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NEWS

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Health information management workforce better defined through recent report

CHAPEL HILL -- National statistics show that a combination of population growth and an increase in health-care visits to hospitals, out-patient facilities and physician practices is dramatically increasing the number of medical records that must be coded and the amount of health-care information that must be managed in health-care sites.

Yet little is known about the workforce largely responsible for collecting, organizing, coding, reporting, securing and analyzing health information. To provide insight into North Carolina's health information management workforce, the University of North Carolina at Chapel Hill's Cecil G. Sheps Center for Health Services Research has released a new study.

"The Health Information Management Workforce in North Carolina: Current Trends, Future Directions" seeks to predict the short- to medium-term outlook for health information management practitioners statewide, officials said. The report is sponsored by the Council for Allied Health in North Carolina and the UNC-Chapel Hill-based N.C. Area Health Education Centers program.

The health information management (HIM) workforce is not licensed in North Carolina, nor are individuals required to hold a credential from a certifying entity. Nearly 30 percent of hospital-based health information management staff members in North Carolina do not hold credentials related to the field from either the American Health Information Management Association or the American Academy of Professional Coders, the report said.

"The percentage of HIM staff without a credential in other employment settings – physician practices for example – is likely much higher," said Susan Dyson, report co-author and research associate at the Sheps Center. Adequately cataloging the non-credentialed HIM workforce was problematic because this workforce did not show up in data received from AHIMA or AAPC, Dyson added.

Most hospital-based health information management vacancies occur in coding positions, and anecdotal evidence of a shortage of coders, technicians and administrators is abundant.

"Employers have utilized a combination of solutions to deal with vacancies, specifically coding vacancies," said Erin Fraher, report co-author and assistant director of the Sheps Center. "Some have resorted to hiring contract coding staff or uncertified individuals. Still other employers have elected to train coding staff from within their organization."

The consequences for reimbursement, patient care and outcomes from the use of unqualified or under-qualified coding staff can be significant, Fraher added.

Also, the scope of health information management responsibilities has changed tremendously during the last 50 years, the report said. For example, before the increased use of technology, the profession had been limited to medical record management. The profession is now closely linked to information technology, security and privacy issues.

The number of coding programs statewide has increased, yet lack of a minimum standard for entrance into the coding profession has resulted in programs of varying length and quality, the report said. Yet the existing bachelor's and associate's degree programs in health information management are operating at less than full capacity and do not graduate all enrolled students.

While the current health information management workforce is not representative of North Carolina's population in terms of racial-ethnic or gender ratios, recent enrollment patterns in college and university health information management programs offer optimism that the demographic makeup is changing, said Dyson.

The Technical Panel on the Health Information Management Workforce, a cooperative effort among health information management employers, educators and practitioners, also issued recommendations based on the information included in the report, including:

- Increasing the marketing of the profession to clarify scope of practice, and the skills, abilities and responsibilities of the health information management workforce.

- Improving recruitment and retention efforts in health information management university and college programs.

- Defining minimum competencies, skills, knowledge and abilities necessary for coding in different employment settings, to alleviate existing discrepancies between programs.

- Investigating the feasibility of establishing an entity responsible for the registration of all health information management practitioners, both credentialed and non-credentialed.

Data came from a number of sources including certifying entities such as the American Health Information Management Association and the American Academy of Professional Coders; professional
associations such as the N.C. Health Information Management Association; educational programs, including bachelor's degree programs from the 16-campus University of North Carolina and associate's degree programs from the N.C. Community College System; a hospital health information management director survey; and information supplied from literature, World Wide Web research and interviews with key stakeholders.

The report was funded by a grant from The Duke Endowment. Fraher oversaw the study. In addition to Dyson and Fraher, Laura M. Smith served as a principal author.

For a copy of the full report, click on www.shepscenter.unc.edu/hp.

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