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## **The Role of an HIM Professional in An Information Systems Department**

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**Patty:** In our last Hands-on Help column (April 25) we began writing about new roles in HIM departments that are emerging due to the advancement of electronic health records (EHRs). However, new roles are emerging for HIM professionals in other departments of health care organizations as well.

**Leslie:** That does seem to be a trend, Patty. As we envision the future of the HIM profession, we must recognize that EHRs are changing significantly the organizational structure through which HIM professionals contribute to health care organizations. Today, the majority of HIM professionals still work in HIM departments. What I find most interesting is that the need for our core competencies is increasing throughout the health care organization. I envision more and more departments directly employing HIM professionals.

**Patty:** Information systems (IS) departments have been employing HIM professionals for several years. Let's talk to Kerry Heinecke, RHIA, about her role in IS at Marshfield (WI) Clinic. She is a software product analyst in the IS department development area. Marshfield Clinic is a large independent nonprofit clinic with 40 centers throughout Northern, Central and Western Wisconsin. They have 730 physicians in more than 86 medical specialties, serving more than 350,000 patients annually. Let's find out more about Kerry's role as an HIM professional working in the IS department, and how EHR is evolving at Marshfield Clinic.

**Leslie:** Kerry, please tell us how you came to be working in IS at Marshfield Clinic.

**Kerry:** Early in my career, during the late 1980s, I was an instructor and a manager in a large county teaching hospital on the East Coast. In 1995 I was promoted to a managerial position over imaging services. I worked closely with the IS department and concluded from that experience that the future of HIM was going to be electronic. I wanted to be part of making that future a reality. So I went back to school, taking night courses in programming, operating systems and the Internet so that I would be better educated on the technology side of our profession. While in school I worked full time in the hospital managing imaging services, along with physician services and release of information, as well as second and third shifts.

**Patty:** It sounds like you had a very full plate at that point.

**Kerry:** I did, and I also wanted to move back to Wisconsin to be closer to my family. I spent about 9 months job searching to find exactly the right match for my interests and skills. At the time I really wanted to do training and work with document management systems. I found my dream job at the Marshfield Clinic where I was hired to do training on clinical applications. I joined the in-house development team in 2003.

**Leslie:** Kerry, how did the EHR evolve at Marshfield Clinic?

**Kerry:** Marshfield Clinic is creating its own homegrown EHR. We chose to do it ourselves so that we could

tailor the system to our needs and be able to easily integrate the entire system.

**Patty:** Please tell us a little about the components that you already have in place.

**Kerry:** Sure, let's follow a patient through an encounter. A medical assistant (MA) is electronically notified that a patient has arrived. The MA picks up a tablet PC, greets the patient and takes him/her to the exam room. On the way over, the MA stops at the scale and records the patient's weight on the tablet PC. After rooming the patient, the MA finishes taking the patient's vital signs and verifies the patient's current medication list, which is all entered into the EHR. The MA also enters information if a patient calls between appointments.

**Leslie:** Why did you select tablet PCs rather than having computers in each exam room?

**Kerry:** Several reasons: First, they can be used for many forms of data entry. The users can use the tablet to input data with a stylus to write notes, use a pick list or dictate notes. Second, we were designing the system with workflow in mind and wanted a point of care device that was portable, making documentation accessible at every point in the encounter. Third, if we had chosen to put computers in the exam room, we calculated that we would need two to three PCs per physician. With the tablets, each physician and each assistant gets one. They are wireless and the physicians can use one from home if they set up a wireless network at home.

**Patty:** What other components or systems comprise your EHR?

**Kerry:** When a physician sees a patient, he/she can open the Medication Manager program and view the list that the MA just verified, as well as renew or write new prescriptions. If he is adding a drug, he can check the drug library within the medication program and select the new medication. And, when the physician is dictating his note, the med list is automatically imported into the documentation.

**Leslie:** Very nice. What other features of the EHR are working at this time?

**Kerry:** Our physicians, nurse practitioners and physician assistants typically dictate notes using a structured document editor, which is an XML-based application with a navigation pane in it. Based on the appointment type, the system pulls in a documentation template with the corresponding sections to guide the dictator. It pre-fills the template with as much context data as possible by pulling information that is already in the system, such as vitals, diagnoses, procedures, medications, etc.

Our MECCA system is used to collect allergies and alerts, vital signs, diagnoses and procedures. When a provider dictates, it automatically pulls in this information from MECCA.

Another great feature is our secure e-mail system. When a physician is looking at a document in the system and he wants another physician to view it, he can use a button to send an e-mail with a link to the information. The recipient can click on the link and instantly see the information in question.

We also have a dashboard application, which displays six different panes of information: the problem list, vitals, allergies/alerts, preventive services (which shows a history of preventive services received such as immunizations, Pap smear, colonoscopy, etc. in addition to the ones that are due), medications, appointments (past and future), other providers the patient is seeing and a provider worksheet. It is typically the application where our clinicians start the patient encounter and from which they launch clinical applications to get more details, edit or add to the information that is displayed.

**Patty:** What are you planning to roll out next?

**Kerry:** We are building a clinical messaging system we call eComm. It's similar to an e-mail system but it is patient-centric. It will bring in the context patient information and will allow providers and medical support staff to write or pick orders, set priorities and select a recipient, such as an MA, to whom the message is sent for action. The recipients are roles, not individuals, to account for floats that fill in for people on days off. The eComm system will also include a physician's inbox for lab results. There will be a notification system that sends alerts to the recipients.

We have also just started a scanning system to put consents, photographs and other non-electronic data into the system as scanned images.

**Leslie:** Altogether, how much of the patient's information is available online now?

**Kerry:** Clinicians view transcribed documents, EKGs, laboratory and radiology results online, as well as X-ray images through the PACS system. They access online encounter information, vital signs, medications, immunizations, allergies and the growth charts, which are electronically plotted. The physicians can show them to the kids, which makes the experience more fun for the patients, and gets them more involved in their care.

**Patty:** With so much information in your system, how close are you to being paperless?

**Kerry:** Our vision is to be "chartless" by 2007. Until then the computer system is generating a paper chart. We currently have paper charts housed in a large chart room at the main campus.

**Leslie:** Why is 2007 the target date?

**Kerry:** We won't be done deploying the tablet PCs until some time in 2006. At that point our goal is to have everything electronic.

**Patty:** Please tell us more about your role in all of this.

**Kerry:** After I moved from training into the development area, I started working as a software product analyst on the medication program. As a developer I work with the programmers to do analysis and design. I work with the users to determine user requirements. I also document the systems, provide online help and functional specifications, and do testing. We pilot new components for several weeks before deploying to everyone. And I am still involved in the training of our pilot users. I also help with support for software when users report problems. In addition, I work with the training staff for our general release to all users. The training staff has some great training aids to help teach our users about new systems or present new features in existing systems. One of these is a Camtasia™, which is an audio/video presentation that captures screen movements and talks users through how to use a new program.

**Leslie:** How has your HIM background helped you in this role?

**Kerry:** I was very lucky to have the clinical knowledge of an HIM professional. When I started as a trainer, I could more readily give the users examples and pointers as to where to find information. I can communicate well with clinicians and more quickly understand their needs.

**Leslie:** What has been your biggest challenge?

**Kerry:** Switching settings. Going from the acute care hospital to a physician-owned group practice where

everything revolves around the appointment event was the biggest adjustment I had to make. It required a new way of thinking about medical record flow.

**Patty:** What tips do you have for your peers?

**Kerry:** Reach out and ask what you can do to help. When I was at the hospital I asked IS for ways to be more independent of IS programming staff and to get more involved in the technical side of the imaging system. Continue your education. There are so many online classes now, many of which are very reasonably priced. It is a good way to get continuing education credits and stay up to date. Keep current with what the American Health Information Management Association (AHIMA) is doing and share information with your superiors. I often forward AHIMA's "E-Alerts" to people in our organization that I know will find the information useful. You become that much more valuable to your organization.

**Leslie:** Kerry, thank you for sharing your story with our readers. The future holds many new opportunities for HIM professionals and it is so helpful to hear how our colleagues are pursuing and achieving new roles.

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