Health Information Administrator

Definition of Health Information Management
The health information management profession includes managers, technicians, and specialists expert in systems and processes for health information management, including:

- **Planning:** Formulating strategic, functional, and user requirements for health information
- **Engineering:** Designing information flow, data models, and definitions
- **Administration:** Managing data collection and storage, information retrieval, and release
- **Application:** Analyzing, interpreting, classifying, and coding data and facilitating information use by others
- **Policy:** Establishing and implementing security, confidentiality, retention, integrity, and access standards

Career Description
Graduates of baccalaureate degree educational programs in health information management are known as health information administrators and apply their training and expertise in both science and management to develop, implement, and/or administer health care data collection and reporting systems to assure the integrity and availability of the information resources needed to support authorized users and decision-makers. Health information managers have expertise in developing and managing effective processes and systems to assure the integrity of health care data and to preserve the complete, accurate, and legal source of patient data (patient medical records). Health information managers use their expertise to develop and manage effective processes and systems to preserve patient privacy, confidentiality, and the security of health information maintained in paper or computerized systems. Common job titles held by health information administrators in today’s job market are related to line, staff, and/or technical positions such as director, assistant director, manager, privacy officer, compliance officer, claims analyst, clinical information analyst, HIM educator, and so forth. It is anticipated that job titles will change (e.g., health information engineer, clinical information coordinator, data administrator, information security officer) as health care enterprises expand their reliance on information systems and technology. Health information administrators have, and will continue to assume, roles that directly contribute to the development of computer-based patient record systems and a national health information infrastructure.

The tasks or functions performed by health information administrators are numerous and are continually changing within the work environment. Although the job title and work setting will dictate the actual tasks performed by the health information administrator, in general this individual performs tasks related to the management of health information and the systems used to collect, store, process, retrieve, analyze, disseminate, and communicate that information, regardless of the physical medium in which information is maintained. In addition, health information administrators assess the uses of information and identify what information is available and where there are inconsistencies, gaps, and duplications in health data sources. They are capable of planning and designing and maintaining systems and serving as pivotal team members in the development of computer-based patient record systems and other enterprise-wide information systems. Their responsibilities also include serving as brokers of information services. Among the information services provided are a design and requirements definition for clinical and administrative systems development, data administration, data quality management, data security management, decision support design and data analyses, and management of information-intensive areas such as clinical quality/performance assessment and utilization and case management.

Employment Characteristics
Presently, opportunities for practice are found in numerous settings such as acute care general hospitals, managed care organizations, consulting firms, claims and reimbursement organizations, accounting firms, home health care agencies, long-term care facilities, corrections facilities, drug companies, behavioral health care organizations, insurance companies, state and federal health care agencies, public health computing industries and health care vendors. Practice opportunities are unlimited.

Salary
According to the American Health Information Management Association (AHIMA), entry-level salaries average between $40,000 and $75,000. For more information, refer to www.ama-assn.org/jow/hpsalary and http://www.hicareers.com/Toolbox/salarystudy.aspx.

Educational Programs
Length. Baccalaureate degree programs are 4 years. Post-baccalaureate and other certificate programs are generally 1 year.

Prerequisites. Applicants for the 4-year baccalaureate degree program should have a high school diploma or equivalent. Applicants for the 1-year post-baccalaureate certificate program should have a baccalaureate degree that includes coursework in science and statistics, as specified.

Curriculum. The pre-professional curriculum should include appropriate general education credit predicated on the requirements of the academic institution. The professional curriculum requires:

- Biomedical sciences (anatomy, physiology, language of medicine, pharmacology, and disease processes)
- Information technology (microcomputer applications, programming, system architectures and operating systems, introduction to database concepts, and data communications)
- Health care delivery systems
- Legal aspects of health care and ethical issues
- Organization and management (managerial principles, human resources management and development, financial management for health care, organizational behavior, and interpersonal skills)
- Quantitative methods and research methodologies (introductory and advanced health care statistics/epidemiology, research methods in health care)
- Health care information requirements and standards
- Health care information systems (computer applications in health care, systems analysis and design)
• Health data content and structures, classification, nomenclature and reimbursement systems, clinical quality assessment, and performance improvement
• Biomedical and health services research support
• Health information services management
• A capstone experience/practicum/project

Inquiries
Careers
www.HICareers.com

Professional Credentialing
American Health Information Management Association
233 N Michigan Avenue, Suite 2150
Chicago, IL 60601-5800
312 233-1100
www.ahima.org

Program Accreditation
Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
233 N Michigan Avenue, Suite 2150
Chicago, IL 60601-5800
312 233-1100
312 233-1429 Fax
www.cahiim.org
Health Information Technician

Definition of Health Information Management
The health information management profession includes managers, technicians, and specialists expert in systems and processes for health information management, including:

- Planning: Formulating strategic, functional, and user requirements for health information
- Engineering: Designing information flow, data models, and definitions
- Administration: Managing data collection and storage, information retrieval, and release
- Application: Analyzing, interpreting, classifying, and coding data and facilitating information use by others
- Policy: Establishing and implementing security, confidentiality, retention, integrity, and access standards

Career Description
Graduates of associate degree programs are known as health information technicians and conduct health data collection, monitoring, maintenance, and reporting activities in accordance with established data quality principles, legal and regulatory standards, and professional best practice guidelines. These functions encompass, among other areas, monitoring electronic and paper-based documentation and processing and using health data for billing and reporting purposes through use of various electronic systems. Common job titles held by health information technicians in today’s job market include reimbursement specialist, information access and disclosure specialist, coder, medical record technician, clinical documentation specialist, Electronic Medical Records Technician, data quality coordinator, supervisor, etc. It is anticipated that job titles will change as health care enterprises expand their reliance on information systems and technology. Health information technicians have, and will continue to assume, roles that support efforts toward the development and implementation of computer-based patient record systems and a national health information infrastructure.

The tasks or functions performed by health information technicians are numerous and continually changing within the work environment. The job title and work setting will dictate the actual tasks performed by the health information technician. However, in general, these individuals perform tasks related to the use, analysis, validation, presentation, data abstraction, analysis, coding, release of information, data privacy and security, retrieval, quality measurement, and control of health care data regardless of the physical medium in which information is maintained. Their task responsibilities may also include supervising personnel.

Employment Characteristics
Presently, opportunities for practice are found in numerous settings such as acute care general hospitals, managed care organizations, physician office practices, home health care agencies, long-term care facilities, correctional facilities, behavioral health care organizations, insurance companies, ambulatory settings, and state and federal health care agencies, and public health departments and health care vendors. Practice opportunities are unlimited.

Salary
According to AHIMA, entry-level salaries average between $30,000 and $50,000. For more information, refer to www.ama-assn.org/go/hpsalary and http://www.hicareers.com/Toolbox/salarystudy.aspx.

Educational Programs
Length. Programs are generally 2 years, offering an associate degree.

Curriculum. In addition to general education courses, the professional component of the technician program requires:
- Biomedical sciences (anatomy, physiology, language of medicine, disease processes, and pharmacology)
- Information technology (microcomputer applications and computers in health care)
- Health data content and structure
- Health care delivery systems, organization and supervision, health care statistics, and data literacy
- Clinical quality assessment and performance improvement
- Clinical classification systems
- Reimbursement methodologies
- Legal and ethical issues
- Supervised professional practice experiences in health information departments of health care facilities and agencies

Inquiries
Careers
www.HICarreers.com

Professional Credentialing
American Health Information Management Association
233 N Michigan Avenue, Suite 2150
Chicago, IL 60601-5800
312 233-1100
www.ahima.org

Program Accreditation
Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
233 N Michigan Avenue, Suite 2150
Chicago, IL 60601-5800
312 233-1100
312 233-1429 Fax
www.cahiim.org
Medical Coder

Each time a patient receives medical care, the physician or other health professional must document the services that are provided. Since each of these encounters is unique, the medical coder assigns alpha-numeric codes that are specific to the patient’s symptoms and diagnosis and identify each procedure and other service performed. This series of codes provides the insurance carrier with a detailed account of the encounter and ensures that providers are correctly compensated for their services. These codes are also important for making critical clinical decisions and for statistical research and health planning analysis.

Career opportunities include:
- Inpatient hospital coder
- Outpatient coder
- Coding abstracting analyst
- Insurance claim analyst
- Insurance fraud investigator
- Managed care organization coder
- Procedural coder
- Physician’s office/clinic coder

Career Description
The medical coder must be detail-oriented and exhibit a high degree of accuracy and a working knowledge of medical terminology, anatomy, and physiology. In addition to the responsibilities described above, the medical coder must maintain current knowledge of medical coding rules and regulations pertaining especially to medical coding compliance and reimbursement and must integrate changes into the medical practice. The medical coder has an ongoing responsibility to educate health professionals regarding updates in coding rules and guidelines and to teach them how to provide accurate and detailed documentation of each patient encounter.

Employment Characteristics
The medical coder is integral to the health information management team and may work in physician offices, hospital inpatient and outpatient facilities, ambulatory surgical centers, home health care facilities, long-term care facilities, and behavioral health care organizations as well as for insurance and drug companies. Other professional opportunities include training medical coders, auditing and teaching for consulting firms, and fraud and abuse investigation for state and federal healthcare agencies. With the use of electronic medical records, many medical coders also can work from remote locations or home offices.

Salary
A 2010 survey by the American Academy of Professional Coders (AAPC) found that the annual average salary for certified medical coders is $45,404, versus $38,290 for non-certified coders. Salary varies based on educational credentials, certification status, experience, position responsibilities, and geographic location, from approximately $37,000 to $69,000. For more salary detail, refer to http://news.aapc.com/index.php/category/medical-coding-salary-surveys/.

Education
To prepare for a career as a medical coder, an individual may choose from several pathways, including on-the-job training with certified professional coders (CPCs), online training, book-based self-study programs, or instructor-led classroom training at a community college or trade school.

Certification
Several organizations offer certification for medical coders; nationally recognized organizations include the AAPC and American Health Information Management Association (AHIMA). Certification exams are proctored and take up to six hours to complete. Online exams are recognized by other certification organizations.

Continuing education is imperative for medical coders to stay current in a rapidly changing industry. A medical coder certified with the AAPC, for example, must complete 32 continuing education units (CEUs) every two years to maintain certification. CEUs may be earned by attending workshops, local chapter meetings, and state and national conferences as well as by presenting at conferences, reading articles and then taking a quiz in the Coding Edge, and participating in qualifying Webinars.

Inquiries
Careers, Program Accreditation, Certification
American Academy of Professional Coders (AAPC)
2480 South 3850 West, Suite B
Salt Lake City, UT 84120
800 626-CODE (2633)
www.aapc.com

American Health Information Management Association (AHIMA)
233 North Michigan Avenue, Suite 2150
Chicago, IL 60601-5800
312 233-1100
E-mail: info@ahima.org
www.ahima.org/careers