

Mind the Gap: HIM Rushes to Bridge Educational and Professional Gaps Caused by a Quickly Advancing Industry

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By Mary Butler

American high school students approaching their senior year have good reason to envy their European counterparts who enjoy the more common experience of a “gap year” between high school and college.

A gap year, at least in Europe, is a socially accepted opportunity to work, travel—or both—for the year after high school and before entering college. The American Gap Association defines a gap year as “a structured period of time when students take a break from formal education to increase self-awareness, challenge comfort zones, and experiment with possible careers. Typically these are achieved by a combination of traveling, volunteering, interning, or working.”

Health information management (HIM) professionals—students, current practitioners, and HIM educators—are finding themselves increasingly in need of a gap year. The notion that they should refresh their skills through additional education, volunteering, or internships is no longer just a suggestion—it’s a given in order to keep up with other medical disciplines, such as nursing, physical therapy, and others that are already accustomed to continual retraining.

Just as incoming college freshman are assessing whether they have the necessary hands-on experience with life and work to optimize their college years, HIM professionals are doing the same when it comes to the future of their careers—and if they aren’t, they should be, say HIM educators.

A widening gap between the HIM education and skills of old (paper-based) and new (electronic-based) has led to a recent dramatic update to the HIM curricula and a call by HIM leaders that even seasoned professionals must build a bridge between their current HIM skills and those needed in the future if the profession wants to prosper—and not plunge into the void.

Ryan Sandefer, MA, CPHIT, assistant professor and HIM department chair at the College of St. Scholastica, and a member of the AHIMA Foundation’s Council for Excellence in Education (CEE), says that even though any technology or information-related industry will have skill gaps in their workforce, it’s becoming more prominent in healthcare because of the very rapid advancement of health IT.

“I would argue that the amount of change that’s happened in health IT (HIT) in the last five years has really transformed the way we do our work,” Sandefer says. “It’s always changing. And it’s even more pronounced in this profession.

“The [‘meaningful use’] EHR Incentive Program has catapulted the entire industry forward from one-fifth of the hospitals being electronic to over 90 percent in less than five years. That can really change the game.”

The question now is: How does the industry bridge that gap? The CEE has done a new study to determine which HIM domains (or areas of expertise) need the most work. They’ve even created a self-assessment that HIM professionals and educators can use to take stock of their own skills—and determine what they don’t know.

Forward-thinking HIM professionals have already started to do this to keep pace with the change and ensure career longevity. One example of this is AHIMA’s Director of Practice Excellence Julie Dooling, who progressed from her RHIT to RHIA in 2013 and will graduate with her master’s in informatics this year—all done to keep up with the advancing industry.

Additionally, part and parcel with the changing industry is the evolution over where HIM professionals work within a healthcare organization. HIM professionals are handling much more than medical records now, and need the data-oriented skills to back it up, though many organizations are still struggling to make the formal and progressive “HIM department” label stick.

Narrowing the Skills Gap

A number of years ago the CEE started work on what is now Reality 2016, a proposed plan for future HIM education and workforce development. Reality 2016 is an effort to transition HIM to a graduate-level profession and realign HIM curriculum with workforce needs. It also developed a set of curricular competencies for the associate, baccalaureate, and graduate degree levels, CEE members explained in the November-December 2014 issue of the *Journal of AHIMA*.¹

To help jump start the work Reality 2016 has embarked on, Sandefer and fellow CEE member Ellen Shakespeare Karl, MBA, RHIA, CHDA, FAHIMA, academic director of the HIM program at City University of New York (CUNY), teamed up to conduct a study of their own. They sought to find out what skills gaps the HIM and HIT workforce has with relation to the new competencies outlined in Reality 2016.

Although the complete findings of Karl and Sandefer's study will be published in the March issue of the *Journal of AHIMA*, Sandefer noted that preliminary results show many skills gaps between professionals and emerging competencies that are deemed required in the field both today and the near future. A skills gap was also found in HIM instructors, and both educators and professionals need to address these gaps as soon as possible, Sandefer notes.

Sandefer and Karl sent out their survey to 8,000 AHIMA members, including those with entry-level experience, associate's degrees, baccalaureate degrees, and master's degrees. They had approximately a 10 percent response rate.

There were many areas where respondents had significant skill and educational gaps, though Karl found none of them to be too surprising, she says. Two areas that HIM professionals need to work on is public health informatics and enterprise information management (EIM), Karl says. She notes that at the associate degree level there is an educational gap when it comes to "being able to apply knowledge of database architecture and design."

"There's a skill gap between professionals and emerging competencies that are deemed required in the field now and the future. That's also reflected in faculty," Sandefer says. "So you have this skills gap not only amongst professionals but among faculty to address."

Sandefer notes that he and Karl found in their survey a relationship between experience level and competence in many domains. There are some domains where less education is associated with higher perceived competence, particularly in areas related to coding. Additionally, there seems to be a relationship between education level and an individual's perception of how strongly they feel that they can complete different tasks.

"So, for example, one of the things that's been talked about a lot lately is data analytics, right? You're looking at information governance or data governance, information for a variety of purposes. You want to get the value out of that asset, and analytics is how you do that," Sandefer says. "So there's a clear relationship between education level and perceived competence. And there's also a relationship between the number of years practicing and competence as well."

This won't come as a surprise to many, but in discussions about the kinds of skills HIM professionals will need in the future, the most frequent refrain, Karl says, is "data, data, data." Whether it's pulling data, cleaning data up, analyzing data, storing it, or sharing it, experience with data is going to be a cornerstone for practitioners and students. If HIM professionals don't have a solid grasp of data and how to use it, Karl warns that statisticians or bio-informaticians could poach HIM jobs in those areas.

Kayce Dover, MSHI, RHIA, president and CEO of HIM Connections, a firm specializing in HIM recruiting and staffing, says that the best way to bridge the skills gap is to get new graduates working. She acknowledges that the paradox of organizations looking for entry-level employees with hands-on experience is a frustrating and tricky matter. Apprenticeships can be one way around this. When her firm surveyed hospitals about on-site training and apprenticeship programs, they found that 52 percent indicated they have implemented, or considered implementing, an apprenticeship program for entry-level candidates.

Dover also strongly recommends that employers commit to providing training across the spectrum of HIM workers. "As traditional HIM positions continue to change, updating the skills of employees will be extremely important," Dover says. "Employers must be committed to helping team members develop these new skills. The benefits of these programs are far greater than simply helping your team be more productive."

Name Game: Medical Records or Health Information Management?

Because the HIM industry is changing so quickly, some HIM departments are facing an identity crisis of sorts with regard to how to refer to themselves. Even though departments are becoming decentralized, they're still doing battle with administrators, staff, and the public over whether they're called "health information management departments" or the more outdated "medical records" department.

For organizations who want to take a grassroots approach to getting the HIM name to stick, HealthPort's Smith says it should start from within. Even if your signage indicates "medical records," HIM employees should always refer to themselves as HIM.

"I think it starts internally. When people call, they'll say 'I'm looking for medical records,' so it's kind of putting on that hat and teaching the public as well, and people don't want to take that extra time," Smith says. "And then also getting your volunteers and your registration desk, anyone who's asking for medical records, have them say 'It's called HIM now.'"

She notes that hospitals can also help by handing out brochures, though you run the risk of brochures making their way to the waste bin. Catherine Valyi, HealthPort's vice president of marketing, says a key is changing how the patient population thinks. But this is easier said than done. "The funny thing is, a couple hospitals I visited had put the signs up and had to take them down and change them because people were too confused. When you ask the front desk, they won't know HIM," Valyi says.

Changing the terminology is like going on a diet, Smith says. "So if you start a diet and want just one M&M, it's a cheat, and you're only going to go back in. I think if we're going to allow medical records to be in the name, I think we'll revert," Smith says. "It's truly calling it HIM and using it as an educational proposition as well."

The Rise of Data Analysts and Project Managers

According to Sandefer, there's little doubt that the role of "data analyst" is going to be a big one for HIM, especially as concepts such as information governance and enterprise information management become more prevalent.

Respondents to Sandefer and Karl's survey self-reported that data analytics was a skill they needed improvement on, according to Karl. She says that she's seen evidence of this even outside the context of the survey. Last year, CUNY received grant funding to produce a series of six free continuing education webinars for HIM professionals, which Karl helped facilitate. They were aimed at improving data analysis and database architecture skills using Excel and Pivot. Karl says she was shocked that attendance for the webinars included 800 people. It's evidence, she says, that HIM students and practitioners are recognizing the importance of analyzing data.

"I think data analytics and the experience that one has in utilizing data, and how to manipulate it and use it, is just so important," Karl says.

Sandefer says that the curriculum he helps facilitate at St. Scholastica has been adding courses in data analytics and related subdomains to prepare students for the data-heavy world they'll be graduating into.

"Students in our program now get experience in statistics, database programming, including simple programming, computer programming, Java, and then health statistics," Sandefer says. "Their experience and exposure to very sophisticated techniques of looking at data has increased considerably over the last decade than people who graduated before them."

Alisha Smith, RHIA, a HIM educator for HealthPort, says she would love to see more educators and HIM practitioners pushing for data analytics credentials and educational programs.

"I think there's a gap there in people understanding truly what the data analytic portion is and who's doing it," Smith says. "... It's important because of patient outcomes. A lot of insurance companies have been using analytics for quite some time, and

claims data.”

Smith says that her first job out of college was a data mining position where she worked with biostatisticians. She spent a lot of time teaching them about healthcare and coding, whereas someone with a credential like AHIMA’s Certified Health Data Analyst (CHDA) is more equipped for that kind of role.

“I think we need to start prepping our students more in school [for data analytics]. I didn’t have huge training in school in regards to data analytics. And the interesting thing is that they did teach you a little about it, but they don’t teach you how to use the software when you get out,” Smith says of statistical programs such as SAS. “It’s very complex, complicated, and we’re not teaching our associates how to use it. In order to obtain these roles they’ve got to get this experience before they can get the job.”

The discipline of project management is also listed alongside data analysis in the results of Sandefer and Karl’s study as a competency many HIM professionals need to develop. Karl says project management is an essential part of putting information governance and enterprise information management programs in place—a role that will continue to redefine HIM professionals in the coming months. “I personally have been pushing the topics of project management and knowledge about databases for our members for a long time,” Karl says. “When I came to CUNY, I had those two courses as electives when I got here and I pushed them into requirements in the curriculum. Everything is a project nowadays.”

According to Patti Serson, RHIT, PMP, project manager, information services, at Central Maine Healthcare, the same people who are drawn to HIM have the skill sets that make them good at project management. She says attributes such as attention to detail, organization, and an ability to multitask serve HIM and project management well. Serson sought her Project Management Professional (PMP) certification to help advance her career—she was a HIM director when she earned the credential—and describes herself as having “fallen” into the project management domain. “I realized it was my calling,” Serson says.

The PMP certification requires 40 to 50 hours of intensive classroom training as well as a pre-determined combination of years spent in project management roles and two- to four-year degree programs. “Take everything you’re doing on your day-to-day basis, from running a department, or bringing up a new program, or redesigning your office layout, and you use all those sorts of tools that a project manager uses,” says Serson. “You’ve been doing it without knowing that you’re doing it, and there are tools that can help you do it better.”

She adds that having the PMP demonstrates to colleagues and employers that she has the expertise in how to run a project or program. “Right now I’m the project manager for [the conversion to] ICD-10, meaningful use, and clinical documentation improvement, all those big things that are going on in the industry today,” Serson says.

HIM Without Walls

Sandefer confirms a trend that many industry professionals are seeing—the decentralization of HIM departments within hospitals and integrated healthcare systems. Due to technology demands, HIM professionals can be found in IT, quality, billing, revenue cycle, compliance, coding and CDI departments, and many others. With no physical record to maintain, HIM professionals are no longer bound to the records room.

Another emerging area for HIM is informatics—which also happens to be one of AHIMA’s strategic pillars. Andra Marino, RHIA, is a clinical informaticist in the health information department at Rady Children’s Hospital in San Diego, CA, where she’s worked for more than 23 years. She started her career as an assistant HIM director but came to work as an informaticist through her extensive experience in helping hospitals implement computer systems.

She says that while she fell into informatics, she also chose to stay in it rather than pursue more traditional HIM jobs. “I enjoyed it much more. It’s much more challenging, stimulating, and interesting. And I knew that was one way that things were going. That’s why I picked this route, instead of the leadership route,” Marino says.

Even though Marino didn’t pursue informatics at the outset of her career, she’s certain that informatics is a domain with which up and coming HIM professionals should be extremely familiar—even if it’s not called informatics. Sandefer and Karl’s survey confirmed this with its finding that HIM practitioners are lacking in skills related to public health informatics. Healthcare

organizations increasingly are being pushed to track patient information to help optimize patient outcomes, comply with accountable care organization regulations, and trend patients across multiple care settings, Sandefer says. It's the discipline of healthcare informatics that helps accomplish these activities.

"It's about understanding the language, having the skill set to be able to work professionally with programmers, health informatics professionals, your administration, and to present your information visually," Sandefer says. HIM professionals need to be able to interpret data and convey the results in any healthcare environment. "Informatics leads to data analysis, but I think [also] anything that has to do with systems. Understanding the systems side of health information and data integrity" is going to be a necessary skill, Marino says.

As an informaticist, Marino has her hand in a lot of HIM projects, analyzing systems data for DRGs and reimbursement, as well as conducting gap analyses in preparation for ICD-10. The quickly changing nature of Marino's job in the last several years is indicative of trends that Sandefer and Karl have seen in their research, as well as industry observations in general.

"HIM is changing," Sandefer says. "It's becoming more decentralized, but it's becoming more important as a point of contact and liaison to many different organizations," he continued, noting that HIM professionals need to grasp the many ways patient information is being collected and managed.

Ways to Fill the Gap

Karl acknowledges that there is a long period of downtime between now and the new curriculum's implementation deadline of 2017, mostly because the internal processes for making the changes at colleges and universities are time-consuming.

"Here at my school, we're in the process of evaluating where we stand and creating a crosswalk from our old to our new so we include everything for the new curriculum," Karl says.

There also exists the very real possibility that students graduating today and in the future will have more advanced skills than their own supervisors when they land their first HIM jobs. That's why Karl says the CEE is encouraging AHIMA's House of Delegates to think carefully about their offerings for continuing education, "because we feel like there are topics that the practitioner working in the field now may need to bump up their expertise on," Karl says.

Going forward, Karl explains, practitioners need to be recertified on the same domains the students will be learning in the classroom. "The hope is that they'll realize, 'Oh gosh, I need to get experience or find a course about database architecture and design so I can meet that domain.' It's not going to be that specific, but we're at least going to be aligning the domains for recertification with the domains the students are learning," Karl says, noting that practitioners can't ignore the fact that there's a danger in not updating their skills.

AHIMA has also offered to help individuals transition. Lou Ann Wiedemann, MS, RHIA, CDIP, CHDA, CPEHR, FAHIMA, AHIMA's vice president of HIM practice excellence, suggests HIM professionals read the *Journal of AHIMA* to stay abreast of "up-and-coming topics," reference the HIM Body of Knowledge for educational resources on various emerging topics, and attend upcoming AHIMA webinars on vital topics like leadership, information governance, informatics, and privacy and security. Gaining an advanced degree or credential, like the RHIA or a master's degree, as Dooling did, is also recommended, Wiedemann says.

Sandefer says healthcare organizations would be wise to develop a formal strategy for educating existing HIM practitioners to keep their skills current with those of new students. He was recently involved with a study that looked at how rural organizations trained employees on analytics.

"Overwhelmingly organizations said they try and train their own and hire from within," Sandefer says, because it's so difficult to recruit people with these skills in rural communities.

When organizations train their own, they're also more likely to retain those individuals. "There's a lot of willingness amongst employees to seek both formal and informal education to enhance their skill sets," Sandefer says. "So yes, I do think organizations should have a strategy for doing that."

Video Extra

Mentor Match Program

<http://journal.ahima.org>

AHIMA's Mentor Match program has become a great way for HIM students to learn from established HIM professionals, and vice versa.

Note

[1] Sandefer, Ryan H. et al. "[Keeping Current in the Electronic Era: Data Age Transforming HIM's Mandatory Workforce Competencies](#)." *Journal of AHIMA* 85, no. 11 (November–December 2014): 38-44.

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