engineering and information technology group. Her group supports the analytic reporting and risk models that form an integral part of Cardinal’s products and services, and it performs outcomes research projects for internal and external customers.

“In the first instance we need to ensure that our software can collect and merge data from disparate sources in a hospital—such as billing, laboratory, and pharmacy—and ensure that the data is complete and consistent for analysis,” Hyde says. “We also provide tools and techniques for our clients to analyze their data as well as data for external comparisons.”

For analytic projects, Hyde is very involved in the development and maintenance of the organization’s data warehouse and research marts. “Structure and organization of the database, application of data quality checks for consistency, and completeness of the data are critical to our ability to easily extract specific patient populations and the appropriate data needed for our studies,” she says.

Few Forks in the Road Ahead

Health information management no longer happens “just in the record room.” Increasingly HIM professionals partner with other departments and disciplines to bring HIM principles to new information management and business processes.

These changes are raising opportunities for HIM and health IT professionals to collaborate and converge. The two professions can learn from one another and enrich information systems to improve patient care and make the healthcare delivery system more effective.

Rather than following forks in the road that take the HIM profession in a different direction, it is imperative that the HIM profession stay connected and vital as traveling companions finding the way to better healthcare.

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