

Practice Toolkit: College HIM

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by Beth Hjort, RHIA, CHPS

Sheila Zweifel, RHIT, has worked in college HIM for more than 25 years. “I love my job. It’s the variety,” Zweifel says of college HIM. However, she remembers a time, years ago, when few credentialed HIM professionals chose that career path. “Networking was difficult in those days,” she recalls. Zweifel’s career progress and knowledge growth have paralleled the development of the college HIM niche. If you are a new HIM graduate or thinking about a career shift, you might want to consider college HIM.

Most college health centers seek HIM professionals to manage their HIM departments. Some credentialed staff progress to associate or assistant director positions in health services. College health clinics are like free-standing HMOs. The disease epidemics of the early 1900s were the impetus for creating college health centers nationwide. It was from these epidemics that the need to protect campus health and supervise the care of students became apparent.

Zweifel’s health center at the University of Wisconsin (UW) in Madison was officially established in 1910 and is referenced in most books as being the third in the nation. UW’s student health center sees more than 500 patients a day.

In addition to traditional HIM functions, Zweifel’s position includes responsibilities for privacy, quality management, compliance and risk management, accreditation coordination, and appointment scheduling.

As for electronic health records, “We’re at the table,” she says about planning. Though paper based, UW is migrating along with the rest of the nation. “Most HIM managers are working closely and collaboratively with other key players to make it legal and operationally useful.” Specialty information system vendors have emerged to create software fit for college health nuances.

The Familiar and the Unique

All college health centers are different, offering varying levels of service and types of providers. University size has a significant impact on the way centers are structured and how they are paid. Small centers offer general care, often transferring patients to specialty clinics for more complex care. Larger centers may offer a broader range of primary care and specialty services.

Zweifel notes, “Pressing healthcare needs are different in college health from the population at large.” The focus in college healthcare is on mental health, women’s health, sexually transmitted infections, allergy and injection clinics, prevention services, and health promotion.

Like the rest of the HIM universe, colleagues in the college health setting must comply with both federal and state laws. The Federal Education Rights and Privacy Act (FERPA) governs student educational and medical records. Resolving the FERPA-HIPAA compliance issue is a challenge facing college health services that treat nonstudents such as faculty and university employees. Federal law 42 CFR, part 2, may affect centers that have alcohol and drug abuse programs or counseling centers, and centers must also comply with state mental health codes and laws. On the state level, HIM professionals might be involved in auditing and compliance activities for legal mandates on immunizations and pre-entrance requirements.

University health centers do have traditional coding and billing challenges at times. Because healthcare service fees are often prepaid, billing may not be as frequent. Some health centers bill students directly, and HIM professionals are involved with coding. At other centers, providers are beginning to code as part of the migration to the EHR. The HIM staff then performs periodic coding quality checks.

College health records do not follow the typical birth to death journey. The life of a record, its size, and retention period are affected by the duration of a student’s enrollment. Near graduation, HIM departments receive a flurry of record requests for

job and insurance applications. State law typically directs seven to 10 years of retention for college health records. Other laws from the federal government such as the Occupational Safety and Health Administration also affect retention.

A significant number of college health services now seek accreditation through organizations such as the Accreditation Association for Ambulatory Health Care and the Joint Commission on Accreditation of Healthcare Organizations. Zweifel played an important role in UW-Madison's position as one of the first accredited college health centers in the nation.

It's obvious that Zweifel's enthusiasm and passion have had a great influence on the evolution of the college HIM role at UW-Madison. This HIM niche may be a good choice for those of similar spirit.

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