Health Information Management 2025: Current “Health IT Revolution” Drastically Changes HIM in The Near Future

By Chris Dimick

Today's HIM education models must change now to keep up with the rapidly evolving landscape of tomorrow's HIM field.

The health information technology revolution has begun, and as it progresses, the shake-up in health information management departments, processes, and data management will leave the profession profoundly different.

In record time and at an unprecedented pace, the electronic health record (EHR) has spurred a revolutionary change in HIM that's modifying the profession as each day passes.

EHRs and accompanying technology like health information exchange, computer-assisted coding, voice recognition software, and patient portals-along with revamped government quality and EHR incentive programs-are modifying many aspects of HIM.

Healthcare and HIM professionals have been left sprinting down technology's trail-blazed path, working to make the most of health IT systems and new data sets that have only just begun to show the true extent of their potential impact on health management and patient care.

As technology changes HIM processes, it also changes HIM professionals' roles and the education and skills necessary to get their modified jobs done.

Because of this digital shift, other healthcare disciplines are for the first time realizing the importance of acquiring skills in fundamental HIM duties like health data management, privacy and security, and information exchange.

Industry thought leaders and associations like AHIMA have called on HIM professionals to embrace these technological industry changes and become pioneers in new and adapted health information management roles. The alternative, they warn, is to get washed away in the revolution's wake.

Part of this call involves planning for the future and getting the right training today for tomorrow's HIM jobs.

HIM experts have slightly different views on just what roles HIM professionals will have in the next 10 to 15 years. But all agree that while the demand for HIM fundamentals will not change, how those fundamentals are used within healthcare most assuredly will.

Some job roles will wither while others will blossom. And the HIM mindset and education will need to adapt.

The year 2025 will still require privacy and security experts, data analysts, health information managers, and information release experts. But 13 years from now, HIM will likely perform those roles in vastly different ways and healthcare areas than in 2012, experts say.

A Counter View

not all AGREE on the future of the HIM department. Even in a fully electronic world, there is a place for both the function and the structure of an HIM department, says Joan Hicks, MSHI, RHIA, chief information officer at the University of Alabama at Birmingham Health System. If HIM professionals demonstrate the value their department brings to healthcare facilities and move from focusing on the quantity of information processed to the quality of that data, the department could remain intact, Hicks says.

Facilities that maintain a traditional HIM department might not have it housed in the actual healthcare facility though. Some organizations have already moved their HIM, IS, and quality management departments off site due to the ability to connect to needed information and resources via electronic processes, Brodnik says. This trend could be widespread in the near future, especially by 2025.

Traditional HIM Department Revamped

The traditional HIM department of an HIM director managing medical record systems and staff including HIM professionals, privacy officers, coding staff, and release of information, could drastically change in the next decade, according to Linda Kloss, RHIA, CAE, FAHIMA, president of Kloss Strategic Advisors, based in Chicago, and author of the recent paper "Health Information Management in 2016."

Sponsored by Precyse's HIM Innovation Community, the paper originally intended to examine what the HIM department would look like in 2016. But that mission eventually shifted into the broader question of just what the HIM professional's role will look like in the near future, Kloss says.

"As we moved along it was quite clear that we needed to rephrase that (objective) because we didn't believe that an (HIM) department as we've known it over the last number of decades would look as it traditionally has," Kloss says. "We started with the goal of looking at the department and ended up really broadening that to look at what health information management will become."

One conclusion of the paper: the current HIM department structure will become antiquated by 2016 as electronic information is used in different ways across healthcare organizations.

Kloss' paper suggests that HIM will become decentralized over time, with HIM professionals shifting from overseeing a formal department to managing different HIM knowledge workers throughout the organization. HIM will separate based on its specialties, with HIM specialists in clinical data management, privacy/security, data analysis, release of information, etc., embedded in several different departments.

"We need to prepare HIM specialists to work in essentially embedded roles throughout the organization," she says.

Don't Mourn the Department

The breakup of the traditional HIM department should not be mourned, notes Mary Beth Haugen, MS, RHIA, president of Haugen Consulting Group, an HIM consulting firm. The HIM department model is already growing outdated due to current technology changes, a trend that will solidify by 2025, she says.

HIM professionals need more project management, statistician, and data analyst influences in order to work with electronic data and better adapt essential HIM functions to the future healthcare environment, Haugen says.

"If we stay in that traditional view I think we are going to limit ourselves and our future potential," Haugen says.

This decentralization has already begun in some facilities, according to Melanie Brodnik, PhD, RHIA, an associate professor and director of the HIM program at Ohio State University. Brodnik says the industry's transition to the EHR has had the greatest impact on HIM during her 40-year career as an HIM professional and educator. The HIM department has begun to "transition" and will continue to do so over the next several years, Brodnik says.

Students who graduate from Ohio State University's HIM program have taken specialist and management jobs within various healthcare departments, including IT, compliance, revenue cycle, and even the emergency department.

Brodnik has also seen graduates of her program land unique job roles like business systems analyst, financial data analyst, and infrastructure consultant-roles that were rare or didn't exist five years ago but are likely to grow in the coming years.

"I think we are going to see the functional (HIM) areas either become independent areas or get moved under other areas in a facility, but that is not to say that the HIM professional won't be the individuals who are the leaders of those areas," Brodnik says.

HIM could be headed for the C-suite. Corporate HIM directors-an emerging role that is expected to grow by 2025-are beginning to form within integrated health systems with multiple hospitals. These corporate HIM directors manage a set of functions being carried out by HIM professionals within various hospital departments, rather than managing HIM within the traditional HIM department structure.

Draft Framework For Enterprise Information Management

Below are the latest, though still evolving, characteristics and functions of HIM job roles in an enterprise information management environment.

Information Building Blocks	EIM Goals	Key Functions
1. Information Integrity	To continuously improve the value of the information asset by ensuring that data and content are accurate, reliable, up-to-date, consistent and "fit for use"	1.1 Architecture, definitions, and relationships, including metadata 1.2 Data accuracy audit, structured and unstructured data 1.3 Data provenance or lineage 1.4 Error correction/amendments 1.5 Interface and upgrade assurance
2. Information Use	To correlate and cross-reference data and content requirements to the range of clinical and business needs and ensure that those who rely on information have the requisite tools and skills to use it effectively	2.1 Clinical applications 2.2 Quality measurement and improvement 2.3 Patient access 2.4 Information exchange 2.5 Business applications 2.6 Research and secondary uses
3. Confidentiality and Protection	To ensure that personal health information and business information are available only to authorized persons and used only for authorized purposes and that	3.1 Access controls 3.2 Confidentiality/privacy 3.3 Security 3.4 Authentication

	security risks and vulnerabilities are proactively managed	3.5 Business continuity 3.6 Audits of compliance
4. Life Cycle	To develop a common understanding of the life cycle of patient medical record and other key business records and explicit plans and processes for their retention and disposition, accounting for clinical and business needs and legal and regulatory requirements for creation and maintenance	4.1 Retention policies and practices 4.2 Disposition policies and practices 4.3 Audit of records, clinical and corporate
5. Information Governance	To ensure that the organization has the leadership and organizational structures, policies, procedures, technology, and controls for enterprise information management that represent the highest standards for legal, ethical, and business practice serving patients and stakeholders and advancing the public good	5.1 Transparency of policies, procedures, and standards 5.2 A culture of ethical stewardship 5.3 Compliance with applicable laws, regulations, other requirements 5.4 Enhance the value of managed information assets 5.5 E-discovery

Source: Kloss Strategic Advisors, Ltd.

Enterprise Information Management Grows

HIM professionals will be embedded and distributed in places like revenue cycle management, information technology, EHR data management and user support, quality management, compliance, HIE division, and clinical documentation improvement areas, Kloss says.

This will be a shift from health information management in its traditional form to what Kloss' paper calls "enterprise information management."

"We need to think about health information management as a set of functions that go on throughout the organization," Kloss says. "I see coding and revenue cycle as information management functions… but the functions have to be carried out closer to where the information resides and where the business processes that use that information are."

For example, a HIM professional could be in a managerial role directing information management processes within a facility's revenue cycle department. This HIM manager would specialize in ensuring that information is used appropriately in revenue cycle operations, that the department operates in compliance, that data are accurate, and that information is being used optimally, Kloss says.

The roles HIM directors play-regulatory expert, information maverick, release of information specialist, patient privacy custodian, governance and data management specialist-will always be needed in a managerial capacity, Haugen believes. But that capacity might not be called HIM director or housed in an HIM department in 2025.

"Those components are getting more and more complex, more to manage and we are under more regulatory scrutiny than we have ever been," Haugen says, "so I don't know how an organization could do it without having that (HIM manager) skill."

Likely the widespread use of the EHR in the near future will grow demand for HIM functions and skills, not decrease them, Haugen says.

Changes to the HIM Professional

Moving HIM professionals out of the HIM department and into various places within healthcare facilities will ensure HIM skills are best utilized in all essential areas, Kloss says. But this change will not just impact the HIM department-it will affect the HIM professional directly as well.

"We are just too siloed in the view of information management," Kloss says. "We have to look at it as a set of functions that thread throughout the organization, and they need to be managed by someone with skills and competencies in information management as a distinct role."

That doesn't mean that the "management" aspect of HIM will go away. An enterprise information management initiative would still need a senior management professional overseeing policies and processes, ensuring people are trained and new technologies are introduced.

This shift has already begun in some facilities with talented HIM managers moving from a department role to an enterprise HIM corporate role, Kloss says.

The chart on page 28 shows the various functions and goals of an HIM professional working in an enterprise information management health system. The core functions have not changed, just how they are applied, Kloss says.

HIM will transfer from a defined job role in the HIM department into a set of fundamental skills and competencies that are necessary to leverage and use information throughout a healthcare facility, Haugen says. HIM's core responsibilities such as record custodianship, privacy and security, and ensuring "we provide the right information to the right people for patient care" will always be needed, Haugen says.

"However, how we will perform that and how we are educated to do those tasks I think will be very different," she says. "It is up to us to be very aggressive in shaping that future."

HIM professionals need to remain the experts on viewing, retaining, and accessing health information in the digital age, Haugen says.

Some Functions Obsolete

The broad roles in HIM-the manager, the consultant, the educator-will still remain in 2025, Brodnik says.

But while it isn't expected that many current HIM professional roles will become obsolete, certain HIM functions will be rendered obsolete by technology.

For example, the EHR has made the function of physically filing paper records-or the need for file clerks-obsolete. Patient portals and an expansion of electronic information exchange could make release of information clerks obsolete or at least alter

their role. By the year 2025, technology will have impacted many more HIM roles, causing certain functions to be unnecessary, Haugen says.

Expected advancements in computer-assisted coding and voice translation software will drastically change coding and transcription by 2025. This doesn't mean the elimination of HIM jobs altogether, just the modification of job duties.

File clerks could transition to data integrity analysts, something Haugen saw firsthand while recently serving as the HIM director at Denver Health after the facility implemented an EHR.

The function of typing out voice recordings or manually assigning codes will become mostly obsolete, but not the coding or transcription role itself, Kloss says. The roles will advance to a specialist's level.

"I don't think there will be somebody sitting at a desk, reviewing a chart and writing a code down (in 2025)," Kloss says. "What it (technology) does is raises the bar in terms of (coder) competency."

Coders and transcriptionists will transition to auditors of computer-generated codes and voice-translated files, responsible for testing and maintaining systems and solving complicated issues that the technology can't handle.

High school educated clerical staff might see their job roles adapt into positions that require closer use of electronic data and a higher level of education and information literacy, Brodnik says.

"Last year's graduates had titles like application coordinator, support analyst, clinical documentation improvement specialists… that is so different from the former medical record clerk, medical record director type of roles," says Brodnik of recent graduates from the Ohio State University HIM program.

Other Roles Blossom

While some HIM functions will become obsolete in 2025, others will blossom. EHRs have given healthcare staff the ability to manipulate and use data in previously unimaginable ways. But the EHR is also creating more data integrity issues due to its free-flowing, remotely accessed, and sprawling use of patient information.

Data quality management and data analytic roles are expected to greatly grow in the coming years, offering HIM professionals the opportunity to work intimately with the electronic data for the betterment of patient care and improved financial processes, Brodnik says.

As more electronic systems are integrated into a facility, the role of integrating data from disparate systems will grow and call more HIM professionals to the role, Haugen says. As health information exchanges develop over the next decade, HIM professionals will likely hold roles that ensure information exchange is conducted securely and privately, that duplicate medical records are merged, and that exchanged records are best integrated into individual facility systems-to name just a few responsibilities.

"I see whole divisions within HIM related to data analysis and data integrity," Haugen says.

Another potential new role for HIM professionals is that of patient advocate. Responsible for working with patients to help them access, locate, and understand their electronic health records, the patient advocate position is well suited for future release of information specialists who have seen some of their job functions replaced by automation, Hicks says.

"So the release of information function doesn't go away, it morphs," Hicks says. "Release of information (specialists) move from the front end to the back end of the process."

HIM professionals need to work more closely with information process by 2025, taking roles that reorganize and reengineer workflow, Hicks says. EHR training, implementation, and use specialists are also likely job roles HIM professionals will possess in 2025, Haugen says. As technology advances, specialists will be needed to help facilities implement and get the most out of new information systems.

"People need to understand the data and the information content in order to do a good job with analytics," Kloss says. "All of these roles are adaptations of traditional HIM."

Changes Needed Today in Education

For HIM professionals to compete for these data-focused and technology-driven jobs, HIM educators will need to produce more students at the baccalaureate and master's degree level who have a strong background in statistics, national quality indicators, and electronic data management, Brodnik says.

HIM to date has needed to function as a generalist expert on information management. Therefore, current HIM programs teach a variety of information management disciplines. But with HIM fragmenting into specialties, education programs will need to follow suit by 2025.

Current HIM students study principles needed to work in a structured HIM department. But under the enterprise information management model, students would need their HIM programs to offer training in specialties in addition to some overall HIM education, Kloss says.

"People would get a narrower set of education, narrower but deeper," Kloss says. "HIM programs have traditionally been absolutely chock-a-block with content. Too much to learn for most programs.

"And I think the challenge is going to be ratcheted up, learning all the competencies of general information management skills while realizing people are going to be using them in a variety of ways."

In 2025, educators will need to teach the fundamentals of HIM as well as how to use the nuts and bolts of tomorrow's technology for data architecture and data quality work.

An emphasis on data analysis and data mining in education programs will be present in the 2025 HIM classroom, allowing students the ability to understand data structure and use data comparatively, Brodnik says.

This change will require hiring faculty members with non-traditional HIM backgrounds. HIM educators in 2025 will likely have specialties in various healthcare areas.

This transition has already started at Ohio State University, where some HIM program instructors have backgrounds in statistics, computer science and engineering, and law, Brodnik says.

More hands-on experience with EHRs and education on how health IT is built, designed, tested, managed, and leveraged for improved outcomes is vital, Haugen says.

Adapt Now or Fall Behind

Changes must be instituted today to prepare HIM professionals for the job roles of 2025. Unfortunately, most programs are not adapting fast enough to keep up with current health information changes, Haugen says, suggesting that a heavier focus on data management is needed now in education and that training on paper processes should be phased out.

Educational institutions need to advance the skills and professionalism of their programs and focus on the "new world view" of HIM in the electronic, technologically geared environment if students are going to remain employable through 2025, Kloss says.

For example, schools will need to teach best practices for managing the lifecycle of an electronic medical record, as well as the best ways to input information into the EHR so it can be extracted for quality or population health practices.

Very few of these best practices exist today, but will be essential in the near future as people demand more from their health IT investments and employees. HIM should be there to develop and implement these standards and teach them to the next generation of employees, Kloss says.

Two-year Programs Need Adapting

Because of this specialization, some have suggested that the two-year HIM degree could become obsolete by 2025. Some HIM experts are concerned about the number of two-year graduates coming out of HIM associate degree programs with the

goal of becoming an entry-level coder or working in a clerical role.

"One of our toughest challenges is what do we do at the two-year level," Brodnik says. "We are very bottom heavy with two-year associate degree folks, and what will their roles be? That is somewhat scary to me."

In the near future an entry-level associate degree or coding certificate likely won't be enough education to land a job.

"(Coding) is changing and it is going to change fast, and are students getting the kind of skills, competencies, or exposure to these concepts that will allow them to understand that coding is a data translation task?" Kloss asks. "(Coding) doesn't go away, but we are going to be using tools to do data translation, and you have to be able to understand that at a different level."

More education and a clear career ladder is the answer for individuals who would like to move beyond the entry-level two-year degree and into a higher HIM position, Brodnik says.

AHIMA has also promoted the addition of specialization tracks to associate degree programs, which would allow students to train in specific HIM and HIT areas in order to land more specailized job roles upon graduation.

More Master's Programs Needed

The development of master's-level programs will be essential to ensure students can get these jobs of the near future, HIM experts agree. Some educational institutions have begun transitioning HIM programs into entry-level master's degree programs, but many more must make the switch by 2025 to ensure HIM remains relevant, Brodnik says.

A focus must also be placed on attracting HIM students with an interest in data analytics and statistics, since data integrity and data analytics will be driving future HIM jobs.

The key to remaining relevant through 2025 is HIM education programs evaluating industry needs and following up with employer and graduates for advice on adapting education programs, Brodnik says.

Greater interest in the electronic clinical information workflow also needs to be embraced by current and future HIM professionals, Hicks says, to ensure HIM remains relevant in healthcare management.

"Become more confident and become a major player in the designing of the (EHR) system and get involved in testing the system," Hicks says. "Don't be afraid."

Embrace the Revolution

As much as the health information technology revolution has and will change the HIM profession, it can never replace HIM fundamentals. Policy surrounding health IT has also yet to be burned onto the healthcare industry's hard drive. HIM experts say HIM professionals should pick up the mouse and help design that policy.

"We have gotten very excited that technology is going to solve problems, but we always know that technology works best when policy leads it," Kloss says. "So we are playing this catch-up now, I believe, in trying to get the policy framework more robust, because in some ways the technology is out ahead of the policy framework."

Part of HIM's responsibility is to help guide policy and ensure it catches up to the rapid adoption of technology.

Change can be scary, but it is necessary for HIM to evolve with both technology and healthcare practices. In some ways, the decentralization of the HIM department in the near future could be the best way to ensure HIM fundamentals are recognized and promoted by healthcare leaders, Brodnik says. Recent HIM graduates are landing jobs in areas Brodnik never would have imagined 10 years ago. This is a testament to the need for HIM skills and the future employability of HIM professionals.

"The concept of health information management is expanding and evolving," she says. "It knows no boundaries, it doesn't have four walls anymore, necessarily, which is the way we used to think of it."

Any established revolution must start with grassroots participants. HIM stands on the brink of great change, and it is up to the HIM professionals to march the profession forward into the opportunities of 2025 and beyond.

"The industry is in a massive change," Hicks says. "I definitely think we are at yet another crossroads, and I would really want to challenge the profession to make the necessary changes."

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