Vision of Health Information Management in 2010

by Linda Kloss, MA, RRA

Two-thirds of today's health information managers will be in the prime of their careers 10 years from now. But what will the world of work look like? One way to gain an understanding of the future is to create scenarios. Scenarios are literally stories about the future that are plausible and based on analysis of the interaction of a number of environmental variables.[1,2] Since we can't predict the future, scenarios help us consider how the future might play out under different assumptions.

AHIMA's leaders have used scenario techniques twice in the past several years. We wrote scenarios describing future HIM roles to frame the Vision 2006 initiatives aimed at education and certification reform and heightened emphasis on association-sponsored continuing education for practitioners. We also used scenarios to consider how technology and the development of structured healthcare vocabularies would impact the professional domain of coding in the future.

Experience with scenarios proved valuable because it shifted strategic thinking from reactive to proactive and from internal to external. The scenarios were plausible, stood up under scrutiny from industry stakeholders, and provided tangible visions of the future. This article pushes the boundaries by painting pictures of the future through scenarios of future HIM work. They may be incomplete, controversial, and may contain assumptions that later prove inaccurate. However, like all scenarios, they are meant to be thought- and dialogue-provoking.

Assumptions about Healthcare Delivery in 2010

It is predicted that only very large, multi-state managed care plans will provide healthcare to most of the US population by the year 2008.[3] These plans will contain a greater number of older and chronically ill members, creating a rising demand for services. While the population is living healthy lives longer, when chronic disease sets in later in life, it often involves multiple systems and complex and expensive management.

Managed care plans depend on clinical data stored in computer-based health records to provide efficient and effective care. Medical informatics scholar Morris F. Collen describes the systems as follows:

> These systems will include a large data repository containing clinical, administrative, accounting, and membership data; access to secure, confidential, comprehensive, integrated, computer-based patient records; on line clinical decision support, order-entry monitoring, and practice guidelines for health professionals; administrative decision support for managers who will use data about prepayment capitation, membership, accounting, and patient care; epidemiological monitoring of large membership groups as populations; and communication via the Internet and wide-band multimedia intranets for professional needs, patient education, and homecare telemedicine. Plan members will hold personal smart cards that will contain their basic health care information, including genetic information, for the predictive practice of medicine.[4]

From the consumer point of view, the next generation of the Internet will fundamentally change interactions between consumer and the healthcare system. Baby boomers will have begun to retire in huge numbers, seeking alternative treatment and lifestyle choices, and they will demand a high level of service. In the future, consumers will look at outcomes and cost data to make informed choices. They will use demand management software to decide how to respond to certain signs and symptoms. We will have moved from a world that is "consumer-led" to one which is "consumer-controlled."

The next generation of the Internet is the avenue for provider-to-provider communication, for patient-to-provider communication, and for communication among consumers.[5] "If you don't carry with you a deep, visceral sense of how

completely the Internet is going to change your industry (healthcare)," says business strategist Gary Hamel, "you are going to lose out to others who do."[6]

Instead of being viewed as an adjunct to healthcare delivery processes, in 2010, technology will transform delivery processes. Technology and its miniaturization will allow surgery to be performed remotely, injections with no needles, and preventive protocols based on one's unique genetic code. Similarly, information technology and its application will be a patient care management tool, not merely mechanisms for reimbursement, compliance, and communication.

Scenarios for HIM Practice in 2010

Against this backdrop, I offer two scenarios for HIM practice in 2010:

- "Field of Dreams"
- "Dark Victory"

Don't be put off by their titles. They simply make it easy to remember what distinguishes one from the other. Each makes sense in the context of assumptions about where healthcare is going. What distinguishes one from another is the uncertainties that our profession faces, such as our readiness to assume new roles, our ability to assert the unique domains of health information management, and our will to step out and make change while preserving our unity.

Scenario 1: Field of Dreams

As the computer-based patient record becomes the norm, HIM practice shifts from a focus on records management to information/data management. HIM professionals have gained substantial and deeper new skills in information technology, data security, data structures, medical vocabularies, system implementation and support, data integrity, process flow, information modeling, data analysis, and concept representation.

Healthcare information services are reorganized and now include all clinical, administrative, and financial data and systems functions. Under the direction of a senior information executive, health information managers, technology and systems experts, clinical informaticians, medical librarians, and telecommunications specialists comprise the organization's information services team. The team's mission is to ensure that clinicians and managers have access to accurate information and the tools needed to do their jobs.

The department of medical records is no more. It has become part of overall information services. Health information managers serve in organization-wide roles which, depending on interest and skill, may focus on information services planning and management, security, database management, compliance, data quality control, health vocabulary and data classification, end-user education, data analysis for outcomes improvement, and other roles.

Coding functions have been fully automated, and AHIMA-credentialed coders have moved into roles that involve working on medical vocabulary and data classification systems and monitoring the accuracy of autocoded data. A growing number of health information managers work in roles designed to help consumers gain access to and manage their own health information. Health information managers also hold key roles in non-provider organizations that use information to support the delivery of healthcare, including insurers, pharmaceutical companies, systems design firms, and governmental agencies.

Health information managers hold basic HIM certification and advanced certificates recognizing competencies in specialized areas of practice. The field, though still relatively small, has a growing number of baccalaureate and master's programs and tracks. At any given time, about 50,000 positions remain unfilled in the US. Salaries are highly competitive, and the field has been acknowledged as having great opportunity for the committed professional.

The health information field generally, and HIM specifically, has a strong identity in the healthcare industry. Associations representing a team of specialists including HIM, health and medical informatics, and information systems (IS) work collaboratively through a strong alliance that influences standards and public policy and supports research. The alliance also collaborates to provide education to its own members, the industry, and consumers.

Scenario 2: Dark Victory

Health information management is generally thought of as the totality of activities that encompass the collection, processing, storage, and use of health information/data. The medical record/HIM department has been subsumed into IS. Health information managers direct the final phases of transitioning to the computer-based patient record. Since many have "jumped ship" to take positions with more of a future, these jobs are going to individuals with a variety of backgrounds.

HIM managers have moved on to take positions in security, database management, compliance, data quality control, end-user education, data analysis for outcomes improvement, and other roles. To get these jobs, they generally must compete with individuals from other disciplines, as there is little understanding of the unique competencies represented by the HIM credential.

Coding is now fully automated, and medical librarians, nurses, health information managers, and others maintain the medical vocabularies with aptitude and interest in the work, which is largely learned "on the job." Voice recognition has automated transcription processes, and individuals who have advanced training in data quality auditing now manage both coding and transcription.

Health information managers interested in career advancement have pursued advanced degrees in a variety of fields, including IS, law, health services and business administration, and informatics. Over time, their professional loyalty has shifted to their new field. While HIM is a valuable background, it is no longer the focus of their professional learning.

Education for health information managers is somewhat limited. The number of baccalaureate programs stands at 24, down from 52 in 1999. The number of master's programs stands at six. Health informatics master's programs are flourishing in major universities. Associate degree programs are at 200, but some of these have chosen to forego accreditation by AHIMA—their graduates are not interested in becoming certified, as the market is requiring it less and less.

The health information industry has become more fragmented than it was in 1999. For example, the security specialists, nurse informaticians, data repository managers, long-term care information specialists, and others have formed associations in the past 24 months. Public policy remains divided on key issues such as confidentiality. Congress was unable to agree on a legislative solution, so HHS issued onerous regulations that are the subject of unending conflict in the industry. Healthcare financing policy is also vague, and the number of uninsured has reached nearly 60 million people.

From Scenarios to Foresight

These two scenarios should not be viewed as an "either/or" proposition. Additional scenarios are also plausible. For example, the tight resources in healthcare could slow the acquisition of technology and prolong the current state requiring both paper and computer. Public policy and the political environment could result in new regulation affecting healthcare financing and the information infrastructure.

What seems clear from the two scenarios presented is that the future of HIM will not be determined solely by environmental events. Information will surely become a more potent and essential tool for delivering and managing healthcare. Information technology will continue to evolve at a breathtaking pace. The patient population will grow older, and healthcare resources will become more precious.

The uncertainties underscored by these scenarios relate to decisions made by HIM professionals, individually and collectively. Scenario 1 is the most difficult to achieve. It is also the scenario of greatest potential benefit to healthcare and the HIM profession. If the goal of foresight is to "build the best possible assumption base about the future and thereby develop the prescience needed to proactively shape industry evolution,"[7] HIM in 2010 will be what we—together—work to make it.

Notes

1. Van der Heijden, K. *Scenarios: The Art of Strategic Conversation*. New York: John Wiley & Sons, 1996.
2. Schoemaker, P.J.H. "Scenario Planning: A Tool for Strategic Thinking." *Sloan Management Review*, Winter (1995): 25-40.
3. Collen, M.F. "A Vision of Health Care and Informatics in 2008." *Journal of the American Medical Informatics Association* 6, no. 1 (1999): 1-5.
4. *Ibid*.

5. Flower, J. "Getting to the Future First: A Conversation with Gary Hamel." *Health Forum Journal* 42, no. 3 (1999): 12-16, 72.
6. *Ibid*.
7. Hamel, G., and C.K. Prahalad. "Competing for the Future." *Harvard Business Review*, July/August (1994): 122-128.

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