

New Roles, New Responsibilities

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by Marion J. Ball, EdD

As healthcare changes, HIM professionals must act as individuals to keep pace with the transformation. Educational changes in HIM curricula are evolving, but HIM professionals must take responsibility for their education to take advantage of opportunities presented by new information technologies.

For the past decade, membership in our community of healthcare professionals has required nothing so much as an adaptable spirit. Every practitioner has been touched in some way by the industry's revolutionary changes: the shift to managed care, the profession's new interdisciplinary focus, and the emergence of new technologies like the CPR, which will transform healthcare in the next century.

As the healthcare industry has redefined itself, the HIM profession has undergone its own metamorphosis. Much has changed since the 1970s, the era of medical records administrators (MRAs) and technicians (MRTs) whose duties were tightly focused. As the advent of the computerized patient record and other revolutionary technologies was still decades away, these professionals spent much of the day in one place, and extensive interaction with other types of healthcare practitioners was unnecessary.

By the 1990s, when enabling technologies demonstrated the importance of the emerging computerized patient record, these practitioners became known as health information management (HIM) professionals. More than an elegant name change, this transformation signified a dramatic shift in status—a leap from the basement to the boardroom. In today's interdisciplinary, technology-driven healthcare environment, HIM professionals are called upon to be crucial members of the care delivery team—the equals of nurses, the right hands of physicians, and the skilled helpmates of all healthcare practitioners.

With this new title and vocation, though, comes considerable responsibility. To keep pace with change and fulfill their duties as information managers, HIM professionals need to widen their focus and broaden their horizons. Embracing creative new information systems will enable them to do just that. Just as information technology (IT) transformed the patient record from static and paper-based to electronic and mobile, it will also transform HIM, if its professionals are willing to embrace the necessary changes.

This task will not be easy. Now that HIM professionals are called to be advocates of technology and "stewards of [an] organization's health information assets,"¹ much will have to change. They must be educated and trained differently, and existing HIM staff must take a different approach to their positions.

Education

Transformation of the HIM profession must start in schools. A report of AHIMA's Assembly on Education (AOE) notes that graduates of today's HIM programs must be "innovative and adaptable critical thinkers and problem solvers who are capable of using available services and technologies to support the operations, management, and decision making within an enterprise."² To fulfill this goal, some academic programs will have to be drastically rethought, while others may require only minor restructuring or expansion.

Since 1994, the AOE has been developing curriculum models for HIM education. These curricula are designed to "meet the needs of a continuously changing environment while requiring a rigorous course of study to prepare graduates for diversified practice in the healthcare industry."³ More specifically, graduates of these new programs must:

- become self-directed learners
- strengthen leadership and communication skills

- commit to lifelong learning
- apply information technology to diverse practice environments
- collaborate with others
- contribute to generation of new knowledge

First Consulting Group's Bernard Mims, MS, RRA, a 1992 graduate of the University of Alabama at Birmingham's progressive master of science program in health informatics, stresses the importance of knowing the basics first, since many of the HIM professionals he encountered in his three years in medical records had little understanding of computers. Next should be essential database management tools like data warehousing, mining, and modeling.

This is not to say that the next generation of HIM practitioners must be IT professionals in disguise. "You don't have to know how to program," Mims emphasizes. "You do have to understand the technology and know how to converse about it intelligently."

Course Content

The basic tools Mims identifies are essential, no matter what degree a candidate is targeting. However, specific requirements for graduate and undergraduate degrees of the future will differ in focus and scope.

Undergraduate Degree

Curricula for HIM undergraduates will have a two-part focus—one, the design and analysis of information systems, and two, the management of information resources. The goal, detailed in an AOE paper on the proposed curricula, is a "synthesis of curricular content drawn from general education, organizational behavior, principles of management, and information systems and technologies."⁴ Students of a successful undergraduate program will graduate with not only knowledge but vital professional attributes such as self-motivation and strong leadership skills.

Master's Degree

As noted in recent AOE research,⁵ the master's degree curriculum will assume that the student possesses a core set of skills and knowledge about the creation and interpretation of healthcare information. The master's program will take those skills one step further, focusing less on generating healthcare information and more on evaluating and applying processes for managing and analyzing that information.

Intense and rigorous, the master's degree curriculum will also demand a higher level of competency from its graduates. Students will be expected to do more than comprehend and apply basic concepts. Skilled use is the objective here, and the AOE cites problem analysis, synthesis, and evaluation as three key areas in which graduates must demonstrate proficiency. The master's curriculum will also place special emphasis on innovation and discovery, combining ideas from diverse knowledge systems and moving beyond generalization when approaching familiar problems.⁶

Content Areas

Despite the differences in focus, the curricula for undergraduate and graduate degrees share basic content areas. Among these are the biomedical sciences, information technology, healthcare delivery systems, health data content and structure, healthcare statistics and data literacy, clinical quality assessment, reimbursement methodologies, and legal and ethical issues. These areas serve as the foundation to all academic levels. Differences in scope and depth, however, appear among associate, baccalaureate and master's-level educational curricula. For example, students in a master's program should graduate with the skills and knowledge associated with the following areas identified in the AOE's research:⁷

- information technology—including data architecture and communications, database management, and user/interface design
- healthcare delivery systems—healthcare policy analysis and development
- organization and management—strategic management and planning, systems theory, data administration, and leadership skills
- quantitative methods and research—advanced statistics and research methods, evaluation methodologies

- healthcare information requirements and standards—technology and data standards
- healthcare information systems—computer-based patient records, decision analysis and support, knowledge management, and artificial intelligence applications
- healthcare data content and structures—standardized clinical terminology and coding, medical linguistics, and natural language processing
- biomedical research support—data mining, advanced data analysis and presentation techniques
- clinical quality assessment—resource management, risk management, and performance improvement standards

Course Structure

If new HIM courses are to produce a generation of self-motivated leaders and critical thinkers, their structure must depart from traditional models. Teachers should lead this revolution, rejecting the role of omniscient "knowledge dispenser" and moving toward a problem-based approach to learning. This new model would place far less emphasis on lecturing; instead, class time would be spent on interactive simulations, case studies, oral presentations, and lively debate.

Students would also benefit from moving outside a traditional classroom and into a setting that would test their skills and prepare them for their future responsibilities. This could mean spending class time in a state-of-the-art computer laboratory to practice coding, designing, analyzing, retrieving, and presenting healthcare data. It could also mean working with a practitioner who would help students think through actual problems in a hospital setting. Accordingly, tests should measure the student's ability to think critically and solve problems. If a student is experiencing difficulty in a particular area, he or she should be able to confer with a faculty member and identify creative, personalized strategies for improvement.⁸

Changes in Existing Operations

Transforming education will ensure that the next generation of HIM professionals is armed for the future. However, focusing solely on the next generation ignores a simple but crucial fact: HIM needs skilled professionals today, and those whose education has neglected information technology must take the initiative to fill in the gaps. Fortunately, there is much a determined, self-motivated HIM professional can do, whether it's learning new skills through workshops or applying existing skills to new problems.

Extra Training

The constant and enormous change in information technology and management means that each HIM professional must commit to lifelong learning, according to AHIMA vice president of education and certification Merida Johns, PhD, RRA. "There is no 'quick fix' or one-stop shopping for education in a knowledge-driven society," she says. "Essential skills and knowledge will have to be gained through multidisciplinary and integrated studies."

HIM staff can supplement their education and inform themselves of changes in information management and technology in several ways. Of course, the first responsibility of any HIM professional who is still uncomfortable with basic technologies is to take the time to overcome that obstacle. Enrolling in courses and workshops is a simple way to do this. Many organizations and community colleges offer night courses that cover crucial computer applications, ones that will save both the individual and the organization time, money, and frustration.

For those comfortable with basic technologies, attending conventions is a way to take knowledge further and share information with other HIM professionals. One example is AHIMA's annual National Convention, which offers opportunities to discuss growth areas and trends in HIM, including consulting, education, product development, and software installation. Besides sharing and generating new ideas, staff who attend conventions will accomplish a professional goal set forth by authors Jay Liebowitz and Lyle Wilcox, who suggest that success in today's marketplace may rest on "a more comprehensive understanding of the world in which one works."⁹

Though unresolved issues of reliability dictate care and caution, Internet self-education is also worth pursuing. The popularity of the Internet shows no signs of waning, and HIM professionals owe it to themselves and their organizations to familiarize themselves with this valuable source of quick information. Through "push" technology, the Internet can even deliver customized daily updates to any PC.

As HIM professionals develop these self-study methods, Johns suggests they think of their interdisciplinary skills and knowledge as a "learning portfolio" of studies that work together to impact information management. She notes that information technology, information engineering, management science, decision analysis, cognitive science, sociology, political science, and psychology all "contribute to understanding and developing our healthcare system, and subsequently, how we 'care for' and maintain health information."

An Active Commitment to Technology

Certainly, HIM professionals must possess broad knowledge about existing information technologies; Johns defines this as a "fundamental understanding about computer, information, and organizational architectures that form an 'information system.'" As Mims and the AOE have suggested, the most important tools include the Internet, basic desktop applications, and data management technology (modeling, mining, and warehousing). Just as important, however, is a firm commitment to anticipating and analyzing future solutions. "We must hone visionary and proactive skills as we constantly scan the horizons, watching for new information technology that will have an impact on HIM," AHIMA HIM practice manager Harry Rhodes, MBA, RRA, has noted.¹⁰ Commitment and action must go hand in hand here; unless HIM professionals make an effort to read about, evaluate, and advocate valuable new applications, a professed "proactive" stance means nothing.

While HIM staff must understand existing technologies and advocate new ones, they must also possess a substantial understanding of what Johns calls the "soft" areas associated with information management: leadership, change management, decision making, problem solving, and effective communication. Recommended areas of focus for the new curricula, these skills should also be a part of every current HIM professional's learning portfolio.

Collaborations with Other Healthcare Professionals

Today's HIM professionals must be willing to work as members of a team of equals, since they, as information managers, have much to contribute. "The HIM professional is well equipped to address issues related to data reliability and validity, as well as educating the healthcare delivery team in other issues related to the potential for multiple uses of the data collected in the course of care delivery," one author notes.¹¹

Besides taking their places as team members, HIM professionals also must know when to "take a leadership role in championing information exchange and sharing."¹² For example, they may initiate fruitful collaborations with:

- *policy makers*—HIM practitioners cannot feel comfortable leaving this vital issue to others; rather, they must "apply experience, training, and expertise to the development of policies and procedures" that will ensure successful and responsible use of information technology.¹³
- *physicians*—HIM professionals must feel comfortable sharing their expertise with physicians. For example, if an HIM professional showed a physician how to perform his or her own order entry, a nurse would have one less task to complete, the process would be finished more quickly, and the number of errors would possibly be reduced.
- *IT professionals*—as we move into the next century, there will be new opportunities for HIM professionals to contribute to the electronic medical record, "particularly in the area of data set and clinical vocabulary standardization."¹⁴
- *nurses*—HIM professionals can dispense valuable advice in areas like computer-based record system selection and multidisciplinary documentation and classification. One expert notes that "most practicing nurses are not aware that classification systems exist (except for NANDA) for nursing, nor are they aware of the multiple benefits of such systems."¹⁵

At first, HIM professionals may find it difficult to navigate unfamiliar new relationships with other healthcare practitioners. But, as Mims points out, "walls between people are also barriers to information sharing." In the next century, the smooth flow of information through an enterprise will depend on listening to each other, breaking down boundaries, and applying the diverse skills of each team member to complex problems.

Facing Inevitable Change

The changes our industry has endured over the past decade may seem overwhelming, but they are only natural. We must remind ourselves that healthcare in general (and HIM in particular) was due for this sort of seismic shift. Industries such as

banking and air travel have already endured upheaval and redesign and realized how essential change is to survival. Now it is healthcare's turn, and the outcome will be worth the headaches.

However, as the collective known as "healthcare" changes, HIM professionals must act as individuals to keep pace with the transformation. "No one will hold your hand and walk you through change," Mims says. Until HIM curricula match the models set forth by the AOE—and indeed, even after such curricula are implemented—HIM professionals must take responsibility for their education, reading online material, attending workshops and conventions, networking with other healthcare professionals, and advocating educational reform and new information technologies. Those who do none of this will risk being replaced in the next millennium. Those who do all of this will truly earn the mantle of "health information manager."

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