

# World of Opportunity: HIM Impact in Ambulatory Care

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*by Gwen Hughes, ART*

Twenty-five years ago, I worked at a 13-physician family practice clinic. My job entailed pulling and assembling charts for patient appointments and phone calls, inserting and maintaining the problem list and laboratory flow sheet, releasing requested health information to authorized users, coding fee slips, and filing loose reports and patient charts.

As a first job, it was great. It allowed me to practice many of the skills I had learned in my medical record technology program. And the opportunity to perform a little medical assisting, reception, and bookkeeping helped me identify what I did and didn't like to do, so I could direct my career path toward the things for which I was best suited.

From my employer's point of view, patients' records were well organized and available when needed, information was released according to legal, regulatory, and professional standards, fee slips were coded accurately and on time, and tasks were performed with very little training or supervision.

I returned to the ambulatory care setting two more times. The first time I returned to manage 50 clerical and 25 transcription staff in an 80-physician, seven-site physician practice. The second time, I returned to manage 75 clerical and 25 transcription staff in a 140-physician, 16-site physician practice.

## Change with the Changing Times

Traditionally, health information services in large ambulatory settings differ from acute care in that:

- the principal focus is on making sure that complete records are transported to authorized requesters in accordance with agreed-upon time frames
- the volume of records retrieved, assembled, and filed daily is much greater than the volume processed in acute care (a 50-physician practice will retrieve, assemble, and file about 1600 records per day)
- there are fewer technical, as opposed to clerical, functions being provided
- large numbers of entry-level positions are generally staffed by those without formal HIM training
- staff turnover is relatively high due to the large number of entry-level positions
- coding is performed by physicians or members of the business office, patient accounts, or billing department

Typically, management opportunities in large ambulatory care settings that have yet to computerize their patient records involve:

- developing and implementing a standardized paper record to promote physician and staff efficiencies
- developing and implementing facility-wide policies and procedures aimed at facilitating the efficient movement of the paper record through the organization
- developing and implementing systems that allow the health information department to provide higher levels of service at less cost
- developing and implementing performance standards, performance-based job descriptions, and performance-based appraisals
- developing and implementing educational programs, e.g., on medical terminology or release of information, for staff
- developing and implementing an electronic messaging system aimed at improving communication between HIM and physician offices
- developing and implementing word processing systems aimed at online viewing of physician dictation
- developing and implementing bar coding to improve chart tracking
- directing loose filing, chart assembly, filing and retrieval, release of information, and transcription so that performance standards are achieved and maintained

- developing and implement systems to measure performance relative to meeting chart turnaround requirements

Large ambulatory practices that employ skilled health information managers can expect to experience, for example, improved transcription and loose filing turnaround, improved chart availability, improved usability of the paper record, exploration and implementation of various technologies necessary to facilitate information availability, improved staff morale, and a reduction in the time they spend managing or performing the release of information function.

It's clear that HIM professionals are making an impact in ambulatory care, even in more traditional roles. But new roles, too, are opening up for us. These include: ambulatory care consultant (record management or coding), coding and billing supervisor, project manager (for computerizing the patient record, employing chart tracking technology, or some other form of automation), clinical data specialist, data quality manager, or security officer.

## A World of Opportunity

According to the American Medical Association, there are 756,710 physicians in this country.<sup>1</sup> And according to AHIMA membership data, there are only 2766 AHIMA members working in ambulatory care.<sup>2</sup> Even if every 20 physicians employed only one professional, there would be 37,836 HIM positions in the ambulatory care field.

In other words, there's enough work in the ambulatory care arena to employ almost every AHIMA member. These opportunities can be ours, if we have the interest and the desire to market ourselves effectively and step up to the challenge.

## Notes

1. American Medical Association. "Physician Characteristics and Distribution in the U.S." Chicago: AMA, 1999.
2. "Calculated Progress: The 1998 Financial Statements." *AHIMA Advantage* 3, no. 4 (1999): 12-19.

**Gwen Hughes** is an HIM consultant based in Belgrade, MT. She can be reached at [GwenHughes@aol.com](mailto:GwenHughes@aol.com).

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