Chapter 2

Health Information Management Professionals

Chapter Outline

• Key Terms
• Objectives
• Introduction
• Careers
• Professional Practice Experience
• Join Your Professional Association
• Internet Links
• Summary
• Study Checklist
• Chapter Review

Key Terms

- cancer registrar
- case manager
- claims examiner
- coding and reimbursement specialist
- coding specialist
- consultant
- ethics
- health data analyst
- health information manager
- health insurance specialist
- health services manager
- listserv
- medical assistant
- medical office administrator
- medical office manager
- medical staff coordinator
- medical transcriptionist
- privacy officer
- professional practice experience supervisor
- quality manager
- reciprocity
- risk manager
- tumor registrar
- utilization manager
- vendor salesperson

35
Objectives
At the end of this chapter, the student should be able to:
• Define key terms
• Differentiate among health information management career opportunities
• Identify professional associations available to health care professionals
• Name the benefits of completing an academic professional practice experience

INTRODUCTION
This chapter will focus on a variety of career opportunities in health care and health information management, the role of the professional practice experience (externship or internship), the importance of joining professional organizations, the interpretation of professional codes of ethics, the impact of networking with other professionals, and the development of opportunities for professional advancement.

CAREERS
Health information management combines a profession in health care with information technology. Employment opportunities are available in different types of health care settings as well as in a variety of positions within those settings. Depending on the academic program in which you are enrolled and your future health care professional aspirations, one or more of the career opportunities discussed in the following text will appeal to you. Each career discussed contains an overview of job requirements as well as information about training, credentialing, and employment opportunities.

Cancer Registrar
Cancer registrars (or tumor registrars) collect cancer data from a variety of sources and report cancer statistics to government and health care agencies (e.g., state cancer registries). The primary responsibility of the cancer registrar is to ensure the timely, accurate, and complete collection and maintenance of cancer data. The cancer registrar enters information into a computer database, either manually or through database linkages and computer interfaces. They work closely with physicians, administrators, researchers, and health care planners to provide cancer program development support, ensure compliance with reporting standards, and serve as a valuable resource for cancer information.

Training
College-based cancer registry management programs typically include coursework in medical terminology, anatomy and physiology, health information management, computer information systems, health data collection, epidemiology, cancer registry management, and cancer case abstracting, coding, and staging. In addition to formal college courses, students are required to complete a professional practice experience that totals 160 unpaid hours. Once formal education has been achieved, continuing education is available in a variety of formats (e.g., daylong workshops, intensive two-week training programs, and Web-based training modules).

Credentials
Eligibility requirements for the Certified Tumor Registrar (CTR) credential include a combination of experience in the cancer registry profession and/or formal education. The National Cancer Registrars Association (NCRA) administers the CTR examination to mark achievement, foster professional pride, and provide national recognition in the recruitment and retention of registry personnel. Once certified, the NCRA requires CTRs to pay an annual continuing education maintenance fee and to submit proof of continuing education hours every two years (so that individuals remain up-to-date in the fields of oncology and cancer registry management).

Employment Opportunities
Job opportunities for cancer registrars exist in a variety of settings, including hospital-based, state, central, or regional cancer registries; consulting firms for which travel is a requirement; and private and government agencies (e.g., American College of Surgeons, Centers for Disease Control). The National Program of Cancer Registries (NPCR), a product of the 1992 Cancer Registries Amendment Act,
authorizes the Centers for Disease Control and Prevention (CDC—a federal government agency responsible for protecting the health and safety of people) to provide funds to states and territories to improve existing cancer registries; to plan and implement registries where they do not exist; to develop model legislation and regulations for states to enhance the viability of registry operations; to set standards for data completeness, timeliness, and quality; to provide training for registry personnel; and to help establish a computerized reporting and data-processing system. As a result of the program, employment opportunities for cancer registrars have grown.

**Coding and Reimbursement Specialist**

A coding and reimbursement specialist (or coding specialist) acquires a working knowledge of CPT (Current Procedural Terminology) and ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) coding principles, governmental regulations, and third-party payer (e.g., insurance company) requirements to ensure that all diagnoses (conditions), services (e.g., office visit), and procedures (e.g., surgery, X-ray) documented in patient records are coded accurately for reimbursement, research, and statistical purposes. Coding is the assignment of numbers to diagnoses, services, and procedures, based on patient record documentation. Excellent interpersonal skills are also required of coding specialists, who must communicate with providers about documentation and compliance issues related to the appropriate assignment of diagnosis and procedure codes.

**NOTE:** ICD-9-CM will be replaced by ICD-10-CM and ICD-10-PCS on October 1, 2013.

**Training**

A variety of training methods are available to those interested in a coding and reimbursement specialist career. College-based programs include coursework in medical terminology, anatomy and physiology, health information management, pathophysiology, pharmacology, ICD-9-CM, CPT, and HCPCS Level II coding, and reimbursement procedures. In addition, most academic programs require students to complete an unpaid professional practice experience (e.g., 240 hours). Professional associations (e.g., American Health Information Management Association, AHIMA) offer noncredit-based coding training, usually as distance learning (e.g., Internet-based), and some health care facilities develop internal programs to retrain health professionals (e.g., nurses) who are interested in a career change.

**Credentials**

Three professional associations offer coding certification:

- American Academy of Professional Coders (AAPC)
- American College of Medical Coding Specialists (ACMCS)
- American Health Information Association (AHIMA)

AAPC credentials include the Certified Professional Coder (CPC), Certified Professional Coder–Hospital (CPC-H), and Apprentice status for each (e.g., CPC-A, CPC-H-A). The AAPC also offers the Certified Professional Coder–Payer (CPC-P) and a multitude of specialty credentials. ACMCS credentials include the Coding Specialist for Payors (CSP), Facility Coding Specialist (FCS), and Professional Coding Specialist (PCS). AHIMA’s coding credentials include the Certified Specialist Associate (CCA), Certified Coding Specialist (CCS), and Certified Coding Specialist–Physician-based (CCS-P).

The type of health care setting in which you seek employment will direct you to the proper credential. For example, inpatient coders usually obtain CCS certification, while physician office coders choose CCS-P or CPC certification. Those who have not met requirements for field experience as a coder can seek apprentice-level certification as a CCA, CPC-A, or CPC-H-A.

**Employment Opportunities**

Coding and Reimbursement Specialists can obtain employment in a variety of settings, including clinics, consulting firms, government agencies, hospitals, insurance companies, nursing facilities, home health agencies, hospices, and physician offices. Coding specialists also have the opportunity to work at home for employers who partner with an Internet-based application service provider (ASP). For example, eWebHealth.com is a third-party entity that manages and distributes eWebCoding software-based services and solutions to customers across a wide area network (WAN—computers that are far...
apart and are connected by telephone lines) from a central data center.

**Health Information Managers**

Each time patients receive health care, a record is generated to document the patient’s current symptoms, medical history, results of examination, treatments rendered along with outcomes, ancillary report results (e.g., laboratory), diagnoses, and plans for treatment. This patient data is organized, analyzed, and maintained by health information managers to ensure the delivery of quality health care. According to the AHIMA, **health information managers** are considered experts in managing patient health information and medical records, administering computer information systems, and coding diagnoses and procedures for health care services provided to patients.

**Training**

A health information technician (HIT) earns an associate degree from a community, junior, or technical college; and a health information administrator (HIA) earns a bachelor’s degree from college or university. To be eligible to take the national certification exam offered by AHIMA, a person must graduate from a program accredited by the Commission on Accreditation of Health Informatics and Information Management (CAHIIM). In addition to general education, coursework includes medical terminology, anatomy and physiology; legal aspects of health information; coding and abstraction of data; statistics; database management; quality improvement methods; and computer training. Students are also required to complete professional practices in the health information management departments of a variety of health care settings (e.g., acute, ambulatory, long-term, and mental health care).

**Credentials**

Most employers prefer to hire Registered Health Information Technicians (RHIT) or Registered Health Information Administrators (RHIA), who must pass a written credentialing examination offered by AHIMA. AHIMA requires credentialed individuals to pay an annual continuing education maintenance fee and to submit proof of continuing education hours every two years to ensure that individuals remain up-to-date in the field of health information management.

**Employment Opportunities**

Health information technicians and administrators can obtain employment in a variety of settings, including clinics, consulting firms, government agencies, hospitals, insurance companies, nursing facilities, home health agencies, hospices, and physician offices. Job titles for RHITs include health data analyst, insurance claims analyst, records technician specialist, clinical coding specialist, physician practice manager, and patient information coordinator. RHIA job titles include department director, system manager, data quality manager, information security officer, educator, and consultant.

**Health Insurance Specialist**

A **health insurance specialist** (or claims examiner) reviews health-related claims to determine whether the costs are reasonable and medically necessary, based on the patient’s diagnosis. This process involves verification of the claim against third-party payer guidelines to authorize appropriate payment or refer the claim to an investigator for a more thorough review. A health information manager can also perform medical billing, coding, record keeping, and other medical office administrative duties.

**Training**

Training and entry-level requirements vary widely for health insurance specialists; most third-party payers prefer to hire college or vocational school graduates and provide additional training on the job.

**Credentials**

While most health insurance specialists become certified through AHIMA or the AAPC, three other organizations offer specialty certifications. The American Medical Billing Association (AMBA) was created to network, share information and ideas, support one another, and publicly market professional services as a group. AMBA is targeted toward providing assistance for small and home-based professional medical billers with similar needs, interests, and goals. AMBA offers the Certified Medical Reimbursement Specialist (CMRS) exam.

The International Claim Association (ICA) provides a program of education for its member life and health insurance companies, reinsurers, managed care companies, third-party administrators (TPAs), and Blue Cross and Blue Shield organizations...
worldwide. The ICA offers Associate, Life and Health Claims (ALHC) and the Fellow, Life and Health Claims (FLHC) examinations to examiners in the life and health insurance industries. According to the ICA, the ALHC and FLHC designations are awarded only upon successful completion of all required courses in both the introductory and ICA course segments. The ALHC program contains six courses designed to provide students with a thorough background in the administration of life and health insurance claims. The FLHC program provides advanced claims education by requiring additional courses.

The Medical Association of Billers (MAB) is an insurance claims organization that offers certification as a Certified Medical Billing Specialist (CMBS), Certified Medical Billing Specialist for Hospitals (CMBS-H), Certified Medical Billing Specialist-Chiropractic Assistants (CMBS-CA), and Certified Medical Billing Specialist Instructor (CMBS-I). CMBSs must complete continuing education units (CEUs) each year to remain current.

**Employment Opportunities**

Health insurance specialists are employed by insurance companies, third-party administrators, and managed care companies. They are also employed in health care facilities, physician offices, and clinics. Home-based employment opportunities are also available for health insurance specialists who become self-employed or work for an organization that allows claims to be processed off-site.

**Health Services Manager**

Health services managers are individuals who plan, direct, coordinate, and supervise the delivery of health care. They include specialists who direct clinical departments or services and generalists who manage an entire facility or system. Because of health care restructuring and refinancing, health services managers often deal with evolving integrated health care delivery systems (an arrangement between health care providers to offer comprehensive services as a single health care delivery system), technological innovations, complex regulations, and an increased focus on preventive care. They are also required to improve health care efficiency and quality.

**Training**

According to the Bureau of Labor Statistics, most general health services managers earn a master’s degree in a related health services administration field, while a bachelor’s degree is adequate for most entry-level positions in smaller facilities and at the departmental level within health care organizations. Clinical department heads usually require a degree in the appropriate field along with work experience (e.g., nursing department).

**Credentials**

Health services managers who become nursing home administrators are required by all states and the District of Columbia to have a bachelor’s degree, pass a licensing examination, complete a state-approved training program, and pursue continuing education. The American College of Health Care Administrators (ACHCA) offers the Certified Nursing Home Administrator (CNHA) credential, which is endorsed by the National Association of Boards of Examiners for Long Term Care Administrators (NAB) as an option for state licensure reciprocity (credential is recognized by another entity). Many states currently recognize the ACHCA’s CNHA program, and additional states are in the process of officially recognizing the CNHA program or are favorably considering the program as an option for reciprocity.

**NOTE:** A license is not required in other areas of medical and health services management.

**Employment Opportunities**

Hospitals employ a large number of health services managers. However, employment opportunities will also be available in clinics and other outpatient care settings (e.g., home health care).

**Medical Assistant**

Medical assistants perform routine administrative and clinical tasks to keep the offices and clinics of physicians, podiatrists, chiropractors, and optometrists running smoothly. (They should not be confused with physician assistants who examine, diagnose, and treat patients under the direct supervision of a physician.) Medical assistants who perform mainly administrative duties answer telephones, greet patients, update and file patient medical...
records, complete insurance claims, process correspondence, schedule appointments, arrange for hospital admission and laboratory services, and manage the office’s billing and bookkeeping.

The clinical duties of a medical assistant vary according to state law and include taking medical histories and recording vital signs, explaining treatment procedures to patients, preparing patients for examination, and assisting the physician during the examination. Medical assistants also collect and prepare laboratory specimens or perform basic laboratory tests on the premises, dispose of contaminated supplies, and sterilize medical instruments. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician (if allowed under state law), authorize drug refills as directed, telephone or fax prescriptions to a pharmacy, draw blood, prepare patients for X-rays, take electrocardiograms, remove sutures, and change dressings.

Training

A medical assistant earns an associate degree from a community, junior, or technical college or a vocational school. In addition to general education, students take anatomy, physiology, medical terminology, keyboarding, medical transcription, administrative and clinical medical assisting, accounting, and insurance processing. Students learn laboratory techniques, clinical and diagnostic procedures, pharmaceutical principles, medication administration, and first aid. They study office practices, patient relations, medical law, and ethics. Most programs require students to complete professional practice in physicians’ offices or other health care facilities.

Credentials

Medical assistants become credentialed as a Certified Medical Assistant, abbreviated as CMA (AAMA), through the American Association of Medical Assistants (AAMA) or a Registered Medical Assistant (RMA) (AMT) through the American Medical Technologists (AMT). The credentials are not mandatory in most states, and the federal government does not require a medical assistant to be credentialed. To be eligible to take the CMA exam, students must graduate from a medical assisting program accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). (Be sure to check the accreditation status of your academic program.) Students enrolled in programs not accredited by CAAHEP or ABHES, but whose college is accredited by an organization approved by the United States Department of Education, are eligible for RMA (AMT) certification.

Employment Opportunities

Medical assistants traditionally become employed in physician offices and clinics. Other employment opportunities include public and private hospitals as well as nursing and residential care facilities.

Medical Transcriptionist

Medical transcriptionists transcribe prerecorded dictation, creating medical reports (e.g., history, physical, discharge summary), correspondence, and other administrative material (e.g., committee minutes). They use a special headset to listen to dictation and a foot pedal to pause dictation as they key text into a personal computer (editing grammar as necessary). Before becoming a permanent part of the patient’s record, the transcribed documents are forwarded to the dictator for review and signature, or correction.

Many medical transcriptionists work at home, and the Internet has transformed the procedure of receiving dictation and returning transcribed reports to clients for approval. (In the past, cassette tapes were delivered to medical transcriptionists.) An emerging trend is the implementation of speech recognition technology, which electronically translates sound into text and creates drafts of reports. Reports are then formatted; edited for mistakes in translation, punctuation, or grammar; and checked for consistency and possible medical errors. Transcriptionists working in specialized areas with more standard terminology, such as radiology or pathology, are more likely to encounter speech recognition technology.

Training

Employers prefer to hire medical transcriptionists who have completed postsecondary training in medical transcription offered by many vocational schools, community colleges, and distance-learning programs. In addition to medical transcription practice coursework, students take anatomy, physiology, medical terminology, disease processes, pharmacology, medicolegal issues, keyboarding, and English
grammar and punctuation. Most academic programs also require students to complete a professional practice in the medical transcription department of a health care facility.

**Credentials**

The Association for Healthcare Documentation Integrity (AHDI), formerly the American Association for Medical Transcription (AAMT), offers the Certified Medical Transcriptionist (CMT) credential to experienced professionals and the Registered Medical Transcriptionist (RMT) credential to those who do not qualify to take the CMT exam. The AHDI requires CMTs and RMTs to become recertified every three years.

**Employment Opportunities**

Medical transcriptionists are employed in a wide variety of health care settings, such as hospitals, clinics, and physician offices. Home-based employment is also available for individuals who wish to become self-employed or work for a medical transcription service organization. The demand for transcription services is influenced by the need for electronic documentation that can be easily shared among providers, third-party payers, regulators, and consumers. Advancements in speech recognition technology will not adversely impact job opportunities for medical transcriptionists because of the need to amend patient records, edit documents from speech recognition systems, and identify discrepancies in medical reports.

**Other Employment Opportunities in Health Information Management**

A health data analyst obtains employment in a variety of health care settings and is also employed by data warehousing companies to conduct research data management and clinical trials management. Because businesses enter information into different databases (e.g., financial, case management), a data warehouse combines the data in a consistent way so that inquiries can be made across the entire data set. An individual with a health information management background is a logical person to serve as a health data analyst. AHIMA offers a Certified Health Data Analyst (CHDA) credential for professionals who have the ability to "acquire, manage, analyze, interpret, and transform data into accurate, consistent, and timely information, while balancing the “big picture” strategic vision with day-to-day details."

A **consultant** practices a profession. Consultant is a general term that can be applied to any number of individuals with a wide variety of educational backgrounds, knowledge, and skills. Health information management consultants specialize in coding, long-term care, information security, ambulatory care, and so on. They provide assistance (e.g., backlog coding projects), advice (e.g., coding validation studies to determine staff training needs), and information (e.g., credentialed person who consults for a long term care facility).

A **medical office manager** (or **medical office administrator**) coordinates the communication, contract, data, financial, human resource, health information, insurance, marketing, and risk management operations of a provider’s office. (Refer to Table 2-1 for detailed tasks associated with each area of office management.)

A medical office manager usually earns at least a certificate or an associate degree from a community, junior, or technical college. Academic programs are designed to provide students with practical and managerial skills required by medical practices. Some are associated with medical assistant programs, requiring students to study office practices, patient relations, medical law, and ethics. Most programs require students to complete professional practice in physicians’ offices or other health care facilities. The Professional Association of Health Care Office Managers sponsors a Certified Medical Manager (CMM) credential, which is available to members who meet eligibility criteria.

A **medical staff coordinators** usually report directly to the health care facility’s administrator, and they are responsible for managing the medical staff office (e.g., attending medical staff meetings) and complying with medical staff bylaws (e.g., physician credentialing and recredentialing process) and accreditation and regulatory agencies. Educational opportunities include enrollment in the National Association for Medical Staff Services (NAMSS) Independent Study Program or at a community, junior, or technical college. The NAMSS sponsors two credentials: the Certified Professional in Medical Services Management (CPMSM) and the Certified Provider Credentialing Specialist (CPCS). Examination eligibility requirements are available from the NAMSS.
According to AHIMA, a **privacy officer** oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization’s policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the health care organization’s information privacy practices. Privacy officers have an appropriate educational background and work experience in legislation (laws) related to information privacy, access to records, and release of information. They are also knowledgeable about security technologies and apply HIM principles to project and change management. Education as a health information technician or health information administrator plus appropriate experience in health care legislation will qualify you for a privacy officer position in a health care facility. AHIMA offers the Certified in Healthcare Privacy and Security (CHPS) credential, which is intended to represent advanced knowledge and competencies in health information privacy and security management.

A **quality manager** coordinates a health care facility’s quality improvement program to ensure quality patient care, improve patient outcomes, confirm accreditation/regulatory compliance, and prepare for surveys. Quality managers have usually obtained appropriate work experience in a related field (e.g., director of health information) after first pursuing formal education (e.g., bachelor’s degree in health information management). The National Association for Healthcare Quality (NAHQ) sponsors the Certified Professional in Healthcare Quality (CPHQ)
credential. Eligibility requirements are available from the NAHQ.

A **risk manager** is responsible for gathering information and recommending settlements concerning professional and general liability incidents, claims, and lawsuits. They initially investigate and analyze actual and potential risks to the health care facility as well as review and investigate incident reports for the purpose of recommending appropriate corrective action. Educational requirements for a risk manager include a bachelor’s degree and work experience in one or more of the following areas: patient care, public policy, health care administration, business administration, legal support, or insurance/claims investigation and settlement. The Global Risk Management Institute, Inc. (GRMI), a subsidiary of the Risk & Insurance Management Society, Inc. (RIMS), sponsors the Canadian Risk Management (CRM), Fellow in Risk Management (CRM), and RIMS Fellow (RF) designations.

A **utilization manager** (or **case manager**) is responsible for coordinating patient care to ensure the appropriate utilization of resources, delivery of health care services, and timely discharge or transfer. Utilization managers usually have a bachelor’s degree (e.g., nursing, social work), professional licensure (e.g., RN), and clinical practice experience. Because some utilization managers must have extensive knowledge of coding and reimbursement systems, health information managers are also employed in these positions. The Certified Case Manager (CCM) credential is sponsored by the Commission for Case Manager Certification (CCMC), which is accredited by the National Commission for Certifying Agencies (NCCA). McKesson Corporation offers a Certified Professional in Healthcare Management (CPHM) credential, combining original certification programs in utilization review (CPUR) and utilization management (CPUM). The American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) offers the Certified in Health Care Quality and Management (CHCQM) credential.

**Vendor salespersons** manage a company’s sales for a given territory, provide information about available consulting services, and demonstrate products to potential customers. Professional advancement opportunities usually exist within the organization with promotion to marketing manager, customer manager, or corporate account manager. Computer vendor positions usually require a bachelor’s degree level of education or higher and prior experience in health information management sales. Personal characteristics include the ability to be a team player and to manage critical issues.

Other employment settings for health information managers include government agencies (e.g., state departments of health, peer review organizations), the pharmaceutical industry (e.g., data collection/studies for new drug approval), and research support (e.g., Centers for Disease Control).

### Exercise 2–1 Careers

**Instructions:** Research career information at the Bureau of Labor Statistics (BLS) Web site.

1. Open your Internet browser (e.g., Internet Explorer, Netscape Navigator, and so on).
2. Enter http://www.bls.gov to access the BLS Web site.
3. Locate the section entitled Occupations. Click on **Occupational Outlook Handbook**.
4. Use the index to search for information regarding your future career (e.g., Health Information Technician, Medical Assistant, and so on).
5. Once you locate your career, click on its title.
6. Prepare a one-page, double-spaced summary of career information, including a description of the work, working conditions, employment, training, other qualifications and advancement, job outlook, and earnings. Include facts listed on the Web site.

### PROFESSIONAL PRACTICE EXPERIENCE

The professional practice experience (PPE) (also called an externship or internship) benefits both the student and the facility that accepts the student for placement. Students receive on-the-job experience prior to graduation, which assists them in obtaining permanent employment, and facilities have the opportunity to participate in and improve the formal education process. Quite often, students who complete professional practices are later employed by the facility at which they completed the experience. Academic programs (e.g., health information management, medical assistant) are required to place students in professional practice experiences to comply with accreditation requirements; other programs that also require such experiences provide students with a
value-added education. (Even if your academic program doesn’t require you to complete a professional practice experience, you can arrange to volunteer in a health care facility so that you can benefit from actual work experience.)

Preparing for the Professional Practice

To provide the maximum benefit to students, professional practices are non-paid work experiences that are arranged by the academic program faculty. Students are usually told about the professional practice requirement in their first semester of study, and information about possible practice sites may be obtained at that time or during a later semester. Once the practice sites are identified, communicate them to the academic program faculty to determine whether student placement is possible. The program director sends a letter (Figure 2-1) to the site, which introduces the student and details academic courses that will have been completed by the start of the professional practice experience. Attached to the letter are the standard articulation agreement (Figure 2-2), which must be signed by an administrative representative of the site, and a student evaluation instrument (Figure 2-3) that delineates tasks to be accomplished by the student.

Creating a Professional Résumé and Preparing for an Interview

Students are often required to submit a professional résumé to the professional practice experience supervisor (the person to whom the student reports) and to schedule an interview prior to being accepted for placement. While this can be an intimidating process, it is excellent experience for the interview process you will undergo prior to obtaining permanent employment. Be sure to research the résumé writing and interview technique services available from your college’s career services office. This office will review your résumé and provide you with interview tips. Some offices even videotape mock interviews for students.

Student Responsibilities During the Professional Practice

The professional practice experience is on-the-job training even though it is non-paid, and students should expect to provide proof of immunizations (available from your physician), undergo a pre-employment physical examination, and participate in facility-wide and department-specific orientations. In addition, because of the focus on privacy and security of patient information, the facility will require you to sign a non-disclosure agreement (Figure 2-4), which is kept on file at your college and by the professional practice site.

NOTE: Breach of patient confidentiality can result in termination from the professional practice experience site, failure of the professional practice experience course, and even possible suspension and/or expulsion from your academic program. Be sure to check your academic program’s requirements regarding this issue.

During the professional practice experience, you are expected to report to work according to the schedule established by your supervisor. If you cannot attend on a particular day or if you will arrive late, be sure to call in. (You will be required to make up any lost time.) Because this is a simulated job experience, you are also expected to be well groomed and to dress professionally. In addition, it is very important that you act interested in all aspects of the experience, develop good working relationships with coworkers, and react appropriately to criticism and direction. If any concerns arise during the experience, be sure to discuss them with your professional practice supervisor and/or instructor.

Professional Code of Ethics

Ethics are judgments about what is right and wrong, and each professional association has a code of ethics that is to be followed by its membership. Even if you are not an active member in your professional association, you are expected to comply with the established ethics. (Professional codes of ethics can be found in Appendix I and at your professional association’s Web site.)

Exercise 2–2 Professional Practice Experience

1. Identify five health care facilities and/or offices that could serve as professional practice sites. Use the telephone book or search the Internet to locate facilities and/or offices in your area.

2. Contact each facility and/or office, and talk with the switchboard operator or office receptionist to identify the name and phone number of the
department manager or other professional to whom you would report during the professional practice. Be sure to explain that you are a student in an academic program (identify the program) and that you are gathering preliminary information for an assignment. It is possible that you will be transferred to the department in which you would complete the professional practice.

**Remember!** You are not authorized to discuss the specifics of the professional practice placement. That is the responsibility of your college’s professional practice coordinator, who has performed this task hundreds of times and is in a position to provide specific information upon request. When students initiate conversations about professional practices, it can be perceived as inappropriate and unauthorized. This

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**Figure 2-1** Professional Practice Letter (Permission to reprint granted by Alfred State College.)

10 Main Street  
Anywhere NY 10001  
101.555.1111 (office) • 101.555.2222 (fax)  

June 14, YYYY

Sandy Supervisor  
Cancer Registry Department  
Alfred Medical Center  
100 Main St  
Alfred NY 14802

Dear Sandy:

Thank you so much for accepting a student for professional practice. Sally Smith, a student in the Cancer Registry Management Certificate Program, will complete the 160 nonpaid hours of professional practice during Summer YYYY.

I have enclosed our standard articulation agreement so that you can have your administrative representative review, sign, and return it to me. I will then obtain our administrative representative’s signature and mail a copy to you.

I have also enclosed the evaluation instrument that needs to be completed on the student at the conclusion of the professional practice experience.

If you have any questions or concerns, please contact me at 607.555.5487 (office) or 607.555.5488 (home). I appreciate your accepting a student for professional practice, and I look forward to working with you this year.

Sincerely,

P. J. Professor

P. J. Professor

Enclosure
AFFILIATION AGREEMENT

This Agreement is made by and between the ___________________________ with its principal office located at _______ (hereinafter referred to as “Affiliate”) and the State College, with its principal office located at 10 Main St, Anywhere, New York 10001 (hereinafter referred to as “University”).

WHEREAS, the University has undertaken an educational program in the discipline of Health Information Technology, and WHEREAS, the University and the Affiliate desire to have an association for the purpose of carrying out the said educational program in the discipline of Health Information Technology/Medical Records. NOW, THEREFORE, it is agreed that:

1. The University shall assume full responsibility for planning and executing the educational program in the discipline of Health Information Technology including programming, administration, curriculum content, faculty appointments, faculty administration and the requirements for matriculation, promotion and graduation and shall bear all costs and expenses in connection therewith. Attached as Exhibit B is a copy of the curriculum.

The University further agrees to coordinate the program with the Affiliate’s designee.

2. The University shall be responsible for assigning students to the program for professional practice experience. However, the University shall notify the Affiliate one (1) month in advance of the planned schedule of student assignments to clinical duties including the dates, number of students and instructors. The schedule shall be subject to written approval by the Affiliate.

3. The University at its sole expense and cost shall provide faculty as may be required for the teaching and supervision of students assigned to the program for professional practice experience.

4. The University agrees that at all times students and faculty are subject to the supervision of the Affiliate administration, and the University shall inform both students and faculty that they must comply with all applicable rules and insofar as they may pertain to the activities of both while at the Affiliate’s facility, and failure to comply shall constitute a cause for terminating such student's assignment to or faculty member’s relationship with the Affiliate. The Affiliate will provide copies of all policies and procedures to the students and faculty members.

5. The University shall advise each student and faculty that he/she must provide the Affiliate, upon request, with a physician’s statement that the student is free from any health impairment that may pose a risk of illness or injury to health center patients or interfere with the performance of his/her assigned duties. The following documentation is also required: (i) PPD (Mantoux) skin test for tuberculosis performed within one year, and a chest X-ray if positive; (ii) Td (Tetanus-diphtheria) booster within ten years; and (iii) proof of immunity against measles (Rubella) and German measles (Rubella); such proof is documentation of adequate immunization or serologic confirmation. The health information and documentation required by this paragraph shall be furnished, upon request, to the Affiliate with respect to each student prior to the assignment of such student for clinical experience. The health information and documentation required to be furnished for participating students shall also be furnished for any faculty.

6. The students and faculty shall respect the confidential nature of all documentation and information associated with the Affiliate, especially patient records.

Figure 2-2  Professional Practice Articulation Agreement (partial) (Permission to reprint granted by Alfred State College.)
To the Professional Practice Experience Supervisor: Circle the grade that corresponds to the student’s skill level for each, and meet with the student to discuss the grades selected.

**Instructions:** Consider the following when selecting the score for each area:
- **productivity** (student completed appropriate volume of work)
- **application to work** (student demonstrated good evidence of independent study and motivation)
- **knowledge of HIM principles** (student applied HIM principles to practice in an appropriate manner)
- **decision-making** (student demonstrated good judgment in making decisions, which were accurate)
- **understanding of work flow** (student demonstrated an understanding of the task in relation to HIM department work flow)

**Key to Selecting Skill Level:** Student consistently performed:
- A well above average
- B above average
- C at an average level
- D below average
- F below the required level

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student completed 240 hours of professional practice.</td>
<td></td>
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</tr>
<tr>
<td>Promptness</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student reported to the department on time each day; returned from breaks and lunch on time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student dressed appropriately, was respectful to colleagues/superiors, accepted constructive criticism well, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student asked appropriate questions, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student displays energy and motivation in starting and competing tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student functions in a systematic and logical fashion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student was receptive to supervision, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM Coding</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student reviewed policy/procedure for ICD-9-CM coding of inpatient, outpatient, ED, etc. records; coded at least 50 discharged inpatient records, 50 outpatient records, and 50 ED records; used an encoder, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT/HCPCS Coding</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student reviewed policy/procedure for CPT/HCPCS coding of outpatient, ED, etc. records; coded at least 50 outpatient records and 50 ED records; used an encoder, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstracting</td>
<td>100</td>
<td>96</td>
<td>93</td>
<td>89</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Student abstracted at least 50 records, using the HIM department’s abstracting system; reviewed disease/operation/physician indices; used indices for data retrieval and research.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Figure 2-3  Student Evaluation Instrument (Permission to reprint granted by Alfred State College.)*
can result in a site refusing to accept a student for placement.

**NOTE:** Because this assignment provides an excellent way to initiate contact with working professionals who can eventually help you obtain employment, be courteous, patient, and polite.

3. Generate a list of potential professional practice experience sites including the name of the facility, mailing address, contact person in the HIM department, and the contact person’s telephone number (including area code).

4. Submit the information to your instructor (or other individual identified by your instructor) using the format in Table 2-2.

**JOIN YOUR PROFESSIONAL ASSOCIATION**

Students are often able to join their professional association (Table 2-3) for a reduced membership fee and receive most of the same benefits as active members.
Table 2-2  Professional Practice Experience Placement Form

Student Name: _______________________________________________________________________________________________
Mailing Address: _____________________________________________________________________________________________
Telephone Number (Daytime): _________________________________________________________________________________
Telephone Number (Evening): _________________________________________________________________________________
Email Address: _______________________________________________________________________________________________
Name of Academic Program: __________________________________________________________________________________
Number/Name of Professional Practice Course: __________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Facility or Office</th>
<th>Mailing Address</th>
<th>Contact Person</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2-3  Careers and Related Professional Associations

<table>
<thead>
<tr>
<th>Career</th>
<th>Professional Associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Registrar</td>
<td>National Cancer Registrars Association (NCRA)</td>
</tr>
<tr>
<td>Coding Specialist</td>
<td>American Academy of Professional Coders (AAPC)</td>
</tr>
<tr>
<td></td>
<td>American College of Medical Coding Specialists (ACMCS)</td>
</tr>
<tr>
<td></td>
<td>American Health Information Association (AHIMA)</td>
</tr>
<tr>
<td>Health Information Manager</td>
<td>American Health Information Management Association (AHIMA)</td>
</tr>
<tr>
<td>Health Insurance Specialist</td>
<td>American Medical Billing Association (AMBA)</td>
</tr>
<tr>
<td>Health Services Manager</td>
<td>International Claim Association (ICA)</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>Medical Association of Billers (MAB)</td>
</tr>
<tr>
<td>Medical Office Manager</td>
<td>American College of Health Care Administrators (ACHCA)</td>
</tr>
<tr>
<td>Medical Staff Coordinator</td>
<td>American Association of Medical Assistants (AAMA)</td>
</tr>
<tr>
<td>Medical Transcriptionist</td>
<td>American Medical Technologists (AMT)</td>
</tr>
<tr>
<td>Quality Manager</td>
<td>Professional Association of Health Care Office Managers (PAHCOM)</td>
</tr>
<tr>
<td>Risk Manager</td>
<td>Association for Healthcare Documentation Integrity (AHDI)</td>
</tr>
<tr>
<td>Utilization Manager</td>
<td>National Association for Healthcare Quality (NAHQ)</td>
</tr>
<tr>
<td></td>
<td>Risk &amp; Insurance Management Society, Inc. (RIMS)</td>
</tr>
<tr>
<td></td>
<td>Case Management Society of America (CMSA)</td>
</tr>
</tbody>
</table>

(who pay much more!). Benefits of joining your professional association include:

- Receiving publications (e.g., professional journals)
- Web site access for members only
- Networking with members (professional practice and job placement)
- Reduced certification exam fees
- Eligibility for scholarships and grants
Attending professional conferences and meetings is one way to network with professionals. Another is to join a listserv, which is an Internet-based or email discussion forum that covers a variety of topics and issues (Table 2-4).

### Exercise 2–3  Join Your Professional Association

1. Review Table 2-3 to identify the professional association for your health-related careers.
2. Contact your professional association and request a student membership application. (Most application forms are available at the professional association’s Web site. Refer to the Internet Links section of this chapter.)
3. Complete the application form and, if required, obtain your program director’s signature.
4. Submit the application to the professional association with payment.

**NOTE:** Student membership fees are usually less than for active members, but you receive many of the same benefits.

### INTERNET LINKS

- **American College of Medical Coding Specialists (ACMCS)**: http://www.acmcs.org
- **American Health Information Management Association (AHIMA)**: http://www.ahima.org
- **Association for Healthcare Documentation Integrity (AHDI)**: http://www.ahdionline.org
- **American Medical Billing Association (AMBA)**: http://www.ambanet.net/amba.htm
- **American Medical Technologists (AMT)**: http://www.amt1.com
- **Healthcare IT Yellow Pages**: http://www.health-infosys-dir.com
- **National Cancer Registrars Association (NCRA)**: http://www.ncra-usa.org
- **Professional Association of Health Care Office Management (PAHCOM)**: http://www.pahcom.com

### SUMMARY

Health information management combines a profession in health care with information technology, and...
employment opportunities are available in many types of health care settings. The professional practice experience provides students with on-the-job experience prior to graduation and assists students in obtaining permanent employment. Students are usually able to join their professional association for a reduced membership fee and receive most of the same benefits as active members. The benefits of joining a professional association include receiving publications, logging in to Web sites reserved for members only, networking with members, paying reduced certification exam fees, and becoming eligible for scholarships and grants.

STUDY CHECKLIST

- Read the textbook chapter, and highlight key concepts. (Use colored highlighter sparingly throughout the chapter.)
- Create an index card for each key term. (Write the key term on one side of the index card and the concept on the other. Learn the definition of each key term, and match the term to the concept.)
- Access chapter Internet links to learn more about concepts.
- Answer the chapter Exercises and Review questions, verifying answers with your instructor.
- Complete the chapter StudyWare activities.
- Complete WebTutor assignments and take online quizzes.
- Complete lab manual assignments, verifying answers with your instructor.
- Form a study group with classmates to discuss chapter concepts in preparation for an exam.

CHAPTER REVIEW

True/False: Indicate whether each statement is True (T) or False (F).

1. Once certified, a certified tumor registrar pays an annual fee to the NCRA and, therefore, does not have to participate in continuing education.
2. Coding and Reimbursement Specialists can obtain employment in a variety of health care settings.
3. A health information manager has a wider range of skills than a certified coder.
4. Registered Health Information Technician job titles include data quality manager, information security officer, educator, and consultant.
5. Medical assistants examine, diagnose, and treat patients under the direct supervision of a physician.

Multiple Choice: Select the most appropriate response.

6. A health care professional who has the primary responsibility of ensuring the timely, accurate, and complete collection and maintenance of cancer data is known as a(n)
   a. cancer registrar.
   b. coder.
   c. health information manager.
   d. medical staff coordinator.

7. Two professional associations that offer certification in coding are
   a. AAPC, AHIMA.
   b. AHIMA, CDC.
   c. ICA, CDC.
   d. NCRA, AAPC.

8. Which is a benefit of joining a professional association?
   a. guarantee of a grant or scholarship
   b. joint membership with other associations
   c. membership fee that is reduced for all
   d. networking with professional members

9. Which professional is required to pass a licensing examination in all states and the District of Columbia?
   a. chief executive officer
   b. health information manager
   c. information systems manager
   d. nursing home administrator

10. Medical transcriptionists have unique skills that enable them to
    a. code diagnostic and procedural information.
    b. enter information into computerized data banks.
    c. keyboard prerecorded medical dictation.
    d. stage tumors according to SEER and TNM.

Fill-In-The-Blank: Enter the appropriate term(s) to complete each statement.

11. The assignment of numbers to diagnoses, services, and procedures based on patient record documentation is known as ________.

12. The Bureau of Labor Statistics states that employment for the health information management profession is expected to grow ________ for all occupations through 2010.
13. The insurance claims organization that offers certification as a Certified Medical Billing Specialist is the ________.

14. The American Association of Medical Assistants credentials medical assistants as ________ and the American Medical Technologists credentials medical assistants as ________.

15. Each professional association has a(n) ________, which are judgments about what is right or wrong.

Short Answer: Briefly respond to each question.

16. Sally Smith is interested in pursuing a career as a physician office coder. What is the most appropriate coding certification for her to obtain?

17. How has Internet-based technology allowed coding specialists to work at home?

18. According to the American Health Information Management Association, health information managers have specific areas of expertise. State the areas of expertise of health information managers.

19. What is the purpose of a professional practice experience?

20. Professional associations often allow students to join the association as student members. List the student benefits of joining a professional association.