



Health Information Technology:

A Roadmap to Implementing HIM Reimagined

By

Stacie Hawkins

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A PROJECT

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Committee Chairperson

  
Department Member

  
Committee Member

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HEALTH INFORMATION TECHNOLOGY:  
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### Abstract

Concern is growing among the industry leaders at the American Health Information Management Association due to technological advancements within the rapidly changing healthcare industry. For this reason, the American Health Information Management Association created a white paper proposing educational standards and career advancements to meet the future demands of the ever-changing healthcare industry. Health Information Management programs throughout the country will face significant curriculum revisions. Associate degree programs will be expected to support specialization while the baccalaureate degree programs succumb to the generalist practice. To gain an understanding of the impact specialization has on the Health Information Management profession in Kansas, a market analysis survey was developed to examine the opinions of Health Information Management professionals and educators. Survey results showed a statistically significant difference among professionals who oppose the Registered Health Information Technician plus specialty credential over those in favor of the proposal. Furthermore, HIM industry respondents noted if specialization at the associate level is approved by the American Health Information Associations Council for Excellence in Education that both specialty tracks (revenue management and data management) would be integral to the future HIM workforce. The survey findings proved valuable to the Health Information Technology Program at Washburn University and prompted the implementation of the Health Information Management Re-Imagined curriculum and redesign recommendations.

**Table of Contents**

Abstract.....	ii
List of Figures.....	iv
Health Information Technology: A Roadmap to Implementing HIMR.....	1
The Significance of the Project.....	2
Project Objectives.....	3
Background of the Problem.....	4
Review of Literature.....	6
History.....	6
Present.....	8
Future.....	10
Methodology/Results.....	15
Market Research Survey.....	15
HIT Program Course Review.....	20
Summary of Key Findings.....	21
Summary of Project.....	24
Conclusion.....	25
References.....	26
Appendix A.....	29
Appendix B.....	34
Appendix C.....	35

**List of Figures**

<b>Figure</b>		<b>Page</b>
1.	Draft 2018 Health Information Management Associate Degree Curriculum Competencies	5
2.	Franklin H. Martin, M.D., FACS image	6
3.	Grace Whiting Myers image	7
4.	Frequency of AHIMA Credential	8
5.	RHIA and RHIT by Job Role	9
6.	Skills that will be more important in the future than today	11
7.	Areas HIM experts to focus on in the near future	11
8.	Respondents Primary Work	17
9.	Primary Job Functions	18
10.	Specialty Tracks Recommended by AHIMA: Dislikes and Likes	18
11.	Specialty Tracks Most Advantageous to the HIM Workforce	20
12.	HIT Course Count by Classification	21

## Health Information Technology: A Roadmap to Implementing HIMR

Health Information Management (HIM) has changed drastically since Grace Whiting Meyers founded the profession back in 1928. With emerging technologies, healthcare advancements, evolving regulations, and the aging population, employment opportunities for Health Information Technicians are forecasted to grow thirteen percent faster than other types of occupations from 2016 - 2026 (U.S. Bureau of Labor Statistics, 2018). Graduates in Health Information Technology (HIT) must have the skills, knowledge, education, and credentials to be successful HIM practitioners. To meet the future needs of the changing healthcare environment, the American Health Information Management Association Council for Excellence and Education created the HIM Reimagined (HIMR) white paper. HIMR is a future-focused master plan outlining new and expanded skills for HIM professionals and educators to succeed into the next decade. One of the primary motives behind the development of the HIMR white paper is the impact artificial intelligence technologies has on the HIM profession (AHIMA, 2017). Traditional HIM roles are changing due to the electronic medical record, computer-assisted coding, and voice recognition. Out of concern for the changing HIM ecosystem, HIMR proposes significant changes to the existing HIM educational programs. Associate level HIM programs will support academic specialties through curricula revisions while the baccalaureate HIM programs become the standard for the HIM generalist practice (American Health Information Management Association, 2017). Curriculum revisions at the associate level will shrink core HIM classes to provide opportunities for specialization in the form of tracks to include revenue cycle management and data management. An analysis regarding increasing specialization at the technical HIM associate level reveals disapproval among HIM industry professionals and challenges HIM educators at Washburn University to embrace transformational change.

### **Purpose/Problem Statement**

The American Health Information Management Association (AHIMA) HIM Reimagined initiative has proposed recommendations to transform the traditional HIM education to meet future healthcare demands and emerging technology trends. Currently, the proposal is in the draft stages with finalization and publication slated for December of 2018. The HIMR directive for associate degree programs in HIT is to transition the Registered Health Information Technician (RHIT) credential to an RHIT plus specialty-track focused credential (AHIMA, 2017). The challenges for the HIT Program at Washburn University to meet the future direction and skill sets of the profession are twofold. First, the HIT program must determine the specialty track(s) that meets area workforce needs. Next, the program should create a strategic plan to support curriculum redesign and restructuring for specialization.

### **The Significance of the Project**

HIMR is an AHIMA initiative proposing recommendations that would change the current landscape of the Health Information Technology Program at Washburn University. AHIMA's vision is to transition the RHIT credential to a specialty focused associate level by August 2021. The recommendations are designed to align HIM education with future workforce needs. AHIMA recommends increased specialization across all levels of the HIM academic spectrum through curriculum revision. The Registered Health Information Administrator (RHIA) credential would be the standard for the HIM generalist practice, and the RHIT credential would transition to an RHIT + Specialty (AHIMA, 2017). Upon completion of a student's associate-level education, students will hold one or two specialty designations. The single credential represents the core body of HIM knowledge (the generalist aspect of HIM) along with a classification for the specialty knowledge (AHIMA, 2018c). Currently, the two specialty tracks

proposed by AHIMA are data management (DM) and revenue cycle management (RM).

Associate degree programs may elect to teach one or both specialty tracks. Each student would select the specialty track in which they are most interested. Completion of the DM or RM track competencies is in addition to the core curriculum competencies at the associate level (AHIMA, 2018c).

The HIM Reimagined initiative calls for research and investigation to determine the specialty tracks most advantageous for student success in the workplace. Due to the proposed recommendations, a restructuring of the HIT program courses will be necessary to support the specialty track(s). The completion of a market analysis is fundamental to identify the specific skills essential to employers and the need for specialization in the future workforce.

### **Project Objectives**

HIM Reimagined is forcing change on HIT associate degree programs throughout the country. The objectives and purpose of this project are to gain a better understanding of the initiative delineated in the HIM Reimagined whitepaper and to collaborate directly with HIM professionals within Kansas to identify the core HIM specialization that promotes employability. The project's objectives include the following:

- Evaluate the HIM Reimagined White Paper to gain understanding and rationale for the change.
- Analyze AHIMA workforce studies and current literature to assess readiness for change and compliance.
- Design a survey for a market analysis.
- Compile market analysis results to determine specialty tracks as indicated by the market need.

- Create an implementation plan/next steps plan of action

### **Background of the Problem**

Today, health information management professionals work in a variety of settings including hospitals, physician offices, insurance companies, home health organizations, hospice facilities, long-term care institutions, pharmaceutical companies, electronic medical record vendor companies, and countless others. Within the multitude of institutional settings, HIM professionals find employment within various specialty operational areas. The most common areas include quality improvement, contract management, data management, information technology, privacy and security, revenue cycle management, and administration. Notably, HIM professionals are most recognized and known for their expertise in hospital coding, revenue cycle management, and privacy and security (AHIMA, 2017). Regardless, of how the HIM profession looks today, the HIMR taskforce envisions a significantly different future landscape for the HIM profession.

A future-focused investigation by industry leaders details the necessity to re-invent, re-structure, and transform the HIM profession to meet the future demands of the ever-changing healthcare environment. The HIMR taskforce predicts advancements in technology will revolutionize the HIM profession and shift the industry towards specialization (Butler, 2017). The electronic medical record and computer-assisted coding are two technological advancements forcing change within the HIM profession. As the electronic health record becomes the norm over old paper-based records, the necessity for clean data has skyrocketed, and organizations require the workforce to know how to manage the enormous amounts of data produced within an EHR. Traditional HIM coding roles are also at risk as more facilities invest in computer-assisted

coding (CCA) programs. Accordingly, CCA’s have the potential to shift a coder’s tasks, and duties towards auditing, and hence will eliminate code assignment (Butler, 2017).

Due to evolving HIM workflows along with new and emerging skills necessary for future growth, HIM industry leaders believe revamping the traditional HIM education to meet future technological advancements is vital. Recommendations are to incorporate specialization at the associate degree level in the form of specialty tracks. Currently, the proposed specialty tracks focus on data management and revenue cycle management. The current number of associate level competencies will diminish to allow incorporation of the specialization opportunities for students as outlined in the draft 2018 HIM competencies (AHIMA, 2017).

Realignment of the HIT associate degree at Washburn University in response to the future recommendations outlined in the HIMR white paper will provide the opportunity for growth and revitalization. Implementation of specialty tracks into the current curriculum will challenge the HIT program faculty and involve a counterbalance between the new and old curriculum. Figure 1 shows the domains and curriculum competencies specifically for the DM and RM specialty tracks. Out of six domains, the specialty tracks exist in domains I, III, and IV

<b>Data Management Specialty Track Curriculum Competencies</b>
Domain I: Data Structure, Content, and Information Governance: <ul style="list-style-type: none"> <li>• Evaluate data dictionaries and data sets for compliance with governance standards</li> </ul>
Domain III: Informatics, Analytics, and Data Use: <ul style="list-style-type: none"> <li>• Conduct queries using database management techniques</li> <li>• Identify system specifications to determine interoperability and optimal efficiencies</li> </ul>
<b>Revenue Cycle Specialty Track Curriculum Competencies</b>
Domain IV: Revenue Cycle Management: <ul style="list-style-type: none"> <li>• Evaluate compliance with regulatory requirements and reimbursement methodologies</li> <li>• Evaluate revenue cycle processes</li> <li>• Determine diagnosis and procedure codes according to official guidelines.</li> </ul>

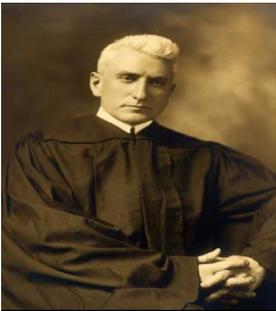
*Figure 1: Draft 2018 Health Information Management Associate Degree Curriculum Competencies. This figure illustrates the Data Management and Revenue Cycle Specialty Track Curriculum Competencies (AHIMA, 2018c).*

within the draft 2018 HIM associate degree curriculum competencies (AHIMA, 2018c). Upon review of the specialty track competencies, development of a curriculum re-design plan will provide guidance on how best to incorporate the specialty tracks into the existing HIT curriculum.

### Review of Literature

AHIMA is transforming the health information management profession by designing new future pathways for associate-level education. Given the proposal for change and to identify the justification for the transformation of the HIM profession it is imperative to investigate the past, present, and future of the AHIMA.

### History



*Figure 2:* Franklin H. Martin, M.D., FACS (1857-1935) (ACS Archivist, 2018)

Dr. Franklin H. Martin founded the American College of Surgeons in 1913 (See Figure 2). The newly developed educational association was dedicated to improving the care of the surgical patient and to safeguard practices of care. To accurately assess the surgical work of the physicians, the college evaluated operative reports within medical records (Huffman, 1990). It quickly became apparent that the medical records were not adequate for medico-legal purposes of the hospital, physician, patient and clinical research. Consequently, the adoption of hospital standardization for medical records resulted which required all medical records to be complete, accurate and attainable (Huffman, 1990). As substantial advances in the quantity and quality of medical records surfaced, committees formed explicitly to improve medical records. Grace Whiting Myers (See Figure 3), the assistant librarian at Massachusetts General Hospital, was appointed to

serve as the general chairman on the first American College of Surgeons committee devoted entirely to medical records and medical record keeping (Huffman, 1990). It was through Grace Whiting Myers committee work and a career as an assistant librarian responsible for the maintenance of hospital medical records that prompted the creation of the Association of Record Librarians of North America (ARLNA) in 1928 (Lipscomb, 2003). Grace Whiting Myers' was a true pioneer in the field of medical records management. Through her work and legacy, the profession has evolved and transformed throughout the decades shown by the following timeline.



*Figure 3: Grace Whiting Myers (1859-1957) (Massachusetts General Hospital,*

- 1928 – Association of Record Librarians of North America (ARLNA)
- 1938 - American Association of Medical Record Librarians (AAMRL)
- 1970 - American Medical Record Association (AMRA)
- 1991 - American Health Information Management Association (AHIMA) (Land, 2017)

Not only has the association name changed throughout the years, but the professional title/credentials has morphed from:

- 1912 - Medical Record Librarian
- 1933 - Registered Record Librarian (RRL)
- 1953 - Accredited Record Technician (ART)
- 1978 - Registered Record Administrator (RRA)
- 2000 - Registered Health Information Technician (RHIT)
- 2000 – Registered Health Information Administrator (RHIA) (Land, 2017)

**Present**

Today, The American Health Information Management Association (AHIMA) serves 52 component state organizations (state chapters) and over 103,000 health information professional members worldwide. AHIMA is highly respected and recognized as the leading resource for managing health information within the healthcare industry (AHIMA, 2018a). The health

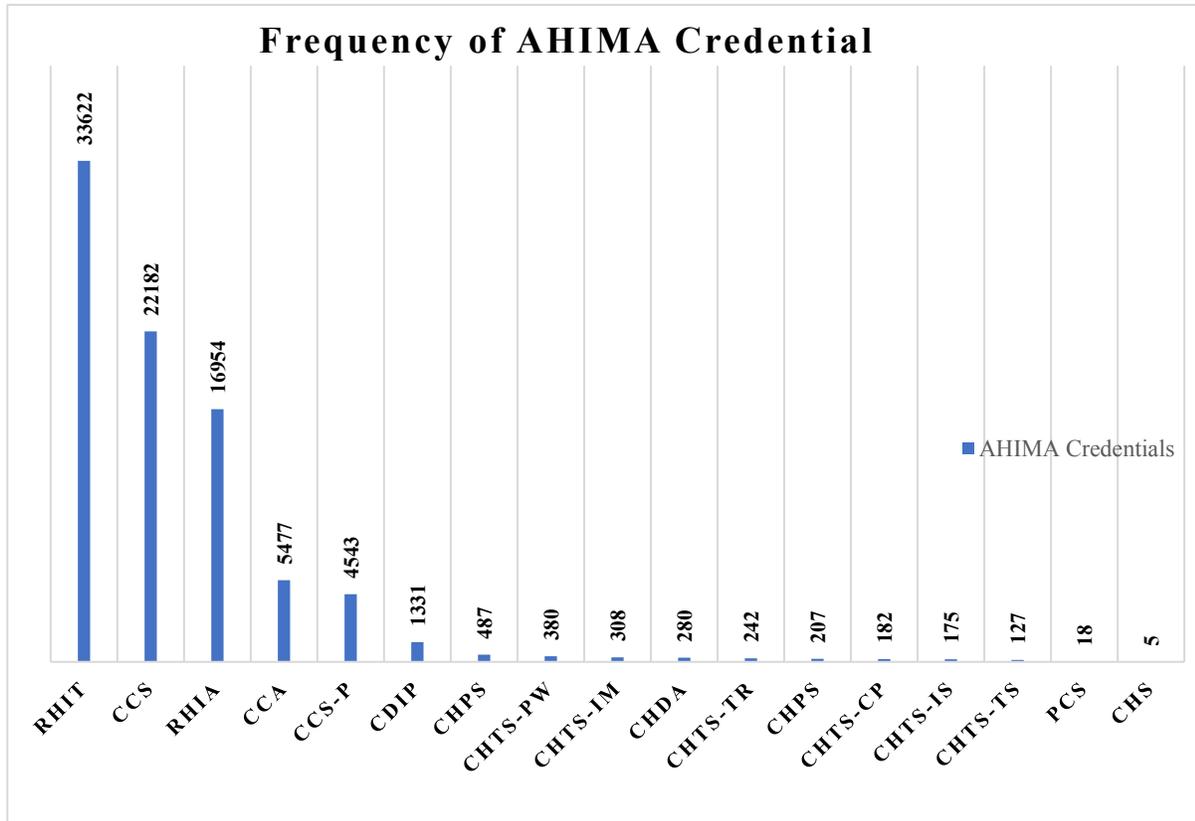


Figure 4: Frequency of AHIMA credential (AHIMA, 2017).

information management (HIM) profession has a variety of career pathways through certifications. As shown in the graph (see Figure 4), more than half of all AHIMA members hold an associate degree in Health Information Technology and an RHIT (Registered Health Information Technician) credential. To sit for the RHIT credential, one must complete an associates degree in a Health Information Management program accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

RHITs can be found working in a variety of healthcare settings to include hospitals, office-based physician practices, home health agencies, nursing homes, mental health, law firms and insurance companies, and electronic health record vendors among others (AHIMA, 2018b).

The next level of AHIMA certification is the Registered Health Information Administrator (RHIA). To sit for the RHIA credential, one must graduate from an accredited bachelor’s degree program in HIM. RHIA professionals provide a critical channel between health care providers, clinicians, financial personnel, hospital administrators and patients. The RHIA is an expert in managing health information, collecting and analyzing patient data and verifying the completeness and accuracy of the health record. Furthermore, RHIA’s oversee the administrative functions within a HIM department to include budget management and participation in hospital-wide committees (AHIMA, 2018c).

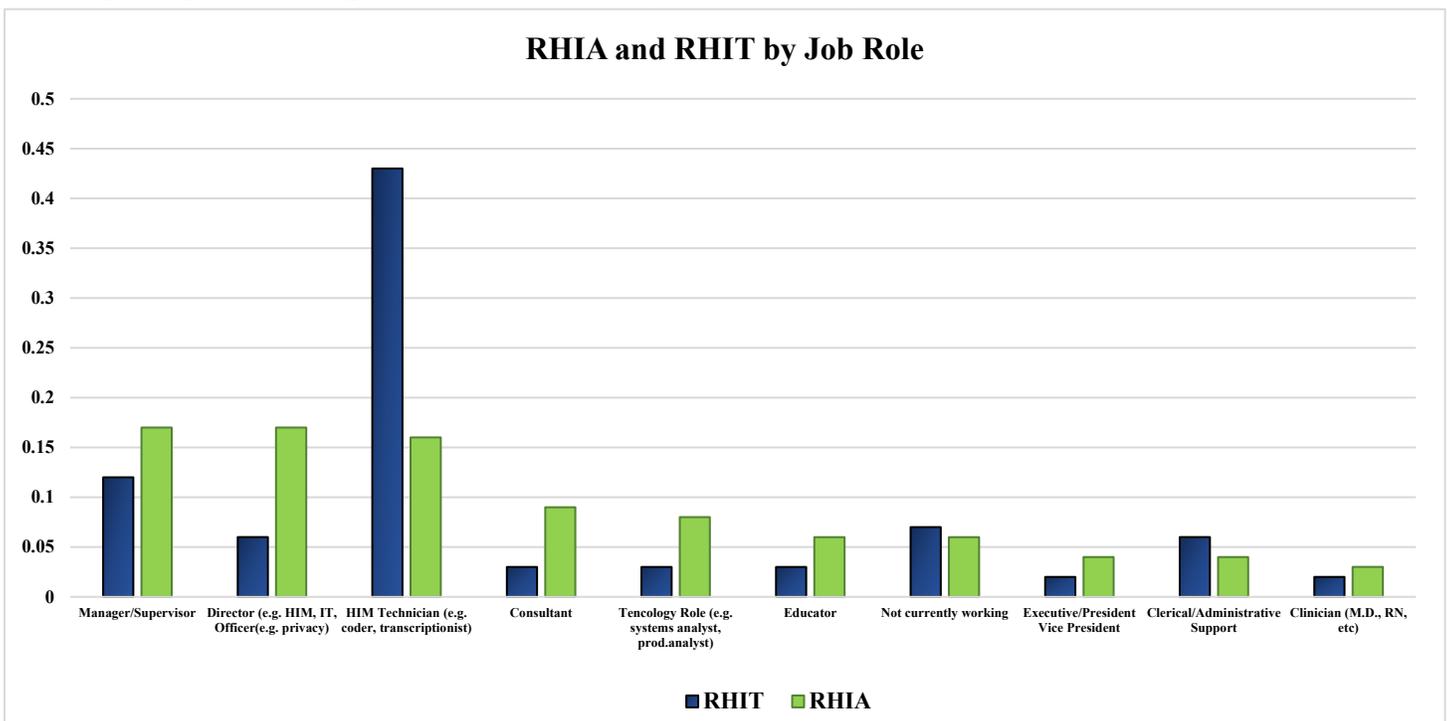


Figure 5: RHIA and RHIT by Job Role (AHIMA, 2017)

Figure 5 above depicts an RHIA’s job functions currently in relationship to an RHIT ’s. Data shows approximately 43 percent of RHIT’s and 15 percent of RHIA’s work in jobs that

involve coding and transcription with managerial and supervisory roles following. In the present day, skills and knowledge in coding is a well-known trait of a HIM professional. With the advent of the electronic health record, AHIMA is taking the lead in accelerating training and education to open the doors to more opportunities for career advancement into the future (AHIMA, 2018c).

### **Future**

Emerging trends and future direction in the HIM industry is challenging to predict. There is a myriad of published HIM workforce studies, journal articles, along with the 2017 HIMR whitepaper intended to define HIM professional trends, shifts in the HIM industry, and the skills, education, and credentials necessary to meet the future workforce needs. A 2014 HIM workforce study along with the HIMR white paper will assist in the transformation and reshape the HIM profession as it is known today.

**A 2014 HIM workforce study.** A HIM industry workforce survey conducted in 2014 illustrated significant changes had occurred within the profession due to the conversion of paper-based records to the electronic health record. The study not only focused on past and present skills required by HIM professionals but future skill sets for sustainable growth within the HIM workforce. Figure 6 below illustrates the skills ranked by order of importance in the future. The top three skills listed as priorities in the future according to Sandefer, Marc, Mancilla, and Hamada (2015) are big data analysis, informatics, and data mining. Below are definitions for each skill priority:

- **Big data analysis:** The science of examining raw data with the purpose of drawing conclusions about that information (Campbell, Hernandez, Houser, & Paulson, 2018).
- **Informatics:** A collaborative activity that involves people, processes, and technologies to produce and use trusted data for better decision making (AHIMA, 2018e).

- Data mining: The process of using data in large databases to try and help make better decisions (Blumenthal, 1998).

In contrast with the top skills for the future, the study identified coding as a skill that will be of less relevance in the future than it is today. The study reinforces change is inevitable within the HIM industry (Sandefer et al., 2015). Figure 7, on the other hand, shows the time respondents spend on tasks currently compared to future predictions. Respondents listed leadership, teaching, and informatics as the top three tasks they anticipate spending a fair amount of time on in the future. These tasks distinguish future opportunities in distinct healthcare settings in direct parallel with management, higher education, and information technology. Noteworthy, figure 6 and figure 7 both illustrate coding at the bottom of the skills sets of

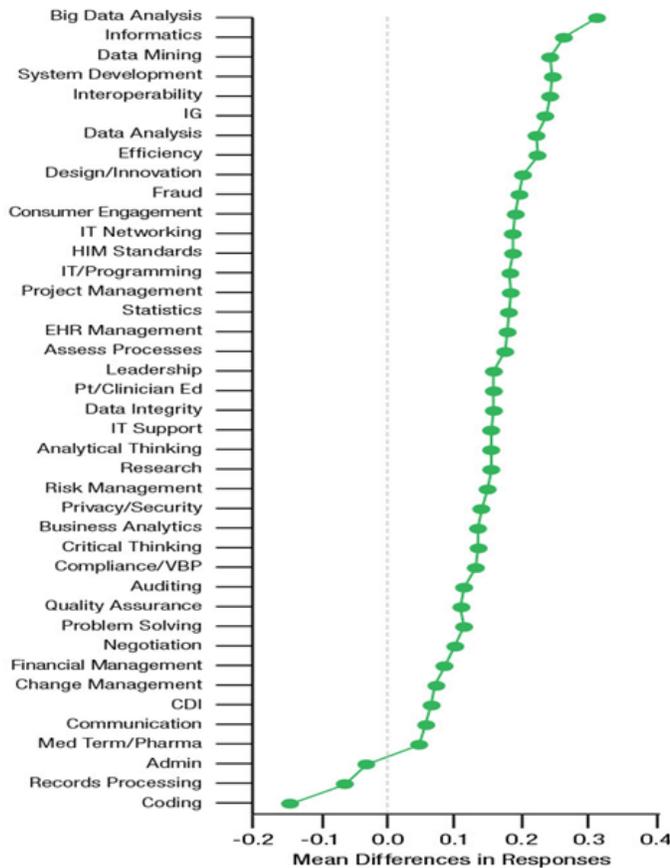


Figure 6: Skills that will be more important in the future than today (Sandefer et al., 2015)

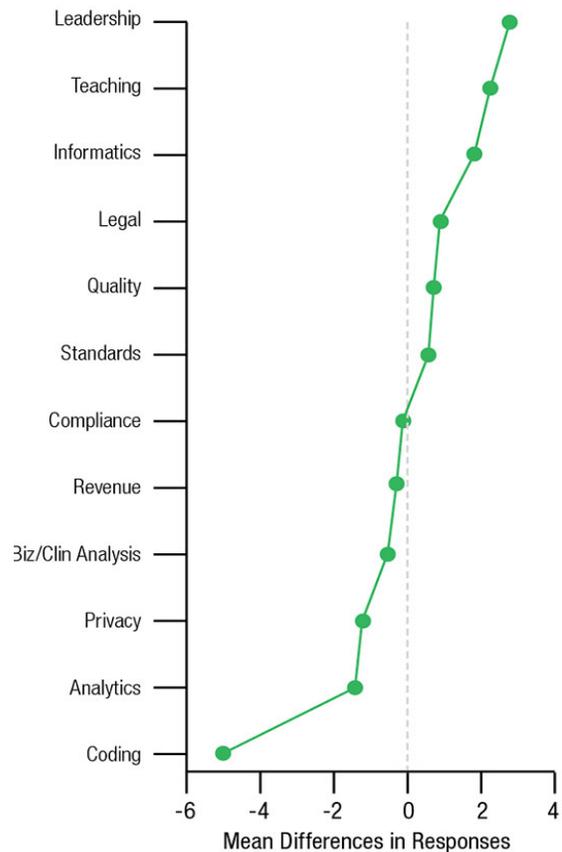


Figure 7: Areas HIM experts to focus on in the near future (Sandefer et al., 2015)

importance and a task HIM experts foresee spending less time on in the future (Sandefur et al., 2015).

**The HIM reimaged whitepaper.** A white paper titled “HIM Reimagined: Transformation Starts with You” is the most recent AHIMA initiative seeking to transform the Health Information Management industry. The white paper published May 18, 2017, is a future-focused AHIMA initiative detailing the complex issues surrounding the rapidly changing healthcare environment and how the anticipated changes will affect the HIM workforce (AHIMA, 2017 WP). The current state of the US healthcare system is continually evolving. Medical advancements in technologies, drugs, diagnostic testing, telemedicine, and genetics alter the healthcare landscape every year. The HIMR taskforce completed an in-depth analysis of literature to assist in the development of their future-focused initiative and vision. The principal areas of concern on the task forces radar were investigating current healthcare analytics, future movements in higher education, along with federal and state initiatives. Most importantly, the HIM Reimagined (HIMR) whitepaper outlines the recommendations and rationale behind the expansion of skills and specialization in the health information management profession.

**Deloitte Centre for health solutions document.** The HIMR taskforce used the Deloitte Centre for Health Solutions document titled “Healthcare and Life Sciences Predictions 2020: A bold future to assist in the consummation of recommendations and rationale for AHIMA’s HIM professionals”. The primary takeaway AHIMA received from the Deloitte paper in seeking to answer questions regarding the future of healthcare is the P-4 medicine concept. The notion behind P-4 is that medicine is predictive, preventative, personalized, and participatory. The P-4 idea is a patient-centered care approach which allows the patient more involvement with their healthcare decisions (AHIMA, 2017). Due to the enactment of the electronic health record,

patients can view their health information and are becoming more educated patrons over their health care needs and services. Per the Deloitte report, AHIMA believes the P-4 concept will open the doors to opportunities for AHIMA professionals through research, data analytics, information governance, data management, informatics, and privacy and security. However, to meet the demands and challenges HIM professionals must strengthen their skill sets to more effectively and efficiently connect and guide consumers (AHIMA, 2017).

***Trends in higher education.*** Trends in higher education and workforce changes were areas the HIMR taskforce reviewed in the evaluation of the current state and future direction of the HIM profession. The growth of online learning, tuition rates increases, reduction of state appropriations, and micro-credentialing were evaluated and analyzed for the development of HIMR white paper. Primarily, online learning has become an integral part of higher education in part due to nontraditional students being the new traditional students in higher education. Online learning has expanded educational access to students in a multitude of geographic areas (Betts, 2017). The rise of tuition rates due to a decrease in state funding is a concern for students looking to attend college. Likewise, universities and public colleges are reevaluating their operations as a result of the reductions in state and federal funding. As a consequence of decreased funding, colleges may be forced to eliminate course offerings and cut faculty positions (AHIMA, 2017). Micro-credentialing is another future trend HIMR taskforce is monitoring and believes could affect prospective HIM students and educators. Micro-credentials also referred to as digital badges, web badges, and mini-degrees are similar to obtaining certification and earned in an abbreviated version of a college course (Online Schools, 2018).

***HIMR recommendations and rationale.*** The HIMR taskforce is made up of HIM educators and practitioners governed by AHIMA's Council for Excellence in Education (CEE). There are

four proposed future focused recommendations made by the HIMR taskforce. The core recommendations and criterion subjecting change at the associate level degree programs are:

- Transform the academic curricula at the associate level to allow for an increase in specialization to augment and support the HIM foundational core curriculum.
- Transition the RHIT credential to an RHIT (+ Specialty) at the associate level while the RHIA credential will set a precedent as the generalist practice at the baccalaureate level. (AHIMA, 2017)

Furthermore, the HIMR taskforce recommendations suggest a compressed set of HIM core content, opportunities for specialization in the form of specialty tracks and promotion of higher learning beyond an associate level education (AHIMA, 2017).

The driving force behind the rationale proposed by HIMR taskforce is in large part due to trends in healthcare along with various research sources, surveys and studies. One study contributing to the explanation concluded a detachment between academic readiness and employer demands in skill sets of graduates entering the health information workforce (Jackson, Lower, & Rudman, 2016). Another motive behind HIMR's taskforce recommendations is due to survey results from the 2014 AHIMA Workforce study. The study determined the work environment for HIM professionals is rapidly changing and the skills used today will dramatically increase as the HIM industry spends less time on coding and more time analyzing, interpreting and supporting healthcare decision-making (Sandefer et al., 2015). Additionally, the need to align certification exams with curriculum and employer workforce needs evoked rationale for the recommendations (AHIMA 2017).

To address the educational needs of the workforce, HIMR has developed a draft 2018 Health Information Management Degree Curriculum Competencies to replace the existing 2014

competencies. Finalization of the draft competencies will take place between November 1, 2018, through December 31, 2018, by the Commission on Certification for Health Informatics and Information Management (CCHIIM) (AHIMA, 2018c). In comparison with the 2014 curriculum competencies, the number of domains remain the same in the draft 2018 competencies but are titled differently to allow for in-depth specialty content. Also, the 2018 competencies no longer have subdomains, are broadly defined to allow adaptability to workforce demands, includes a redacted Bloom's Taxonomy table, and the supporting body of knowledge shifts from general statistics to math statistics (AHIMA, 2018c).

### **Methodology/Results**

To implement the goals of the HIMR initiative, strategic planning through a HIT program course review and a market research survey unfolded to develop and incorporate designated specialty curriculum. The methodology used to study and examine the opinions of Kansas HIM professionals related to the integration of specialty tracks into the HIT programs curriculum consisted of a market research survey.

#### **Market Research Survey**

The market research analysis consisted of three steps. The first step included obtaining Institutional Review Board approval at Washburn University. The second step encompassed the creation of the survey methodology best suited for the study analysis. Lastly, the results of the survey were formulated to include response rate and overview of the results.

**Institutional Review Board.** Before conducting human subject research at Washburn University, faculty must obtain Institutional Review Board (IRB) approval. Therefore, the completion of an IRB application (Appendix A) for project approval preceded initialization of the research survey. After official endorsement by the IRB (Appendix A), the transmission of an

e-mail (Appendix B) to all study participants ensued detailing the nature of the survey along with an electronic link to the study. The participants identified to participate in the survey included the HIT Programs Advisory Board (5 member board), HIM department directors and supervisors at various hospitals and healthcare organizations, HIM educators, and data management professionals throughout the state of Kansas.

**Survey method and background.** A method to better understand the specialty tracks most favorable to the needs of the HIM ecosystem inspired the creation of an online survey for data collection. The overall methodological approach to data collection included the formation of quantitative (multiple choice questions) and qualitative (open-ended question) data elements. The selection of the specific quantitative and qualitative research designs provided a way to generate numerical data and to gain insight into the specialty tracks best suited for the HIM industry (DeFranzo, 2011). The survey developed within Microsoft Forms (Appendix C) contained a consent statement, four multiple choice questions, and one open-ended question to engage the survey participants' opinions on the subject matter. The survey was a double-blind study to eliminate biases and maximize the validity of the study results. Participants were selected based on their involvement within the HIM industry. The participants asked to take part in the study included HIM educators, HIM professionals currently working in healthcare, HIM professionals working in the data management industry, and the Washburn University HIT program advisory board. The participants were asked to complete the Washburn University HIT Program Survey voluntarily. There was no identifying information on the survey itself. The survey results collected through Microsoft Forms provided no classifying information. Only the primary investigator had access to the survey response data.

**Survey Results.** The Washburn University Program survey consisted of a total of five questions. The study generated twenty responses out of thirty which equates to a sixty-seven percent completion rate. The following questions guided the study:

1. Select your primary work setting
2. Select your primary job function
3. The proposal is to move the RHIT to RHIT+ specialty meaning this will be the name of the credential where “+ Specialty” is currently used as a placeholder, it will be replaced with the specific specialty a student received. Do you like or dislike the proposal?
4. Provide reasoning for answer selected in question #3
5. To align the needs of the community/state healthcare organizations with the HIM Associate Degree curriculum at Washburn University, select the Specialty Track most advantageous to your facility/workforce.

The quantitative survey questions reported in Figures 8 and 9 concern the respondent's primary work setting and job functions. Results illustrated in Figure 8 show the highest number of respondents work for either a city hospital or for a clinical research organization. The next highest work setting reported was a rural hospital and an educational institution.

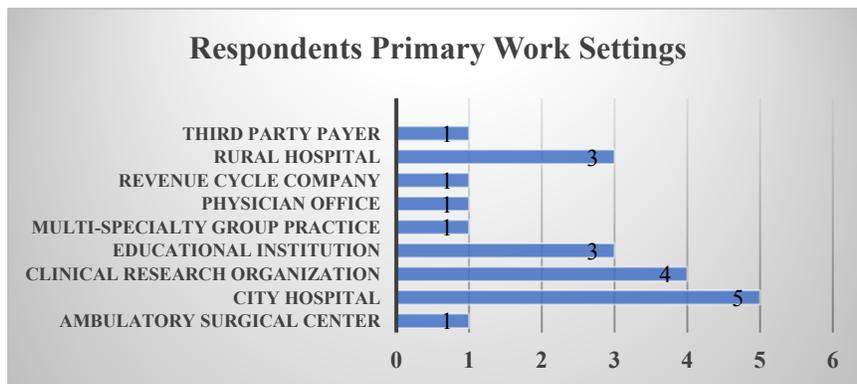


Figure 8: Respondents Primary Work Settings

The survey question relating to the respondent's primary job functions (see Figure 9) resulted in the uppermost responses from managers, supervisors, or directors in the HIM industry (total of 7) followed by data managers (total of 4) and then educators (total of 4).

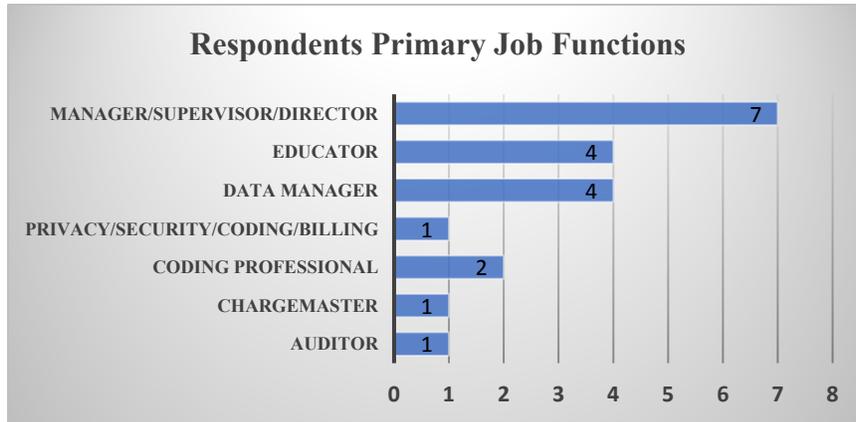


Figure 9: Respondents Primary Job Functions

Survey question three used a dichotomous scale (“like,” “dislike”). Respondents who *disliked* (75 percent) the RHIT + specialty credential was significantly higher than the respondents that *liked* the proposed change to the RHIT credential (25 percent) (see Figure 10).

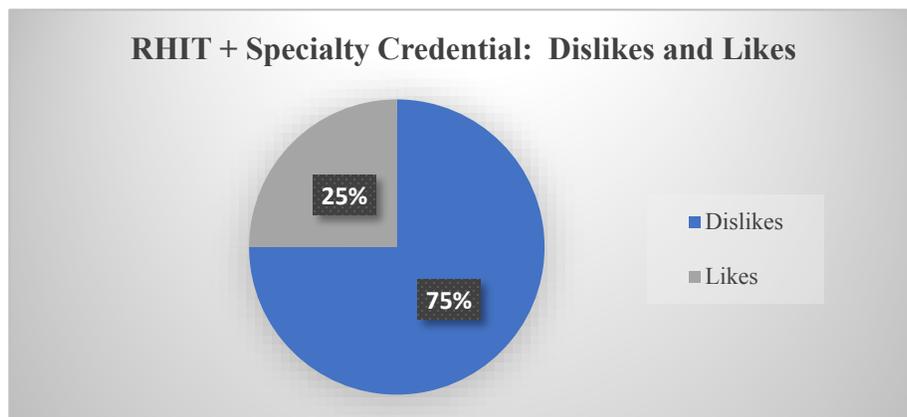


Figure 10: Specialty Tracks Recommended by AHIMA: Dislikes and Likes

The qualitative survey question used to uncover thoughts and opinions on the RHIT + specialty credential provides insights into the RHIT credential proposed modification. Verbatim responses to the open-ended survey question four included:

Like responses:

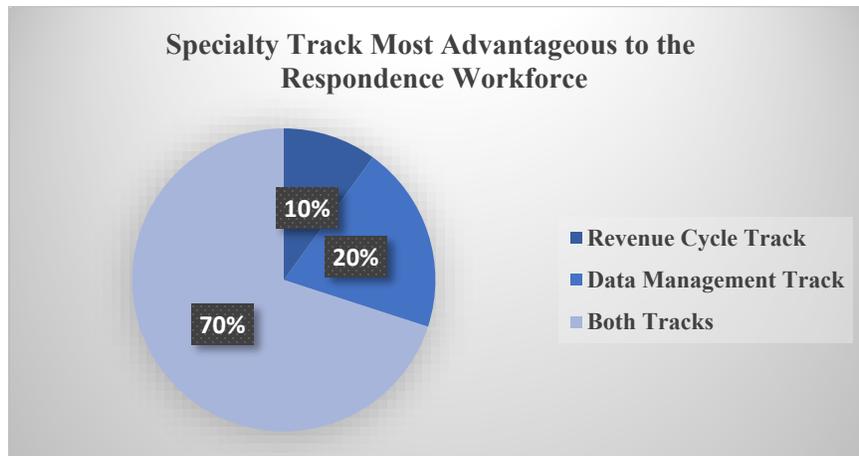
- I can't think of an alternative
- It makes the credential clear and visible
- Both specialties provide unique skills that can be utilized by the HIM profession
- An individual can learn more information in a specific area of the HIM field
- This sounds advantageous to the student that can be able to choose which track interests them the most and be able to gain a lot of knowledge in that certain subject matter

Dislike responses:

- RHIT is an established credential known in the industry
- Not broad enough. Limits scope of what RHITs can perform
- In a rural setting, one credentialed person in the department has to perform all duties within the HIM department, so I feel if they are educated in a specialty area they will not be as well trained for the full job description
- I dislike the proposal as it seems it narrows the jobs you are qualified for. Keeping it broad would allow for more options and then specific on the job training for a certain job or even credentials in certain areas. In the end, if someone wants to be a manager, it would seem that having both tracks would also be advantageous.
- Four letters is a long enough credential. What happens if you have multiple or change specialties?

Finally, respondents were asked to select the specialty track most advantageous to their facility or workplace (see Figure 11). More than half (70 percent) of the respondents noted both revenue cycle management and data management to be the most important to their place of

employment. Also, support for the data management specialty track (20 percent) surpassed the revenue cycle management track (10 percent) by a small margin.



*Figure 11: Specialty Tracks Most Advantageous to the HIM Workforce*

### **HIT Program Course Review**

Academic restructuring and organizational change are eminent in the wake of the HIMR white paper's recommendations. A thorough HIT course assessment transpired to gain clarity and understanding of how the proposed specialty tracks will mesh with the current HIT academic curriculum. With the use of the draft 2018 curricula mapped to the 2014 curriculum crosswalk, the faculty evaluated the current HIT courses with the proposed specialty track competencies. Upon review, the faculty identified thirteen HIT courses considered core or generalist and matched six courses meeting RM competency requirements, and three courses meeting the DM competencies (see Figure 12). One course (Computer Competency and Internet) necessitates further review to determine if it genuinely fits the DM competency outlined within the 2018 draft HIM curricula map. In the final analysis of the HIT programs course review, faculty noted the update to math statistics within AHIMA's supporting body of knowledge. Henceforth, AHIMA will no longer require general statistics but math statistics (AHIMA, 2018c). Further

investigation was conducted to determine if Contemporary College Mathematics (MA 112) includes some form of math statistics.

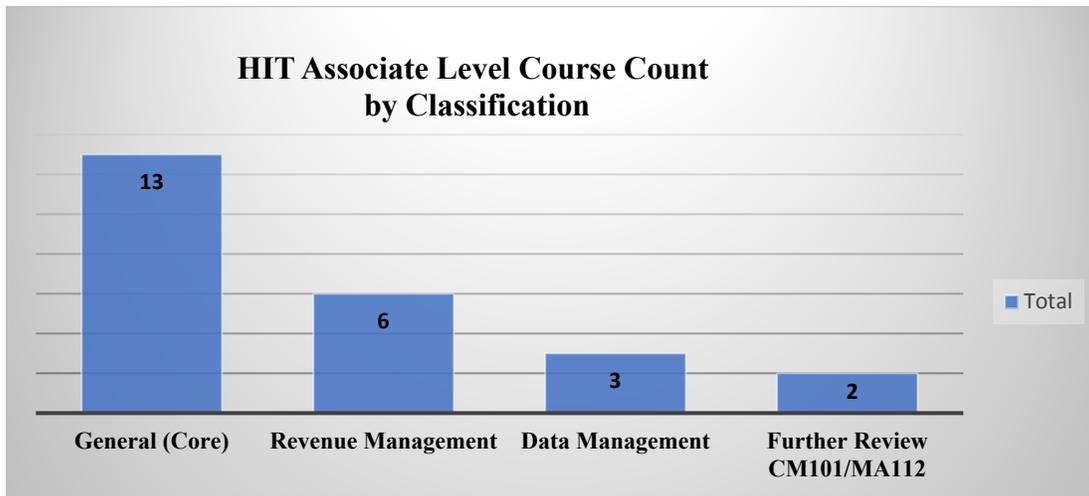


Figure 12: HIT Course Count by Classification

### Summary of Key Findings

The use of both descriptive (graphs) and inferential (interpretation) statistics were utilized to analyze and draw conclusions from the Washburn University HIT survey results. To begin, the study completion response rate for the external survey exceeded expectations. Out of the thirty survey's e-mailed to HIM professionals, twenty responded and completed the study producing a sixty-seven percent completion rate. Another aspect of interest includes the selective sampling that generated responses from HIM professionals working in a variety of work settings, performing various job functions. The targeted population enhanced the overall data collection and study results. The research findings themselves indicate a distinguishable gap between study participants who "like" versus those that "dislike" the proposed RHIT + specialty credential. The reasoning behind the dislikes varied in scope. Primarily, participants acknowledged that changing the RHIT credential to a specialty credential was unnecessary and would place limitations on an RHIT's employment opportunities. The few participants in favor

of the change in the RHIT credential like the idea of the student's ability to select the specialty track they find most interesting.

The survey's primary aim was to assess the specialty credential most advantageous to the HIM workforce. One-third of the total participants offered support for either the RM (10 percent) specialty or the DM (20 percent) specialty but not both. More than half of the respondents (70 percent) selected both the RM and the DM specialty tracks as being the most beneficial tracks for student's joining the HIM workforce.

The HIT program course review shed light on the prospective RM and DM competencies. In comparing the 2014 curriculum competencies with the draft 2018 competencies, faculty identified the RM, and DM specialty competencies are, in essence, already in the current HIT program curriculum. One identifiable change between the 2014 and draft 2018 curriculum maps is the support for higher levels of Bloom's Taxonomy than in the 2014 curricular competencies. Additionally, the review established the further investigation into two HIT-related courses in Computer Competency and Internet (CM 101) and Contemporary College Mathematics (MA 112) prompting the request of the course syllabi (see Figure 12). After the assessment of the CM 101 course syllabi, faculty came to the conclusion CM 101 meets the proposed DM competency requirements. The second course, MA 112 elicited review to discover whether course objectives met the body of knowledge competency for mathematical statistics. Upon inspection of MA 112 course syllabi, faculty noted course objectives supporting the use of basic statistical methods which would meet the somewhat vague competency outlined in the draft 2018 curricula map. Further review will be needed once the draft competencies are finalized to ensure MA 112 meets the requirements.

### **Implementation Plan/Next Steps**

To meet the future demands and challenges outlined in the HIMR white paper, development of a strategic plan for implementing specialty tracks into the HIT program curriculum is vital to the programs future success. First, to assess curriculum revision in support of the specialization, the HIT program faculty completed a comprehensive review of the required courses for degree completion. Second, the analysis and interpretation of data collected through market research provided concrete data on the specialty tracks most beneficial for the HIM workforce in the future.

It is important to note the HIMR recommendations suggest the transition of the RHIT credential to the RHIT + specialty designation is not until August 2021 through December 2026. The HIT faculty has an ample amount of time to implement the plan. The HIT programs next steps are:

- Upon finalization of the draft 2018 curriculum competencies (tentative date December 2018), complete a comprehensive HIT program review to thoroughly assess the changes between the 2014 and 2018 curriculum competencies.
- Implement the Revenue Management and the Data Management specialty tracks by August 2020.
- Revise HIT Program orientation materials to include an explanation of specialty tracks by August 2020.
- Develop and distribute materials to communicate the transition from the RHIT credential to the RHIT (+ specialty) to the HIM workforce.
- Determine professional practice experience (PPE) clinical sites for the Data Management specialty.

- Re-design AL-250 Seminar (capstone course) in Health Information Technology to culminate an educational program for students to review course materials specific to their specialty designation.
- Update course materials and syllabi to reflect changes due to the specialty designations.
- Determine the extent of knowledge for math statistics upon finalization of the draft 2018 curricular competencies by the Commission for Health Informatics and Information Management (CCHIM)

### **Summary of Project**

The main scope of the Washburn University HIT programs survey was to determine the HIM workforce needs of the future in regards to academic training. Research methods used in the study were qualitative and quantitative. These two methods were easy to measure, and the results clearly showed through the data. The primary limitation of the study was the small sample size. The study combined responses from HIM professionals and educators throughout the state of Kansas. Future research should incorporate a greater sample size to include other AHIMA component state association members as HIT graduates from Washburn University find employment not only in Kansas but nationally. The actual findings from the survey provided valuable data for the HIT program faculty. Survey analysis concluded the HIT program should incorporate both the Revenue Management and the Data Management specialty tracks into their curriculum – not just one or the other. Now that the study has validated the findings for the HIT program to teach both specialty tracks; the HIT program can move forward to devising an implementation plan. Regardless, HIT graduates will possess the essential skills sets for employment in the HIM industry.

### **Conclusion**

The HIMR white paper developed by AHIMA's CEE outlines the critical need to transform the HIM industry due to emerging technologies and advancements within the profession. Research and investigation of the future-focused initiative delineated in the white paper prompted a HIM industry market analysis. According to the analysis of the survey responses, HIM professionals and educators validated the need to incorporate the RM and the DM specialty tracks into the core HIT curriculum at Washburn University. For this reason, the HIT program educators will devise a curriculum re-design implementation plan. The plan will comply with the HIM Reimagined curriculum recommendations to include both the RM and the DM specialty designations across the HIT academic spectrum. Alignment of the HIT specialty certification with the educational needs of the HIM industry will undoubtedly ensure the future success of all HIT student graduates at Washburn University.

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## Appendix A

### *Institutional Review Board (IRB) Application for Project Approval (revised August 2017)*

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

*NOTE: This is a Microsoft Word form document. Please open and save the completed document using Microsoft Word. Click on TextBoxes ( ) and begin typing to provide written information.*

#### ***Investigator Information***

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1. Name of Principal Investigator: Stacie Hawkins
  - a. Email address of Principal Investigator: stacie.hawkins@washburn.edu
2. Name(s) of Additional Investigator(s):
  - a. Email address(es) of Additional Investigator(s):
3. For student projects, name(s) of Supervising Faculty Member(s): Zach Frank
  - a. Email address(es) of Supervising Faculty Member(s): zach.frank@washburn.edu
  - b. Campus Phone Number(s) of Supervising Faculty Member(s): 785 670-1406
  - c. Departmental Affiliation and Location: Allied Health – Benton Hall

#### ***IRB Certification***

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4. Have **ALL** of the individuals listed in items 1 – 3 above completed **and** passed all six (6) IRB Training Modules?

Yes

No. If “No,” then do **not** submit this IRB application. IRB applications must be submitted only after all of the individuals listed in items 1 – 3 above have completed and passed all six (6) IRB Training Modules.

#### ***Project Narrative***

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5. Is this project a Quality Assurance Initiative?
  - Yes
  - No
6. Which of the following groups will you be **intentionally recruiting** in your study? Check ALL that apply.
  - Children (individuals under the age of 18)
  - Prisoners
  - Individuals with developmental disabilities
  - Pregnant women, fetuses, and/or neonates
  - Potentially at-risk individuals, such as undocumented immigrants or LGBTQ individuals
  - None of the above will be used in the proposed study
7. Will you be asking participants questions or exposing them to stimuli about sensitive topics that could have more than minimal risk of emotional harm? Sensitive topics might include mental health, child abuse, sexual/domestic violence, or other topics that may be considered “triggers.”

- Yes  
 No

8. Does this research entail more than “minimal risk” (the risk of harm anticipated in the proposed research is not greater, considering probability and magnitude, than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests)?

- Yes  
 No

9. Title of Project: Market Analysis Survey for MHS Program Practicum (AL-726)

10. Funding Agency (if applicable):

11. In 2-4 paragraphs, describe the project’s purpose(s) and benefit(s). Discuss the importance of conducting the proposed study. In particular, explain why the proposed study should be conducted (purpose) and what will be gained from conducting this study (benefit).

The purpose of the survey is to complete a market analysis. The survey will be sent via e-mail to Health Information Management professionals to gain knowledge and understanding of the RHIT – Registered Health Information Technicians “specialty track” designations most advantageous to their organizations and workforce.

The results of the survey will be outlined in a paper for AL-726 MHS Program Practicum as well as used in determining the specialty tracks for the Health Information Technology Program at Washburn University. Currently, specialty tracks are not a part of the generalist HIT curriculum within the program. The proposed addition of specialty tracks by the American Health Information Management Association (AHIMA) to the HIT curriculum will be a significant change and involve a considerable amount of work in the development and creation by the HIT programs faculty. The survey will provide valuable information in knowing which specialty tracks are most important to HIM professionals in the state and proximity to Washburn University.

12. Describe the proposed subjects:

- a. Number – 15-20
- b. Age –
- c. Sex –
- d. Race –
- e. Other characteristics –

13. Describe how subjects are to be selected/recruited. All recruitment material (i.e. email text, social media text, posters, etc.) must be submitted with this application.

An e-mail will be sent to the Health Information Technology Programs Advisory Board

(5 members on the board currently) and Health Information Management department directors at various hospitals and healthcare organizations throughout the state of Kansas.

14. Describe the proposed procedure in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described.

**Use simple language; avoid jargon.**

Subjects will receive an electronic Microsoft Forms link to a survey that will ask questions regarding adding specialty tracks (Revenue Management/Data Management) to Washburn Universities HIT Program curriculum.

The studies participants/subjects will be asked to complete the Washburn University HIT Program Survey voluntarily. The survey is a double-blind study to eliminate biases and maximize the validity of the study results. The results will be used to determine the specialty tracks most advantageous to the HIM workforce and will assist in the development of the specialty tracks in the HIT program.

The investigator may present their findings at a future American Health Information Management Association national conference.

15. Have you included with your IRB application **all** questionnaires, tests, recruitment material, or related research instruments that are to be used?

- Yes  
 No  
 Not applicable

16. If you are conducting your study at a site outside of Washburn University, a letter of approval written on the agency letterhead or an email (from the agency's official email address) from the authorized individual **must** accompany the proposal. The letter/email should make it clear that the person is aware of the topic, task, and procedures of the study. The letter/email should also include the title/position of the authorizing individual. Have you included letter/email of approval from the outside agency/institution?

- Yes  
 No  
 Not applicable

17. The data will be analyzed in:

- Individual form  
 Aggregate form  
 Both individual and aggregate form

18. **Please read completely:** You must include a copy of the informed consent statement you plan on having participants read and sign. If participants are under 18 years of age, a consent form **must** be created for parental signature. If information other than that provided on the informed consent form is provided, attach a copy of such information. In the consent form, explain how the identifying information will be either anonymous (meaning the principal investigator *cannot* tie participants to their data) or confidential (meaning the principal investigator *can* tie participants to their data). The consent statement **cannot** include exculpatory (absolving from fault) language through which the

subject is made to waive, or appear to waive, any legal rights, or to release the institutions or agent from liability for negligence.

Have you attached a copy of the informed consent statement?

- Yes  
 No  
 Not applicable

19. What steps have you taken to ensure that individual names or personally identifying information will not be associated with the data you will collect?  
 Each person/subject will be sent a survey via electronic link sent in an e-mail. No identifying information will be on the survey itself. Results of the survey are then collected through Microsoft forms with no identifying information. Only the primary investigator (Stacie Hawkins) has access to the survey response data.
20. Will electrical or mechanical devices be applied to subjects?  
 Yes – If “Yes,” use the text box that follows to provide a detailed description of the steps that will be taken to safeguard the rights, safety, and welfare of subjects.  
 No
21. Participants in the proposed study will be:  
 Audio recorded  
 Video recorded  
 Both audio and video recorded  
 None of the above are applicable to the proposed study

***IMPORTANT:*** If you audio and/or video record participants, your consent form must contain a statement stating that participants will be recorded. The consent form should contain detailed information about how the recordings will be stored in a secure location and what exactly will be done with the recordings. Also, there must be two (2) signature lines on the consent form: (1) where the participant agrees or does not agree to being recorded and (2) where the participant agrees to participate in the study.

***I agree to conduct this project in accordance with Washburn University’s policies and requirements involving research.***

Name(s)  of  
 Principal

Investigator(s) (type your full name above)

**TO BE COMPLETED BY FACULTY SUPERVISING STUDENT RESEARCH:**

22. “I have reviewed this IRB application and deem it acceptable for IRB review.”

- Yes  
 No  
 Not a student project.

***Completed applications and all attachments should be sent from the faculty supervisor’s official Washburn University email account to [irb@washburn.edu](mailto:irb@washburn.edu).***

The following three procedures are **required** for continued supervision of this research project.

1. At six-month intervals, until the project is completed, a Project Status Report must be returned to the Chair of the IRB Committee.
2. Any significant change in the experimental procedure, as described, should be reviewed by this Committee prior to altering the project.
3. Any injury to a subject because of the research procedures **must** be reported to the Committee immediately.



The following is for IRB Committee use only.

### **IRB PROPOSAL EVALUATION**

IRB# 18-54

Review process (to be completed by IRB Chair):

- Exempt  
 Expedited  
 Full Review

IRB Member(s) assigned to review: Mike Russell

***TO BE COMPLETED BY IRB COMMITTEE MEMBER INVOLVED IN REVIEW:***

- Approved  
 Not Approved  
 Approved with modifications (see below)

Reasons for Disapproval:

Required Modification(s):

Recommendations:

Comments:

## Appendix B

HIM Reimagined is an AHIMA initiative proposing recommendations that would change the current landscape of the Health Information Technology Program at Washburn University. AHIMA's vision is to transition the RHIT credential to a specialty focused associate level by August 2021. The recommendations are to increase specialization across all levels of the HIM academic spectrum through curriculum revision. The RHIA credential would be the standard for the HIM generalist practice, and the RHIT credential would transition to an RHIT + Specialty. A student will hold one specialty designation as a result of their associate-level education. The single credential represents the core body of HIM knowledge (the generalist aspect of HIM) along with a designation to represent the specialty knowledge. Currently, there are two specialty tracks proposed by AHIMA: Data Management (DM) and Revenue Management (RM).

**Data Management Competencies example:** evaluate data dictionaries and data sets for compliance with governance standards, conduct queries using database management techniques.

**Revenue Management Competencies example:** evaluate compliance with regulatory requirements and reimbursement methodologies, evaluate revenue cycle processes

Associate degree programs may elect to teach one or both specialty tracks. Each student would enroll in DM and/or RM specialty track. The DM and/or RM competencies are to be completed in addition to the other curriculum competencies at the Associate Level.

To understand the "specific market need" for the specialty tracks in the HIT Program at Washburn University, please take a minute to complete the survey. Your participation is solicited, but strictly voluntary. Do not hesitate to ask any questions about the study. Be assured that your name will not be associated in any way with the research findings. We appreciate your cooperation very much. Your participation is greatly appreciated.

By clicking the link below, you are indicating your willingness to participate in the Washburn University HIT Program Survey:

\*This study has been approved by the Washburn University Institutional Review Board, IRB# 18-54

## Appendix C

# Washburn University HIT Program Survey

## Market Analysis

### Required

1. **CONSENT STATEMENT:** The Department of Allied Health and the School of Applied Studies at Washburn University support the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time, without penalty.

The study is concerned with determining the "specific market need" for specialty tracks in the Health Information Technology Program at Washburn University. Associate degree programs may elect to teach one or both specialty tracks. You will be asked to complete a survey.

Data collected will include:

- \* Primary Work Setting
- \* Primary Job Function
- \* Specialty Track most advantageous to the facility

Your participation is solicited, but strictly voluntary. Do not hesitate to ask any questions about the study. Be assured that your name will not be associated in any way with the research findings.

We appreciate your cooperation very much.

Sincerely,

Stacie Hawkins Principal Investigator

[stacie.hawkins@washburn.edu](mailto:stacie.hawkins@washburn.edu) 785 670-2218

Zach Frank Faculty Supervisor

[zach.frank@washburn.edu](mailto:zach.frank@washburn.edu) 785 670-1406

**If you wish to participate, click "Yes", if you do NOT wish to participate click "No" and proceed to close the form.**

- Yes  
 No

2. Please select your primary work setting

- Rural Hospital
- City Hospital
- Physician Office
- Long -Term Care Facility
- Multi-specialty group practice
- Currently not employed
- 

3. Please select your primary job function

- Manager/Supervisor/Director
- Coding Professional
- Educator
- Compliance
- 

4. The proposal is to move to the RHIT + specialty meaning this will be the name of the credential and where "+ Specialty" is currently used as a placeholder, it will be replaced with the specific specialty a student received. Do you like or dislike the proposal?

- Like
- Dislike

5. Please provide reasoning for answer selected in question #4

6. To align the needs of the community/state healthcare organizations with the HIM Associate Degree curriculum at Washburn University, select the Specialty Track most advantageous to your facility/workforce.

- Revenue Management Specialty Track
- Data Management Specialty Track
- Both Revenue Management and Data Management Specialty Tracks