Virtual HIM: Considering the Transition to Remote Departments

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by **Cheryl Servais**, MPH, RHIA

Health IT is untethering HIM departments from the organization's four walls. The benefits are there, but the change affects nearly every HIM operation.

The same computer systems and Internet-derived technologies that support electronic health records (EHRs) enable HIM departments to be physically removed from provider organizations and exist as remote, "virtual" departments. Virtual departments offer organizations operational, financial, and staffing advantages as well as improvements in levels of service.

However, like the change from paper and film-based health records to digital EHRs, the change from an on-site to a virtual HIM department must be viewed as a transition. It requires time measured in months and strategic planning measured in intensive effort. HIM departments that represent a mix of virtual and tethered HIM functions will be the norm for the immediate future.

An organization's decision to transition to a virtual HIM department will depend on its analysis of core functions that currently are, or can be, performed remotely and how it weighs the issues related to each.

Staffing the Virtual Department

Ultimately the HIM department can be coordinated from various remote locations for one facility or with one central location that supports multiple sites.

The remaining on-site department only requires a person to answer questions from facility staff and the public. If old paper records still exist, staff will be needed to retrieve, file, and maintain them (although an off-site storage company could assume this responsibility). Depending on the technologies used to create the EHR, there might be the need for an on-site staff person to scan and index paper documents into a digital scanning system.

Virtual staffing offers organizations several financial advantages. The first is a savings in space. An on-site department only needs room for one or two desks, one or two file cabinets, a computer, a printer, digital scanner, fax machine, and photocopy machine (or perhaps a multifunction printer/scanner/fax/photocopier device). All other equipment and furniture are maintained at the sites of the remote workers.

A department untethered from a single location also increases the opportunity for more efficient use of staff. Organizations with multiple facilities can use a remote staff to perform tasks for more than one provider or facility. In addition, using remote staff, especially from a vendor, may allow the facility to pay only for those staff hours needed to handle current volumes. Organizations no longer need to staff for volume peaks or pay high overtime rates.

Remote work also offers advantages to staff, including increased employee satisfaction. Many workers prefer to work from home because they can save on clothes and transportation. They gain the time formerly spent commuting to and from the office. Home-based workers may have more flexible hours that accommodate personal and family needs.

Higher job satisfaction can reduce turnover, which lowers recruiting and training costs and minimizes disruption to daily workflow. Enabling remote work can help retain staff even if they move out of the area.

Virtual departments can also realize improved levels of service if they share expertise. Highly skilled staff for specialized functions or for management oversight can work across facilities. Centralizing HIM functions can also lead to benefits from standardized processes. Tasks standardized across facilities allow staff to move easily between them. This saves reinventing the wheel at each facility and improves efficiency.

Cautions for Virtual Staffing

Virtual staffing with remote workers may not work for every facility. In some organizations, issues may require negotiation with union representatives. In others, departments that have not yet transitioned to off-site workers—or cannot transition—may have concerns because their functions must be performed on-site.

Virtual staffing may weaken ties between individuals and departments. If some HIM staff members have established close working relationships with members of other departments or the medical staff, those outside the department may feel a sense of loss when their "buddy" is transitioned to a home office. Interdepartmental relationships also may weaken or deteriorate altogether.

Remote employees may feel a sense of loss, also. They may feel like outsiders and lose loyalty to the department or institution. In addition, they may lose visibility or influence. Because they are not seen daily, staff may not be invited to meetings or participate in other forms of discussion related to HIM functions. The sense of team spirit may be lost.

What to Consider

Transitioning to a virtual HIM department will likely happen in phases. However, before beginning the organization must consider the entire scope of the change.

Business Impact

Clearly, organizations must assess the advantages and disadvantages of the transition to determine if it makes good business sense. The decision must align with the organization's mission, business plan, and strategic objectives.

Discussions should involve all parties potentially affected by the change so that all issues and concerns can be addressed. The goals and objectives of moving to a virtual department should be clearly communicated.

Current Function Assessment

Considering the impact of a remote department requires that the organization clearly understand all the functions carried out by the HIM department and how these various functions interact with IT systems. A matrix listing the functions and the electronic patient information systems accessed by each function can help organize this review (see the sample grid below).

Charting HIM Function and EHR System

Considering the impact of a virtual HIM department requires clearly understanding all the functions carried out by the department and how these various functions interact with the organization's patient information systems. A grid listing the functions and the electronic patient information systems accessed by each function can help organize this review, as shown here.

HIM Department Function	Trans-cription System	Laboratory Information System	Radiology Information System	ADT System	Nursing Documen-tation System	Electronic Document Management System

Function						
Coding	x	x	x	x	x	x
Transcription	x			x		
Release of information	x	x	x	x	x	x
Cancer registry	x	x	x	x	x	x
Days not final billed monitoring				x		

How Information Technology Supports Virtual HIM Departments

Read the web extra article

by Deborah Kohn, MPH, RHIA, FACHE, CPHIMS

Only in recent years has the widespread development, acceptance, and use of computer systems and Internet-derived technologies allowed HIM departments of all types and sizes to be physically untethered from their organizations and exist virtually. From a technical perspective, an HIM department function can be performed remotely if:

- the department function is completely automated by an information system;
- there is no need to access any line-of-business, "physical" object within the HIM department, such as the paper medical record, the patient, or a medical device; and
- there are adequate, deployed networking technologies (including the Internet) for access purposes.

When all HIM department functions can be performed remotely, the entire department can exist as a virtual department.
The following table lists the HIM department functions that can be performed remotely, including the line-of-business information systems that automate the function.

Deborah Kohn (dkohn@daksystcons.com) is principal of Dak Systems Consulting in San Mateo, CA.

Function	Automated by Line-of-Business Information Systems							
Master patient index management	MPI							
Medical record processing (e.g., chart assembly)		HIS	CIS	EHR	EDMS			
Medical record analysis and completion		HIS		EHR	EDMS	HIMIS		

Medical record coding and abstracting	MPI				HIMIS	RCM		
Medical record report dictation and transcription							VTS	
Release of information	HIS		EHR	EDMS	HIMIS			
Medical record file services	HIS		EHR	and/or EDMS				
Medical record data collection and analysis	HIS	CIS	and/or EHR		HIMIS			
Department organization and management	HIS		EHR	EDMS	HIMIS			
Registry management					and/or HIMIS			RIS
Forms management (format and content)	HIS		EHR	and/or EDMS				
Information confidentiality and security	MPI	HIS	CIS	EHR	EDMS	HIMIS		

CIS: Clinical information system

HIS: Healthcare information system

EHR: Electronic health (medical) record system

EDMS: Electronic document management system

HIMIS: HIM department information system

RCM: Coding and abstracting system or revenue cycle management system

MPI: Master patient index system, or patient registration/ADT system, or patient financial information system

VTS: Voice/text/speech system

RIS: Registry information system

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The organization should review its current policies and procedures to assess how interaction occurs among departments and functions (e.g., continuously, as in coding; occasionally, as in research studies). It should determine any function that still requires access to old paper records, such as release of information.

Management Impact

Managers can remain on-site or transition off-site as well. In either case, they will need to communicate via teleconferences, e-mail, instant messaging, and possibly additional means. Managers can review quality, productivity, and other department metrics by monitoring work queues or sampling completed work. Becoming virtual may require different arrangements for the orientation of new staff and ongoing education of existing staff.

If the virtual department would serve multiple facilities, one manager may be able to cover a particular function or several functions for all facilities.

If a function is outsourced to a vendor, certain line managers may not be needed. However, a strong executive, such as the HIM director, will be needed to manage the vendors and ensure they meet all contract standards and provisions.

Staffing Impact

Virtual departments offer benefits in both staffing and employee satisfaction, as discussed above. However, the change to remote work is dramatic, and the impact will affect different employees differently.

Not all on-site staff may have the personality to work remotely. At-home workers must be self-disciplined and self-motivated. They must be able to work alone. Loss of social interaction is one of the major reasons some employees decide to stop working remotely.

The organization must decide if it will require all employees to work remotely or make working at home optional. It also must decide if an employee who initially decides to work from home can change his or her mind and return to an on-site position.

The decision to transition a function or an entire department to a remote operation provides management with an opportunity to reconsider its staffing model. It may choose to retain all employees or use a vendor to perform some or all department functions remotely.

Operational Impact

Transitioning on-site functions to a remote or virtual environment will affect nearly every current facility operation. It will also introduce new issues that facilities have not had to consider with in-house operations. The following outline touches on many of the questions organizations must answer, and it illustrates the reach that transition to a virtual department has on operations.

Intradepartmental Issues

Equipment and office set-up for remote staff

- What furniture and equipment will the employee be expected to provide? What will the facility provide?
- Will the employee be financially responsible for the damage, loss, or theft of any facility-provided equipment or furniture?
- Will the facility provide any assistance to the employee to help set up a home office?
- Will the facility inspect the home office to ensure it meets security requirements?
- How will any facility equipment or furniture be retrieved upon termination of an employee?

(Note: If the function is outsourced, the supplies and equipment are provided at the expense of the vendor.)

Internet access

- Who will pay for Internet access—employee or facility?

- Will the facility determine the Internet access provider for the employee or let employees choose their own providers?
- How will access to patient information systems be handled: virtual private network, separate server for remote access, Web server? (Note: these questions also apply to any work performed by a vendor.)
- What security technologies will be employed for the remote access worker? (Note: this question also applies to any work performed by a vendor.)

Computer support

- Will the employee or the facility be responsible for providing computer support?
- How will upgrades be handled? New software installations?
- For a vendor, what interfaces are needed?

References, resources, and continuing education

- Will the provider continue to purchase reference materials for employees?
- If references are provided, will they be collected upon termination of the employee?
- Will continuing education be the responsibility of the employee or facility?

Pay rates

- Will there be a different pay grade for "at home" workers? If so, will the rate be based on hours or productivity?
- Will flex time be allowed? Split shifts?
- How will attendance or productivity be monitored?

Union issues

- Will contracts require renegotiation?
- Will the union accept a different pay rate for remote workers?
- Does the union view provided equipment or furniture as an additional benefit requiring equity with other workers?

(Note: if functions are outsourced to a vendor, union issues must be discussed, because the vendor may not fall under the union's jurisdiction.)

Communication

- How will remote colleagues communicate with managers or receive facility communications?
- How will remote colleagues stay involved with the facility?

Interdepartmental Issues

Requests for records

- How will requests for paper records be handled?
- Will requests for electronic records be answered by asking the requestor to view records online, printing the electronic documents, or creating a CD?
- Who will control the printing process for electronic records? Will printing be centralized or decentralized?
- What security precautions will be taken if electronic records are printed for requestors? Will the paper copies be checked out so that they can be checked in on return?

Communications

- How will remote workers communicate with physicians, patient accounting staff, and other departments when needed?
- How will other department staff communicate with remote HIM staff? How will general communications be transmitted?
- How will remote staff remain part of the facility culture? Will social events be planned on a regular basis? How will team spirit be maintained?

Cheryl Servais (cservais@precysesolutions.com) is vice president of compliance and privacy officer at Precyse Solutions.

Keeping Virtual Teams Real

For managers of staff who work off-site, good communication requires more than establishing a remote connection. See the Journal story "Keeping Virtual Teams Real" in the FORE Library: HIM Body of Knowledge at www.ahima.org.

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