PERSPECTIVE

Title: Changing roles of Health Information Managers: an education perspective

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Abstract

Health information management graduates are employed across health, education, corporate and other sectors. Common to all health information management professionals are foundational skills and knowledge in health sciences, information and management. Unique to each individual is their ongoing education and professional development; professional growth motivated by interest, change and/or opportunity. This presents both challenge and opportunity in the design and content of educational programs. The establishment of the Australian Health Informatics Education Council (AHIEC) (formerly the National Health Informatics Education Committee) provides both framework and opportunity for new ways and approaches to health informatics education in Australia. There are however process matters that proposed changes to education programs need to acknowledge.

Key Words (MeSH): *Education; Information Management; Informatics, Professional Education*

When first asked to write this perspective on the educational implications of the changing roles of Health information Managers' I thought to myself, well yes, in my years of service there have been many changes to the roles of Health Information Managers (HIMs), but then again some things have stayed the same. In this country at least, we still create and manage patient/client health records but compared with last century we now have records in more formats and in more places ; I am unconvinced that health information is any simpler or less complex, in fact I suspect the converse to be true. We still collect information about the health of people (individually and collectively) but in comparison with the last century, a considerably greater volume of data are collected and stored.

Let us consider the professional title, Health Information Manager, and the changes that have occurred in that role across even just the past 20 years. In 'Health' we have seen, and continue to see, changes in clinical practice, professional accountabilities and treatment technologies (including drugs, treatment protocols and devices). We have seen the emergence of new diseases, new clinical specialities and sub-specialities and the demise of many 'old' treatments and protocols. Much of the change in the practice and delivery of health is driven by evidence from research and the desire to understand and cure disease. Yet, the basic processes and outcomes for health care remain similar; sick people seek help within the system and the system aims to provide this within limited resources. And so, has it not always been the role of the HIM in the 'system' to enable information management to support the work of the 'health system'?

Looking to 'Information', I am sure readers will identify with the tsunami of data and information available today compared with 20 years ago. The challenge is, as we witness the ever increasing quantity of data collected on, by and about the health and wellbeing of people, what will this be like 20 years from now? Central to the role of the HIM (literally) has been the management of information. While acknowledging that the activity of collecting health data is a constant, there have been significant changes in both the volume of data processed and in the processes themselves (the how, when, where and what of the task).

In 'Management' we have in some cases experienced changes in health organisational cultures, structures and governance. There have been changes to industrial relations laws and procedures, to individual and professional accountabilities and responsibilities, and to the routine organisation of work tasks. But as HIMs we retain a management role, whether this be personal (organising one's own work and day) or as a leader (organising and coordinating people, processes and technologies).

I challenge you to consider that the change is not about 'roles' per se but rather is about an evolving breadth, depth and scope of these roles. This could also be true for many (if not most) professionals. To retain relevance in a changing world we need to ensure currency of practical skills through ongoing education and training, undertake active succession planning for the next generation workforce and continue to ensure that the discipline retains relevance in a changing world.

The breadth of roles for HIM is evidenced through our network of colleagues, and within the sphere of our profession we have seen the introduction of 'specialist' roles. The most apparent of these is the emergence of the clinical classification workforce. The evolution of these specialist staff over the past decade or two has highlighted the need to plan for ongoing education and training, and active succession planning for the next generation workforce. A further challenge will be to define this workforce and the necessary related skills as information technologies play an increasing role in the day-to-day collection of health information. The challenge includes not just defining how people will work, but also determining the characteristics of this work and the time frame over which we ought we be planning these measures.

So it is not that I see anything particularly radical about the changing roles of HIMs – changing, evolving and emerging roles have been a constant across my working lifetime. My constant challenge has been up-skilling to meet new work opportunities and ensuring that the next generation somehow benefits from that. Given the demise of most Australian based undergraduate health information management programs, perhaps the single greatest challenge to the profession is to secure its existence in any role.

From an educator's perspective this presents the challenge of educational design and content (what to learn and how to learn). What to learn is every educator's challenge. In the white paper 'From bean counter to business strategist: the changing role of the accountant' (The Economist Intelligence Unit n.d.) it was stated that in order for accountants to adapt to their changing roles they needed to acquire information delivery, interpersonal and technological competency skills. Although a different discipline, the required skill set placed in a health industry context would seem to match those required by the 21st Century HIM. As an aside, these three broad skills would encompass the five health information management competency domains discussed by Valerius and Hersh (2008)¹. Further, our health information management colleagues in the United States of America have undertaken extensive consultation and research into 21st Century health information management education. The paper 'Vision 2016: a blueprint for quality education in health information management' (American Health Information Management Association 2007) provides both context and debate on the structure of health information management higher education in that country. Whilst the document presents particular relevancies to the Australian context, we should heed our local lessons (successes and failures) in health information management education programs.

¹The five domains of HIM competency are 1. Health Data Management, 2. Health Statistics, Biomedical Research and Quality Management, 3. Health Services Organisation and Delivery, 4. Information Technology and Systems and 5. Organisation and Management.

Programs of study in health information management need to apply education design techniques that accommodate initial, advanced and continuing education requirements. From a practical perspective there ought to be consideration of means (e.g. pathways to learning and using the array of educational facilities available in this country: would it impossible to develop cohesion across programs rather than competition?), modes (e.g. face-to-face, online and work integrated learning) and proactively designing courses that enable access to learning for those who seek training and development at all levels. Education and training design asks key stakeholders (employers, educators and professionals) to contribute to both the design and content of programs, to be prepared to think outside the box and step out of the traditional approaches (The Higher Education Academy 2008). Employers need to be prepared to articulate required skills of graduates, anticipated numbers of professionals (features of the workforce) and to lobby government for training programs.

The roles of professionals are to:

- promote training programs
- design succession planning (sustainable workforce that is responsive to a constantly changing workplace environment)
- undertake research
- articulate the core skills in beginning practitioners
- participate in continuing education for self and staff.

Engaging with students, employers and professionals, educators are challenged to design and develop training programs that cater to the expressed needs and requirements; to undertake research; to be innovative in educational content and design (e.g. work integrated learning, learning pathways, integrated learning, distributed teaching (e.g. cross-institutional); and to maintain one's own professional skills and competencies.

Timely or otherwise, the educational challenges come as the Australian College of Health Informatics (ACHI) and Australian Government's Department of Health and Ageing (DoHA) have signed an education agreement. In essence this agreement establishes the Australian Health Informatics Education Council (AHIEC) (formerly the National Health Informatics Education Committee). The purpose of AHIEC is 'to address the supply of health informaticians and to increase the information management skill and knowledge of health workers across the sector' (Australian Health Informatics Education Council 2009b)

The AHIEC has developed a strategic work plan for 2009-10 and beyond, that includes a complete program of works that includes a detailed implementation plan that:

- identifies the health informatics body of knowledge
- provides a framework for educational program accreditation and a proposed accreditation process
- recommends a health informatics career structure
- specifies role based health informatics knowledge and skills requirements for health professionals, information technology professionals and health administrators
- introduces a credentialing process. (Australian Health Informatics Education Council 2009 a).

As the AHIEC process of investigation, review and recommendation commences, the consultation process provides an opportunity for all stakeholders to contribute to health informatics educational

design and content. There are, however, some process matters that need to be acknowledged in the proposed changes to education programs. Universities, in general, have an approximately two-year course planning and approval process for new degrees and programs (the time frame may be less for changes to existing programs depending on the nature of the changes); there is an obligation to complete the training program within which current students are enrolled (this can place strain on limited resources in the transition to new programs of study); there is a critical number of students required to ensure course viability and study programs that fall below this number will be ceased; and finally, educational design and content is an ongoing process that requires regular evaluation and review by all stakeholders to ensure that both need and purpose continue to be met.

Upon reflection of needs, wants, reforms and challenges with respect to the future of health information management and health informatics education, I see opportunity at all levels and avenues of higher education. In my 'perfect world' there would be pathways and networks of learning that enable people to study across the learning continuum. At the undergraduate level there would be subjects in health information and informatics for all those studying health disciplines. For those who want to be HIMs upon leaving secondary school they could study in a larger degree program (e.g. health sciences, public health) and then major in the final years of that program in health information management /informatics. It would also be worthwhile exploring the role of TAFEs (Technical and Further Education facilities) in offering courses that can link into university courses in this domain.

Following on from undergraduate programs there would be avenues for specialist fields of study. Given the proposed e-health reforms for Australia I envisage an increasing necessity for current HIMs to build skills and expertise in a number of domains (e.g. information technology, informatics project management, clinical data management, change management). There is also a case for ensuring that those wanting to enter the field at the post-graduate level (again, this may be post-graduate study in a specialist field) also have a pathway to do so.

To meet the needs of potential students within limited academic resources and to support the viability of programs of study at various universities (i.e. integrating rather than competing for students) there is merit in exploring networked programs of study across universities employing the expertise and strengths of educators in the field. This model enables a range of options for those working in the industry including short-courses on areas of interest or skills need through to higher degrees supported by a national network of academics. Universities would work together to design and deliver programs of study and courses in response to industry need.

Perfect world or not, the brief of the AHIEC provides an opportunity for all stakeholders to innovatively respond to the agreed need for training programs in health information management/health informatics. As employers and professionals we are now challenged to articulate skills, competencies and specialist attributes both for ourselves and for those in the workforce of the future.

"There is nothing more difficult to take in hand, more perilous to conduct nor more uncertain in its success, than to take the lead in the introduction in the new order of things. For the innovator has an enemy in those who have done well in the old order of things and luke-warm supporters in those that will prosper under the new order" Machiavelli (1469 - 1527)

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