



Registered Health Information Administrator 2013 Job Analysis Summary Report

Prepared for the
American Health Information Management Association

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August 2013

INTRODUCTION

In February 2013, the American Health Information Management Association (AHIMA) commissioned a national job analysis study to identify: (a) the professional tasks which must be mastered to competently perform the role of the health information administrator and (b) the changes that had occurred in professional practice since the last job analysis study, which was conducted in 2008. The procedures used in conducting the job analysis study involved an interactive process that combined:

- the job analysis expertise of Knapp & Associates International, Inc. (Knapp) staff;
- the professional knowledge of a task force comprised of experienced health information administrators; and,
- the judgments of a nationwide sample of health information administrators.

METHOD

The design and implementation of the job analysis study consisted of a number of steps carried out between February and August of 2013. These steps are described in subsequent sections of this report.

The methodology selected for the job analysis study is consistent with the validation processes recommended in the *Standards for Educational and Psychological Testing* (1999), published jointly by the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education; the National Commission for Certifying Agencies' *Standards for the Accreditation of Certification Programs*; and international standard *ISO/IEC 17024 - General requirements for bodies operating certification schemes for persons*, published by the International Organization for Standardization/International Electrotechnical Commission.

Establishment of a Job Analysis Task Force

Early in the job analysis process, AHIMA formed an RHIA (Registered Health Information Administrator) Job Analysis Task Force comprised of individuals with significant experience in the health information administrator role. Task force members were selected to be representative of the diversity of the profession with respect to:

- education/training;
- type of work setting;
- geographic location;
- gender; and
- ethnic diversity.

The role of the task force was to participate in the: (a) identification of tasks associated with the role of the health information administrator, (b) development of the job analysis survey instrument, (c) interpretation of the survey findings, and (d) creation of examination specifications based on the survey findings. Appendix A contains a list of the task force members.

At the start of the job analysis, the task force was convened via web conference for an orientation meeting. The purpose of this meeting was to:

- explain the goals of the job analysis process and its role in supporting the validity of the RHIA certification examination;
- review the action plan for the RHIA job analysis study and outline the task force's role and responsibilities with respect to the study; and
- explain the work which task force members were expected to do prior to the survey development meeting (i.e., review the tasks derived from the prior job analysis and evaluate their relevancy to current practice and with respect to trends/changes anticipated to occur over the next five years).

Creation of Draft Job Analysis Survey

Analysis of Changes in Professional Practice

The RHIA Job Analysis Task Force was convened on April 4-5, 2013 to create the draft survey instrument. The survey development meeting began with a lengthy and in-depth discussion of the changes which have taken place in the work environment of the health information administrator over the last five years and those expected to occur over the next five years. Changes relating to the broader healthcare environment and to the settings in which professionals work were cited, followed by an exploration of whether and how these changes have/will impact the role and practices of the health information administrator.

Review of New AHIMA Competency Framework

Recently, AHIMA created a competency framework for the field of health information management with the intent of applying this standardized framework to all of its professional development and credentialing offerings. The competency framework consists of six major domains, each of which includes multiple subdomains (see Appendix B). In preparation for the RHIA job analysis survey development meeting, an AHIMA staff member who is an RHIA drafted a cross-walk between the current RHIA examination content outline and the new competency framework. The job analysis task force reviewed the cross-walk and assessed whether the new framework could indeed be applied to the RHIA program. The group concluded that the framework was appropriate for the RHIA program, although some items in the framework were revised or deleted to better fit the specific job role targeted by the RHIA credential.

Review and Updating of Tasks

Following the discussion of the cross-walk document, the task force reviewed the tasks which form the basis for the current RHIA certification examination specifications and were asked to consider the following questions:

- What tasks can remain “as is”?
- What tasks should be revised?
- What new tasks should be added?
- What tasks should be deleted?

The final task list consisted of a total of 61 tasks.

Review of Survey Rating Scale and Demographic Questions

The task force reviewed and discussed an “importance” rating scale for the tasks which was proposed by Knapp and AHIMA staff. The task force concurred that the scale and anchor points were appropriate for use with the survey tasks. This scale is presented below.

IMPORTANCE
How important is this task to competent performance of your role as a health information administrator?
Not at all important
Slightly important
Moderately important
Very important

The final survey was structured such that respondents were first asked whether they performed a task (Yes/No), and if they answered in the affirmative, the importance scale was then presented for the task.

Knapp and AHIMA staff also proposed a series of demographic questions for the survey which would aid in describing the survey sample and provide a basis for identifying differences in subgroup responses. These questions were reviewed and discussed, and in some cases, revised by the task force.

Piloting of Survey

The survey drafted by the task force was piloted online with a group of 30 practitioners who had no previous involvement in the development of the survey. These individuals, who were recommended by Job Analysis Task Force members, were asked to:

- confirm that the directions were clear and the rating scale was easy to use;
- evaluate whether the survey content was accurate; and
- determine whether there were any important tasks missing from the draft survey instrument.

Based on the feedback received from the pilot participants, Knapp and AHIMA staff determined that no substantive changes to the draft survey were necessary. AHIMA staff subsequently approved the survey for administration. The final survey can be found in Appendix C.

Selection of the Survey Sample

The survey sample consisted of all individuals in good standing who had received the RHIA in the last five years and for whom AHIMA had e-mail addresses. The sample was limited to more recent credential holders because the RHIA is an entry-level credential.

Administration of the Job Analysis Survey

In May-June 2013, the job analysis survey was administered by AHIMA using an online survey tool. The mailing list consisted of 1,304 e-mail addresses, of which 27 bounced back, leaving 1,227 potentially viable addresses.

The sample was invited to participate in the survey via an e-mail communication explaining the purpose of the study. An incentive of three Continuing Education Units was offered to those who completed the survey. To further encourage participation, three follow-up e-mail reminders were sent to the sample following the initial invitation. These communications can be found in Appendix D.

RESULTS

Response Rate

As shown in Table 1, the overall survey return rate was 54% (662 completed surveys). This return rate could be a conservative estimate as an unknown number of surveys may have been trapped by SPAM filters and not delivered. The percentage of surveys completed is quite good for surveys of this type and length.

Table 1. Survey response rate

# surveys sent	# successful e-mail transmissions	# surveys completed	return rate
1,304	1,227	662	54%

The confidence interval at the 95% confidence level was +/- 2.67, which is acceptable.

Demographic Characteristics of Respondents

The demographic characteristics of the survey sample are presented in Tables 2-11. It was the consensus of the RHIA Job Analysis Task Force that the demographic characteristics of the respondents were reasonably consistent with those of RHIA credential holders nationwide.

Table 2. Years of experience in health information administration

Number of years	Percent of respondents
Less than 1	10
1 – 2	20
3 – 5	44
6 – 10	17
11 – 15	4
16 – 20	3
21 or more	2

Table 3. Primary work setting

Work setting	Percent of respondents*
Hospital	35
Consultant	6
Multi-hospital system	6
Educational institution (university/community college)	5
Corporate office of multi-hospital system	5
Ambulatory care facility	4
Integrated delivery system (hospital, physician, home health, SNF)	4
Vendor	4
Behavioral/mental health facility	4
Physician office	3
Insurance/managed care/HMO/PPO office	3
Government	3
Multi-specialty group practice	2
Long-term care facility	2
Critical access hospital	2
Specialty hospital	2
Independent coding company	2
Non-provider setting	2
Home health care agency	1
Health information exchange	1
Currently not employed	2
Other	6

* Figures do not add up to 100 due to rounding

Table 4. Primary job function

Job function	Percent of respondents*
Manager/Supervisor	21
Coding professional	15
Director	11
Technology roles	11
Consultant	6
Educator	5
Quality management	4
Coding manager/supervisor	4
Compliance	3
Academic administrator	1
Vendor	1
Clinician	1
Executive/President/VP	<1
Privacy officer	<1
Security officer	0
Not currently working	2
Other	16

* Figures do not add up to 100 due to rounding

Table 5. Geographic location of the facility(ies) in which the majority of work is conducted

Geographic location	Percent of respondents*
IL	9
LA	7
PA	7
FL	6
OH	6
TX	5
WA	5
GA	4
IN	4
KY	4
MO	4
AL	3
CA	3
MN	3
NC	3
NY	3
TN	3
AR	2
MD	2
MI	2
NJ	2
OK	2
AZ	1
CO	1

* Figures do not add up to 100 due to rounding

Table 5 (cont'd.)

Geographic location	Percent of respondents
MS	1
UT	1
VA	1
WI	1
AK	<1
CT	<1
DC	<1
HI	<1
IA	<1
KS	<1
MA	<1
ME	<1
MT	<1
NE	<1
NH	<1
NM	<1
NV	<1
SC	<1
SD	<1
VT	<1
WV	<1
Multiple States	3
Puerto Rico	<1
Other (International)	1

Table 6. Gender

Gender	Percent of respondents
Female	84
Male	16

Table 7. Highest level of education completed

Level of education	Percent of respondents
Baccalaureate degree	76
Masters degree	23
Doctorate degree	1
Doctor of Law/Doctor of Jurisprudence	0
Doctor of Medicine/Doctor of Osteopathic Medicine	0

Analysis of Importance Ratings for Professional Tasks

Total means and standard deviations for the task importance ratings were calculated. These data can be found in Appendix E. Table 8 presents the means and standard deviations for the task domains.

Table 8. Mean importance ratings for task domains

Domain	Mean*	Standard deviation
I. Data Content, Structure & Standards	2.70	.43
II. Information Protection: Access, Disclosure, Archival, Privacy & Security	2.71	.50
III. Informatics, Analytics & Data Use	2.50	.50
IV. Revenue Management	2.67	.48
V. Leadership	2.54	.48

* On a scale of 0-3 where 0 = not at all important, 1 = slightly important, 2 = moderately important, 3 = very important

Task Domain Weights

Respondents were asked to indicate what percentage of future RHIA examinations should be devoted to each of the five task domains included on the survey. This information was used to inform the task force's decision making regarding the relative weighting of each domain included in the specifications for the examination. The mean percentages and standard deviations of the respondent data for each domain are shown in Table 9.

Table 9. Mean percentages and standard deviations for weighting of examination content

Domain	Mean %*	Standard deviation
I. Data Content, Structure & Standards	21	8.11
II. Information Protection: Access, Disclosure, Archival, Privacy & Security	22	7.68
III. Informatics, Analytics & Data Use	21	8.24
IV. Revenue Management	17	8.08
V. Leadership	18	8.41

* Data were aggregated across respondents and thus, figures do not add up to 100.

Survey Content Coverage

Survey respondents were asked to judge the adequacy of the survey content by rating how well the tasks within each domain represented the job role of the health information administrator. Table 10 presents the mean ratings, based on a scale of 0-4 where 0 = very poorly and 4 = very well. The ratings indicate that respondents perceived the survey content to be reflective of the job role.

Table 10. Survey coverage

Domain	Mean*	Standard Deviation
I. Data Content, Structure & Standards	3.18	.77
II. Information Protection: Access, Disclosure, Archival, Privacy & Security	3.40	.73
III. Informatics, Analytics & Data Use	3.19	.83
IV. Revenue Management	3.27	.83
V. Leadership	3.31	.78

* On a scale of 0-4 where 0 = very poorly, 1 = poorly, 2 = adequately, 3 = well, and 4 = very well

DEVELOPMENT OF EXAMINATION SPECIFICATIONS

Review of Survey Data

The RHIA Job Analysis Task Force met via web conferences on July 29 and August 2, 2013 to review and discuss the survey findings and to develop the examination specifications. The first step in the process of developing the examination specifications was a review of the overall patterns in the survey data. Next, the task force conducted an item-by-item review and discussion of: (a) the percentage of respondents who indicated they performed the task and (b) the mean importance ratings for each task. To facilitate this process, the item means were assigned to quartiles and color coded to indicate that they were in the first (i.e., highest means), second, third, or fourth quartile compared to other items in the survey.

In reviewing the item data, it was noted that there was substantial variation in the percentage of respondents who indicated they performed each task. Figures ranged from 12% to 93% and only 24 of the 61 tasks were performed by 50% or more of the respondents. The task force believed this variability was due to differences in the responsibilities associated with the various job roles held by RHIAs (e.g., technology vs. managerial roles) and also due to how operations are performed in various work sites. For example, some of the tasks in Domain 3 are, in some settings, performed by IT staff – not RHIAs. The task force concluded that in the interest of having a “portable” credential, RHIAs should have an understanding of all the tasks ultimately included in the examination specifications, even though they may not perform the tasks in their current job role or work setting.

During the data review, it also was noted that the range of mean importance ratings was fairly narrow, with all items falling somewhere between “moderately” and “very important.”

The use of decision rules for determining whether to include or exclude individual tasks from the examination specifications was discussed at this time. In light of the considerable variation in the percentage of respondents performing each task, it was decided to adopt the following decision rule for evaluating the data: “Items which were performed by 20% or fewer respondents will be evaluated for possible exclusion from the examination specifications.” The task force concluded that a decision rule pertaining to item importance ratings was not necessary, given that even the lowest means fell above the level of “moderately important.”

Based on the agreed-upon decision rule, six survey items were further evaluated by the task force. These items and the results of the decisions rendered by the task force are outlined below.

III.E1. Identify research topic and select appropriate methodology for research projects

Deleted: Although the task force agreed that in general, it would be desirable for RHIA’s to have the knowledge/skills associated with the task, the group ultimately decided to delete the task because: (1) individuals who are not currently in academic programs probably would not be engaged in the task, (2) the task probably is not part of the job for many RHIA’s, and (3) many hospitals have research offices that are separate from the health information management function and which perform this task themselves.

III.G.2. Manage the health information exchange process entitywide

Retained: The task force indicated that the low percentage of RHIA's performing the task may be a reflection of the fact that organizations are just starting to move in this direction. Also, although there was some discussion as to whether in the future, the task would definitely be assigned to the RHIA job role (vs. IT, for example), the group decided that the industry trend underlying the task was significant enough to include in the examination specifications.

IV.D1. Investigate incidences of medical identity theft

Retained and Reworded: The task force hypothesized that the wording of the item may have contributed to a smaller proportion of respondents indicating that they performed the task. Specifically, they believed that the wording might have been interpreted to mean that the RHIA was the *principal* investigator, which is not a common circumstance. The task was revised to read, "Participate in investigating incidences of medical identity theft."

V.F.3. Prepare capital budget

Retained and Reworded: The task force believed the wording of the item may have contributed to a smaller proportion of respondents indicating that they performed the task. They explained that RHIAs probably would not be responsible for completing this task on their own, but rather, would *assist* in preparing the budget. The task was revised to read, "Assist with preparation of capital budget."

V.G.1. Prepare and manage operating and personnel budgets

Retained and Reworded: The task force concluded the wording of the item may have contributed to a smaller proportion of respondents indicating that they performed the task. They explained that RHIAs probably would not be responsible for completing this task on their own, but rather, would *assist* in preparing and managing these budgets. The task was revised to read, "Assist in preparation and management of operating and personnel budgets."

V.G.2. Analyze and report on budget variances

Retained and Reworded: The task force decided the wording of the item may have contributed to a smaller proportion of respondents indicating that they performed the task. They explained that RHIAs probably would not be responsible for completing this task on their own, but rather, would *assist* others in accomplishing this task. The task was revised to read, "Assist in the analysis and reporting on budget variances."

Determination of Examination Content

Following its review of the job analysis survey data, the RHIA Job Analysis Task Force proceeded to develop the proposed specifications for the examination. These examination specifications outline the:

- specific tasks to be covered on the RHIA examination;
- relative weighting of each domain; and
- relative weighting of each task.

Basing the examination specifications on the findings of the job analysis study ensures that the assessment procedures will realistically reflect the tasks necessary for effective performance of the health information administrator role. Realistic examination content and assessment procedures are required to meet both legal guidelines and testing industry standards. Each facet of the specifications development process is described below.

Task Domain Weights

Although all of the tasks included in the job analysis survey are part of the scope of practice for health information administrators, they do not all necessarily contribute equally to competent professional practice. Some tasks may be of greater importance or may be utilized more frequently than others when carrying out day-to-day responsibilities. Consequently, the RHIA Job Analysis Task Force assigned weights to each task domain and each specific task within the domains to indicate their relative emphasis within the scope of practice and correspondingly, within the RHIA examination. The task force assigned domain and task weights based on the survey findings and their expert judgment. Table 11 presents the overall weightings for the major task domains.

Table 11. Weighting of major task domains on examination specifications

Domain	Percent of examination
I. Data Content, Structure & Standards	23
II. Information Protection: Access, Disclosure, Archival, Privacy & Security	25
III. Informatics, Analytics & Data Use	24
IV. Revenue Management	14
V. Leadership	14

Weights for each task can be found in the examination specifications in Appendix F.

CONCL USION

The primary purpose of the job analysis study was to validate the scope of practice for health information administrators. The survey results confirmed the tasks identified by the RHIA Job Analysis Task Force and provided data to inform the determination of the most crucial tasks associated with the job role. The linkage of the RHIA examination specifications to the findings of the job analysis study will serve as evidence of the content validity of future examinations.