

Evidence-based Practice Research Part 3

Formal research is the path to developing deeper and broader levels of competence, and it's the next logical step in redefining HIM.

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Leslie: This month's column wraps up a three-part series related to HIM and research. We have learned so far that it is important to bring evidence-based HIM research into the daily practice of HIM and that to do so will elevate the HIM profession in the eyes of other health care disciplines. We learned that evidenced-based HIM research is the path to developing deeper and broader levels of competence, and it's the next logical step in redefining HIM in the context of the electronic practice environment.

Patty: When we talked with Susan Fenton, MBA, RHIA, the director of research for the American Health Information Management Association's (AHIMA) Foundation of Research and Education (FORE), we also touched briefly upon the role of HIM professionals in clinical research.

Leslie: We explore this role today with Denise Moline, RHIA, clinical research manager for Care Communications Inc. (CARE). Denise leads teams of HIM and cancer registry professionals involved in clinical trials, health economics and outcomes studies. Denise, please share with our readers how you decided to follow a clinical research career path.

Denise: When I graduated from college, there was a recession with few jobs in the marketplace. I wanted a management position and interviewed for some but nothing was a good match for me. I decided to take a job working at the Commission on Professional and Hospital Activities (CPHA), which had developed the clinical modification to ICD-9 and developed an abstraction software tool and process called Professional Activity Study (PAS).

Leslie: Boy, CPHA and PAS are acronyms I haven't heard for a while. They bring back a lot of great memories. What did you do while at CPHA?

Denise: I worked on a large ICD-9-CM project. I worked with the ICD-9-CM books in preparation for creating automated versions of the manual coding books.

Patty: Was this activity basically the early development of an encoder?

Denise: Yes it was. I was writing permutations of ICD-9-CM index references in preparation for an electronic version for hours upon hours.

Leslie: I think that this was actually the first encoder, which later was sold to a leading software vendor.

Denise: I think that's right. It was interesting work, but it made me a bit nervous because it was non-traditional and not what I had prepared for in school. But then I was given an opportunity to train hospitals to use the PAS+ data collection and abstracting software. I really enjoyed this work, but did find myself still

wanting to develop the skills and knowledge I learned in school. I left the CPHA PAS+ training job, as fun as it was, and took a supervisory job at a Veterans Affairs (VA) hospital. About a year later, I moved from the VA to a small community satellite hospital, where I served as assistant director of HIM. While working in these hospital settings, I learned a great deal about running HIM departments and enjoyed the work, but I missed working more directly with medical records.

Patty: What happened next?

Denise: CPHA asked me to rejoin them. They had won a contract with the Department of Defense (DoD) to perform data collection for the quality review of medical care being provided in the DoD at their hospitals worldwide. I enjoyed this work very much and participated in it for 10+ years. I traveled full time and reviewed medical records to abstract clinical data.

Leslie: What kinds of quality reviews did you perform?

Denise: Most were focused special studies in specific clinical and therapeutic areas ranging from review of various surgeries (such as appendectomies and C-sections) to treatment of chronic diseases such as diabetes. There was a lot of emphasis on surgery. The review process required an in-depth understanding of the clinical aspects of what I was reviewing to get good data from the chart.

Leslie: What did you enjoy most about this work?

Denise: I really liked learning clinical details at the level of a health care provider. I realized I could understand the record as well as nurses and others who were providing the care. In fact, I had a broader picture than they did and sometimes more in depth because providers could often only see recorded data from the perspective of their own specialty. I could see the big picture and pull every bit of relevant data out of the record. It was the most wonderful experience to provide good data for the DoD for their special studies. Because I stayed with it for so long, I felt like I knew what "research" involved. But I soon learned that I really didn't.

Patty: What happened?

Denise: I started to get interested in clinical trials research. I heard about clinical trials through the North Carolina Health Information Management Association (NCHIMA) newsletter. The NCHIMA president at that time, Susan Thomason, worked at Quintiles as a clinical data manager and was interviewed for the newsletter. She talked about what she did, and I found it so intriguing that I started looking for opportunities to work in a clinical trials environment. I attended a Pharmaceutical Product Development Inc. (PPD) job fair. PPD is a contract research organization, and I met someone at the fair who knew Susan and understood the value of HIM professionals. I was offered an interview and given an opportunity to start as a clinical research associate monitoring clinical trials.

Patty: Wow! That is a totally different career move. What was your role at PPD?

Denise: My role in monitoring drug trials included learning a great deal about the Good Clinical Practice (GCPs) guidelines that direct clinical trial activity and are enforced by the Food and Drug Administration (FDA). I traveled to study sites to make sure clinical trial protocols were being followed by clinical investigators. I liked the structure, standard operating procedures and rigorous guidelines imposed by the FDA rules that are unique to clinical trials. In a clinical drug trial, complete documentation is essential to be able to track the progress of drug development. The paperwork is non-stop. The regulations themselves generate a huge amount of documentation. There is a lot of auditing in this environment: FDA, internal audits, auditing the clinical trial monitors, etc.

Patty: I have a feeling you left PPD to get back into medical record reviews and abstraction.

Denise: I did. I missed it and was recruited back to the DoD contract as director of field operations. I was now overseeing the same kind of work I had been doing previously for the DoD contract. Because of my experience at PPD, I was able to bring some additional rigor regarding documentation and auditing and applied my new skills and knowledge to the DoD's health care economics research.

Patty: And a while after, you were recruited to join CARE.

Denise: That's right. The contract with the DoD went to another contractor, so it made sense to move on at that juncture. At CARE, I head up the clinical research division. In this role, I lead a team of HIM and cancer registry professionals who work on clinical trials and health care economics and outcomes studies. My team is skilled in abstracting clinical data from paper-based and electronic records and in the use of various terminology, classification and staging systems to code study-specific data elements. I work closely with epidemiologists, physicians, principal investigators and data managers. My team and I also interact with study sites, help to develop and improve upon case report forms, and field questions regarding medical record procurement, abstraction and record management issues.

Patty: Is abstraction becoming more automated?

Denise: Abstraction is becoming more automated, particularly in clinical drug trials. However, most health care economics and outcomes studies are performed in a hybrid environment or are mostly paper based. It will take awhile for community-based records to be completely automated and for hospital and outpatient based records to reflect the special study needs of clinical trials and outcomes research. For now these databases (manual or automated) tend to remain separate.

Leslie: What an inspiring career path, Denise. What would you say are the most important HIM skills needed to work in a research environment?

Denise: I would say the knowledge of medical records themselves: The ability to review records and understand them. Basically it comes down to having really good clinical knowledge; for example, knowing uses and doses of common drugs. HIM professionals tend to be more oriented toward the revenue cycle, but we are also taught clinical foundations in school and can hone our skills in this area by working more and more with the medical record and learning the language of medicine. Experienced coding professionals and cancer registrars are well prepared for this kind of work.

Patty: If someone wants to get into research, where should they start?

Denise: Find as many ways as possible to set your career in the direction of clinical knowledge and become an expert at retrieving clinical data from the medical record.

Leslie: Where would one find that kind of opportunity?

Denise: Maybe start working in a small special study within a hospital. Quality assurance and HIM departments are often the center of special studies, and it is likely that many of the clinical departments perform research and could use the expertise of HIM to design their data collection strategy and/or to collect data. I would also recommend seeking out work within payer organizations that commonly perform outcomes research or with a company that supports or performs clinical trials such as drug companies or clinical research organizations. Any kind of registry work or medical record coding is also an excellent

foundation for supporting clinical research.

Patty: Thank you Denise for sharing your career insights and experiences with us. You are truly a role model for all people interested in this kind of career path. You demonstrated a lot of courage and weren't afraid to try new things.

Leslie: I echo that!

Patty: As we wrap up our series on HIM and research, there are two articles in the Journal of AHIMA in addition to our research series that our readers should find helpful: 1. "Research Track: Career Progressions in Research for HIM Professionals" and; 2. "The Expanding Role of the HIM Professional: Where Research and HIM Roles Intersect." Both articles can be found by searching AHIMA's Web site at www.ahima.org.

Leslie: Next month we launch a series discussing the legal record in an electronic environment. Stay tuned!

Leslie Ann Fox is chief executive officer and Patty Thierry Sheridan is president of Care Communications Inc., a national HIM consulting and staffing company headquartered in Chicago. They invite readers to send their thoughts and opinions on this column to lfox@care-communications.com or pthierry@care-communications.com.