American Health Information Management Association (AHIMA)
Health Information Technicians
Job Task Analysis Study

Prepared by:
Pearson VUE
August 15, 2016

Non-disclosure and Confidentiality Notice

This document contains confidential information concerning Pearson's services, products, data security procedures, data storage parameters, and data retrieval processes. You are permitted to view and retain this document provided that you disclose no part of the information contained herein to any outside agent or employee, except those agents and employees directly charged with reviewing this information. These agents and employees should be instructed and agree not to disclose this information for any purposes beyond the terms stipulated in the agreement of your company or agency with Pearson.

Table of Contents

AHIMA REGISTERED HEALTH INFORMATION TECHNICIAN (RHIT) Job Task Analysis

Study Details and Goals

American Health Information Management Association (AHIMA) invited subject matter experts to participate in a job task analysis (JTA) study to provide an updated perspective on the Registered Health Information Technician (RHIT) credential. The job analysis panelists are listed in Appendix G to this report. They represent a variety of employers and each member holds the RHIT credential. Panelist diversity was desired by AHIMA to reflect the diversity of certificants.

The panelists met March 31–April 1, 2016, at the Hyatt Regency Hotel near the AHIMA headquarters. The purpose of the meeting was to delineate the competency domains and tasks performed by Health Information Technicians that would become the basis for the test specifications for the certification examination. The knowledge and skills required to do the tasks would be delineated to assist the exam item-writers in the later work of preparing the test questions. Finally, the panelists would provide suggestions for the survey of the field to validate their work.

Job Analysis Panel

Members of the JTA panel and representatives from AHIMA and Pearson VUE are listed in Appendix G.

AHIMA's CCHIIM Workgroup conducted a logical analysis of RHIT content and provided preliminary content domains to the job analysis panel. The preliminary domains were:

I.   Data Content, Structure and Standards (Information Governance)
II. Information Protection: Access, Disclosure, Archival, Privacy and Security
III. Informatics, Analytics and Data Use
IV. Revenue Management
V.   Compliance
VI. Leadership

The preliminary domains served as a starting point for the job analysis panel. They were free to fine-tune the domains as their discussions progressed.

Meeting Goals

During the two-day in-person meeting, the job analysis panel was tasked with developing a summary statement for the job of Health Information Technicians, delineating major job responsibilities in the field (content domains) including the tasks performed in those domains and the knowledge and skills required to perform the tasks, and to assist in planning the field validation survey. The meeting agenda is shown in Appendix A.

Summary Statement of Health Information Technicians

The JTA panel developed a summary statement for Health Information Technicians, using the scenario of explaining their profession as an elevator speech. The description follows:

Health Information Technicians ensure quality, maintain confidentiality, and protect privacy of health information. They strive for continuous improvement of patient outcomes, research, and revenue. Health Information Technicians work in a variety of settings, including health care, higher education, research, insurance, governmental and regulatory agencies.

Competency Domains

The panel delineated six competency domains to form the basis for the test content outline for the RHIT examination. The domains are:

- I.   Data Content, Structure, and Information Governance
- II.   Access, Disclosure, Privacy, and Security
- III. Data Analytics and Use
- IV.   Revenue Cycle Management
- V.   Compliance
- VI.   Leadership

The panel also delineated 45 tasks within the six competency domains, and the knowledge and skills required to perform them. The spreadsheet of the competency domains, tasks, knowledge, and skills is included in this report as Appendix B. Working through a consensus exercise, the panel also assigned the percentage of test questions that each competency domain should represent. The work of the expert panel was transcribed to an electronic survey for distribution to the field for validation.

JTA Validation Survey Summary

AHIMA's data base of current RHIT certificants was used to select a sample to validate the work of the JTA panel. AHIMA used a sampling method strategized by job setting from the population of RHITs who certified in the last five years, and details of the stratification can be seen in Appendix C. An email invitation that included the link (URL) for the survey was sent to a number of professionals from the database. Responses came from 393 individuals, which is a response rate of 28% There was some attrition throughout the survey pages; by the demographic items at the end of the survey, common response numbers were 270–280.

A web meeting with the JTA panel was held on July 18, 2016, to review the survey responses and establish the test specifications (i.e., the content outline) for the certification examination. Seven panel members participated in the web meeting. The first order of business was to review the responses to the demographic items of the survey, to decide whether the respondent group represents the field, or if not, whether the findings should be interpreted in light of imbalances. The panel reviewed the responses for primary job level, highest education level completed, primary state where majority of work is conducted, years of experience in the field of Health Information Management (HIM), facility type of

primary work setting, department where majority of work as HIT is done, and whether their work role includes supervising others. The panel was satisfied that the respondent group represented the field well.

Validation Survey Responses

Survey Structure

Ratings for the 46 tasks were given on two 4-point scales. Each task was rated for frequency:

- Daily or weekly (4)
- Monthly (3)
- Annually (2)
- Never (1)

and importance:
- Very important (4)
- Important (3)
- Only somewhat important (2)
- Not at all important (1)

Knowledge and skills were rated only on the 4-point importance scale shown above.

Survey Ratings

- No tasks had a mean frequency or importance rating of 1. The lowest mean rating was 1.5 on frequency. The high mean ratings not only validate all 46 tasks of the JTA study but also confirm the diligence of the expert panel, who earnestly worked to define the tasks that are typical to the larger community of Health Information Technicians, rather than promoting their individual specific work or preferences.
- Frequency and importance were treated equally as they both used a 4-point scale. The mean ratings for frequency and importance per task were multiplied for a criticality rating with possible values from 16 (4 x 4) to 1 (1 x 1). The criticality ratings for the 46 tasks ranged from 14.9 to 3.9. All criticality ratings are shown in Appendix D to this report.
- Sometimes certification agencies use numeric cutoffs to exclude low-rated tasks from the final test specifications, and this is especially important if there are tasks with mean criticality ratings of 1 (never performed/not at all important). In the health information technicians validation survey, the lowest rated task (Analyze the case mix) had a criticality rating of 3.9 (1.5 frequency x 2.6 importance).
- Ninety-five percent of survey respondents indicated that the 46 tasks covered their work as health information technicians "completely" or "adequately," and only 5% of respondents indicated "inadequately."
- Thirty-six knowledge topics and 18 skills were rated for importance on the 4-point scale. For the test content outline, knowledge and skills are secondary to tasks, but they are useful for item writers. The knowledge ratings ranged from 3.8 to 2.3 (on a 4-point scale) and the skills ratings ranged from 3.9 to 3.0.

- Ninety-nine percent of survey respondents indicated that the knowledge and skills listed covered their work in health informatics "completely" or "adequately," and only 1% of respondents indicated "inadequately." The importance ratings for knowledge and skills are shown in Appendices E and F, respectively.

Test Content Outline

The expert panel considered three different versions of test content outlines, all based on the validation survey data. The six competency domains varied slightly in the number of tasks they comprised, ranging from seven to nine tasks. The three models for the test specifications that were discussed follow.

- The mean criticality ratings per competency domain were used for the percentage of test questions assigned to each competency domain in the model called "unweighted" (i.e., not weighted by the number of tasks). In this model the percentage of test questions ranged from 14% for the domain of Leadership to 22% for the domain of Data Content, Structure, and Information Governance.
- The mean criticality ratings and the number of tasks per competency domain were used for the percentage of test questions assigned to each competency domain in the model called "weighted" (i.e., weighted by the number of tasks). In this model the percentages ranged from 13% for the domain of Leadership to 26% for the domain of Data Content, Structure, and Information Governance.
- During the in-person meeting on April 1, the JTA panel assigned percentages to the competency domains through a consensus exercise. Those percentages were presented in the validation survey, and respondents were asked to indicate for each of the six domains whether they agree with the percentage, prefer a higher percentage, or prefer a lower percentage. The panel's percentages for all six domains were validated by a majority of the survey respondents. This model is called "panel" in Table 1 below.
- In the discussion of the three models for test specifications, the weighted model for test specifications was mentioned as attractive by several participants. Some support was indicated for the unweighted model, also. Although both those sets of test specifications had support, in the end the unanimous vote was for the weighted test specifications, distributing the questions as shown in the center column (in red) in Table 1 below.

Table 1. Models for Test Specifications Considered by the JTA Panel

Number of Tasks	Unweighted	Weighted	Panel	Domain title
9	22%	26%	20%	A. Data Content, Structure, and Information Governance
7	15%	14%	20%	B. Information Protection: Access, Disclosure, Privacy, and Security
8	16%	16%	15%	C. Data Analytics and Use
8	16%	16%	20%	D. Revenue Cycle Management
7	17%	15%	15%	E. Compliance
7	14%	13%	10%	F. Leadership
46	100%	100%	100%	(Total)

Additional Considerations

The process used by AHIMA to conduct the JTA study worked well and the findings of the survey of the field validated the work of the expert panel. The RHIT certification is well-established at AHIMA and the due diligence of updating the job analysis every few years serves to ensure that the test reflects what is being done by Health Information Technicians in the field.

Appendix A. Workshop Agenda

Job Task Analysis AGENDA	
Thursday, March 31, 2016	
8:00 a.m.	Catered breakfast
8:30 a.m.	Welcome, introductions
9:00 a.m.	RHIT "Elevator Speech"
9:20 a.m.	Orientation from AHIMA and discussion
10:00 a.m.	Break
10:15 a.m.	Delineate major RHIT responsibilities
Noon	Catered lunch
1:00 p.m.	Delineate tasks of largest major RHIT responsibility
3:15 p.m.	Break
3:30 p.m.	Delineate tasks of other major RHIT responsibilities
5:00 p.m.	Adjourn
Friday, April 1, 2016	
8:00 a.m.	Catered breakfast
8:30 a.m.	Review/refine work of Day 1
10:00 a.m.	Break
10:15 a.m.	Knowledge needed to perform tasks
Noon	Catered lunch
1:00 p.m.	Demographics and phrasing the survey question
3:00 p.m.	Evaluations, adjourn

Appendix B. Expert Panel Competency Domains, Tasks, Knowledge, and Skills

	Competency domain / Task	Knowledge of/Skill in:
I.	**Data Content, Structure, and Information Governance**	
A.	Apply health information guidelines (e.g., coding guidelines, CMS, facility or regional best practices, federal and state regulations)	coding guidelines, federal and state regulations, CMS, HIPAA, HITECH, the Privacy Act, research skills, interpretation skills, OCR, CARF
B.	Apply healthcare standards (e.g., Joint Commission, Meaningful Use)	Meaningful Use, interpretation skills, accreditation, Joint Commission, NCQA, research skills, ISO standards
C.	Define the legal health record	hospital bylaws, data sets, federal and state regulations
D.	Maintain the integrity of the legal health record	hospital bylaws, data sets, federal and state regulations, patient amendments, privacy, HIPAA, security
E.	Audit content and completion of the legal health record (e.g., validate document content)	hospital bylaws, data sets, federal and state regulations, patient amendments, privacy, HIPAA, security, ability to analyze, abstracting, attention to detail, software skills, accreditation, time management
F.	Maintain secondary health information (e.g., patient registration, financial records)	hospital bylaws, data sets, federal and state regulations, attention to detail, software skills, accuracy
G.	Educate clinicians on documentation and content	hospital bylaws, federal and state regulations, Joint Commission, accreditation, customer service, communication skills, research skills , attention to detail, oral and written communication, public speaking
H.	Coordinate document control (e.g., create, revise, standardize forms)	informatics, data sets, federal and state regulations , Joint Commission, customer service, communication skills, research skills, attention to detail
I.	Maintain the Master Patient Index (MPI)	hospital bylaws, federal and state regulations, Joint Commission, accreditation, attention to detail, software knowledge, editing skills, compiling skills
II.	**Access, Disclosure, Privacy, and Security**	
A.	Manage disclosure of PHI using laws, regulations, and guidelines (e.g, ROI, accounting of disclosures)	hospital bylaws, federal and state regulations, Joint Commission, accreditation, attention to detail, software knowledge, editing skills, compiling skills, HIPAA, Privacy Act, HITECH, communication skills, customer service skills, research skills
B.	Determine right of access to the legal health record	federal and state regulations, attention to detail, HIPAA, Privacy Act, HITECH, customer service skills, research skills
C.	Educate internal customers (e.g., clinicians, staff, volunteers, students) on privacy, access, and disclosure	customer service, communication skills, public speaking, oral and written communication, Privacy ACT, HIPAA, HITECH

	Competency domain / Task	Knowledge of/Skill in:
D.	Educate external customers (e.g., patients,insurance companies, attorneys) on privacy, access, and disclosure	customer service, communication skills, public speaking, oral and written communication, Privacy ACT, HIPAA, HITECH
E.	Assess health record disposition (retain, archive, or destroy)	organizational policies and procedures, federal and state regulations, attention to detail, HIPAA, Privacy Act, HITECH, research skills, organizational skills, ability to analyze
F.	Conduct privacy audits	organizational policies and procedures, federal and state regulations, attention to detail, HIPAA, Privacy Act, HITECH, research skills, organizational skills, technical skills, communication skills, ability to analyze, abstracting
G.	Conduct security audits	organizational policies and procedures, federal and state regulations, attention to detail, HIPAA, Privacy Act, HITECH, research skills, organizational skills, technical skills, communication skills, ability to analyze, abstracting
III.	**Data Analytics and Use**	
A.	Abstract data	attention to detail, technical skills, time management, reading comprehension, medical terminology
B.	Analyze data	attention to detail, technical skills, time management, reading comprehension, medical terminology
C.	Analyze privacy audits	technical skills, time management, reading comprehension, medical terminology , HIPAA, HITECH, analysis skills, Privacy Act, organizational policies and procedures, federal and state regulations, attention to detail, research skills, organizational skills, communication skills, ability to analyze
D.	Analyze security audits	technical skills, time management, reading comprehension, HIPAA, HITECH, analysis skills, Privacy Act, organizational policies and procedures, federal and state regulations, attention to detail, research skills, organizational skills, communication skills, ability to analyze
E.	Report data (e.g., registries, core measures)	requirements, reporting schedules, data sets, report formats, accreditation, CMS, Core Measures, Meaningful Use, National Patient Safety Goals, software skills
F.	Compile healthcare statistics and reports	healthcare statistics, attention to detail, computation skills, abstracting, report formats, software skills
G.	Analyze healthcare statistics (e.g., census, productivity, delinquency rates, resource allocation)	healthcare statistics, attention to detail, computation skills, abstracting, benchmarking, report formats, software skills

Competency domain / Task	Knowledge of/Skill in:
IV. Revenue Cycle Management	
A. Code medical record documentation	anatomy and physiology, medical terminology, ICD 10 and CPT codes, pharmacology, HCPCS, coding guidelines, ethical standards, encoders, software, DRG, prospective payment systems, pathophysiology, communication skills, research skills, attention to detail, time management, CMS
B. Query clinicians	policies and procedures, anatomy and physiology, medical terminology, ICD 10 and CPT codes, pharmacology, HCPCS, coding guidelines, ethical standards, software, DRG, pathophysiology, communication skills, research skills, attention to detail, time management, CMS
C. Conduct utilization review	policies and procedures, anatomy and physiology, medical terminology, pharmacology, ethical standards, software, DRG, prospective payment systems, pathophysiology, communication skills, research skills, attention to detail, time management, CMS
D. Manage denials (e.g., coding or insurance)	insurance, payor, attention to detail, auditing skills, coding guidelines, communication skills, organizational skills, CMS, time management
E. Conduct coding audits	auditing skills, anatomy and physiology, medical terminology, ICD 10 and CPT codes, pharmacology, HCPCS, coding guidelines, ethical standards, encoders, software, DRG, prospective payment systems, pathophysiology, communication skills, research skills, attention to detail, time management, CMS
F. Provide coding education	communication skills, public speaking, auditing skills, anatomy and physiology, medical terminology, ICD 10 and CPT codes, pharmacology, HCPCS, coding guidelines, ethical standards, encoders, software, DRG, prospective payment systems, pathophysiology, communication skills, research skills, attention to detail, time management, CMS
G. Monitor Discharged Not Final Billed (DNFB)	policies and procedures, ethical standards, software, DRG, prospective payment systems, communication skills, research skills, attention to detail, time management, CMS, organization skills, computational skills
H. Analyze the case mix	healthcare statistics, policies and procedures, ethical standards, software, DRG, prospective payment systems, communication skills, research skills, attention to detail, time management, CMS, organization skills, computational skills, benchmarking

Competency domain / Task	Knowledge of/Skill in:
V. Compliance	
A. Refine departmental procedures	policies and procedures, federal and state regulations, compositions skills, attention to detail, organization skills, HIM workflow, accreditation, communication skills
B. Perform quality assessments	policies and procedures, federal and state regulations, compositions skills, attention to detail, organization skills, HIM workflow, accreditation, communication skills, benchmarking, key performance indicators, Core Measures
C. Assess risks (e.g., patient care, legal)	legal and state regulations, HIPAA, CMS guidelines, NPSG, privacy, security analysis, audit, attention to detail, theorizing
D. Report health information noncompliance	whisteblower, ethical standards, federal and state regulations, guidelines, communication skills, research skills, attention to detail, time management, CMS
E. Ensure HIM compliance (e.g., coding, ROI, CDI)	anatomy and physiology, medical terminology, ICD 10 and CPT codes, pharmacology, HCPCS, coding guidelines, ethical standards, encoders, software, DRG, prospective payment systems, pathophysiology, communication skills, research skills, attention to detail, time management, CMS
F. Maintain standards for HIM functions (e.g., chart completion, coding accuracy, ROI turnaround time, departmental workflow)	standards, attention to detail, federal and state rules and regulations, P&P
G. Monitor regulatory changes for timely and accurate implementation	P&P, federal and state rules and regulations, research, oral and written communication skills, time management, attention to detail
VI. Leadership	
A. Provide education regarding HIM laws and regulations	hospital bylaws, federal and state regulations, Joint Commission, accreditation, customer service, communication skills, research skills , attention to detail, oral and written communication, public speaking, PP
B. Review HIM processes	PP, federal and state regulations, compositions skills, attention to detail, organization skills, HIM workflow, accreditation, communication skills
C. Create or modify HIM policies	PP, federal and state regulations, compositions skills, attention to detail, organization skills, HIM workflow, accreditation, communication skills coding guidelines, CMS, HIPAA, HITECH, the Privacy Act, research skills, interpretation skills, OCR, CARF, Meaningful Use, Joint Commission, NCQA, ISO standards

Competency domain / Task	Knowledge of/Skill in:
D. Create or modify HIM procedures	PP, federal and state regulations, compositions skills, attention to detail, organization skills, HIM workflow, accreditation, communication skills coding guidelines, CMS, HIPAA, HITECH, the Privacy Act, research skills, interpretation skills, OCR, CARF, Meaningful Use, Joint Commission, NCQA, ISO standards
E. Establish standards for HIM functions (e.g., chart completion, coding accuracy, ROI, turnaround time, departmental workflow)	Meaningful Use, interpretation skills, accreditation, Joint Commission, NCQA, research skills, ISO standards hospital bylaws, data sets, federal and state regulations, patient amendments, privacy, HIPAA, security PP, federal and state regulations, compositions skills, attention to detail, organization skills, HIM workflow, accreditation, communication skills, benchmarking, key performance indicators, Core Measures
F. Collaborate with other departments for HIM interoperability	organizational policies and procedures, federal and state regulations, attention to detail, HIPAA, Privacy Act, HITECH, research skills, organizational skills, ability to analyze informatics, data sets, Joint Commission, customer service, communication skills
G. Provide HIM technical expertise	hospital bylaws, federal and state regulations, Joint Commission, accreditation, customer service, communication skills, research skills , attention to detail, oral and written communication, public speaking

Appendix C. Stratified Random Sample of RHITs by Primary Job Setting

Strata	Job Setting Code	Quantity	Proportion of Stratum (*n* = 2,874)	% sample	Sample size
1	Acute Care Hospital	1,504	52.33%	0.50	752
2	Ambulatory Surgery Center	44	1.53%	0.50	22
3	Behavioral/Mental Health	97	3.38%	0.50	49
4	Clinic/Physician Practice	374	13.01%	0.50	187
5	Consulting Services	55	1.91%	0.50	28
6	Health Information Exchange	60	2.09%	0.50	30
7	Home Health/Hospice	27	0.94%	0.50	14
8	Integrated Healthcare Delivery System	232	8.07%	0.50	116
9	Long-Term Care	102	3.55%	0.50	51
10	Non-provider Setting (e.g., government, vendor, assoc., etc.)	147	5.11%	0.50	74
11	Other Provider Setting (e.g. rehab, etc.)	228	7.93%	0.50	114
12	Regional Extension Center	4	0.14%	0.50	2
Totals		**2,874**	**100.00%**		**1,439**

Appendix D. Criticality Ratings for All Tasks

Domain Color Legend

Data Content, Structure, and Information Governance
Information Protection: Access, Disclosure, Privacy, and Security
Informatics, Analytics, and Data Use
Revenue Cycle Management
Compliance
Leadership

Criticality	Task
14.9	1. Apply health information guidelines (e.g., coding guidelines, CMS, facility or regional best practices, federal and state regulations)
13.7	4. Maintain the integrity of the legal health record
12.1	2. Apply healthcare standards (e.g., Joint Commission, Meaningful Use)
12.0	5. Audit content and completion of the legal health record (e.g., validate document content)
11.9	25. Code medical record documentation
11.8	17. Abstract data
11.8	18. Analyze data
11.5	38. Maintain standards for HIM functions (e.g., chart completion, coding accuracy, ROI, turnaround time, departmental workflow)
11.0	37. Ensure HIM compliance (e.g., coding, ROI, CDI)
10.6	26. Query clinicians
10.3	3. Define the legal health record
9.9	10. Manage disclosure of PHI using laws, regulations, and guidelines (e.g., ROI, accounting of disclosures)
9.3	7. Educate clinicians on documentation and content
8.9	11. Determine right of access to the legal health record
8.6	46. Provide HIM technical expertise
8.0	12. Educate internal customers (e.g., clinicians, staff, volunteers, students) on privacy, access, and disclosure
8.0	45. Collaborate with other departments for HIM interoperability
7.6	39. Monitor regulatory changes for timely and accurate implementation
7.3	28. Manage denials (e.g., coding or insurance)
7.1	30. Provide coding education
7.0	6. Maintain secondary health information (e.g., patient registration, financial records)
6.9	23. Analyze healthcare statistics (e.g., census, productivity, delinquency rates, resource allocation)
6.7	41. Review HIM processes
6.4	36. Report health information noncompliance

Criticality	Task
6.4	34. Perform quality assessments
6.4	13. Educate external customers (e.g., patients, insurance companies, attorneys) on privacy, access, and disclosure
6.3	22. Compile healthcare statistics and reports
6.3	29. Conduct coding audits
6.2	14. Assess health record disposition (retain, archive, or destroy)
6.1	21. Report data (e.g., registries, core measures)
6.1	40. Provide education regarding HIM laws and regulations
6.1	44. Establish standards for HIM functions (e.g., chart completion, coding accuracy, ROI, turnaround time, departmental workflow)
5.8	8. Coordinate document control (e.g., create, revise, standardize forms)
5.8	33. Refine departmental procedures
5.7	31. Monitor Discharged Not Final Billed (DNFB)
5.6	9. Maintain the Master Patient Index (MPI)
5.5	24. Assist in EHR implementation
5.3	43. Create or modify HIM procedures
5.2	27. Conduct utilization review
5.0	42. Create or modify HIM policies
4.8	15. Conduct privacy audits
4.7	16. Conduct security audits
4.6	35. Assess risks (e.g., patient care, legal)
4.5	19. Analyze privacy audits
4.3	20. Analyze security audits
3.9	32. Analyze the case mix

Appendix E. Importance Ratings for Knowledge

Mean Rating	Knowledge
3.8	12. HIPAA
3.8	21. medical terminology
3.7	9. federal and state regulations
3.7	7. ethical standards
3.7	30. privacy
3.6	1. anatomy and physiology
3.6	25. organizational policies and procedures
3.6	35. software knowledge
3.5	15. ICD 10, CPT, HCPCS codes
3.5	34. security
3.5	4. CMS
3.4	11. HIM workflow
3.2	26. pathophysiology
3.2	19. Joint Commission
3.1	29. pharmacology
3.1	8. encoders
3.1	14. hospital bylaws
3.0	20. key performance indicators
3.0	13. HITECH
3.0	16. informatics
2.9	5. Core measures
2.9	17. insurance
2.9	6. data sets
2.8	32. report formats
2.7	22. National Patient Safety Goals
2.7	31. prospective payment systems
2.7	10. healthcare statistics
2.7	28. payor
2.7	24. OCR
2.7	33. reporting schedules
2.7	2. benchmarking
2.7	23. NCQA
2.6	36. whistleblower
2.6	27. patient amendments
2.5	18. ISO standards
2.3	3. CARF

Appendix F. Importance Ratings for Skills

Mean Rating	Skill
3.9	4. attention to detail
3.9	2. accuracy
3.9	18. time management
3.9	6. communication skills
3.8	13. organizational skills
3.7	3. analysis skills
3.7	15. software skills
3.6	14. research skills
3.6	12. interpretation skills
3.6	16. technical skills
3.5	8. composition skills
3.5	7. compiling skills
3.5	1. abstracting
3.5	5. auditing skills
3.5	9. computation skills
3.4	11. editing skills
3.3	10. customer service
3.0	17. theorizing

Appendix G. Expert Panel for the Registered Health Information Technician (RHIT) Job Task Analysis

JTA Panelists

Panel Member Name	Credentials	State	Employer
Cindy Gardner	RHIT	CO	Montrose Memorial Hospital
Emily Beets	RHIT	MO	ACCESS Family Care
Kareemah Jabbar	RHIT	NC	U.S. Department of Veteran Affairs
Robin Poole	RHIT, CRCR	NE	Conifer Health Solutions
Jeffrey Youngs	RHIT	NY	Crouse Hospital
Kellie Stephens	RHIT	OH	MedAssets-Precyse
Christina Romeo	RHIT, CHIM	OR	Oregon Health and Science University
Rachael Ornelas	RHIT	TX	Vibra Rehabilitation Hospital
Debra Goetz	RHIT	WI	Wheaton Franciscan Healthcare
Charlita Huffman	RHIT	KY	Hospital Corporation of America Central Florida Regional Hospital

CEE (Council for Excellence in Education)
Michelle Millen, RHIT

AHIMA
Jo Santos, RHIA
Tameka Tanner, MEd
Jim Kendzel, MPH, CAE

PEARSON VUE
Lynn Webb, EdD
Jill Jungers, MS
Chris Allan