

Health Information Technology Program

Frequently Asked Questions

Q: What are the most likely job titles one can expect to qualify for once completely this program?

- Health Information Manager
- Medical Coder
- Burn and Trauma Registrar
- Clinical Documentation Specialist
- Release of Information Specialist

- Health Information Specialist
- Data Abstractor
- Data Analyst
- Health Information Credentialing Manager

Q: What do students enjoy the most about this program?

- Class schedule 2 to 3 days a week
- Students are able to have a job and complete the program.
- Non-clinical healthcare career and no direct patient contact.

Q: What do students enjoy the least about this program?

The fast-paced curriculum and work load.

Q: What are some typical misconceptions about this program of study?

Typical misconceptions about the program are how diverse it is and employment opportunities.

Q: What are some essential skills a student needs to have in order to be successful in program?

- Excellent interpersonal skills
- Teamwork
- Understanding of anatomy, physiology, and medical terminology
- Detail oriented

- Clear communication
- Precise documentation
- Strict adherence to privacy, security, and patient confidentiality

Q: What are typical skills and abilities that a student gains once they have completed the program?

- Collect and maintain health data (such as data elements, data sets, and databases).
- Conduct analysis to ensure documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.

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- Verify timelines, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.
- Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.
- Assist in preparing the organization for accreditation, licensing, and/or certification surveys.
- Use and maintain electronic applications and work processes to support clinical classification and coding.
- Apply diagnosis/procedure codes according to current nomenclature.
- Validate coding accuracy using clinical information found in the health record.
- Collect, maintain, and report data for clinical indices/databases/registries to meet specific organization needs such as medical research and disease registries.
- Collect, organize and present data for quality management, utilization management, risk management, and other related studies.
- Abstract and report data for facility-wide quality management and performance improvement programs.
- Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.
- Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels.
- Apply policies and procedures for access and disclosure of personal health information.
- Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for EHRs.
- Apply confidentiality and security measures to protect electronic health information.
- Protect data integrity and validity using software or hardware technology.

Typical Work Activities/Occupational Functions

- Assemble patients' health information by first making sure their initial medical charts are complete.
- They ensure all forms are completed and properly identified and signed, and all necessary information is in the computer.
- Sometimes, they communicate with physicians or others to clarify diagnoses or get additional information.
- Technicians assign a code to each diagnosis and procedure.
- They consult classification manuals and rely, also, on their knowledge of disease processes.
- Technicians then use a software program to assign the patient to one of several hundred "diagnosis-related groups," or DRG's.
- Technicians who specialize in coding are called health information coders, medical record coders, coder/abstractors, or coding specialists.
- In addition to the DRG system, coders use other coding systems, such as those geared towards ambulatory settings.

- Technicians also use computer programs to tabulate and analyze data to help improve patient care, control costs, for use in legal actions, in response to surveys, or for use in research studies.
- Duties vary with the size of the facility. In large to medium facilities, technicians may specialize in one aspect of health information, or supervise health information clerks and transcriptionists while a medical records and health information administrator manages the department.
- In small facilities, a credentialed medical records and health information technician sometimes manages the department.

Q: What additional training would you recommend for a student who wants to go to the next level in this field?

On the job experience would be the best training to move to the next level.

Q: Do any of the occupational courses transfer easily?

Q: What are some common limitations, if any, in this program that students face?

There are no common limitations a student should face.

Q: Are there any exams/certifications after the program has been completed? Are these exams/certifications offered on campus?

Students graduating from an accredited program with an associate's degree in Health Information Technology will be eligible to sit for the certification exam to become a registered health Information Technician (RHIT). The exam is not currently offered on campus.

Q: Is the HIT program accredited?

Our program is not currently accredited. We are applying for "candidacy status" fall 2013.

Possible employment settings:

- Hospitals
- Physician's Offices
- Surgery Centers
- Insurance Providers
- Rehabilitation Facilities

- Behavioral Health Facilities
- Home Health and Hospice Agencies
- Ambulatory Care Facilities
- Health Departments

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