The Evolution of Technology in HIM: Where Are You in Your Journey?

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As with any journey, understanding where you started is the key to understanding where you are going. Those who have been in the health information management (HIM) industry for many years have seen rapid change in how the HIM department functions. There has been a transition from filing hard copy records and reports to indexing and analyzing documentation through the electronic health record (EHR) "system." On a surface level, there seems to be great strides taken in the implementation of EHRs and other health IT systems. But a deeper dive into these changes can leave one wondering: just how much has changed?

There is still the legal health record, and HIM is still responsible for its completeness. HIM professionals are still charged with basic HIM functions, such as checking to make sure every inpatient has a history and physical report on the record within 24 hours of admission; checking that every surgery record has an operative note within 24 hours of the procedure; and noting whether the discharge summary is completed within 30 days of discharge. This review task has not changed, nor has the management of this data.

There is more data now at our fingertips than ever before. Written reports are easily generated with the click of a button. Physician letters are no longer manually written, and paper charts no longer need to be "checked out" to do chart reviews. Ten people can review a chart at one time, all looking at different information. The fact that the record can be used by many people at the same time is truly an amazing feat, and makes abstracting information more efficient than the old process.

Staff are still required to index documents that are generated without barcodes, track releases, destruction dates, reports, and amendments. New tasks driven by technology have emerged that have eliminated tasks, but many basic HIM functions remain. A colored flag used in the paper days to indicate where a signature was required can now be completed in one easy click by scanning a fingerprint.

Technology has advanced and so has HIM. Table 1 on page 27 and page 28 illustrates how core HIM functions look different with the adoption of complex technology, and compares HIM functions pre-EHRs and post-EHRs.

Table 1: HIM Functions "Then" (Pre-EHR) and "Now" (Post-EHR)

Then	Now
Filing and Storage	
Filing • Documents were filed within the patient record • Stored in the file room • Eventually transferred to different storage medium (microfilm, microfiche, or CD)	Scanning • Loose documents are scanned using a document imaging software • Images are stored electronically • Paper is destroyed after scanning

• Destruction of the paper record	
Release of Information	
• Staff physically pulled charts • Paper-based process required staff to spend hours standing at a copy machine reproducing paper documents • Invoices were created • Copies of the records and invoices were mailed via US Postal Service • Paper, and then electronic, logs were developed to improve the process	• Patients, payers, providers, and other healthcare entities have online access to the electronic patient record • Health Information Exchanges (HIE) are exchanging records • Release of information requests may be transmitted entirely electronically • Invoices can be generated electronically
Coding	
• Move the chart to the coding department • Review paper record • Send a query to the provider • Input codes on paper or in a software program • Send codes to Patient Financial Services	• Place chart in coding work queue • Send an electronic query to providers • Input codes and move to Patient Financial Services work queues for billing
Deficiency Analysis	
• Review discharge chart to make sure all reports are present • Review every page of medical record for missing information (signature, date, and time) • Use color coded flags to identify the owner of the missing item(s) • Send a note to the physician regarding incomplete charts • Delay in completion if multiple physicians need to complete the record	• Scan documents into patient's record • Send deficiency notice to the physician through electronic work queue for electronic signature
Deficiency Tracking	
• Record the location of incomplete charts either by using an outguide or electronic tracking system • Move the chart to the incomplete chart area	• The system generates the deficiency list • Deficiency list is sent to provider work queues for completion • Provider returns completed record to HIM work queue

Audit Process	
• Obtain the list of records to be audited • Pull chart from the file room • Sort through hundreds of pages of paper • Complete the required audit form • Charts are refiled in the file room	• Run report of records to be audited • Place the required record in a work queue • Auditor can review the charts at the facility or can dial-in remotely
Transcription	
• Retrieve voice from a cassette or microcassette • Transcribe and print report • Deliver paper to the patient record on the nursing floor, or • Deliver report to the provider via fax, autofax, mail and/or manual distribution • Make the necessary corrections and return to the provider for signature	• Automatically interface into the patient's record • Copies can be autofaxed to physicians who do not have access to the EHR • Providers may use voice recognition and templates to create documentation
Forms Management	
• Draft the form • Take to committee for approval • Have form printed • Use paper form for documentation	• Draft a form • Take to committee for approval • Build form in EHR • Build barcode for scanning • Maintain a paper copy for downtime purposes
Content Management	
Content management—much of the information that was created for documentation was done so with the paper form. Copies were made, ordered, and added to the record. Any time a change was made, HIM was involved. HIM also often chaired the forms committee and/or medical records committee.	Enterprise content management—much of the information that is built in the system is designed by IT or nursing that was moved to the production environment by IT. HIM is sometimes not even involved in the content that is built or that comes with the system implementation. While in many organizations much of this has been moved to IT, HIM should still be involved in the approval process.
Chart Correction	
• Place a single line through the error • Make the correction to the entry	• Some EHR systems allow the user to draw a line through the information and add the new information. Both are visible.

• Write the initials and the date of the person correcting the error	• Others hide the information that was corrected "behind the scenes" but viewable in an audit report

Evolving Roles of HIT and HIA Professionals

The changes in methodology of HIM functions require a different or advanced skill set for entry-level HIM staff. In the past, it was not uncommon to hire an untrained or unskilled person for an entry-level clerk position. Often, entry-level positions listed the qualification as "some high school" or "some college," and unfortunately the pay grade reflected the lack of advanced skills. Today, it is essential for HIM professionals to understand data and how systems work together to be successful. Unfortunately, salary surveys have not kept up with the changes in the required skill set of the HIM professional.

The HIM profession is continuously changing and will continue to do so in the future. The foundation of the HIM department and the profession has not changed with time—to manage the information that makes up a patient's health record. Technological advances have changed the way HIM professionals work, but the bottom line continues to focus on confidential, effective, efficient, trustworthy, and secure management of health information.

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