Benchmarking Professional Practice Issues: A Preview

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by Daniel P. Lorence, PhD

In April 1997, AHIMA's Board of Directors authorized staff to initiate an Association-sponsored benchmark/ best practices research program. The goal was to establish a source of practical, comparative information AHIMA members could use in benchmarking day-to-day practice.

As part of this program, AHIMA distributed a census questionnaire asking members for insights on current and future HIM issues occurring within the work setting. Complementing existing member profile data, the census questionnaire asked about member opinions and practices related to a variety of issues in the profession as well as within the member's specific organization.

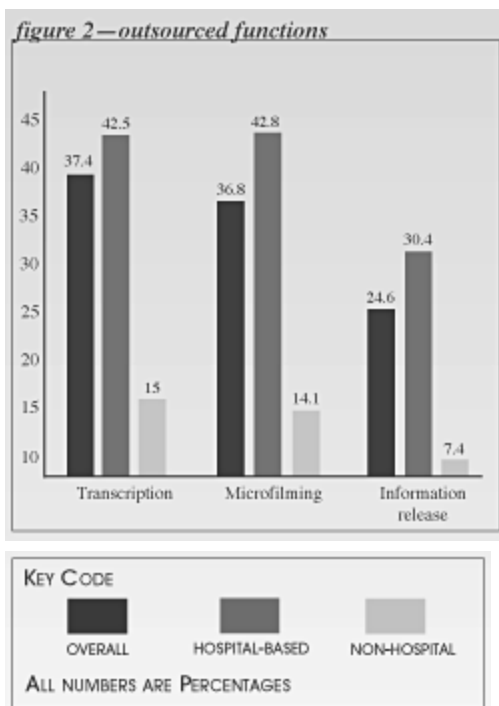What follows is a sample of preliminary data received from the census.

HIM professionals are attuned to issues that interest their senior managers. Not surprisingly, they indicated fraud and abuse as the issue most on the minds of senior managers (25.2 percent). Most likely, publicity and public debate has, to some extent, influenced the visibility of this issue. More tellingly, however, this finding highlights the expansion of the HIM role into a broader, industry-focused perspective. Respondents also highlighted the interest of senior management in moving toward the computerized patient record (CPR) environment (20.8 percent) and a growing interest in data quality (11.9 percent).

What information management issue is currently of greatest interest to your senior management?

figure 1—management issues

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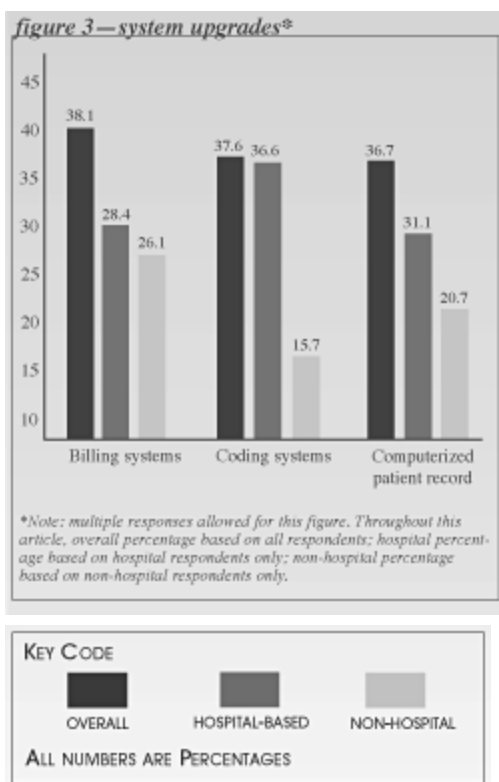ALL NUMBERS ARE PERCENTAGES
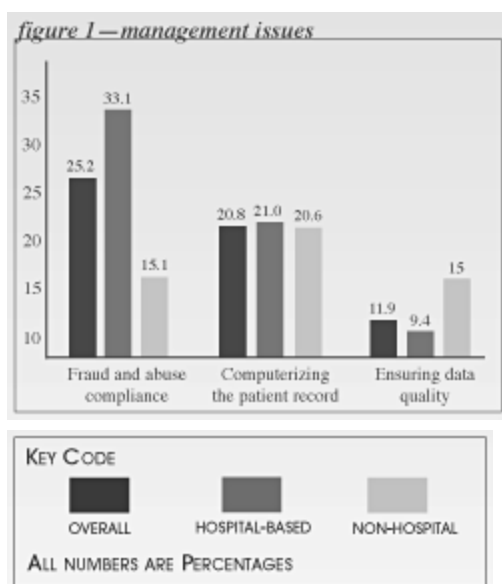
Despite concerns related to continued integration and consolidation of provider organizations, there is little indication of wholesale outsourcing of HIM services to vendors or external private services. Transcription services, long an outsourced area, continues as the most often contracted function (37.4 percent). Microfilming services also ranked high (36.8 percent), most likely as a result of movement toward computerized records and increased archiving activity. Information release also scored high on outsourcing preferences (24.6 percent), possibly due to increased consumer demands and patient migration between provider systems.

Which of the following information management functions would most likely be outsourced to external vendors or consultants?

figure 2—outsourced functions

Transcription: Overall 37.4, Hospital-based 42.5, Non-hospital 15
Microfilming: Overall 36.8, Hospital-based 42.8, Non-hospital 14.1
Information release: Overall 24.6, Hospital-based 30.4, Non-hospital 7.4

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Many health information managers are actively involved in the planning, implementation, and testing of new information systems. As patient revenues shrink and corporate profit margins grow tighter, providers typically are turning to more powerful and sophisticated reporting systems to increase revenue. Survey respondents indicate billing (38.1 percent) and coding systems (37.6 percent) as high priorities regarding future system upgrades. The CPR came in a close third, with 36.7 percent indicating the CPR system as a likely target for near-future upgrade.

Which of the following computer systems is your organization most likely to upgrade in the next two years?

figure 3—system upgrades*

Billing systems: Overall 38.1, Hospital-based 28.4, Non-hospital 26.1
Coding systems: Overall 37.6, Hospital-based 36.6, Non-hospital 15.7
Computerized patient record: Overall 36.7, Hospital-based 31.1, Non-hospital 20.7

*Note: multiple responses allowed for this figure. Throughout this article, overall percentage based on all respondents; hospital percentage based on hospital respondents only; non-hospital percentage based on non-hospital respondents only.

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Are today's healthcare organizations truly preoccupied with their corporate bottom lines, at the expense of patient care? Not when it comes to information resources, according to health information managers. Most (35.2 percent) claim that improving patient care is the most influential determinant in information resource spending. Saving money was a distant second (22.1

percent), followed by fear of regulators (9.5 percent). This supports the old healthcare management maxim: good patient care makes good business sense.

While the concept of data quality continues to be an important issue, health information managers are still dealing with operationalizing their data quality programs. Many still rely on a post-process search for mistakes rather than a statistical process control methodology that proactively minimizes errors. The data quality audit was the way most health information managers achieved data quality, yet only 20 percent indicate they conduct such audits. Reliance on individual record error reports was the second most preferred data quality method (14.6 percent), followed by aggregate data analysis (14.0 percent).

What is the single greatest factor influencing your facility's decision to purchase information resources?


figure 4—why purchase resources?
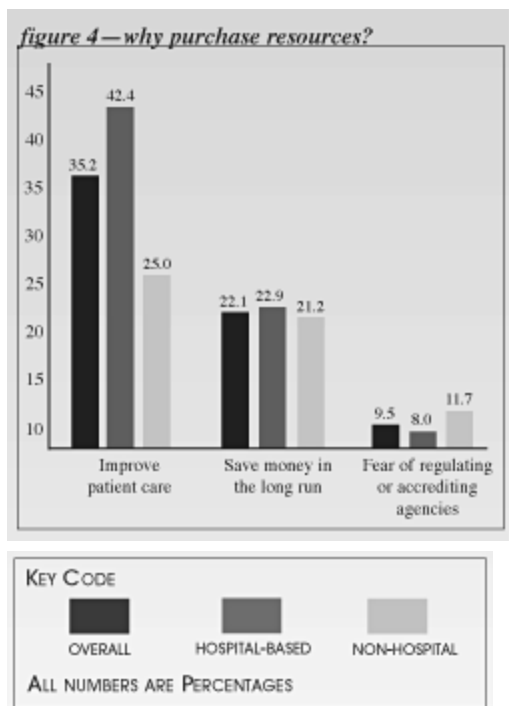
What is the most common way you identify data quality problems?


figure 5—identifying data quality problems
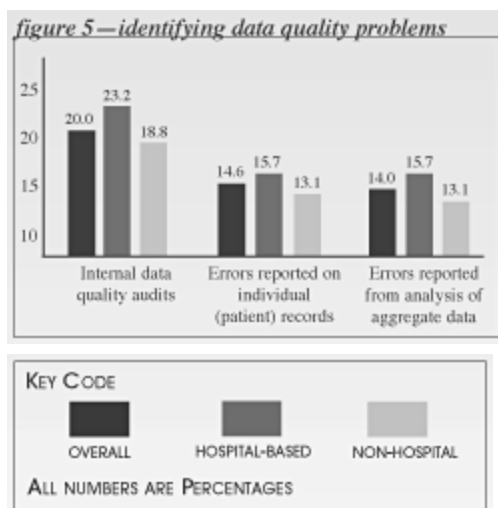
As the multitude of disparate databases increase, both within and between organizations, it becomes imperative that provider organizations (including outpatient and long term care) establish a master data dictionary as a common reference point for terminology. Relatively few respondents (20.9 percent) have, as of yet, implemented such a tool. The good news: HIM professionals who are experienced and proficient in creating data dictionaries will have ample opportunities to design and implement these critical components of the health information infrastructure.

Does your facility have a master data dictionary to address data consistency across multiple databases?

figure 6—master data dictionary

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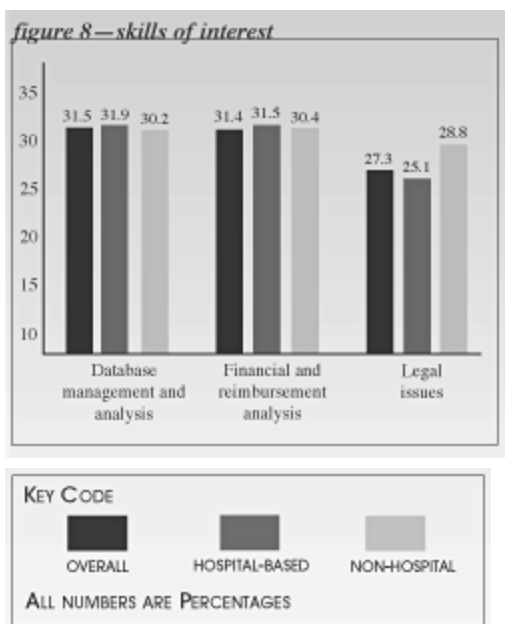OVERALL   HOSPITAL-BASED   NON-HOSPITAL
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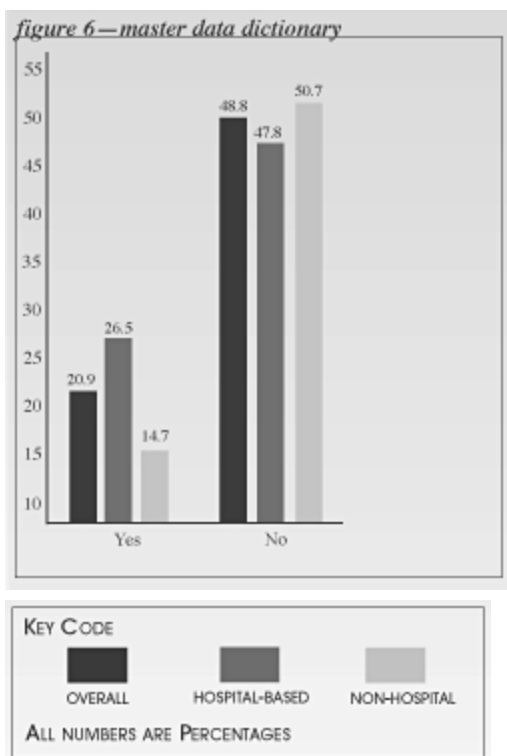
Much like the issue of data dictionary implementation, the slow pace of compliance program establishment presents a concern and an opportunity. Only 49.9 percent of respondents indicated the existence of a compliance program in their organization. Given the rapid expansion of fraud investigation beyond the hospital setting, virtually anyone involved in healthcare should be cognizant of the need for compliance programs. Again the problem presents an opening: growing demand indicates a still-unfilled need in compliance management, especially in non-hospital settings, and there are growing opportunities for HIM professionals to fill these roles.

Has your organization developed a compliance program?

figure 7—compliance programs

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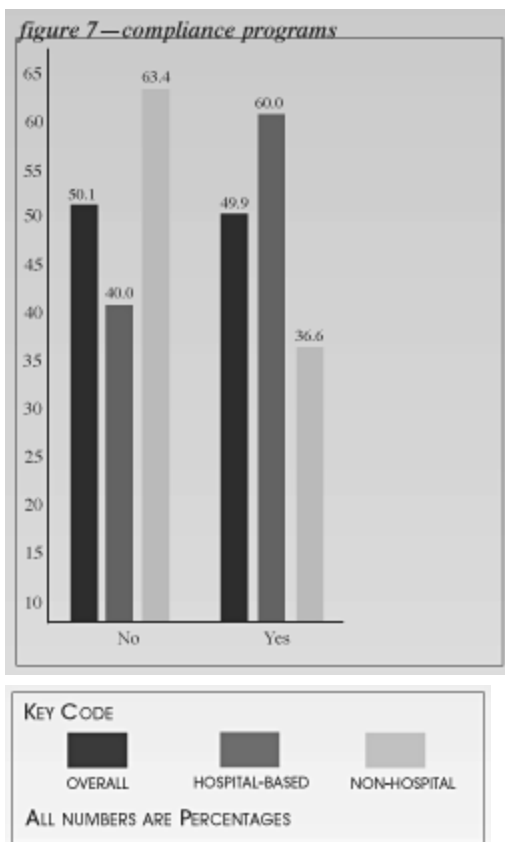
As the expanded role of HIM professionals continues to grow, members are forced to more actively manage their careers to meet the future needs of the healthcare industry. What skills are they most interested in developing? Virtually equal numbers of respondents indicated a desire to learn more about databases (31.5 percent) and financial analysis (31.4 percent). Legal skills came in a close third (27.3 percent) (see Figure 8).

What skill areas are you most interested in developing in order to fulfill your (preferred) expanded health information management role?

figure 8—skills of interest

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AHIMA will continue to track and analyze these trends to provide members with the latest possible information, from which they can plan career decisions, business opportunities, and strategic and operational projects. The census will be followed by a series of more focused studies, using representative samples of HIM and other professions to examine more closely specific

issues suggested from the census. More detailed analysis in upcoming publications will highlight regional and demographic differences in HIM practice and will provide members the information needed to establish comparative benchmarks relevant to their own practice environments.

Note: Final survey results will exhibit variances from the data represented here

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