

# Health Information Management and the Healthcare Institution

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The more things change, the more they stay the same.

—Jean-Baptiste Alphonse Karr

To say that the field of health care has evolved over the past decade would be an understatement, but the quote from Mr. Karr is as true today as it was the day he made the statement. But with all that has changed, some things have remained the same. People still get sick and seek care at the hospital or clinic and physicians, nurses, therapists, and a host of other health professionals continue to provide care, in hopes of a healthier world. Additionally, the terms *health* and *medical* are still used interchangeably; this is even more pronounced when speaking of health/medical records in an electronic format.

In reality, medical and health are very different colors in the wide spectrum of the field of medicine. Health care, much like the health record, is not limited by the activities or documentation of activities that take

place under the care of a physician and/or hospital. Health care not only includes services provided by a physician, but also includes a patient's lifestyle (i.e., food choices, physical activity, sleep patterns) and genetic predispositions. Where health incorporates outside forces, medical care and the medical record are driven by services provided under the care of health professionals.

Advancements in technology have changed the manner in which health information management (HIM) professionals perform their work, but it hasn't changed the work. Timely, accurate, and complete health records are still the foundations for high-functioning HIM departments, which contribute to the overall success of a hospital.

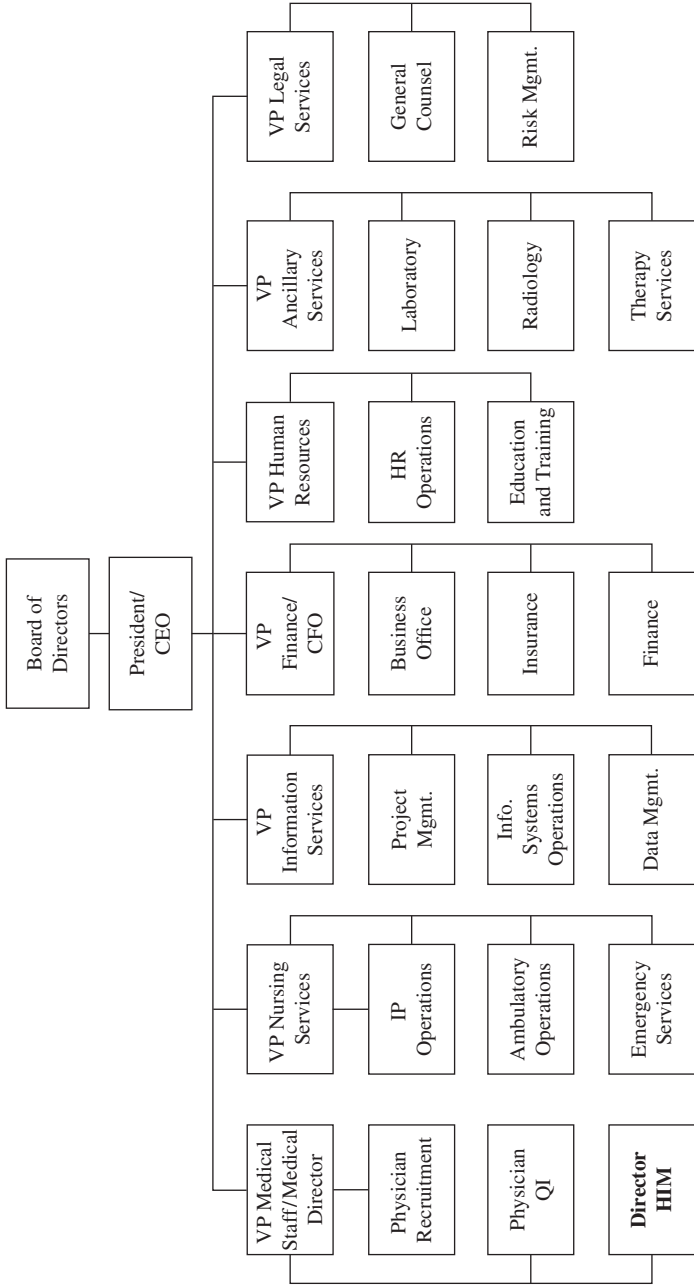
In this chapter the discussion will focus on the roles and responsibilities of professionals that work within or for the hospital and their relationship to the HIM department. This will include the Board of Trustees, the CEO/President and the Medical Staff. This chapter will also discuss the functional areas of the HIM department, the HIM professional, and finally, the interactions between HIM and other departments and healthcare professionals within the facility.

Figure 1.1 shows a sample hospital organization chart. In this case, the HIM department's executive reporting structure falls under the medical staff. This is not always the case. To begin the discussion on the hospital hierarchy and roles of key players, it should be noted that the role of HIM is not restricted to a single reporting line.

## **RESPONSIBILITY OF THE BOARD OF DIRECTORS**

At the top of a hospital hierarchy resides the Board of Directors. The board of directors for a hospital, or any organization for that matter, has the ultimate responsibility for the success and/or failure of the organization. Members of the Board of Directors are generally leaders in their professional area of study, which is not restricted to health care, and are also considered to be upstanding citizens in the community. These members may be

**Figure 1.1. Sample Hospital Organization Chart.**



*Note: The HIM executive reporting structure falls under the medical staff.*

appointed to their position, but most are elected to serve for a specific time frame (term).

The hospital Board of Directors is responsible for the strategic vision casting activities such as planning for expansions, increased quality care through community outreach, as well as policy development for the hospitals' services. The board also has the responsibility of assigning the President or Chief Executive Officer (CEO) to take on the responsibility of the day-to-day activities within the hospital.

The board has regular communication with the President/CEO. These communications keep the board apprised of changes to local, state, and federal regulations that may impact the way the hospital is doing business. In addition to working with the CEO, the board may work directly with other departments' leadership when a strategic plan directly involves resources for that area. The board expects the CEO to work with the medical staff to ensure enforcement of policies and procedures and their bylaws. Reporting of activities of the medical staff and other departments are directed to the CEO, who then shares this information with the Board of Directors.

Information shared with the board is used for continuous improvement of policies and procedures, as well as future strategic activities. Strategic planning activities at the board level may be planned for as many as 10 years ahead. Using reports from the CEO allows the board to define visionary opportunities to improve the quality of care provided, and allows providers on staff to offer increased services and partner with the community to increase their presence and improve the overall health of the community.

## **RESPONSIBILITY OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER (CEO)**

The President/CEO of the hospital, generally an appointed position, is responsible for the day-to-day activities taking place within the hospital.

This individual addresses the quality of care from all aspects, including the completion of medical records. Areas of patient satisfaction, patient safety, and employee satisfaction are not merely items on a checklist when it comes to their responsibilities; these items are just as important as the legal and ethical aspects of running a hospital, including health record compliance.

Given all the technology and patient accessibility to rating tools, ensuring patients are comfortable and satisfied is a priority. Unhappy patients and families use social media as well as the local news stations to report any incidence of discomfort. Contrary to the promotional statement claiming that “any publicity is good publicity,” in the hospital business bad publicity is just that, bad publicity, and can negatively impact patient counts and therefore the financial status of the facility. The CEO works with the marketing and public relations staff to increase awareness of any new programs being offered, the latest accreditation requirements, and any other accomplishments to help build a positive reputation for the hospital.

Because the CEO is ultimately responsible for the day-to-day workflow, this individual generally has hired some of the best and brightest in the areas of medicine, technology, finance, and law to handle the ground-level activities. In the area of medicine, an appointed Medical Director takes on the responsibility of hiring decisions, including credentialing criteria, residency programs, quality improvement, continuing education, and committee assignments. This is not an exhaustive list of the medical director’s responsibilities. The medical director may have constant communication with the HIM director, as the subject matter expert (SME) for health record development, maintenance, laws, rules, and regulations. The Chief Financial Officer (CFO) is responsible for ensuring the hospital is in good financial standing, and this includes keeping the lights on. Keeping the lights on may seem like a trivial phrase to attach to such a major responsibility. This is more than just the physical lights in the build, but encompasses determining all available funding sources, working with the actuarial area for predictive modeling, and meeting payroll according to

the schedule developed by the facility. The CFO may also interact regularly with the HIM department, as the coding of health records generates revenue.

The Chief Information Officer (CIO) is responsible for all aspects of technology being used in the hospital. If the entire hospital used a single system, this would be a relatively easy task; however, given the nature of hospital work, it is quite possible that areas like registration, laboratory, and radiology are working on completely independent systems. They may be interfaced to communicate with one another, but maintenance schedules and unplanned system downtime can seriously complicate these responsibilities. Additionally, the HIM department may have a completely separate system.

## **RESPONSIBILITY OF THE MEDICAL STAFF**

The rules, regulations, and bylaws for a hospital command the ethical terms by which a provider is expected to perform, but also address the areas pertaining to the maintenance of health records. In the technology-driven world in which we currently live, the expectation for a provider to maintain the HIM tenants of timely, accurate, and complete health records is significantly heightened. Although the terms *electronic health record* (EHR) and *electronic medical record* (EMR) are continuously exchanged, what most hospitals have is an EMR. The lack of interoperability keeps facilities from having a true EHR. The medical staff and the HIM department play a major role in the format and design of paper forms, as well as screen design and navigation in an electronic environment. As a member of the forms committee, the medical staff is able to provide feedback on the most efficient way for providers to use the record.

### **Credentialing and Privileges**

Any provider seeking to offer care at a hospital must go through the credentialing process. The Joint Commission's Comprehensive Accreditation Manual for Hospitals (CAMH) contains a section that is very

specific to medical staff. Per Standard MS.01.01.01, medical staff bylaws will dictate the privileges granted to the provider (The Joint Commission, 2015). Privileges granted through the credentialing process do not simply impact the care the provider can render to patients, but this also drives the expectations for their completion of the medical record. For example, an anesthesiologist is not expected to complete the operative report. Although he is a member of the surgical team, this is not his responsibility and would be cause for concern in the HIM department if he were authenticating operative reports.

Though physicians have the ultimate responsibility for the patient, they are not the only persons who document activities and other data in the health record. Nurses, therapists (e.g., physical, speech, respiratory), social workers, dietitians, and others write in the health record. The record serves as a communication tool between providers and other healthcare professionals engaged in the care of a patient.

### **Authentication**

The very definition of the legal health record is under scrutiny in the electronic environment, and this is further complicated by authentication standards. How providers authenticate health records should be specifically addressed in the bylaws, but at a minimum, standards should include the full name and credentials of the author, along with a unique identifier, the date and time. A unique identifier may be the provider's national provider identifier (NPI) or an identifier assigned by the facility. Regardless of the identifier used, the provider is responsible for making sure that they are the only person using it.

## **FUNCTIONS OF THE HIM DEPARTMENT**

The HIM department is still the nucleus of patient information. Whether the health record is paper or electronic, the ability to support the continuity of care through collection, analysis, verification, protection, and dissemination of information is essential. The emphasis on timely, accurate, and

complete records allows the health record to serve as a communication tool between providers within the facility, and externally as well. Health Information Management professionals' knowledge of data collections supports research efforts as well as reporting requirements, such as vital statistics, cancer registry, and other diseases registries if established. HIM professionals also have responsibility for coding, transcription (where still in use), and release of information. Even though some services may be outsourced to vendors, the HIM department has the ultimate responsibility for meeting the needs of the patients and families for these service areas.

## THE HIM PROFESSIONAL

The roles and responsibilities of HIM professionals continue to grow as technology advances and patients take a more active role in their health. The American Health Information Management Association (AHIMA) is the professional association for HIM professionals. AHIMA (2013) defines Health Information Management as “an allied health profession that is responsible for ensuring the availability, accuracy, and protection of the clinical information that is needed to deliver healthcare services and to make appropriate healthcare-related decisions.” Responsibilities for HIM professionals are growing both inside the hospital as well as externally. Some of the responsibilities can be easily placed into the categories that support the acronym of the profession:

### Health

- Analyze and code clinical data
- Collect data to support research and required reporting
- Use clinical data to support financial decisions

### Information

- Storage of patient data in a defined format
- Reports of aggregate patient data



- Maintenance of data dictionaries according to state and federal standards

## Management

- Development of policies and procedures for use, maintenance, and destruction of health records
- Management of HIM functional areas (i.e., coding, abstracting, release of information)
- Chair/participation in hospital committees

This does not at all reflect an exhaustive list of HIM functions. HIM professionals hold over 200 job titles in 40 types of organizations (AHIMA, 2015a, 2015b). The increase in technology directly related to HIM, as well as the increase and variety of credentials now available, makes the HIM professional a sought-after professional to fill a great variety of roles. It is not uncommon to find HIM professionals as Privacy and Security Officers, Chief Information Officers, or even in Risk Management. Traditional roles like HIM Director, HIM Manager, or Coding Supervisor are still relevant in HIM, but nontraditional roles are becoming more accessible to HIM professionals.

Even with the growth in the profession, some responsibilities of HIM remain very traditional. An example is the maintenance of the Master Patient Index (MPI). The MPI database is used to capture demographics of every patient that enters the hospital in any capacity. Sometimes duplicate records are created for a patient; the HIM department is responsible for the merging of duplicate records to ensure that all documentation for a patient exists in a single record. Another responsibility of HIM professionals that remains in the traditional role is the knowledge and understanding of Joint Commission standards. A review of medical records is always a portion of the Joint Commission survey process. HIM professionals can help a facility to successfully navigate the survey process.

## Educational Requirements

The growing list of jobs, roles, and responsibilities for HIM professionals are not merely happenstance. HIM professionals receive education and training that prepare them to take on the growing roles at expert levels. Currently masters, baccalaureate, and associate-level educational programs are accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM). Programs must be accredited by CAHIIM in order for graduates to be eligible for AHIMA professional HIM certification exams (CAHIIM, 2015).

AHIMA's Vision 2016 focused on changes to HIM education (Gordon, Watzlaf, & Mancilla, 2013). These changes include transforming HIM to a graduate-level profession, creating specialty tracks at the associate level, and developing a more qualified HIM faculty (Calhoun, Rudman, & Watzlaf, 2012).

Changes to the HIM curricula map for all education levels continue to propel HIM professionals into varying healthcare roles. Listed below are AHIMA's required course content areas for accredited programs:

- Classification Systems
- Health Record Content and Documentation
- Data Governance
- Data Management
- Secondary Data Sources
- Health Law and Ethics
- Data Privacy, Confidentiality, and Security
- Release of Information
- Health Information Technologies
- Information Management and Strategic Planning
- Analytic and Decision Support
- Healthcare Statistics and Research Methods

- Consumer Informatics and Health Information Exchange
- Information Integrity and Data Quality
- Revenue Cycle and Reimbursement
- Regulatory
- Fraud and Surveillance
- Clinical Documentation Improvement
- Leadership Roles and Change Management
- Work Design and Process Improvement
- Human Resources Management
- Training and Development
- Strategic and Operation Management
- Financial Management
- Project, Vendor, and Contract Management
- Enterprise Information Management

According to the U.S. Bureau of Labor Statistics, the job growth between 2012 and 2022 is expected to be more than 20% for HIM professionals (Bureau of Labor Statistics, 2015). The list of topics covered in HIM courses helps to develop the attributes that enhance the skills of HIM professionals and contribute to this growth. The topics are intended to be covered at every educational level.

AHIMA used Bloom's Taxonomy to indicate the level at which a student is expected to master a particular skill (Peterson, 2015). For instance, Data Governance, Subdomain I.C, found in Domain I (Data Content, Structure, & Standards-Information Governance) has a taxonomy level of 3 (Apply) at the associate level, level 4 (Analyze) at the bachelors level, and level 5 (Evaluate) at the masters

level. Another area of interest and growth for HIM professionals is found under Subdomain II.A, Health Law (Domain II—Information Protection: Access, Disclosure, Archival, Privacy, & Security). At the associate level, the taxonomy level is 3 (Apply), but at the master's level the taxonomy level is 6 (Create). Masters' level HIM professionals have the responsibility for creating and maintaining policies related to regulatory areas such as HIPAA, Meaningful Use, the Accountable Care Act, and HITECH, just to name a few.

As shifts in the field of HIM continue to occur, educational goals will continuously be adjusted to meet market and employer needs.

After successful completion of a CAHIIM accredited program, graduates are eligible to take AHIMA's national certification exams. There are two HIM certifications: At the associate level, graduates take the Registered Health Information Technician (RHIT®) exam, and at the bachelors' level, they take the Registered Health Information Administrator (RHIA®) exam.

Individuals who hold the RHIA credential are experts in the management of health information. They manage the maintenance of health records including abstracting, coding, and reimbursement. They may also have responsibility for legal and regulatory requirements as it relates to health records, data analysis, release of information, vendor management, information systems, and department budgets. They serve as the liaison between providers, insurers, and patients, with a goal of ensuring that each party has accurate, timely, and reliable health information. They interact across all levels of an organization, including serving as the chair of committees regarding information management standards (AHIMA, 2015d).

Individuals who hold the RHIT credential are described as technicians, having a more hands-on role than that of the manager. Where RHIA's manage the duties in HIM departments, RHITs perform a great deal of the day-to-day activities. They abstract, analyze, and code data from health

records, input data into computer systems, and some may serve as cancer registrars.

Passing the exam to receive the certification and use the HIM credentials is just the beginning. HIM professionals must complete continuing education in order to maintain continued use of the credentials. RHITs are required to obtain 20 hours of continuing education units (CEUs) every 2 years, whereas those with the RHIA credential are required to obtain 30 hours of continuing education every 2 years (AHIMA, 2015d).

Although the RHIA® and RHIT® credentials are probably the most widely recognized in the field of HIM, AHIMA currently has seven additional certifications available to HIM professionals. The first three certifications are in the area of coding; the last four certifications are considered specialty areas.

1. Certified Coding Associate (CCA®)
2. Certified Coding Specialist (CCS®)
3. Certified Coding Specialist—Physician-based (CCS-P®)
4. Certified Documentation Improvement Practitioner (CDIP®)
5. Certified Health Data Analyst (CDHA®)
6. Certified in Healthcare Privacy and Security (CHPS®)
7. Certified Healthcare Technology Specialist (CHTS)

### **More on Certification**

Certified Coding Associates (CCAs) are medical coding experts who demonstrate coding expertise in all healthcare settings (AHIMA, 2015d). They are not limited to hospital-only or physician-only roles. This provides a great deal of flexibility as well as opportunities for increased learning. The U.S. Bureau of Labor Statistics had predicted a shortage of qualified CCAs by the year 2015, so the job outlook for HIM professionals in this area is extremely positive. The October 2015 implementation of ICD-10-CM was a potential primer for this predicted shortage of qualified workers in this area.

Unlike the CCA<sup>®</sup>, the Certified Coding Specialist (CCS<sup>®</sup>) has expertise in the area of hospital coding. This is not to say that they are unable to code physician records, but their focus and area of expertise lies within the hospital setting. HIM professionals with the CCS credentials serve as subject-matter experts in both ICD and CPT coding nomenclature. This is necessary as hospitals provide services in both inpatient and outpatient settings (AHIMA, 2015d).

On the flip side of the CCS<sup>®</sup> credential is the CCS-P<sup>®</sup>. These are coding professionals whose expert level lies within the physician office setting. This includes group practices, multispecialty clinics, and specialty centers. Heavily versed in CPT coding, these professionals are familiar with ICD coding as well (AHIMA, 2015d).

Certified Documentation Improvement Specialists (CDIP<sup>®</sup>) are HIM professionals who have the expertise to assist organizations to improve the quality of information documented within the health record. Improved documentation has the ability to improve patient outcomes, meet standards and regulations, improve reimbursement, and minimize legal issues. Keeping in mind that the health record serves as a communication tool across the organization, improved documentation aids everyone, and these professionals drive that improvement (AHIMA, 2015d).

Individuals who possess the Certified Health Data Analyst (CDHA<sup>®</sup>) credential are experts in data analysis and validation techniques. Although they may appear to be knee-deep in the details and working with data at a molecular level, their role provides a more strategic view for an organization. The analysis these HIM professionals provide can assist organization executives with decisions that can impact the services provided within the organization for years to come (AHIMA, 2015d).

For many years, the issue of privacy in health care was the responsibility of the legal area and security was driven by the technology or operations management area. While this may still be true in some organizations, more and more, HIM professionals are being sought to take on these responsibilities. Hence the Certified in Healthcare Privacy and Security (CHPS<sup>®</sup>) credential was developed. Individuals who possess this credential have the

responsibility for creating, implementing, and maintaining a privacy and security program that meets federal, state, and local regulations and laws, as well as any organization-specific rules. They must continuously keep abreast of changes in legal mandates that will impact their organizations.

One more HIM credential is the Certified Healthcare Technology Specialist (CHTS). This credential is designed to meet the needs of the rapidly changing technology that directly impacts and is specific to health care. The electronic health records, patient portals, and other applications used specifically within healthcare organizations require technology experts to implement and maintain these systems (AHIMA, 2015d). Known as HIT Pro prior to 2013, the CHTS credential has six subspecialty exams (Pearson, 2015), with specific CHTS designation extensions. They are:

1. Certified Healthcare Technology Specialist—Clinician/Practitioner Consultant (CHTS-CP)
2. Certified Healthcare Technology Specialist—Practice Workflow and Information Management Redesign Specialist (CHTS-PW)
3. Certified Healthcare Technology Specialist—Implementation Manager (CHTS-IM)
4. Certified Healthcare Technology Specialist—Implementation Support Specialist (CHTS-IS)
5. Certified Healthcare Technology Specialist—Technical/Software Support Staff (CHTS-TS)
6. Certified Healthcare Technology Specialist—Trainer (CHTS-TR)

The continued growth as well as the challenges in the field of health care have been drivers for additional certifications in health information management. The challenges related to the collection, storage, retention, and security of health data in an electronic format, coupled with the growing amount of health data that is being collected from various sources, require

a level of expertise that HIM professionals can offer to healthcare organizations. Specific details outlining some of the duties as well as the eligibility requirements and maintenance for all HIM credentials can be found on the AHIMA website at [www.ahima.org](http://www.ahima.org).

As of the end of 2014, AHIMA's Commission on Certification reported that there were more than 80,000 certified HIM professionals. Of this population, 55% hold the RHIA® or RHIT® credentials (AHIMA, 2015d).

## **Career Opportunities**

Healthcare organizations everywhere use health records to document plans of care for patients. The need to capture, secure, maintain, and distribute patient information is a justifiable reason to hire HIM professionals. AHIMA has developed a career map to assist current and future HIM professionals with choosing a career path (AHIMA, 2016). HIM professionals span across the healthcare continuum in employment opportunities. Below is a list of just a few of the work environments:

- Hospitals (civilian and military)
- Insurance companies
- Behavioral health facilities
- Nursing homes
- Home health agencies
- Long-term care facilities
- State and federal penal facilities
- Veterinary services
- Health data organizations
- Information systems organizations
- Compliance organizations
- Educational institutions
- Healthcare professional associations



The paradigm shift from “Medical Record” managers to “Health Information” managers continues to occur and HIM professionals are even stronger information stewards. Patients now are not merely seeking medical services, but are truly consumers of healthcare services. The roles of HIM professionals continue to grow. The professional who was once completely behind the scenes, deep in the basement, surrounded by paper files filled with dust, may now have an office in the “C” suite (i.e., Chief Information Officer, Chief Financial Officer, Chief Medical Officer, Chief Executive Officer).

HIM professionals have a strong commitment to the profession and are constantly striving to ensure a seat at the table. There is a unique body of knowledge in HIM that is unparalleled in the other health profession area. There is a strong Code of Ethics that drives the profession and all that have chosen to walk the HIM path.

### **HIM Jobs**

With over 200 job titles to choose from, HIM professionals can write and rewrite the script on their career paths. Below is a sample list of traditional and emerging jobs that HIM professionals hold.

- Cancer Registrar
- Chief Information Officer
- Chief Privacy Officer
- Clinical Data Analyst
- Consultant
- Decision Support Specialist
- Director of HIM
- EHR Implementation Specialist
- HIM Manager
- Medical Coder
- Physician Practice Manager

- HIM Project Manager
- Release of Information Specialist
- Revenue Cycle Manager
- Vendor Relations Manager

The responsibilities for HIM professionals continue to grow and the profession has gracefully accepted each new role as it emerges. The rules, regulations, and laws surrounding how, when, and who can and will receive healthcare treatment continue to change. Therefore the manner in which data is collected, stored, and shared will also continuously change to meet those needs.

## **New Role**

The field of HIM is experiencing a very exciting time for growth. Changes in regulations that directly impact healthcare providers, especially large hospital networks, have created an opportunity for HIM professionals to have a seat at the table of Information Governance (IG).

The term *information governance* is not new. Information Technology (IT) areas have used some form of IG for more than a decade. In the IT space, IG is defined by rules and decision-making rights for the collection, use, and control of information (Kooper, Maes, & Roos Lindgreen, 2011). IG has also often been confused with data governance, but where data governance is focused on the data going into a system, information governance is the combination of data governance and IT governance and focuses on the output (AHIMA, 2015a).

Since it is known that the healthcare industry often stands alone in its needs, AHIMA has taken the liberty to provide a definition in an effort to encompass those needs. AHIMA defines information governance as “an organization-wide framework for managing information throughout its life cycle and supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements” (Kadlec, Warner, & Washington, 2014). This definition speaks to the continuum

of undertakings that impact consumers of health care, both directly and indirectly.

In October 2014, AHIMA published the Information Governance Principles for Healthcare (IGPHC)<sup>TM</sup> (AHIMA, 2014), which has eight principles that healthcare organizations can adopt to better position themselves in the IG arena. The principles are:

1. Accountability
2. Transparency
3. Integrity
4. Protection
5. Compliance
6. Availability
7. Retention
8. Disposition

These principles are not legal requirements, but are recommendations for a successful information governance program. The box below contains high-level descriptions of the IG principles for health care as published (AHIMA, 2014).

## **Information Governance**

### ***Principles for Health Care***

- The Principle of *Accountability* states that “An *accountable member of senior leadership* or a person of comparable authority, shall oversee the information governance program, and delegate program responsibility for information management to appropriate individuals.”

- The Principle of Transparency states that “an organization’s processes and activities relating to information governance shall be documented in an open and verifiable manner.”
- The Principle of Integrity states that an IG program “shall be constructed so that the information generated by, managed for, and provided to the organization has a reasonable and suitable guarantee of authenticity and reliability.”
- The Principle of Protection states that “the appropriate levels of protection from breach, corruption, and loss are provided for information that is private, confidential, secret, classified, essential to business continuity, or otherwise requires protection.”
- The Principle of Compliance states that the IG program will be “constructed to comply with applicable laws, regulations standards, and organizational policies.”
- The Principle of Availability states that “an organization shall maintain information in a manner that ensures *timely, accurate, and efficient* retrieval.”
- The Principle of Retention states that “an organization shall maintain its information for an appropriate time, taking into account its legal, regulatory, fiscal, operational, risk, and historical requirements.”
- The Principle of Disposition states that “an organization shall provide secure and appropriate dispositions for information no longer required to be maintained by applicable laws and the organization’s policies.”

## **What Is HIM’s Role in Information Governance?**

HIM professionals have a vast working knowledge of health care that includes clinical, regulatory, finance, and technology skills. These areas, coupled with the role of subject-matter expert in information management, make the HIM professional a prime candidate in the area

of Information Governance. Working with senior leadership, HIM professionals are positioned to assist any organization meet their strategic goals. Below is a list of some activities where HIM can be involved (AHIMA, 2015c):

- Engage and educate organizational leadership on the functions and need for IG
- Recommend and help establish a steering committee that addresses the organization's information policy and aligns information resources with strategy
- Identify opportunities, gaps, risks, and challenges where IG can be beneficial
- Work with stakeholders to achieve metrics and goals for improvements in data and information
- Define and establish standards for enterprise data and information to enhance its comparability and consistency
- Serve as steward for patient data and information, regardless of its source—internal or external

### **Relationships with Other Departments**

The many healthcare initiatives such as Pay for Performance (P4P), Meaningful Use, Patient-Centered Medical Homes, and others continue to shift the healthcare pool. Not only the number of people receiving care, but also the type and setting of the care can be an issue. When the acute care hospital was the primary setting for care and third-party payers (insurance companies) and employers worked closely to determine which services would be covered, the role of HIM professionals was primarily contained to the hospital. Now with a physician office, urgent care facility, minute clinic®, or stand-alone ancillary service provider (e.g., radiology, laboratory) around every corner, patients are not contained and neither is their health information.

HIM professionals are following the patient population and continue to provide a service that helps patients have the best health outcomes possible. Inside the hospital, HIM professionals work on cross-functional teams to achieve these outcomes: working with providers, nurses, and therapists regularly to ensure the health record, whether paper-based, electronic, or hybrid, supports fact-based care. HIM professionals also support strategic initiatives of the hospital, such as the implementation of electronic health records, cost-savings from remote staff, and development of reports to justify hospital building additions. Admission and discharge statistics, which are maintained by the HIM department, accurately reflect the patient load of the hospital. Sharing this information with the CEO and Board of Directors can lead to decisions that drastically change the landscape of a facility. The accuracy and availability of health information can be instrumental in determining if the facility's lights will remain on.

## **CONCLUSION**

The health record, regardless of format, still represents a central point of communication for healthcare organizations. At the executive level, the information captured can enhance the strategic vision for an organization. The medical staff and other clinicians use the health records for clinician decision-making, and the HIM professional uses the information to meet legal and regulatory guidelines. Increased volumes of health-related data collection coupled with improved technology to capture and store this information continue to increase the roles HIM professionals play in the field of health care. As the United States continues to add pins to its map of healthcare innovations, HIM professionals are increasing their presence in future discoveries.

Information Governance, Healthcare Technology, and Privacy and Security are just a few of the roles in the healthcare industry that were

previously filled by professionals in other arenas. HIM professionals have merged into these roles and emerged as experts, collaborating with teams of professionals to present a multidisciplinary team that best supports the mission of the organization. The future of health care is bright and HIM professionals contribute to that glow.

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