

# TxHIMA JOURNAL

TEXAS HEALTH INFORMATION MANAGEMENT  
ASSOCIATION

August/September/October 2003



## Career Paths

*Which path will you take?*

### INSIDE THIS ISSUE:

- HIM in Space
- The Vendor Side of HIM
- Educating Tomorrow's HIM Professionals



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**August/September/October 2003**

**Articles**

Downsizing, Rightsizing...HIM Was a Welcome Change! .....4  
 Life as a Consultant.....5  
 HIM in Space.....7  
 Educating Tomorrow’s HIM Professionals .....8  
 Serving the Profession as a HIM Educator .....10  
 Working for a QIO .....11  
 The Vendor Side of HIM .....13  
 Job Security .....15  
 Alternative Careers in HIM.....16  
 What Do You Want To Be When You Grow Up?.....19

**Departments**

President’s Message: Exploring Career Paths .....3  
 Call for Presentations .....20  
 Willingness to Serve .....21

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# Exploring Career Paths

The majority of you reading this message are probably aware that Wade Harless chose to step down as President for Texas Health Information Management Association (TxHIMA) for the 2003-2004 year. He made the decision reluctantly, as he was looking forward to serving the membership, and in fact, had already made significant contributions to this organization in his role as President-Elect. The board felt that the best decision was for me to remain in the position of President for another year, with the board working together to meet the objectives of the organization. I know that I have said this before, but it is worth repeating: The TxHIMA board is an energetic, creative, and dedicated group, and we will continue to work hard for you, the membership. Several members have volunteered to assist the board this year, and we fully intend to accept these offers as occasions arise over the course of the year. On behalf of the TxHIMA board, I would like to thank those who offered assistance and support by way of phone calls and emails to various board members and to the TxHIMA Executive Office.

The board's next undertaking will be the AHIMA national meeting and House of Delegates in Minneapolis. I am sure that several of you are planning to attend the meeting as well. I encourage all members to stay up to date on American Health Information Management Association (AHIMA)

issues by logging on to the AHIMA Communities of Practice (CoP) and accessing the State Leader and House of Delegate community. You will be able to discuss issues with other members across the nation, as well as access information regarding the national House of Delegates, Team

**“Using individual talents, skills, and competencies to find jobs that give satisfaction is inspiring to all of us...”**

Talks, etc. The TxHIMA board prepares for the national meeting at the state Fall Meeting, this year in Galveston, Texas. By the time the January Journal is published, we anticipate that TxHIMA will have made decisions regarding how we will communicate with the state membership in the future for issue discussion and input.

In my role as President I have had the privilege of getting to know several of you. As editor of this issue of the TxHIMA Journal, I had yet another opportunity to do this. This journal is titled "Career Paths" and highlights several Health Information Management (HIM)

professionals working in nontraditional or alternative careers or locations. Most of the authors are from Texas, although I thought you might enjoy hearing from a couple of people from



Beverly Rhodes,  
MSHP, RHIA

outside the state. Rebecca Reynolds writes from the "other UT", the University of Tennessee, about her dual role as faculty member for the HIM Program and Privacy Officer for the UT Health Science Center in Memphis. And, if you communicate regularly with AHIMA, you may know Marilyn Render by her timely responses to members' queries and her cheerful demeanor, evident even via email communications. Although Marilyn does not have an HIM background, I thought you might enjoy hearing about how she found her job niche at AHIMA.

Although the authors' individual stories are unique, I think you will find a common thread in their personalities and their approach to pursuing a career path somewhat off the beaten path. Each was able to take his or her "HIM" skills and apply them in various job settings. Some report that they readily accepted additional work which led to new job responsibilities and new career goals. Jana Olivas' husband assisted in her job search, which led to her getting a job in an attorneys' office.

Continued on page 4

# Downsizing, Rightsizing... HIM Was a Welcome Change!

By Marilyn K. Render

It's been eight years since I joined The American Health Information Management Association's (AHIMA's) Volunteer Services Department. In most cases, individuals come to the Association with prior experience in association management or health information. I came in with a background in commercial real estate/asset management. In short, I had a solid background in the "for profit" world.

In the mid- 1980s, my more than ten-year-old career—in the world of shopping centers, strip center malls, leases, rent rolls, property management and budget allocation—began to get a small crack in its side. With that crack, I experienced my first of three layoffs in a six-year period. This was a new experience for me. I became quite alarmed, but not for too long. The reason my alarm didn't last was because—in the space of a single

day—I lost a job and gained one.

Little did I know that this situation was preparing me for the next four years of downsizing and rightsizing challenges. The new job I had accepted only lasted three years. When layoff rumors started this time, I began to prepare myself and learn as much as I could about business management, organizational form and database management. Instead of waiting to "get the axe", I gave my resignation; however, I stayed on as a consultant for a year. Through the course of this ordeal, I grew quite leery of the real estate world, but I was not sure where to go. After the consulting contract ended, I took a year off to concentrate on what I wanted to do next.

My year of rest and exploration led me to give real estate one more shot. (After all, comfort was my key to success, and I was not settled with starting over in uncertain areas.)

Shortly after seven months of employment at this particular real estate firm, the water cooler conversations started again and yes, lay off number four was about to take place. Well, through my experience of past disappointment and frustration of layoff after layoff, I was not about to go through liking a job only to have it go away again. I began to seek a career change.



**Marilyn K. Render**, Executive Administrative Assistant in AHIMA's Volunteer Services Department

Continued on page 5

President's Message cont. from page 3

He apparently had no idea that he was being creative in the job search; he was just being helpful.

I thoroughly enjoyed learning about the many ways HIM professionals are using their skills to perform jobs in various markets, and I think that you will as well. Using individual talents, skills, and competencies to find jobs that give satisfaction is inspiring to all of us, whether

in a "traditional" role such as in a hospital HM department, or in a "nontraditional" route as this journal's authors have taken. If you would like to enhance your career in your current job, or you are thinking of evaluating career opportunities elsewhere, I encourage you to read AHIMA's article, "50 Ways to Enhance Your Career", found on the HIM Body of Knowledge or in the

Journal of AHIMA 73/4 (2002). Thank you to the many authors who contributed to this Journal. If any of you have a story that you would like us to tell in a future journal, please contact me. Thank you, TxHIMA members, for your continued support of this organization, and God bless each of you. ☺

Continued from page 4

While looking in a Chicago area newspaper, I noticed an ad for an executive assistant that placed emphasis on organizational skills and top-notch computer skills. I decided to take a chance and call for more details. I landed an interview! This lucky break came in May 1995 when I joined the American Health Information Management Association (AHIMA). I accepted a position in the Volunteer Services Department/Executive Office as Executive Administrative Assistant. My 10+ years of experience in real estate has afforded me the opportunity to work with 52 component state association leaders, over 400 volunteers and a host of HIM professionals. These professionals not only shape the future of the Association, but are key leaders in the world of health information management. Currently, I am the

project associate in the Volunteer Services Department. In this role, no day is the same. I personally handle over 200 e-mails each day along with other departmental duties. With the launch of the Communities of Practice in 2001, I had another opportunity to be the staff facilitator to the State Leader and House of Delegates CoP and the key liaison to the Geographic (state) CoPs. My current responsibilities also include managing the Triumph Awards Committee and program, being staff liaison to the Nominating Committee and National Ballot process (set-up, coordination, distribution and preparation for electronic vote). I prepare presentations and meeting materials for Team Talks and Leadership Conference. I am also the staff liaison for the House of Delegates and other CSA related activities.

Being in this position for the national office offers me the knowledge of volunteerism, governance, leadership and technology in the HIM field. A motto I adopted from my personal experience here is that "Volunteers are the Success of our Association," and AHIMA volunteers and staff are the reason my career change was a much-welcomed success! ☺

*Marilyn K. Render is the Project Associate for Volunteer Services at the American Health information Management Association (AHIMA) in Chicago, Illinois. Although not an HIM professional by background, Marilyn has become a huge resource for the AHIMA membership, coordinating many of their key activities, such as Team Talks.*

## Life as a Consultant

by Ann Botros, PhD, RHIA

I entered the exciting world of HIM (Health Information Management) consulting in the spring of 1986 as a young HIM Director with five years of experience in an acute setting with a lot of ambition and great passion for the HIM profession at large. I had already been involved with professional organizations and volunteered to work on various committees for TxHIMA, and the local HIMA. This was a formative period in my professional life as I was well on my way to obtaining a graduate degree in business administration and my

work and educational experiences were continually shaping and sharpening my verbal, public speaking, and leadership skills. It was at this point in time that I began assisting physicians with coding and billing as



Ann Botros, PhD, RHIA

well as assisting hospitals of various sizes in their

JCAHO surveys preparations.

By 1996, my consulting practice became a full time (ad) venture. I was now able to invest my time and energies by partnering with reputable professionals who could back me up as subcontractors as the need would arise.

The HIM profession at large has always energized me. I have always enjoyed working with a diverse cross-section of intelligent professionals. I am in all ways gratified when I make positive contributions to otherwise challenging situations and am on the

Continued on page 6

Continued from page 5

receiving end of such comments from clients as: "You are restoring my confidence in the HIM Profession"; "Thank you, we could not have done it without you"; "We have learned so much from you in the last two hours". These are the moments that forever encourage me to overcome the weekly demands of traveling and being away from my family on a regular basis.

Like any other self-employed professional, my biggest challenge has always been marketing my services. I found that the "word of mouth" is the most powerful tool, which is a happy client. Therefore, I am networking on a regular basis.

Here are some of the rewarding experiences in consulting:

1. Practice Management for Physicians, which includes assessing the operation, creating Policy and Procedures required for compliance with all HIPAA components;
2. Assistance with Physician's EMR (electronic medical record) and software and hardware needs, thereby facilitating their workflow while reducing the stress levels among office staff.
3. Facilitating cultural changes that create a successful business enterprise.
4. Projects in hospitals such as assisting HIM directors in choosing a vendor for imaging and scanning
5. Automation of medical records within allowed operational and capital budgets.
6. Implementation of Optimal Productivity Standards in the course of restructuring current operations and workflow. This allows the HIM department to

run smoother with a motivated team that can accomplish the goals and mission of the facility. I must say that part time teaching has been very rewarding for me

**“Ever-changing demands for health care management have now created endless opportunities for HIM positions...”**

as well. This is how I share my life experiences as a long time HIM director with students and help them assess their own potential for the HIM profession that I love so much.

In closing, when Robert Frost, the great American poet wrote of "the road less traveled", I'm sure he didn't have HIM in mind. Ever-changing demands for health care management have now created end-

less opportunities for HIM positions and HIM consultants out of the hospital and into other health care settings. It is with great pride and satisfaction that I can report that the road less traveled has become the road I have mostly traveled. ☺

*Ann Botros received her Ph.D. in Business Administration in 1992 and RHIA later the same year. Over the course of twenty years she has gained experience as a Health Information Management Director in hospitals of various sizes.*

*At the present time, she is the president of her own health care consulting company, Professional Health Care Consultants. She is an adjunct faculty member for Southwest Texas State University in the Department of Health Services Research, and teaches for San Antonio College in the Medical Assisting Department as well.*

*Ann served as President of the Texas Gulf Coast Medical Records Association.*

*Since HIPAA was signed into law in 1996, she has been actively involved in the development and delivery of national seminars clarifying the concepts, the legislative mandates, and most importantly, the practical steps and tools for implementation for successful compliance.*



# HIM in Space

by Tami Mulcahey, RHIA

My job gives the term "nontraditional" a whole new meaning. I am employed by Wyle Labs at the NASA/JSC Flight Medical Clinic. Our patient population consists of the active and retired astronaut corps, their immediate families, and the NASA pilots. I work in an extremely unique, interesting place, and I love my job! I get to work on projects that I never dreamed I'd be a part of. Because I work in a small clinic, I have the ability to make changes that have an immediate impact. My responsibilities are very broad, so although I have some routine tasks, every day is different. Our doctors are fantastic, our nurses are amazing, and their collective experiences are just incredible. I continue to learn from them every day.

As a typical HIM (Health Information Management) professional, I like organization. A defined and adhered-to chart order gives me a strange sense of comfort. Not only was my role was not well defined, and my job description pretty general, but the position was new. Clinic staff (nurses) had organized the records, released medical data, tracked referrals, and many other traditional HIM tasks. These are very busy nurses, and consequently the HIM duties had not been a priority. I had to make a strong showing for what an RHIA could do, and make it known that there were other areas (besides filing) that I could help them with. It has been a wonderful transition. By listening and learning what the existing processes were, and

hearing what improvements the clinic staff were requesting, I was able to make some necessary and popular changes right from the beginning. Once I established myself as willing to involve the rest of the clinic in all decisions and changes, we became a cooperative team, and we were on a roll. Subsequently, we have continued to make progress.

My HIM education was helpful in many ways. No matter where you go in the profession, a well-rounded education exposes you to the variety of tasks



Tami Mulcahey, RHIA

you may eventually become responsible for. In my current position, I am involved with Quality Assurance, process/workflow design, tracking of unsigned documents, release of information, project management, data/metrics, document imaging, HIPAA (Health Insurance Portability and Accountability Act), and other "routine" tasks that I would encounter in any other setting, such as filing. Some of my more non-traditional responsibilities have included implementing a 'chart order' for the Flight Surgeons' mission logs, deploying an EMR (Electronic Medical Record) at our Star City Russia clinic, and planning the workflows for our upcoming astro-

naut selection. I've also been working with our records retention office to get our record sets listed on the federal retention schedule.

My biggest challenge is to not be narrow-minded in my approach to any of my responsibilities. Our clinic is extraordinary in many ways. We do not bill for our services, so our coding is done primarily for research. At any time, our doctors are working at the mission control console, or have been deployed to Russia, or anywhere else in the world. That changes some of our timelines and requests from our physicians! We do not have JCAHO accreditation, but we strive to meet or exceed their requirements in all applicable areas. Sometimes the traditional medical records processes and workflows just won't work for us. But there are times that we fall back on the old 'standard model' because we aren't so different after all. ☺

*Tami Mulcahey, RHIA, received her degree in Health Information Management at the University of Texas Medical Branch in Galveston, Texas in August 2000. She is currently employed at Wyle Laboratories at NASA/JSC Flight Medicine Clinic in Houston, Texas. Although Tami loves to bake, she "lost her cookies" while flying on the KC-135 'vomit comet'. It's a recipe she won't be doubling.*

# Educating Tomorrow's HIM Professionals

By Jackie Moczygemba, MBA, RHIA, CCS

**M**aking the career move eight years ago from the traditional acute care setting in health care, to that of assistant professor in a higher educational institution was an exciting challenge. For quite some time, I had thought about teaching off and on, because I have always enjoyed explaining concepts and training other people. In addition, one of my previous positions in the early 1980s was with Dictaphone where I taught small classes on word processing. This was an activity I truly enjoyed as I watched clients overcome their fear of using computers. The classroom atmosphere was something I definitely wanted to get back into. It is exhilarating to be surrounded by enthusiastic and creative students interested in HIM career opportunities. Educators are a vital piece of the HIM profession, and more will be

“...there is much joy and fulfillment to be gained with a teaching career.”

needed to sustain the profession in the future.

A recent AHIMA work force study, which surveyed education program directors, found that recruiting qualified faculty is a top concern for both HIA and HIT programs. HIA program directors cited faculty recruitment as one of their top three concerns.<sup>1</sup> A 2000 white paper on HIM education indicated that while the number of HIT programs has grown in recent decades, it's estimated a third of current HIM educators anticipate they will retire within ten years.<sup>2</sup> Given this estimate, there is a clear indication that many AHIMA-approved programs are likely to need instructors in the future.

Is a career in HIM education the right move for you? If you currently enjoy a job function such as educating colleagues on privacy, coding regulations, or training new employees on computer software, you might want to consider teaching full-time as a career move. However, before you make the big leap, there are other opportunities to "test the waters" and determine if teaching is the right career for you. Many HIM programs are in need of guest lecturers to share expertise on a particular topic in the classroom setting or perhaps during a student field trip to the facility. Communication and presentation skills as well as the ability to assess knowledge level of the student audience would be needed

for this type of HIM educational role.<sup>3</sup>

Another HIM education career opportunity for assessing your ability to teach, is that of adjunct or part-time faculty member. In this type of position, the faculty member formally becomes the teacher of record for a course or a lab. The education and knowledge needed depends on the level of the program and the requirements of the school. Most institutions will require a bachelor's degree or a certain level of certification. Some of the fundamental skills needed are the ability to interact with students, develop and conduct lectures, and create assessment tools which include exams, exercises and assignments.<sup>4</sup>

If you determine that a career move towards HIM education is right for you, the next logical step is to look for teaching opportunities near you with either a HIT or HIA Program. Both types of programs employ full-time faculty but each will have varying job titles and requirements. For example in the



Jackie Moczygemba, MBA, RHIA, CCS

Continued on page 9

Continued from page 8

HIA Program, job titles range from instructor, lecturer, assistant or associate professor to that of full professor. Salary levels will also vary accordingly. There is also a career ladder in HIM education. Educators with considerable experience may aspire to become the program director (or chair). Most program directors continue to teach but will decrease their teaching load as their job role encompasses greater administrative responsibilities.

Once a person embarks upon a career in HIM teaching, I think it's important to develop a teaching philosophy statement. What is your approach to educating HIM students? Part of my personal teaching philosophy embraces the Seven Principles for Good Practice in Undergraduate Education by Arthur W. Chickering and Zelda F. Gamson. My favorite of the seven is principle #3 which states that learning is not a spectator sport. Students do not learn much just by sitting in classes listening to teachers, memorizing pre-packaged assignments, and spitting out answers. Active learning is encouraged in classes that use structured exercises, challenging discussions, team projects, and peer

critiques.<sup>5</sup> This principle supports the concept of academic freedom which exists in universities and colleges so that issues and concepts may be explored fully and a search for new knowledge is not hindered by teacher or student beliefs. Examples of active learning outside the classroom are student internship assignments and independent study opportunities.

In summary, there is much joy and fulfillment to be gained with a teaching career. Most educators are committed to inspiring greatness in students through their own various teaching philosophies and experience. Students will rise to the chal-

lenge with faculty who believe in them and genuinely care about each individual's learning process. There is a dynamic relationship between educator and student that continues far beyond graduation. Perhaps the biggest reward is seeing HIM students grow into HIM professionals.

*Jackie Moczygemba, MSHP, RHIA, CCS, is an Assistant Professor in the Health Information Management Department at Southwest Texas State University in San Marcos, Texas. She is currently serving on the Texas Health Information Management Association Board of Directors in the role of Public Relations Director. Her past experience includes HIM management, risk management, and quality management. Jackie lives in Seguin, Texas with her husband and two teenage children.*

**Reference Notes:**

- 1) Wing, Paul et al. "Data for Decisions: The HIM Workforce and Workplace: 2002 Educator Survey." Chicago: AHIMA, 2003. Available at www.ahima.org.
- 2) Joint Committee on Education. "White Paper on the Health and Well-being of Professional Education in the Health Information Management Discipline." Chicago: AHIMA, 2000.
- 3) Biedermann, Sue & Burrington-Brown, Jill. "A Spectrum of Opportunities: HIM Educators Needed at All Levels." Journal of AHIMA 74, no. 5 (2003): 55 – 59.
- 4) Same as above.
- 5) Chickering, Arthur and Gamson, Zelda. "Seven Principles for Good Practice in Undergraduate Education." Special insert to The Wingspread Journal in June 1987.



# Serving the Profession as an HIM Educator

by Rebecca Reynolds, RHIA, MHA

When you consider the job opportunities we have in HIM (Health Information Management) the list is endless. There are over 100 job titles from the recent AHIMA Workforce study. What an exciting time to be in the HIM profession! When you consider all of the potential jobs available, does HIM educator ever appear on your list? For career progression, HIM educator should be near the top of your list. How better to serve your profession and ensure a bright future for HIM than to share your expertise and dedication with our future colleagues.

The May article "A Spectrum of Opportunities: HIM Educators Needed at all Levels" in the *Journal of AHIMA*, focuses on the profession's need for HIM educators. The article outlines different opportunities available as an HIM educator. As the article illustrates, it is not necessary to quit your job and go into education full-time, but you might first consider all the opportunities to bring students into your clinical site. After completion of the HIM program at the University of Tennessee Health Science Center (UTHSC) I worked at the University Hospital in Memphis. I quickly transitioned from being the student to working with students on their clinical projects. When I became the HIM Director I actually coordinated the students' rotation through our entire

hospital. I enjoyed having the students come to the hospital. It was fun to "show them off" to the other department heads and physicians. It became a great opportunity to share my educational background and expertise with other department heads through the students. It was exciting to work with students and expose them to the real world projects from the hospital. It was also challenging to keep up with the information that they were being taught in the HIM program.

**“What an exciting time to be in the HIM profession!”**

During that time, I was a member of the Advisory Committee and Admissions Committee for the University of Tennessee HIM program. These committees gave me a vested interest in the program, and I really wanted to make sure, as a clinical instructor, that I was doing all I could to help the students grow and meet the objectives of the program. I realized that my professional reputation was tied to the success or failure that other graduates from my program experienced.

At the same time, I started working on my masters degree in

Health Care Administration. After completion of my degree I qualified to become an adjunct faculty member at UTHSC. I had never formally considered teaching as a career path, but after all the clinical work with the students and being asked to teach the Organization and Administration of Healthcare Facilities course, I jumped at the chance. I knew that I had the clinical or day-to-day knowledge to share with them.

Teaching is hard work. Knowing the subject content and translating it into course objectives, writing a syllabus, and preparing tests are all new skills. Being able to translate what you know to students who are new to HIM is a real challenge. "Hats off" to all our educators who have taught us over the years and ensured that HIM graduates are the best and brightest.

In 2001 the AHIMA Assembly On Education meeting was in Nashville. Even though I was an adjunct faculty member, the chair of the HIM program paid for me to attend the meeting. I decided after that meeting that full-time teaching was what I wanted to do. By this time I was the HIM Director for UT Medical Group and teaching a class in the HIM program, as well as a clinical site instructor. I wanted to teach full time, but I had to wait until a position was available. Thanks to the Health Insurance Portability

Continued on page 11

Continued from page 10

and Accountability Act, or HIPAA, the campus was able to hire me as a full time faculty member to teach in the HIM program and to coordinate the HIPAA efforts for our campus. Because the HIM program is part of an academic medical center, I find myself in the role of classroom educator for many students on campus. In addition to our HIM students, I provide classroom instruction on HIPAA to students in nursing, medical technology, cytotechnology, physical therapy, occupational therapy, medicine, dentistry and pharmacy.

Some colleagues approach me now and ask if I am happy with what I am doing. "Did you make the right decision?" is a common question. I tell them I am very happy with the decision to move full-time in education and I do not regret it at all. However there are many differ-

ences in the stresses of the academic environment. In addition to education of HIM students, there are expectations to publish, provide service to the campus and community and generate revenue to support the academic functions. The job is more than just teaching and, although the daily stressors have different names than in the non-academic setting, they do exist.

My journey has now taken me back to school. I have just begun the Ed.D, a doctoral degree in Higher Education program at the University of Memphis. I feel I need more education now to continue to teach at the baccalaureate level and will need it in the future to teach at the graduate level.

I encourage each of you to evaluate your professional goals and consider adding HIM educator to the

list of possibilities. It is an excellent way to sharpen your own skills and engage in the lifetime learning mission of AHIMA. It may not be an avenue that you ever thought was available but consider your future as an HIM educator. ☺

*Rebecca Reynolds, RHIA, MHA, is an Assistant Professor and the Privacy Coordinator at the University of Tennessee Health Science Center in Memphis, Tennessee. She is currently the Past President of the Tennessee HIMA and a past delegate to AHIMA. Rebecca most recently served on the AHIMA eHIM Standards group for Physician Practice EHR. Prior to joining the UT faculty in 2002, she was the director of HIM for the 450 physician UT Medical Group in Memphis. She is currently pursuing her doctoral degree in higher education, an Ed.D.*

## Working for a QIO

by Kimberly Hrehor, MHA, RHIA, CHE

As Health Information Management Professionals, there are many options for employment, which include a variety of settings (inpatient acute care hospital, psychiatric hospital, physician office, etc.) or job responsibilities (health information management, privacy officer, utilization review, quality improvement, data management, etc.). Of course, there are also many opportunities in non-traditional areas, such as insurance/managed care, law, and education, to name just a few. Despite this myriad of options, many of us take the first option available when we complete our education and obtain certification as a RHIA or RHIT. Sometimes, this decision leads us to peg ourselves into a certain aspect of HIM (Health Information Management), and it can be difficult to jump out of the track and try some-

thing new. However, it can also be exciting and provide great job satisfaction.

I work for the Texas Medical Foundation (TMF), which is contracted with the Centers for Medicare & Medicaid Services (CMS) as the quality improvement organization (QIO) for Texas. Currently, I manage a special contract with CMS (the Quality Improvement Organization Support Center for the Hospital Payment Monitoring Program), although I have also worked with the Health Care Quality Improvement Projects and the Payment Error Prevention Program (PEPP), which is now called the Hospital Payment Monitoring Program, or HPMP.

TMF is responsible for working with Texas health-

Continued on page 12

Continued from page 11

care providers to monitor and improve the quality of care that Medicare beneficiaries receive and to protect the Medicare trust fund. Although TMF is a non-traditional setting for HIM professionals, my previous work experience includes more traditional responsibilities such as inpatient acute-care coding, director of medical records, quality improvement, and risk management. I have been with TMF for five years, and have had the opportunity to advance and grow within the organization.

Although it can be scary to move to a non-traditional setting, there are many positive aspects. Since TMF is not a healthcare provider, there are no "emergencies" that occur during the night or "adverse events" that require root-cause analysis. Work hours are steady and required overtime is limited. The amount of required travel has varied depending on my position. Currently, I travel infrequently, mostly out of state and work with

staff from other QIOs around the country and with CMS. Previously I traveled more frequently and within Texas and met many people within the hospitals I visited as well as at the TMF Provider Meetings at which I

**“Although it can be scary to move to a non-traditional setting, there are many positive aspects.”**

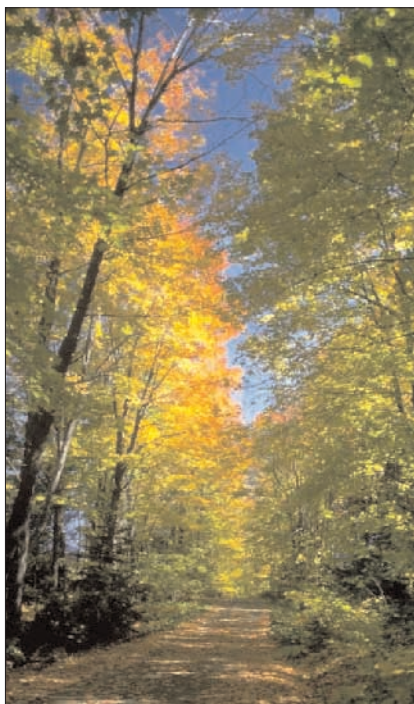
presented. My tenure at TMF has allowed me to expand my public speaking and data analysis skills. I have also had the opportunity to be creative in developing tools and interventions for hospital use. In addition, I have learned so much about the operations of QIOs, fiscal intermediaries, and CMS, and this knowledge is valuable wherever I chose to work.

The drawback of working in a non-traditional setting is that it can be difficult to keep up with the impact of the ever-changing regulatory environment on healthcare providers. It requires effort to maintain currency by reading journals and e-mail updates from professional organizations (such as AHIMA), attending conferences and meetings, and talking to those who work in patient care areas. For example, the Health Insurance Portability and

Accountability Act (HIPAA) does not impact my daily work functions, but as I have learned that it greatly impacts those working for healthcare providers.

Although I sometimes miss the acute care environment, at this point in my career I am very satisfied and believe that I have much more to learn and accomplish at TMF. If you feel you are stuck in a rut, I would encourage you to explore the many options HIM professionals have for employment, and not to rule out those that are non-traditional. These options may provide the opportunity for learning and growth that may increase job satisfaction. ☺

*Kimberly Hrehor, MHA, RHIA, CHE, is employed with the Texas Medical Foundation, the state Quality Improvement Organization, managing a special contract with CMS, the Quality Improvement Organization Support Center for the Hospital Payment Monitoring Program. Kim received her bachelor degree and her graduate degree at Southwest Texas State University in San Marcos, Texas. Kim recently moved to Houston, Texas with her husband and two young children.*



# The Vendor Side of HIM

by Sabra M. Bozeman, RHIT

**T**hirty-something years ago, when I was first approached about a job in the Medical Records Department of Lafayette General Hospital in Lafayette, Louisiana, my response was, "What is Medical Records?" Being a newlywed with a husband in college, I needed a job. With my business school training, I knew I could type and file, so I accepted the job that launched my career.

A few years later we moved to DeRidder, Louisiana, where our neighbor was on the Board of Directors of the local hospital, Beauregard Memorial. When he learned of my medical records background, he told me there was a position open in the Medical Record Department at the hospital. After a few months of working there, the Administrator asked if I would be interested in taking the Independent Study program offered by the American Medical Record Association (now AHIMA, or the American Health Information Management Association). The hospital provided assistance in paying for the course. I eagerly accepted his offer and pursued the advancement in spite of the arrival of the first of our two adopted sons in the middle of the course. With lots of encouragement from family, friends and co-workers, I finished the course, and earned my ART (now RHIT) credentials in 1979. By that time, I was serving as Director of the Medical Records Department at the hospital, with help from a consultant.

As I followed my husband in his

necessary career moves, I worked in medical record related positions, including Administrative Assistant for a PRO (Peer Review Organization) in South Louisiana, and Medical Records Specialist in a law firm. When we arrived in Texas in 1986, my first position in the Dallas-Fort Worth area was as the Release of Information (ROI) Supervisor at Parkland Hospital. It

**“The biggest difference ... is providing a quality service or product at a cost savings to the healthcare facility, while making money for the company.”**

was quite an educational and cultural experience to work in a 900 bed county facility where I supervised ten ROI clerks and four birth certificate clerks. Thanks to the encouragement from Vicki Wheatley, an Assistant Director at Parkland at that time, I survived long enough to regain my self-confidence by significantly

reducing the backlog in the ROI department, and eventually learning my way around the hospital.

After Parkland, I entered the Psychiatric/Substance Abuse Treatment side of Medical Records, where I spent the next eleven years. I served as HIM Director for three different hospital systems, the most recent being Charter. During my time with Charter we had a challenge with record storage and I had occasion to meet Neil Patterson with Sourcecorp. Not long after meeting Neil, Sourcecorp decided that they needed a credentialed ROI Manager and advertised for that position. Thinking that it was time to make a change from the psychiatric field, and hoping to never endure another JCAHO survey, I accepted the challenge offered by this outsourcing company.

My management skills have all been tested by becoming Regional ROI Manager in the State of Texas for Sourcecorp. I have been in this position for five and a half years, and it has been an interesting and rewarding transition for me. The vendor side of the Health Information Management (HIM) profession is totally different from anything I have done before. In my previous roles as a Department Director almost everyone and everything I dealt with to accomplish the department goals were within the walls of the hospital. As an outsourcing vendor, we have had as many as thirty accounts spread throughout

Continued on page 14

Continued from page 13

Texas, with eighty employees working at those sites. Personnel and customer service issues take on a whole new aspect when you are dealing with remote employees. As I often tell our field employees, we have several bosses, including Sourcecorp Corporate management, the Director of the HIM site, and each person

“...I am enjoying the diversity of management experiences this position has afforded me.”

that requests copies of Protected Health Information. Satisfying the demands of each of those entities, while staying within legal guidelines regarding patient privacy, sometimes creates stressful situations. I am fortunate to have competent area managers and dedicated field employees in all areas of the state to assist me in reaching the goals established for the success of Sourcecorp in the ROI field.

The biggest difference in working as a vendor, rather than an HIM Director, is providing a quality service or product at a cost savings to the healthcare facility, while making money for the company. We must pay our employees, rent our equipment, order our supplies, and make a profit. In the ROI area, this has become increasingly difficult with

the changes in the healthcare field, including HIPAA (the Health Insurance Portability and Accountability Act), which allow fewer opportunities to collect money for the copies of healthcare information we provide. As business partners it is necessary for the vendor and the healthcare provider to work together to meet the needs of the facility's patients and each of the entities involved in the contract for outsourced services.

Extensive travel around the State of Texas is necessary in my position, but with the support of my husband and grown sons, travel has allowed me to spend extra time with my grandson in Houston, the opportunity to meet many HIM professionals, and to spend time with friends in several parts of the state. When asked if I would consider becoming

an HIM Director again, there are occasional days when my answer would be "yes" but most days my answer is "no", for I am enjoying the diversity of management experiences this position has afforded me. ☺

*Sabra M. Bozeman, RHIT, is currently employed as the Regional Release of Information Manager for Sourcecorp, a document management outsourcing company. She has extensive past experience in the acute care and psychiatric arenas as well. She lives just north of Fort Worth in Saginaw with her husband of 33 years, who teaches science at Haltom High School and her younger son who is a student at Tarrant County College. Although she is originally from Louisiana, after eighteen years here, she calls Texas home.*



# Job Security

by Rebecca Spellman, RHIA

I graduated from Southwest Texas State University in May 2001, with a Bachelors degree in Health Information Management and earned my RHIA credentials shortly after. As a new graduate my job hunting started out in a city that seemed saturated with people in my profession, but new graduates can always count on facilities seeking individuals with fresh ideas and ready to make an impact.

My first job out of college was with a department that was interested in hiring a new graduate, and I seemed to fit the description. I work for North Austin Medical Center (NAMC), as the Health Information Security Officer. North Austin is a 195-bed acute care hospital with 1,055 employees and approximately 900 physicians on staff.

My official job description as the HIS (Health Information Security) Officer states that I have five main responsibilities, but as with any job, it is a constantly changing position. I serve as the chairman on the Facility Security Committee, the Forms Committee and our Records Management Committee; and I serve as Custodian of Medical Records and assist with Master Patient Index integrity. I also provide education training at new employee orientation, oversee our Release of Information area and coordinate Health Information and Technology week. All of these roles are important to the hospital, but probably the most essential responsibility and high

risk/high volume processes that I perform are related to the appropriate access audits. "Appropriate access" at NAMC means making sure that access to patient specific information is provided only when it is needed as defined by an individual's professional responsibility to the patient and the facility in order to provide and/or support quality patient care processes. By auditing both employee and

**“There is always the opportunity for growth and learning in my position.”**

physician access on a monthly basis, North Austin is helping to keep patients' medical records confidential and secure, which is an important aspect of quality patient care.

There is always the opportunity for growth and learning in my position. Daily processes are never final because there is always room for improvement, and that is a real advantage of my job. I have always believed that learning doesn't stop when you leave school; there are always new laws, technology, and medical breakthroughs happening every day that impact how HIM professionals do their jobs. This posi-

tion has really encouraged growth and offered a lot of rewarding experiences. At times it can be overwhelming, but it only makes a person stronger to be challenged. Without those day-to-day issues, a job becomes monotonous and the growth process slows dramatically. I have learned to prioritize time and tackle the important stuff first without becoming distracted with other things. Learning to follow through with issues is another important lesson I have learned in this position. When things are left undone to be finished another day, they pile up and in the end you are left rushing to meet deadlines with the added stress of procrastination.

I can say that I am very fortunate to have been hired into this role at North Austin. It has offered so many valuable insights which help me in day-to-day life, as well as experiences that I can take with me for my future endeavors in the working world. ☺

*Rebecca Spellman, RHIA, is the Health Information Security Officer at the North Austin Medical Center, which is part of the St. David's Healthcare Partnership in Austin, Texas. She graduated from Southwest Texas State University in San Marcos, Texas in 2001 with a degree in Health Information Management. Rebecca's most anticipated project is her upcoming marriage in May to her "sweet-heart" of five years.*

# Alternative Careers in HIM

By Donald Carr, MEd, RHIA

I am delighted to have this opportunity to address the membership of TxHIMA about optional roles and jobs for HIM professionals. This is one of my favorite subjects since I have enjoyed a career combining HIM roles and responsibilities in quite different areas. I know many people have written articles about optional roles and jobs for HIM professionals, and I will try not to bore you with a recitation of all the alternative jobs, roles, and careers available. I think it does more good to tell you something about my own experiences and hope that is helpful to you in deciding what you want to do.

I have three degrees. I got a BA in Psychology when I first went to college. I was one of those people who did not have a clue about what I wanted to do early in life. So after college I joined the Peace Corps and went to Kenya, East Africa to teach school for three years. Then I came back to Texas and attended the University of Houston and obtained

“...I have enjoyed a career combining HIM roles and responsibilities in quite different areas.”

a Masters degree in Education. Typically I did not go into education, but instead went into the health care field as a unit manager for a major hospital in Houston where I worked for several years. After being bounced around by jobs being eliminated, I decided that I needed to pursue a different field and went back to school to obtain BS degree in HIM from the University of Texas Medical Branch (UTMB) in Galveston in 1991.

I am currently the Compliance Manager for University Care Plus and the Physician Billing Services for the University of Texas Health Science Center at Houston, working in non-acute ambulatory care, so I actually work for two different companies. University Care Plus (UCP) is the MSO, or Management Service Organization, for the University of Texas Medical Practice Plan of the UT-Houston Medical School. UCP runs over 20 clinics for the Medical School and sees between 15,000-20,000 patients a month. PBS, or Physician Billing Services, is the billing and coding department for the various physician offices of UT-Houston and handles all the billing functions for University Care Plus. I am also responsible for HIM and transcription for UCP, and I write and manage all the other business and patient policies and procedures for UCP. I set up the Compliance Program from scratch and wrote or collaborated on most of the policies and procedures for compliance. I perform sanction checks, do employee training on compliance and priva-

cy practices including HIPAA, perform audits, and process and assist with investigation of patient privacy complaints. I co-chair and coordinate the HIM Committee and the Compliance Committee for University Care Plus.



Donald Carr, MEd, RHIA

As you can see I have a variety of roles and my job description and functions are continually expanding. I assure you it's never boring. However I do not think I would have this job today had it not been for the variety of roles and responsibilities I have had in my previous jobs. Prior to this job I was the Director of Clinical Support Services for health information services for MacGregor Medical Association in Houston. I started there as the Manager of HIM, managing a large central file room with about 15 employees, a large warehouse with archived business and medical records. I had indirect responsibility for all health information management functions and employees at 22 clinics in the greater Houston area and 6 locations in San Antonio. I also prepared and participated in Joint Commission and NCQA accreditation and approval process.

Later, I assumed management of

Continued on page 17

Continued from page 16

the Transcription Department. After another year or so I was bored with doing the same thing all the time, and I actually asked my boss for more work. Yes, that's right. Most of us may think in terms of how over-worked we are and that we already have too much to do. But if you volunteer to do more or take on new and different areas, keep in mind you may be able to delegate some of those duties, re-organize and create new managers under you. In so doing, you may engineer your own advancement. My boss at that time gave me complete management of the Call Center Department with up to 7,000 calls a day, average of 50,000 a month, a Director and two managers and 60-70 employees. I used the skills I had learned in school and on the job in HIM to organize and manage this area. We re-wrote all the job descriptions, created more room for advancement, and made significant improvements in workflow, productivity and efficiency. After a couple of years the company reorganized and I gave up the Call Center and was given responsibility for the Radiology Department. Last but not least, I volunteered for the job of Business Practices Officer, another name for the Compliance Officer. I set up and coordinated the Business Practices Program and Plan for the company, enforced standards, did audits and monitoring, wrote policies and procedures and coordinated HIPAA preparedness for business practices.

I did many other things while at MacGregor and because I was willing to take on new projects in non-HIM areas, the company tapped me to run committees and even set up and run the Texas Medicaid STAR Program

for the company. I remodeled the file rooms for medical records, was the liaison with an outsourcing physician group and set up protocols for all business dealings with them, chaired the forms consolidation project for all forms for MacGregor, and helped evaluate new business office and patient registration software programs.

One of the major tenets of my professional life that I think important for others in our profession is that you should have at least two things that you do very well. And certainly three is better than two.

**“Would you like to travel, do consulting, or use your HIM skills in the private sector in non-health care settings?”**

You can have both of these areas within the general umbrella of HIM or you can combine HIM with another less related area of expertise. You may have several additional skills, but make sure you are an expert in at least two areas. The reasons for this recommendation are job security and job advancement. If your main area of interest is management, as it is for many of us, become well acquainted with all your organi-

zation's information systems. Or become an expert on coding, release of information, ergonomics, transcription, etc. If you're really interested in doing even more and perhaps branching out into other non-traditional duties, then first look inward to your own likes and dislikes. Think about what other people in your organization or other businesses do that you like to do. Would you like to travel, do consulting, or use your HIM skills in the private sector in non-health care settings? You know, sometimes, you can "have your cake and eat it too". I generally like having my own cake and eating it too. Have you ever thought about that? Why let others have all the fun?

My second major tenet is that we have a unique profession and that sometimes we do not realize that we have a unique set of skills that often transfer very well into many other areas and roles that may not be readily apparent to us. HIM professionals are trained in management skills, coding, office and work area planning, ergonomics, release of information, forms design and control, statistics, financial planning, accounting, transcription, and many more. Sometimes we are actually the most knowledgeable about all the various diverse systems in play in many settings. We play a key role in understanding how all the systems work together. How many other professions require their members to know something about all those things? Let's give ourselves credit for being able to do some or all of these things.

The third and last tenet I want to tell you about is "to thine own

Continued on page 18

Continued from page 17

self be true", have confidence in yourself and your profession, and don't be afraid to branch out and do new things. I once had an instructor at UTMB who told us HIM students that if we ever came upon a problem or an issue that we thought we did not know anything about or could not solve, we should stop and

**“Too often in our profession we have tunnel vision and shrink from venturing outside the HIM Department.”**

think for a minute and the chances were that we did know something about it and if we put our minds to it, we could solve it or develop a plan for addressing it. Too often in our profession we have tunnel vision and shrink from venturing outside the HIM Department. Ask for more duties and responsibilities if you are interested in doing other things. If you don't ask, nothing will ever happen. Your ideas and plans are valuable, but no one will ever know if you don't stick your head out and venture forth. Yes, you might have to be at the right place at the right time, but sometimes you can create your own place and time. For instance my current job was created

by me and those who hired me. It's also okay to decide exactly what you want to do, even if it's in a specialized area, and go for it. For instance, I had an RHIA colleague who simply wanted to do healthcare statistics; she did not like managing people and being involved with all the problems associated with being a director of HIM. So she got a job in the Corporate Office of a large hospital working in statistics. Keep a sense of adventure and don't let burnout hit. Go back to school if necessary and get that second area of expertise. Or get it on the job. You will make yourself invaluable to your company or you may find yourself in a new and better job one day. That's what I did. And I love it. ∞

*Don Carr, MEd, RHIA has worked for University Care Plus and the University of Texas Health Science Center at Houston for over a year. Previously he was the Director of Clinical support Services for MacGregor Medical association for 10 years. don has a BA in Psychology from UT-Austin, a Master's degree in Education from the University of Houston, and a BS in HIM from UTMB in Galveston. He is currently the President of the Houston Area Health Information Management Association.*

## **What's New With TxHIMA?**

Watch the TxHIMA web site for new and exciting changes designed to

- facilitate use;
- increase communication among members;
- coordinate specialty groups, such as Coding Roundtable.

## **Also coming soon...**

- e-voting for Texas!
- an electronic forum to discuss AHIMA and TXHIMA issues!

# What Do You Want To Be When You Grow Up? RHIA? RHIT?

By Gwen Duffie, RHIA

I am not sure about you, but I do not remember telling my parents that I wanted to grow up to be a health information management professional. What they heard and what most parents heard in the 70's and 80s were that their children want to grow up to be doctors, nurses, lawyers, policemen, firemen and teachers.

Many HIM professionals, including myself, "discovered" health information management after starting college or working in the healthcare environment. Also, many HIM professionals, including myself, have transitioned beyond the hospital HIM Department. For example, in the Baylor Health Care System, there are approximately 15 RHIT/RHIAs who have moved beyond the hospital HIM Department. The numbers across Texas and the nation continue to increase as HIM professionals transition into non-traditional HIM professions.

As HIM professionals, we have the skill-set to make this transition. We are stewards of many resources. Many of our resources and/or skills include being motivated, determined, project driven, politically astute, visionaries, detail oriented, effective managers, self-confident, flexible, and knowledgeable of processes, finance management, legal issues, regulatory compliance, etc. These are just a few skills needed in

today's market for HIM professionals. All these skills helped me to transition beyond the hospital HIM Department.

Several weeks ago, I was asked how I changed my career path. I had to think for more than three minutes on how to answer that question. I feel that I have not truly made a career change. I just changed my focus. Understanding of my strengths and desires has helped to guide me to Medical Staff Services. All the skills needed for the HIM Department are all the skills that I continue to use in my current position.

How did I transition? By reflecting on my life, career and future. I re-defined my personal goals, completed an assessment on my abilities, outlined my accomplishments at Baylor and looked for promotional opportunities.

Do you want to transition beyond the hospital HIM Department? Why are you waiting? You have the skills. Find the opportunity and go for it! ☺



Gwen Duffie, RHIA

*Gwen Duffie, RHIA, is employed by Baylor University Medical Center Dallas, Texas as Director of Medical Staff Services. She previously worked in the HIM Department as the Associate Director, responsible for transcription services, record processing services, release of information and file storage. Gwen is currently pursuing Master of Business Administration in Strategic Leadership with expected date of completion November 2003. Gwen currently serves as the Convention and Meeting Director on the Texas Health Information Management Board of Directors and previously was the Legislative Director. She is married and has a little girl, Dariya, who keeps Gwen almost as busy as all those doctors she works with. Her mantra is: Don't set your goals by what other people deem important. Only you know what is best for you!*

# *Call for* **PRESENTATIONS**

for the  
TxHIMA 2004 Annual Convention  
Friday, June 4 through Sunday, June 6, 2004  
Intercontinental Hotel, Houston, Texas

Do you have ideas/suggestions for next year's educational program? Please list them below.

**Topic:** \_\_\_\_\_

**Presenter:** \_\_\_\_\_

**Job Position:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**E-mail address:** \_\_\_\_\_

Please provide the following attachments:

Program outline

Objectives

Resume/Biography of the presenter

*Return to the Executive Office:*  
**TxHIMA**  
**300 South C. M. Allen Parkway, #206A**  
**San Marcos, Texas 78666**

# Willingness to Serve

TxHIMA is asking you to actively participate in the continued growth and leadership of the association. Please give thoughtful consideration to submitting your name as a possible nominee for a position on the Board of Directors or as a volunteer to assist an officer or director with one or more of the responsibilities listed below:

### President

- \_\_\_\_\_ serve as Parliamentarian
- \_\_\_\_\_ serve as Financial Advisor

### Past President

- \_\_\_\_\_ assist with advertisement solicitation for web page
- \_\_\_\_\_ member of the Ethics and Conduct Committee (committee activated only if needed)

### Education Director

- \_\_\_\_\_ coordinate RHIA/RHIT Exam Review
- \_\_\_\_\_ coordinate CCS or CCS-P Exam Review
- \_\_\_\_\_ coordinate the Long Term Care Seminar
- \_\_\_\_\_ coordinate Coding Seminar
- \_\_\_\_\_ coordinate eHIM Seminar
- \_\_\_\_\_ assist with any seminar held in your area
- \_\_\_\_\_ participate in Coding Roundtable discussion

### Convention & Meetings Director

- \_\_\_\_\_ assist with Convention
- \_\_\_\_\_ assist with Fall Symposium

### Public Relations Director

- \_\_\_\_\_ chair/member of Student Recruitment Committee
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- \_\_\_\_\_ chair/member of HIM Week Committee

### Legal Director

- \_\_\_\_\_ chair/member of Legislative Monitoring Committee
- \_\_\_\_\_ chair/member of Drafting Legislation Committee
- \_\_\_\_\_ assist with editing the Health Record Information Manual
- \_\_\_\_\_ coordinate Legal Seminar
- \_\_\_\_\_ coordinate HIPAA Seminar

### Yes, I would like to be a Nominee for:

- \_\_\_\_\_ President (3 year term)
- \_\_\_\_\_ Director (2 year term)
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TxHIMA Journal Addendum - Aug/Sept/Oct 2003

# Thinking Outside the Box with a Health Information Management Background

by Jana Olivas, RHIA

**H**ow do you know what you want to do for the rest of your life? When I graduated from The University of Texas Medical Branch (UTMB) in 1996 I remember wondering if I had chosen the right profession. I wondered if I limited myself in terms of mobility, if HIM was too specific of a degree and whether or not I would get bored. Although I did have these thoughts, I never imagined I would make a change in career four short years after obtaining my RHIA certification, but I did and this is how.

It all started three years ago when I decided to start a family. At the time, I was a Director of Health Information Management for a 235 bed facility in Houston, Texas. The department was fully staffed with a dedicated and hard working team; we were prepared for JCAHO (Joint Commission on Accreditation of Healthcare Organizations); and our medical staff had finally come around to our way of thinking to help us achieve an acceptable chart delinquency rate; then the healthcare company chose to close the facility. I had a sweet baby girl (Claire) just three weeks before the files were boxed up, and the doors of the department were closed forever. I drove by the facility the other day, and it no longer exists. Instead, a Walgreens marks the spot.

So what was I to do? I was a new mother with a new baby and no

job. I had interviewed for a couple of promising Health Information Management jobs, but the hours it would take to solve problems and create a smooth running department didn't seem appealing to me with my new challenge – Claire. My husband was trying to be helpful by searching "Houstonchronicle.com" when one day he came across an advertisement for a Legal Records Manager position for a well respected law firm in town. He printed it and encouraged me to apply. I applied, and they quickly called me to set up an interview. During my interview, I was given a tour of the firm and the records centers (all 10 of them). I was amazed and astounded at the volume of material that could belong to one client. It was certainly unlike anything that I had seen in Health Information Management, even for those patients who were in the Intensive Care Unit for three months.

Although I liked the people who interviewed me, I was intimidated by the volume of the Records Department and the manual processes necessary to find material. A week later, they offered me the job claiming they wanted someone with strong records management skills who could think outside the box. They found it advantageous that I didn't have legal experience. I wasn't sure what to do, but considering that my husband worked three blocks

away from the firm and the daycare where I had already planned to send Claire was only four blocks away, I accepted. We would all commute together, and I could walk over at lunch to see Claire.

While I was acclimating myself to the legal environment, it became very clear to me early on that records management is records management, and the Bachelors of Science in Health Information Management I received from the University of Texas Medical Branch certainly prepared me with a strong understanding of records management. All of the core records principles applied. I was months into my new career before I stopped thinking of a situation first in the medical world and then relating it to the legal world. Nothing got lost in the translation; however, applying my skills took longer initially.

The only qualification required for the position was a bachelor's degree with some records management experience. One of my first tasks as a Legal Records Manager was to evaluate several software packages to assist us in our quest to implement a records software system that would enable us to move towards an electronic file. I quickly brushed the dust off of the system implementation book from HIM school where we learned to write requests for pro-

Continued on page 2

posals and the steps to implementing systems. As I was evaluating the systems, I again drew upon my knowledge of the Meditech system that I formerly used in Health Information Management. That knowledge gave me a foundation on which to build what we were looking for. Although there was a lot I didn't know, I was able to bring myself up to speed quickly.

If there were any drawbacks to not having a background in Legal Records management, it was that I didn't have a good understanding of the legal system or legal terminology. Additionally, there are no cookie cutter standards like CMS (Center for Medicare and Medicaid Services) or JCAHO that provide guidelines for what should be maintained in a legal file. This being said, we can't analyze the file components to tell when something is missing. You can imagine how hard it is when someone claims something was sent to the file, and it wasn't. We can't lock the department when we go home and allow limited access to someone like the nursing supervisor, because we have 10 file rooms with hundreds of attorneys who work all hours and need access to the files.

There are some positives to the job compared to traditional hospital HIM positions. In three years, I have never been called in the middle of the night to help an attorney find a file for a patient in the ER. The content of legal records is not life or death, although sometimes attorneys can make it seem that way. People have worked for the firm for many years. There are seven people in the records department who have been here longer than 20 years. The firm treats all of its employees very well,

and attorneys don't have an "us versus them" mentality as I often found in health information management. The attorneys consider records management a vital part of the team.

Although pre-graduation jitters made me question whether or not I made the right choice in selecting Health Information Management as the proper education and career choice, that was the only time I have doubted my selection. I will always be thankful for my education and may one day return to health information management where I was

**“The legal records manager community is a close knit group who work together, networking and sharing information.”**

formally trained and christened in records management. HIM professionals should know that there is an amazing world of non-health records management opportunities available. Companies you would never imagine have records management departments and we have a "leg up" on a great deal of competition, because we have bachelor or associate degrees in a records discipline. There isn't a specific legal records manager certification, but there is a certified records

manager certification (CRM) that records professionals outside of HIM aspire to acquire. Although I haven't sat for the CRM examination, I plan to do so to continue my non-health records education. Of course in addition to this, I will make retaining my RHIA credentials a priority.

The legal records manager community is a close knit group who work together, networking and sharing information. Many of them belong to an organization called ARMA (American Records Management Association), where they learn and acknowledge just how vast the possibilities are for records managers of all organizations - not legal specific. I encourage each of you to check out the ARMA website, [www.arma.org](http://www.arma.org), if you're interested in exploring new opportunities. Many best wishes to each of you, and think outside the box! ☺

*Jana Olivas, RHIA is presently the Records Manager for Baker Botts LLP in Houston, Texas where she has worked since June 2000. She has a bachelor's degree in Health Information Management from the University of Texas Medical Branch and received her RHIA certification in 1996. She has 8 years experience in the medical industry having held various positions in health information management, quality improvement and risk management. She is a past president for the Houston Area Health Information Management Association and has spoken to various groups on subjects such as the implementation of electronic signature, maintaining a clean master patient index, reducing your delinquent chart count and managing more with less.*